

**Minutes of the Meeting of Cwm Taf Morgannwg University Health Board
(CTMUHB) held on Thursday 25 November 2021 as a Virtual Meeting
Broadcast Live via Microsoft Teams**

Members Present:

Emrys Elias	Chair
Paul Mears	Chief Executive (In part)
Ian Wells	Independent Member
Jayne Sadgrove	Independent Member/Vice Chair
Mel Jehu	Independent Member
Nicola Milligan	Independent Member (In part)
Patsy Roseblade	Independent Member
Carolyn Donoghue	Independent Member
Lynda Thomas	Independent Member (In part)
Hywel Daniel	Executive Director for People
Linda Prosser	Executive Director of Strategy and Transformation
Lauren Edwards	Deputy Director of Therapies & Health Sciences
Kelechi Nnoaham	Executive Director of Public Health (In part)
Sally May	Executive Director of Finance
Dom Hurford	Interim Medical Director (In part)
Gareth Robinson	Chief Operating Officer (Interim)
Greg Dix	Executive Director of Nursing
Anna Lewis	Associate Member – Chair of the Clinical Advisory Group (In part)

In Attendance:

Georgina Galletly	Director of Corporate Governance
Lee Leyshon	Assistant Director of Engagement & Communications
Cally Hamblyn	Assistant Director of Governance & Risk
Richard Morgan-Evans	Chief Of Staff (In Part)
Cheryl Davies	Deputy Head of Nursing (In part)
Gary Morgan	Theatre Assistant (In part)
Paul Dalton	Internal Audit
Clare Williams	Deputy Director of Strategy & Partnerships (In part)
Emma Walters	Corporate Governance Manager (Secretariat)

Agenda Item

1

PRELIMINARY MATTERS

1.1

Welcome & Introductions

On behalf of the Board, the Chair commenced the meeting by saying that it was with great sympathy that the Health Board's condolences were offered to the family of Cllr Philip White at the very sad news of his passing.

The Chair advised that Councillor White served as one of CTMUHB's Independent Board Members for just under two years, from November 2019. Prior to becoming an Independent Member, Councillor White was also an Associate Board Member from December 2018.

The Chair added that Councillor White would be fondly remembered by all his friends and colleagues at Cwm Taf Morgannwg UHB and advised that the Health Board's thoughts were with Councillor White's family, close colleagues and friends at this very difficult time.

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.

On behalf of J Sadgrove, the Chair extended his thanks to Val Wilson, Director of Midwifery, Gynaecology and Sexual Health for the leadership she had shown and the contributions she had made to the Maternity & Neonates Improvement Programme. Members noted that Val Wilson was due to retire from the Health Board shortly.

The Chair advised that at the end of today's meeting, he would be seeking reflections from the Board as to how they felt the meeting went today to ensure the Board were acting effectively.

1.2

Apologies for Absence

Members **noted** apologies from:

- Fiona Jenkins, Director of Therapies & Health Sciences
- Dilys Jouvenat, Independent Member
- James Hehir, Independent Member
- Lisa Curtis-Jones, Associate Member
- Sharon Richards, Associate Member

1.3

Declarations of Interest

There were none.

1.4

Shared Listening & Learning – Staff and Patient Story Covid Challenges and Opportunities

A presentation was received from C Davies, Deputy Head of Nursing. G Morgan, Theatre Assistant was also in attendance for this item. The story related to G Morgan's journey having contracted Covid-19 in October 2020 and his subsequent admission to hospital and the treatment received thereafter.

L Thomas welcomed the story which she had found to be very humbling and sought clarity as to whether there was anything that the Health Board could have done differently to improve the experience received. G Morgan advised that whilst he had received a lot of excellent support from the psychology service, he had experienced delays and issues with accessing occupational health services and had also experienced delays in accessing other medical services such as respiratory and audiology.

H Daniel extended his thanks to G Morgan for sharing his story and apologised for the issues he had experienced in relation to accessing occupational health services and agreed to follow this up. D Hurford also agreed to follow up the issues experienced regarding medical care.

The Chair extended his thanks to C Davies and G Morgan for sharing the story and allowing the Health Board to be able to hear the journey and listen to the experiences shared and learned from them.

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

Action: Follow up to be undertaken of the issues experienced in accessing occupational health services and the issues experienced regarding aspects of medical care, for example, Respiratory and Audiology.

