

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board  
(CTMUHB) held on Thursday 28<sup>th</sup> January 2021 as a Virtual Meeting  
Broadcast Live via Microsoft Teams**

**Members Present:**

Marcus Longley	Chair
Paul Mears	Chief Executive
Maria Thomas	Vice Chair
Dilys Jouvenat	Independent Member
Ian Wells	Independent Member
James Hehir	Independent Member
Jayne Sadgrove	Independent Member
Keiron Montague	Independent Member
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Sharon Richards	Associate Member
Nick Lyons	Executive Medical Director / Deputy Chief Executive
Hywel Daniel	Executive Director of Workforce & Organisational Development (Interim)
Gareth Robinson	Chief Operating Officer (Interim)
Greg Dix	Executive Nurse Director
Kelechi Nnoaham	Executive Director of Public Health
Steve Webster	Executive Director of Finance
Fiona Jenkins	Executive Director of Therapies and Health Sciences (Interim) (In Part)
Clare Williams	Executive Director of Planning & Performance (Interim)

**In Attendance:**

Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Cathy Moss	CTMUHB Community Health Council
David Jenkins	Independent Advisor to the Board (Observing)
Patsy Roseblade	Incoming Independent Member Finance (Observing)
Paul Dalton	Head of Internal Audit
Sara Utlej	Audit Wales
Mark Jones	Audit Wales (For Agenda Item 7.3)
Steve Stark	Audit Wales (For Agenda Item 7.3)
Valerie Wilson	Director of Midwifery, Gynaecology & Sexual Health (For Agenda Item 4.1)
Elisabeth Williams	Finance Manager (For Agenda Item 7.3)
Daxa Varsani	Financial Accountant (For Agenda Item 7.3)
Brahms Robinson	Deputy Head of Nursing, Mental Health (For Agenda Item 1.4)
Emma Walters	Corporate Governance Manager (Secretariat)

**Agenda  
Item**

**1 PRELIMINARY MATTERS**

## 1.1 Welcome & Introductions

The Chair commenced the meeting by reflecting on the continuing impact of Covid-19 and invited the Board to reflect and remember those who had sadly lost their lives in CTMUHB, which included Health Board colleagues. The Chair paid tribute to the commitment of all staff recognising and thanking them for their continued team spirit, professionalism, care and dedication shown during such challenging and unprecedented times.

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.

## 1.2 Apologies for Absence

Members **NOTED** apologies from Philip White, Independent Member.

## 1.3 Declarations of Interest

No declarations of interest were received.

## 1.4 Shared Listening & Learning – Patient 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.

The story 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.

The Chair extended his thanks to B Robinson for sharing the story and thanked him for highlighting the improvements and the impact the services of the Health Board has on people's lives in this area of care.

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

## 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.

There were no reports which Members wished move from the Consent Agenda to the Main Agenda.

### CONSENT FOR APPROVAL

### **2.1.1 Unconfirmed Minutes of the Meeting held on the 26<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 26<sup>th</sup> November 2020**

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

### **2.1.3 Amendment to the Standing Orders**

Resolution: The amendments to the Standing Orders were **APPROVED**.

### **2.1.4 Risk Management Policy**

Resolution: The Policy was **APPROVED**.

### **2.1.5 Policy for the Development, Review and Approval of Organisational Wide Policies**

A question raised in advance on this item is included in the appendix to these minutes together with the response provided.

Resolution: The Policy was **APPROVED**.

### **2.1.6 Population Health & Partnerships Committee (PH&PC) Annual Report**

Resolution: The PH&PC Annual Report was **APPROVED**.

### **2.1.7 South East Wales Vascular Network Engagement**

A question raised in advance on this item is included in the appendix to these minutes together with the response provided.

Resolution: The proposed timeline of the two stage public engagement and consultation process was **APPROVED**.

### **2.1.8 Charitable Funds Update as at 31<sup>st</sup> December 2020**

A question raised in advance on this item is included in the appendix to these minutes together with the response provided.

Resolution:

- **NOTED** the financial position and investment performance of CTMUHB General Charitable Funds.
- **NOTED** the Covid-19 related donations and grant funding.
- **APPROVED** the proposal to extend the CCLA Investment Management Agent contract until the 31<sup>st</sup> July 2021.

## **CONSENT FOR NOTING**

### **2.2.1 Action Log**

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

### **2.2.2 Chairs Report & Affixing of the Common Seal**

Resolution: • **NOTED** the update.  
• **ENDORSED** the affixing of the Common Seal outlined within the report.  
• **RATIFIED** the Chairs Urgent Action outlined within the report.

### **2.2.3 Chief Executives Report**

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

### **2.2.4 Digital & Data Committee Highlight Report – 15<sup>th</sup> December 2020**

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

### **2.2.5 Mental Health Act Monitoring Committee Highlight Report – 10<sup>th</sup> December 2020**

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

### **2.2.6 Quality & Safety Committee Highlight Report – 19<sup>th</sup> January 2020**

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

### **2.2.7 Remuneration & Terms of Service Committee Highlight Report – 26<sup>th</sup> November 2020, 10<sup>th</sup> December 2020 and 11<sup>th</sup> January 2021**

Resolution: The highlight reports were **NOTED**.

### **2.2.8 Stakeholder Reference Group Highlight Report – 9<sup>th</sup> December 2020**

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

### **2.2.9 Population Health & Partnerships Committee Highlight Report – 23<sup>rd</sup> November 2020**

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

### **2.2.10 Audit Wales – Annual Audit Report**

Resolution: The Audit Wales Annual Audit Report was **NOTED**.

### **2.2.11 Joint Committee Reports**

Resolution: The Joint Committee Reports were **NOTED**.

### **2.2.12 Month 9 Monitoring Returns to Welsh Government**

A question raised in advance on this item is included in the appendix to these minutes together with the response provided.

Resolution: **NOTED** the report.

## **3. MAIN AGENDA**

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

There were no further matters arising identified.

## **4.0 CO-CREATE WITH STAFF PARTNERS A LEARNING AND GROWING CULTURE**

### **4.1 Maternity Services Programme Improvement Update**

V Wilson presented the update highlighting the pertinent points contained within the report.

Following the update Members noted that there were no surprises within the report and acknowledged that over half of the actions identified were already in the process of being addressed and that the Maternity Improvement Team (MIT) were progressing well in relation to the development of the maturity matrices.

G Dix drew attention to the challenges faced by the MIT and the Health Board over the last few months and identified a number of areas which required further progress and highlighted the following key risks:

- The delays in addressing the Serious Incident backlog which were largely associated with some workforce challenges. Noting that additional resource had now been appointed to address the backlog with an improvement trajectory being developed. Support was also being provided by the Corporate Team to address the backlog;
- The work in relation to Culture and Behaviour had been delayed. The Interim Director of Workforce & OD would now be supporting the Team moving forward to address this;
- There had been sickness absence issues within the Midwifery Team, which related to Covid-19 and staff being required to self-isolate. Four hourly acuity audits were being undertaken;

The Chair extended his thanks to G Dix and V Wilson for presenting the report and advised that the Board had been concerned by the Royal College of Gynaecologists report and recognised that there was clear determination in place that lessons would be learnt.

M K Thomas echoed the thanks to the Team recognising the continued improvements being made whilst continuing to deliver safe and effective care to women giving birth despite the pressures of Covid-19 and the workforce issues

that had been experienced. M K Thomas added that the data that had been presented to the Maternity Improvement Board provided assurance and assisted Members with undertaking scrutiny of the services.

J Sadgrove advised the Board that a detailed report had been presented to the Quality & Safety Committee last week outlining the significant workforce challenges that had been faced by the Team and extended her thanks to the Team for their continued focus on the safety of women giving birth at this present time.

In response to a question raised by I Wells in relation to target dates, V Wilson advised that target dates had been included within the improvement plan.

In response to a concern raised by N Milligan in relation to the reliance on the Improvement Team to address the issues, V Wilson provided assurance that consideration was being given as to how the impetus could be moved from the Improvement Team out into the rest of the service. G Dix advised that he would welcome a discussion on ensuring better contingency arrangements were in place moving forwards across all services.

H Daniel advised that a further review would need to be undertaken on the progress made against the Culture and Behaviour work which had to be paused during the pandemic. Members noted that the People & Culture and Quality & Safety Committee would remain updated on progress being made in this area.