2 **CONSENT AGENDA**

Members confirmed there were no reports they wished move from the Consent Agenda to the Main Agenda.

3.1 **FOR APPROVAL**

3.1.1 **Unconfirmed Minutes of the Meeting held on the 30 September 2021**

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

3.1.2 **Unconfirmed In Committee Minutes of the Meeting held on 30 September 2021**

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

3.1.3 **Chairs Report and Affixing of the Common Seal**

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

3.1.4 **Clinical Audit Assurance Framework**

Resolution: The report was **APPROVED**.

3.1.5 Model Standing Financial Instructions

Resolution: The report was **APPROVED**.

3.1.6 Amendment to the Standing Orders – Schedule 4.2

Resolution: The report was **APPROVED**.

3.1.7 Standards of Behaviour Framework Policy

Resolution: The Policy was **APPROVED**.

3.1.8 Quarter 2 Annual Plan 2021-2022 Update

Resolution: The report was **APPROVED**.

3.2 FOR NOTING

3.2.1 Committee Action Log

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

3.2.2 Joint Committee Reports

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

3.2.3 Safeguarding Annual Report

Resolution: The report was **NOTED**.

3.2.4 Ombudsman Annual Letter 2020/2021

Resolution: The report was **NOTED**.

4. MAIN AGENDA

4.1 Matters Arising not considered within the Action Log

There were no further matters arising identified.

5. GOVERNANCE

5.1 Audit & Risk Committee Highlight Report

P Roseblade presented members with the report. Members noted that significant progress had been made in developing the audit tracker with further work planned to strengthen the process further. Members noted that

discussions had also been held in relation to the need to be mindful and realistic of the timescales for completion that were identified.

Resolution: The report was **NOTED**.

5.2 Hosted Bodies Audit & Risk Committee Highlight Report

P Roseblade presented Members with the report. Members noted that a discussion was held on Welsh Ambulance Service Trust (WAST) performance which had been included in the Emergency Ambulance Services Committee (EASC) risk register and noted that a request had been made for the WAST patient experience highlight report to be submitted to the Quality & Safety Committee for scrutiny. The Board noted that the Committee received a report on Welsh Health Specialised Services Committee (WHSSC) Standing Financial Instructions and Authorisation Limits which provided the Committee with reassurance that there was a clear governance trail in place of WHSSC being able to authorise healthcare purchases of over £1m.

Resolution: The report was **NOTED**.

5.3 Mental Health Act Monitoring Committee Highlight Report

J Sadgrove presented the report. Members were advised that the Committee had noted an increase in detentions in both the adults and older person's services, staffing risks and mitigations that had been put into place and breaches and errors which were all actioned within the 14 day limit. The Committee were also advised of two fundamentally defective errors and a request was made by the Committee for learning to be drawn from these. The Board noted that the Committee had requested guidance from the Director of Corporate Governance in relation to the need to validate the Section 12 Approved Doctors list.

Resolution: The report was **NOTED**.

5.4 Remuneration and Terms of Services Committee Highlight Report

E Elias presented the report.

Resolution: The report was **NOTED**.

5.5 Chief Executives Report

P Mears presented the report which highlighted the significant challenges being faced by the Health Board in relation to elective care recovery and addressing the waiting list backlog. Members noted that this piece of work would now be taken forward by a central team which will ensure that the Health Board is pooling resources and ensuring maximum use of theatres and beds and will reduce inequity across the sites.

Resolution: The report was **NOTED**.

5.6 Organisational Risk Register

G Galletly presented the report.

P Roseblade commented on risk 3826, overcrowding of the Emergency Department, and advised that the risk identification did not mention the inability for red release being a risk to members of our population within the community. P Roseblade also made reference to the change in consequence and advised that whilst she understood the change in likelihood as a result of mitigations, this was a significant change to the consequence of the risk. In relation to the issues raised regarding consequence, G Galletly advised that work was being on the target scores and consequence which had been discussed at Audit & Risk Committee and added that this particular consequence was under review.

In relation to the red release element, G Robinson confirmed that this was one of the primary areas of focus for the Emergency Departments. G Robinson added that overcrowding continued to be an issue within the Emergency Department and added that this was an issue across the whole of Wales. Members noted that the Health Board was one of the worst performers in this area and noted that this remained a primary focus within the Operational Team.

I Wells sought an update against Risk 4149. G Galletly advised that a detailed update on Ty Llidiard was presented to the Quality & Safety Committee which should hopefully address the queries raised.

Resolution: The report was **NOTED**.

5.7 Targeted Intervention and Special Measures Progress Report

P Mears presented the report. Members noted that the next self-assessment would be undertaken on the 20 December 2021 and noted that positive feedback had been received from Welsh Government over the last few months.

J Sadgrove advised that Independent Members had sought further assurance in terms of triangulation of the information that had been provided and added that following a meeting held on the 18 October 2021 further progress updates were received from staff across the organisation which identified that improvement was taking place and there was a huge breadth of commitment from staff which was pleasing to see.

The Chair welcomed the update and the progress that had been made.

Resolution: The report was **NOTED**.

5.8 The Nurse Staffing Levels (Wales) Act (2016) Update Report for Adult Acute following the bi-annual calculation in June 2021

G Dix presented the report and advised that staffing continued to be reviewed three times daily at Senior Nurse meetings across the Health Board sites. Members noted that there had been temporary increases in nursing establishments and noted that no recommendations were being made for any permanent changes until further analysis work was undertaken in January 2022.

J Sadgrove welcomed the report which she had found to be thorough and extended her thanks to G Dix for citing the Board on this issue.

Resolution: The report was **NOTED**.

6 CREATING HEALTH

6.1 Population Health & Partnerships Committee Highlight Report

J Sadgrove presented Members with the report. The Board noted that discussions were held on a variety of topics which included housing and homelessness. Consideration was also given to the activities being undertaken by the Regional Partnerships Board.

Resolution: The report was **NOTED**.

6.2 Stakeholder Reference Group Highlight Report

L Prosser presented Members with the report. Members noted that the Chair and Vice Chair of the group had recently notified of their intentions to step down from their roles and noted that steps were now being taken to secure suitable replacements.

In response to a question raised by P Roseblade as to the likelihood of the group being side-lined if there were difficulties in securing a new Chair and Vice Chair, L Prosser advised that a more proactive approach was being taken in supporting individuals in undertaking these roles.

Resolution: The report was **NOTED**.

6.3 Population Health Update

K Nnoaham presented Members with the report.

P Roseblade welcomed the report which she had found to be informative and sought clarity as to whether the Board could be provided with a Red Amber Green (RAG) rated update on the 37 actions that were agreed by the Board a few months ago so that progress could be identified. K Nnoaham agreed to provide this information to Board Members.

P Mears advised that positive discussions had been held with Local Authority colleagues and he was encouraged to see how supportive Local Authority colleagues were regarding this piece of work and how they recognised the role

they played in the delivery of some of the activity. Members noted that consideration was being given to the development of more integrated teams between health and social care and the sharing of data between Local Authorities and the Health Board.

The Chair extended his thanks to K Nnoaham for presenting the report and advised that he looked forward to receiving the RAG rated updates.

Resolution: The report was **NOTED**.

Action: RAG Rated update to be provided to Members on the 37 actions previously agreed by the Board.

6.4 Covid Booster Vaccinations

C Williams presented Members with an update on the progress being made against the Covid Booster Vaccination programme. Members noted that guidance was awaited from Welsh Government as to the exact nature of the Booster Vaccination Programme for 2022.

The Board welcomed the excellent achievements that had been made to date and the hard work that had been undertaken by a number of teams to deliver the programme.

Resolution: The presentation was **NOTED**.

7. IMPROVING CARE

7.1 Quality & Safety Committee Highlight Report

J Sadgrove presented the report which related to the September meeting. Members noted that a subsequent meeting had been held on 22 November 2021.

Members noted that the Committee received key updates on the Prince Charles Hospital Improvement Programme where it was noted that considerable progress had been made following the unannounced visit to the Emergency Department made by Healthcare Inspectorate Wales. A detailed discussion was held at both the September and November meetings in relation to Ty Llidiard where it was noted that a structured improvement programme was in place which was being supported by WHSSC colleagues. A detailed update was also provided in relation to Ophthalmology Services where it was noted that detailed plans were in place and that good progress was being made.

Resolution: The report was **NOTED**.