In response to a question raised by the Chair as to what response could be provided to women and families who may be feeling anxious about coming into the service for their care, V Wilson advised that engagement was being undertaken with women and their families to understand their concerns and reassured that the Health Board was providing safe services for its patients.

Resolution: **NOTED** the progress report and update.

## **4.2 IMSOP Clinical Review Thematic Report**

In presenting the report G Dix, on behalf of the Health Board, expressed his sincere apologies for the pain, suffering and loss endured by the women and who had been affected within this review. G Dix stated that the Health Board would never forget the experiences of these women and families and advised that the Health Board would reflect on what has been learned to further build on improvements within Maternity Services moving forwards.

V Wilson echoed the sentiments expressed by G Dix and advised that the report provided the opportunity to revisit the work that had been planned to ensure every nuance of what families had shared regarding their experience had been captured.

In noting the detail within the report G Dix advised that the report was fair and balanced and identified clearly where the failings had occurred, which had been

accepted. Work would now be undertaken to ensure the mistakes were not repeated.

Following detailed discussion the following points were raised by Members:

- The Chair sought clarity as to whether the service had moved on from being perceived as having a punitive culture. V Wilson provided assurance that new ways of working were now in place, with staff feeling comfortable in raising concerns if they feel that something is not right. Learning had been shared across the whole service and staff felt more positive about the environment they were working in. V Wilson added that where there were any major modifiable cases, work would be undertaken with staff through identified processes.
- P Mears advised that he had recently met with the Maternity Services Improvement Team and added that the Team were now leading the way in relation to the work being undertaken around culture. P Mears added that he had invited V Wilson and the Team to attend a future Board meeting to present the work they had undertaken in more detail.
- M K Thomas sought assurances on the support being provided to staff in preparation for the publication of this report. V Wilson reassured Members that a comprehensive support package was in place for staff supported by Trade Union colleagues.

Resolution: **NOTED** the report.

#### **4.3 Targeted Intervention – Programme for Continuous Improvement in Response to Target Intervention**

In presenting the update G Galletly reflected on the the Health Board's position in relation to Targeted Intervention and Special Measures and the outcome of the collective self-assessment undertaken in September 2020.

Members noted that a further self-assessment had been in January 2021 and the outcome is presented to the Board for approval acknowledging the good progress made in some areas.

Members focussed on level 3 being awarded to section 2.8 – Staff Involvement and Engagement, in light of the results from the NHS Wales Staff Survey Update at 4.8 on the agenda. Following detailed discussion G Galletly agreed to undertake a further review of the assessment in this area and in the meantime proposed that the Board reinstated the self-assessment scores that had been agreed in September 2020.

M K Thomas sought clarity as to what discussions had been had within Welsh Government in relation to slippage against the improvement plan as a result of the impact of Covid-19. In response, P Mears advised that a discussion had been held with Andrew Goodall and a meeting will be scheduled shortly to discuss progress in more detail.



M Jehu sought clarity as to the reason limited progress had been made against 'Inspiring a Shared Purpose' and questioned whether there were any obstacles in place. P Mears advised that the priority for the Health Board over the next 12 months would be to clearly articulate the vision for the Health Board and the strategy moving forwards.

Resolution: **APPROVED** the reinstatement of the Self-Assessment Scores agreed in September 2020.

Action: Further review of Section 2.8 to be undertaken in light of discussions at Board. G Galletly.

#### **4.4 NHS WALES STAFF SURVEY UPDATE**

In introducing the report H Daniel advised that the response rate had been very low compared to the survey response rates in 2018 and 2020 and considerably lower than the Wales average. In exploring the reasons for the poor response rate the Board noted the impact of the timing of the survey which coincided with the Covid-19 fire break lockdown and at a time where there was a significant amount of staff sickness and activity within CTMUHB compared to other areas of Wales.

H Daniel highlighted the feedback from staff and the next steps that will be taken in response to the survey.

I Wells advised that whilst the response rate was low, the feedback received would still need to be responded to and added that he was pleased to note the results would now be analysed. In response, H Daniel confirmed that the Integrated Locality Groups (ILGs) are keen to take local ownership of the issues identified.

K Montague advised that he had been disappointed to have received this report, however, recognised that it would take time to embed the new Values and Behaviours Framework and change the culture in an organisation of this size. H Daniel thanked K Montague for his comments and advised that he felt that the Health Board had a robust plan in place to take this culture change forward and positive feedback is being received from staff as well as sharing learning where further areas of improvement is needed.

P Mears advised that the Staff Survey results had also been discussed at Management Board yesterday where it was agreed that planning for the next staff survey needed to be undertaken now so the Health Board has sufficient time to ensure the survey is targeted effectively within the organisation using the right mechanisms to reach all staff.

N Milligan advised that whilst the majority of staff reported that they felt exhausted, 86% of staff said that they would go that extra mile to put patients and communities first, which needed to be recognised. The Chair extended his thanks to N Milligan for highlighting this and agreed that this would need to be recognised.



J Sadgrove advised that she fully supported the need for triangulation and added that an evaluation would need to be undertaken as to whether the changes that had been put into place were making a difference to staff. J Sadgrove added that there appeared to be much lower scores at ILG level and advised that a review would need to be undertaken on various parts of the organisation, with an action plan developed that could be shared with staff to highlight the work that was being undertaken.

In response to a concern raised by M Jehu in relation to staff feeling that they were not involved in decision making, P Mears advised that this would need to be addressed moving forward and it would be important for staff to feel comfortable in putting forwards ideas and suggestions.

The Chair extended his thanks to colleagues for the rich discussion that had been held and added that he felt encouraged that this was being taken seriously.

Resolution: **NOTED** the report and that the People & Culture Committee would monitor progress made against the improvement plan moving forwards.

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

### **5.1 Public Health Update – Covid-19 Pandemic Response**

K Nnoaham updated the Board on the pandemic response with a presentational slide deck 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.

Members noted that the information provided showed that the Health Board's population were disproportionately disadvantaged by Covid-19 and that work is required to work with our communities to address the underlying risk factors.

In concluding the update K Nnoaham expressed his sincere sympathy to all families who had lost loved ones during this pandemic and advised that there was hope with the roll out of the vaccination programme in bringing the pandemic to an end.

In response to a question raised by I Wells regarding the inverse testing strategy moving forwards and whether there was any benefit in testing BAME communities, K Nnoaham advised that there was indirect evidence that there was lower uptake in areas of greater risks and added that a plan would be developed in relation to taking forward community testing.

In response to a question raised by M K Thomas as to whether consideration could be given to reinstating the work previously undertaken on population

health issues within the Valleys communities, K Nnoaham advised that funding had been received from Welsh Government for population health segmentation.

Resolution: **NOTED** the update.

## 5.2 Covid-19 Vaccination Update – CTMUHB Approach to Vaccination Programme

C Williams presented the report and advised that as of today, the Health Board had delivered 48,956 vaccinations across CTMUHB which was a significant achievement. C Williams extended her thanks to all staff across a range of organisations that had been involved in achieving this.

Members noted the following key points:

- The approach being taken in relation to vaccinations and that focus was being placed on vaccinating priority groups 1-4.
- The Pfizer vaccine was being used to vaccinate care home staff and residents, front line staff and people over 70 years of age. The Oxford vaccine was being used to vaccinate patients within GP practices, community teams, and people over 75 years of age and people who were extremely clinically vulnerable.
- Discussions were being held with Community Pharmacies in relation to their ability to vaccinate.
- The Health Board was half way to vaccinating all of its priority groups and was on target to achieve the 14 February target date to populate all of its priority groups. C Williams advised that by the weekend the Health Board would have vaccinated all people over 80 and would have visited every care home to vaccinate all who were medically fit. Revisits would be undertaken to Care Homes to ensure remaining patients were vaccinated once they were medically fit.
- Challenges and risks associated with the programme which included a fluctuation in supply, communication issues with members of the public which had recently improved and issues with a lag in data recording which was also now improving.

In response to a question raised by N Milligan regarding vaccine wastage, C Williams confirmed that wastage was very low across Wales and within the Health Board. Members noted that one vial had been lost as a result of accidentally being knocked over and added that when there was stock left over this was moved to other places where stock was needed.

The Chair extended his thanks to C Williams for presenting the report and for all of the hard work that was being undertaken by her and the Team.