7.2 Clinical Advisory Group Highlight Report

A Lewis presented the report and highlighted the following areas;

- This was a very challenging time for clinical staff across the Health Board. A discussion was held in relation to the staff survey where it was noted that whilst 20% of staff had responded, there was concern regarding the 80% of staff that had not responded as it was felt maybe there were staff within this cohort that required the most help;
- A discussion was held in relation to low morale within primary care with some suggestions made as to what could help improve the position;
- Discussions were held regarding workforce and recruitment issues, for example, occupational health delays, the need for streamlined recruitment for Allied Health Professionals, what roles were Physicians Associates undertaking and what areas they were deployed into, retention of staff and further opportunities required regarding career progression;
- Concern was raised regarding accommodation issues on the acute sites which had been compounded by Covid-19 which had resulted in the inability to deliver some services, for example, smoking cessation;
- Some Clinicians were finding it difficult to understand the rationale behind the boundary change decision which was initially brought in as a temporary measure but had been rolled forward. It was noted that Clinicians felt that this introduced some inefficiencies and felt that clearer communication was required as to the reasons behind this decision and whether this was likely to be a permanent change.

The Chair advised that there were three broad themes identified from the above discussions which related to boundary change communication, accommodation and workforce issues.

G Robinson advised that in relation to the boundary change, this decision was taken on balance of risk and was felt to be the right decision that could have been made from an operational perspective. G Robinson added that the report that had been developed had been shared with the Integrated Locality Group and the decision should have been cascaded to Clinicians. G Robinson advised that he would discuss the option of this being a longer term change with the Rhondda Taf Ely Integrated Locality Group Director and would also ensure that communications were improved.

P Mears advised that the discussions held at the meeting regarding Primary Care challenges had been really powerful. In relation to accommodation, P Mears advised that a review would need to be undertaken of all available accommodation across the Health Board and added that clinical space for clinical services would need to be prioritised and could be addressed from within the Integrated Locality Groups.

D Hurford expressed his concern at the perception that both Primary and Secondary Care services seemed to think that each service was not working as hard as the other which would need to be considered further. D Hurford added that a Task & Finish Group had been established to review how recruitment could be improved.

L Edwards advised that she had attended the last meeting and had found it to be very well attended and felt that clinicians had been listened to.

The Chair extended his thanks to A Lewis for presenting the report and noted that Executive Colleagues would action the issues raised following the meeting.

Resolution: The report was **NOTED**.

Action: Discussion to be held with the Rhondda Taf Ely Integrated Locality Group Director regarding boundary change communication issues and whether this could be implemented as a longer term change.

7.3 Quality Report – to include an update on the Prince Charles Hospital Improvement Programme

Prior to presenting the report, G Dix commented on the Clinical Advisory Group and advised that steps were being taken to ensure nurse representation at this meeting was improved in order to ensure there was a more balanced perspective and discussion held.

G Dix presented the report. G Galletly advised that work was being undertaken to improve the Health Board's response to concerns and advised that an Internal Audit Review had recently been undertaken into Concerns Processes, the content of which was being considered. Members noted that an update on progress would be presented to the Quality & Safety Committee.

In response to a question raised by I Wells regarding the reasons behind communication issues being one of the main themes from complaints, G Galletly advised that there would always be a high proportion of concerns that were attributed to communication issues and agreed to undertake a deeper review as to the reasons behind the communication issues. Members noted that this was not an issue specific to Cwm Taf Morgannwg.

In relation to Medication Errors, J Sadgrove advised that a discussion had been held at the November Quality & Safety Committee in relation to the number of medication incidents that had occurred. Members noted there had been 273 errors reported in the most recent timeframe, one of which had caused severe harm. Members noted that the Committee had requested a more detailed report on this matter.

C Moss advised that she welcomed the development of the Learning Framework as the Community Health Council often received negative feedback from clients regarding the Health Board and added that it would be a positive step to have this in place.

G Robinson presented an update on the Prince Charles Hospital Improvement Programme. G Robinson was joined by C Roberts and S O'Brien in presenting the update and members noted that they had led a significant improvement in the way in which the programme had addressed the legacy issues.

J Sadgrove extended her thanks to G Robinson for presenting the update and advised that a detailed discussion had been held at the Quality & Safety Committee on this matter. On behalf of the Committee, J Sadgrove extended her thanks to staff at all levels for their commitment and willingness to engage in the programme of change and for driving this change forward.

The Chair also extended his thanks to G Robinson and colleagues for the comprehensive overview that had been provided and noted that the Quality & Safety Committee had recognised and noted the positive work that had been undertaken.

C Roberts extended her thanks to the Board for the comments that had been made and welcomed the feedback that had been provided by J Sadgrove.

Resolution: The Report was **NOTED**.

Action: Review to be undertaken as to the exact reasons behind the communication issues reported in some of the concerns that had been raised.

7.4 Elective Care Recovery Programme

G Robinson presented the report.

P Roseblade advised that she was pleased to note the expansion of elective Ophthalmology surgery on the Princess of Wales site and sought clarity as to how realistic the elective care catch up plan was given the current financial position regarding Waiting List Initiatives. Members noted that recurrent funding had now been provided by Welsh Government which would make the position more sustainable. Members noted that engaging teams to undertake Waiting List Initiative work had been challenging due to the increasing demands placed upon them at this time.

P Mears advised that there was a link between elective recovery and financial recovery for this year in which there were risks associated with both and added that steps were being taken to mitigate these risks.

In response to a question raised by C Donoghue as to whether the Health Board was on target to switch back on the text reminder service in December, G Robinson advised that he would need to confirm the latest position outside the meeting. Members noted that Communications support was in place across the whole of the programme and noted that a contact line had been set up for patients to call to query their current position and likely length of wait.

M Jehu welcomed the update that Orthopaedic Elective Surgery was now being centralised on Ward 15 at Royal Glamorgan Hospital. P Mears advised that this was still at the planning stage and added that once Ward 15 had been opened, inpatient operations would be undertaken. In relation to the proposed utilisation of the Royal Gwent facilities, Members noted that this was in a pilot

phase up until Christmas and that the Health Board was still utilising the capacity available within the private sector for Orthopaedic Surgery.

J Sadgrove informed the Board that issues had been raised at Quality & Safety Committee regarding Diagnostic Waits and advised that the Health Board had 31% of the waiting list within Wales for Diagnostics. J Sadgrove sought clarity as to what could be undertaken to reduce the waiting list position. G Robinson advised that there would be an opportunity to develop detailed plans with the Integrated Locality Groups utilising the recovery funding and added that the Integrated Locality Groups had been asked to explore further opportunities for outsourcing. Members noted that revised social distancing guidance for Diagnostics had been received from Public Health Wales which would allow for more patients to be seen within Diagnostic areas. P Mears advised that Diagnostics was an important part of the Cancer pathway.

The Chair extended his thanks to G Robinson for presenting the report.

Resolution: The report was **NOTED**.

Action: Confirmation to be sought outside the meeting as to whether the Health Board were on target to switch back on the Text Reminder Service in December.

7.5 Performance Dashboard

L Prosser presented the report and advised that the report had been scrutinised in detail at the Planning, Performance & Finance Committee.

P Roseblade made reference to the update provided on ambulance handovers and lost ambulance hours which meant that 130 crews spent the whole of their shift in a car park with one patient which was not acceptable, and sought clarity as to what the Princess of Wales Hospitals plans were to address their red release rates. G Robinson advised that the recent performance had been exacerbated with the Hospital seeing a huge influx of patients from the Swansea Bay area. Members noted that plans were in place for the expansion of the potential use of the field hospital Ysbyty'r Seren for patients who were awaiting Domiciliary care.

In response to a question raised by P Roseblade as to when it would be likely that a 7 day stroke service would be in place within the Health Board, G Robinson agreed that the Health Board did need to move to 7 day working for Stroke and advised that the national programme would be the direction of travel for Stroke services moving forward.

P Roseblade also made reference to the low numbers for stroke within the report and suggested that if it was the low numbers causing the huge variation, could the report highlight the actual numbers as well as the percentages. I Wells added that it would also be useful to have percentages as well as numbers. L Prosser agreed to communicate this back to the Team.

The Chair extended his thanks to L Prosser for presenting the report.

Resolution: The report was **NOTED**.

Action: Future reports to identify numbers of stroke patients in addition to percentages of stroke patients.

7.6 Maternity & Neonates Improvement Programme Update

G Dix and D Hurford presented the report and advised that the Health Board awaited the final publication date from IMSOP regarding the review undertaken into Neonatal Services. Members noted that 55 out of 70 recommendations made in the original review had now been achieved.