Resolution: **APPROVED** the latest Covid-19 Mass Vaccination Plan for Phase 1.  
**NOTED** the report.

## 6.1 Organisational Risk Register

In presenting the risk register C Hamblyn highlighted the continued progress articulated within the report.

Members noted that four new risks had been added to the Risk Register, including the Ambulance Handover risk which had recently been discussed at Quality & Safety Committee. C Hamblyn advised that a number of risks had also been de-escalated and closed.

Members were pleased to note that Internal Audit undertook a review of Risk Management at the end of 2020 and a positive report had now been received with a conclusion of Reasonable Assurance.

I Wells welcomed the improvement that had been made and queried the approach being taken in relation to risks where risk ratings had remained stagnant for long period of time. In response C Hamblyn advised that further work is underway in conjunction with ILG colleagues to review control measures and action to be taken to ensure they are still effective in reducing the risk, however, noted that the pace of review has been impacted by the clinical and operational focus on the Health Boards response to Covid-19.

J Sadgrove echoed the comments that had been made by I Wells and sought clarity in relation to the risk relating to the telecommunications upgrade and whether the telecommunications system in Bridgend was appropriate and whether systems would be compatible. C Williams advised that she would pick this up outside of the meeting and revert back to J Sadgrove with an update.

- Resolution:
- **NOTED** the progress made against the Risk Management Improvement Plan; and
  - **APPROVED** the recommendations in relation to New Risks, De-Escalated Risks, Updated Risks and Closed Risks.

## 6.2 Risk Management Strategy

C Hamblyn presented the Risk Management Strategy and the significant review that had been undertaken to reflect the progress to date and align more appropriately to the new operating model within the Health Board.

The Chair commented that it was encouraging to see the improvements that had been made.

- Resolution: **APPROVED** the Risk Management Strategy and related key appendices.

## 6.3 Integrated Performance Dashboard

C Williams presented the report and confirmed that the report now contained information flows from the Welsh Health Specialised Services Committee as requested by members, and added that the Board would continue to be appraised of the position.

In response to a question raised by M K Thomas in relation to elective activity and the reduced capacity within the private sector, G Robinson advised that work was being undertaken with ILG and Operational Teams to develop a planned care recovery programme and it was hoped that the plan would be developed over the next 4-6 weeks. G Robinson advised that he would be happy to share this plan with Board if required. The Chair advised that the Board were conscious of the growing programme that was faced by the Health Board.

N Milligan noted that the Return to Work Compliance had fallen once again.

In response to a question raised by N Milligan relating to patients who had been waiting a maximum of 87 weeks, N Lyons confirmed that two out of the three patients had now been seen with further discussion required in relation to the third patient.

Resolution: **NOTED** the report.

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

### **7.1 Integrated Medium Term Plan**

C Williams presented the report and advised that the report had been produced at a point where planning was at its most challenging position it had ever been in relation to medium to long term planning. C Williams advised that it was important for the Board to be made aware of the complexity of the challenges and that steps were being taken to develop the skeleton of a plan to enable clinical colleagues to focus on the Covid-19 position.

Members noted that a number of actions would be focussed on during February and March to ensure the Board were being presented with a plan for approval in March 2021. C Williams added that the Board would be kept informed of progress being made through Board Development sessions.

S Webster advised that a financial plan would be developed in three sections which included the core plan and the Covid-19 response plan. Members noted that having an enabling plan could no longer be achieved and savings had not been delivered in the current year as a result of the impact of Covid-19, resulting in a higher savings requirement along with other challenges in resetting. S Webster advised that implications of this would need to be discussed further with Welsh Government.

In response to a question raised by M K Thomas in relation to Primary Care Cluster plans, C Williams advised that Primary Care Clusters were being asked to revisit and update their plans from last year and added that these plans would now form part of the ILG plans, which would be incorporated into the overarching Health Board plan.