J Sadgrove extended her thanks to G Dix and D Hurford for presenting the report and confirmed that progress in this area was being assessed through the assurance process that had been put into place. Members noted that a discussion had been held at the Quality & Safety Committee as to whether enough detail had been included in the report in order to provide assurance. J Sadgrove extended her thanks to V Wilson for the leadership she had shown within this piece of work which had been remarkable.

Resolution: The report was **NOTED**.

8 SUSTAINING OUR FUTURE

8.1 Planning, Performance & Finance Committee Highlight Report

M Jehu presented the report.

Resolution: The report was **NOTED**.

8.2 Digital & Data Committee Highlight Report

I Wells presented the report and commended the Information and Communications Technology (ICT) teams who had been working hard in addition to their usual roles to disaggregate services from Swansea Bay University Health Board systems. P Mears endorsed this statement and added that there was a significant amount of work left to be undertaken which required significant resource and advised that a request for funding had been made to Welsh Government to address this.

In relation to the update received by the Committee on Clinical Coding, P Mears advised that this was an important area of work for the Health Board and added that he would be discussing this with the new Director of Digital as a key priority for the Health Board moving forward.

The Chair extended his thanks to I Wells for presenting the report.

Resolution: The report was **NOTED**.

8.3 Month 7 Finance Update 2021/2022

S May presented the report.

P Roseblade sought clarity in relation to the impact of the November Pay Advisory notice and whether this was an increase in pay or would it have the same impact as the waiting list initiatives. S May confirmed that this was an increase in pay and added that temporary arrangements had been put into place to attract staff into certain shifts and advised that these had now been moved to an All Wales Pay Advisory notice. It was felt that the costs would be material and would encourage staff to undertake more shifts.

P Roseblade made reference to the recurrent allocation that G Robinson referred to earlier in the meeting and sought clarity as to whether this would have an impact on the underlying deficit. S May advised that it had been assumed that its receipt would offset a number of current pressures and the funding would be for additional services that the Health Board would be looking to put into place. S May advised that it was important to note that the £26m was a commissioner allocation so some of these funds would be expected to flow into other organisations.

The Chair extended his thanks to S May for presenting the report and providing a comprehensive overview of the financial position.

Resolution: The report was **NOTED**.

8.4 Integrated Medium Term Plan – Development of the next 3 year plan

L Prosser presented the report which outlined the approach that would need to be taken to develop the next three year Integrated Medium Term Plan. Members noted that an Extra-Ordinary Board would be held in February 2022 to receive and approve the plan.

The Chair extended his thanks to L Prosser for presenting the report.

Resolution: The report was **NOTED**.

8.5 Radiology Information Systems Programme Update

L Prosser provided a verbal update and advised that the Board approved the outline Business Case at the In Committee Board held earlier in the day. Members noted that the current system was not fit for purpose and noted that an alternative system was being procured on an All Wales basis. Members noted that a letter would be written to the National Programme Team outlining some comments made by Board members regarding the technical and financial aspects of the system. Members noted that the Business Case was discussed In Committee as a result of the report being commercially sensitive.

The Chair extended his thanks to L Prosser for the update provided.

Resolution: The update was **NOTED**.

9. INSPIRING PEOPLE

9.1 People & Culture Committee Highlight Report

In the absence of the Committee Chair, H Daniel presented the report and drew attention to the key points raised at the last meeting.

The Chair extended his thanks to H Daniel for presenting the report.

Resolution: The report was **NOTED**.

9.2 Local Partnership Forum Highlight Report

H Daniel presented Members with the report. Members noted that the Health Board had now managed to retain the Platinum Corporate Health Standard award. H Daniel advised that he would be keen to ensure staff were aware of the services available to them to assist them from a wellbeing perspective.

The Chair extended his thanks to H Daniel for presenting the report.

Resolution: The report was **NOTED**.

10 ANY OTHER BUSINESS

The Chair sought views from Board Members as to 'How did we do in this meeting'. The following key points were noted:

- Technical issues experienced today would need to be reviewed moving forwards;
- A review of the content of future agenda's would also need to be undertaken to ensure meetings were more focussed and targeted.

11 DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 10:00am on Thursday 27 January 2022.

12 CLOSE OF MEETING