- Resolution:
- **APPROVED** the planning guidance and planning assumptions as set out in the IMTP guidance (appendix 2).
  - **REVIEWED** the actions for prioritising the service developments and enabling work that are sought to be progressed in 2021-22
  - **REVIEWED** the actions assigned to Executive Leads in order to establish a high-level Financial Plan by the end of January
  - **REVIEWED** the request for a steer on the Planned Care recovery objectives that can be shared with ILGs to inform the development of their plans in readiness for submission at the end of February
  - **NOTED** the progress to date in progressing the development of the plan and the planned next steps for delivery

## 7.2 FINANCIAL UPDATE REPORT

S Webster presented the report and advised that the overall forecast underspend had increased from £17.1m to £19.8m which was now the projected return of allocation to the Welsh Government if there was no prior year adjustment. Members noted that this was because of the inability of Teams to deliver against their winter plans and the slippage against a number of initiatives. Members also noted that the forecast surplus would need to be finalised to enable resources to be released back to Welsh Government.

Resolution: **NOTED** the report.

## 7.3 CTMUHB NHS General Charitable Fund Accounts and Annual Report for the Year ended 31<sup>st</sup> March 2020

S Webster presented the report which sets out the governance arrangements for the charity and its objectives, and summarises the income and expenditure during the year and how the funds had been used.

Members noted that this report included Bridgend for the first time which resulted in the value of the fund increasing in size from £2.2m to £3.1m. As a result of the increase in size this meant that a full audit was required resulting in higher audit fee of £38k.

M Jones advised that Audit Wales intended to issue an unqualified audit report on the 2019/2020 accounts and added that there were some issues Audit Wales wished to report to Board for consideration prior to the approval of the accounts, which had been outlined in the Audit Wales report. Members noted that the accounts would need to be signed later today to enable the accounts to be certified by the Auditor General.

Members noted the following key points:

- That there were no uncorrected misstatements.
- That any adjustments made had been identified within the report.
- One recommendation had been made, as outlined in the report, which had been accepted by the Health Board.

M Jones extended his thanks to Finance colleagues, particularly D Varsani, for all of the support that had been provided during the process.

I Wells welcomed the report and recognised the commendation that had been made to the Accounts Team for all the support that had been provided.

The Chair reminded Members that this report was being discussed in the Board's capacity as Trustees to the NHS General Charitable Funds.

Resolution: The Corporate Trustee of the CTMUHB NHS General Charitable Fund Resolution to:

- **APPROVED** the annual report and accounts.
- **AUTHORISED** the Chairman to sign the annual report and accounts on behalf of the Corporate Trustee and sign the Letter of Representation.
- **NOTED** increase in external audit fee charge.

## 8.0 COMMITTEE HIGHLIGHT REPORTS

### 8.1 Audit & Risk Committee Highlight Report

I Wells presented the report and advised that the matters requiring escalation to the Board included the Internal Audit Reviews which were in draft status which were likely to be allocated a Limited Assurance rating. Concerns were also raised in relation to the Audit Tracker and the timeliness of the updates being provided. Members noted that a request had been made by the Committee for the Executive Team to undertake a review of the position in conjunction with Audit colleagues to review the audit tracker and close as many recommendations as possible.

I Wells advised that in relation to the organisational risk register, the Committee had commented upon the risks where the risk ratings had remained stagnant and were pleased to note that these were now being taken forward.

Resolution: **NOTED** the report.

### 8.2 Planning, Performance & Finance Committee Highlight Report

M Jehu advised that the Committee had wished to highlight two issues to the Board, one being the Month 8 finance report which had now changed, and the other being concerns raised in relation to waiting times for Neurodevelopment Services, with some patients waiting a long time for assessment and treatment. Members noted that this issue had also been referred to the Quality & Safety Committee.

Resolution: **NOTED** the report.

## 9.0 ANY OTHER BUSINESS

### 9.1 Covid-19 Governance

Members were reminded that Chairs urgent action had been taken to continue with the stand down of Committees until the end of February, with the exception of Audit & Risk and Quality & Safety Committee. G Galletly advised that following discussion held with the Chair and Chief Executive, agreement had been given to review the position in a couple of weeks to ensure the Board would be in a position to reinstate Committee's from March onwards.

Members noted that a Board meeting had been scheduled for February and noted that a Planning, Performance & Finance Committee would be held in its place to focus on performance.

Resolution: **NOTED** the position.

**10. DATE AND TIME OF THE NEXT PUBLIC BOARD MEETING**

Thursday 25<sup>th</sup> March 2021 at 9:30am.