

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 20 September 2022 as a Virtual
Meeting via Microsoft Teams**

Members Present:

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

In Attendance:

Debbie Bennion	Deputy Director of Nursing
Louise Mann	Assistant Director of Quality & Safety
Emrys Elias	Health Board Chair
Gethin Hughes	Chief Operating Officer
Georgina Galletly	Director of Corporate Governance
Dom Hurford	Executive Medical Director
Hywel Daniel	Executive Director for People
Julie Denley	Director of Primary, Community & Mental Health Services
Nicola Bresner	Healthcare Inspectorate Wales
Rhys Jones	Healthcare Inspectorate Wales
Ana Llewellyn	Nurse Director, Bridgend Integrated Locality Group
Claire Appleton	Head of Quality & Patient Safety
Jane Armstrong	Clinical Director of Primary Care
Suzanne Hardacre	Director of Midwifery
Shelina Jetha	Maternity & Neonates Improvement Programme Manager
Sallie Davies	Deputy Medical Director
Shane Mills	Clinical Director for Collaborative Commissioning (In part)
Robert Foley	Head of Operational Flow
Richard Hughes	Nurse Director, Merthyr & Cynon ILG
Gaynor Jones	RCN Convenor
Lauren Edwards	Executive Director of Therapies & Health Sciences
Chris Beadle	Head of Operational Health, Safety & Fire
Emma Samways	Internal Audit
Stephanie Muir	Head of Legal Services (In part)
Emma Walters	Corporate Governance Manager (Committee Secretariat)

**Agenda
Item**

1.0

PRELIMINARY MATTERS

1.1

Welcome & Introductions

In opening the meeting, the Committee 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.

1.2 Apologies for Absence

Apologies for absence were received from:

- Kelechi Nnoaham, Executive Director of Public Health;
- Greg Dix, Executive Director of Nursing;
- Carole Tookey, Nurse Director, Rhondda Taf Ely Integrated Locality Group

1.3 Declarations of Interest

No interests were declared

2.0 SHARED LISTENING AND LEARNING

2.1 Patient Experience Story

Mr Foley shared a patient story with Members that related to the care that had been given to his wife.

The Committee Chair extended thanks from Committee Members to Mr & Mrs Foley for sharing their story and sought clarity as to whether the couple made a complaint in relation to the treatment received. Mr Foley advised that whilst they had chosen not to make a formal complaint, they had highlighted their poor service experience with a view to wanting to influence improvements that could be made in particular to changes made to facilities for gynaecology assessments.

The Committee Chair stated that the issues relating to the Gynaecology Day Assessment Unit had been a cause for concern for the Committee for some time and therefore it was positive to hear of the improvements that had been put into place to improve the care and experience women received and noted the learning from this would now be rolled-out further.

S Hardacre advised Members that the Independent Maternity Services Oversight Panel had recently visited the Health Board and were assured by the improvements that had been made. D Hurford expressed his regret regarding the experience this couple had received which demonstrated the importance of procedures being followed and effective timely empathetic communication with patients. J Hehir welcomed the patient story and advised that it was important for the Committee to hear these stories especially where something positive had been achieved.

G Hughes expressed the importance of hearing the voice of patients and their experiences so that such information could be triangulated using feedback provided by staff, and data from complaints and incidents etc. to drive service improvement and influence the provision of services in the future.

G Galletly suggested that the Committee may find it helpful to receive an update at a future meeting regarding the new system (CIVICA) put into place to support and improve the patient experience.

Members noted that the Patient Advice Liaison Service model was in the process of being reviewed which would also help to capture patient stories more effectively.

The Committee Chair stated that whilst the story, which related to events in 2020, had identified issues with medication errors, poor communication and lack of care and dignity, it was pleasing to note improvements had in the meantime been made and that further work would be undertaken to continue to address these important issues.

The Committee Chair requested an update at the next meeting as to the processes that had been put into place for women who were experiencing ectopic pregnancies to ensure they were receiving the required care at the most appropriate time.

The Committee Chair reiterated her personal thanks to Mr Foley and his wife for allowing this story to be shared and advised that a letter formally thanking them would follow.

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

Action: Update to be presented at a future meeting in relation to the new CIVICA model.

Action: Update to be presented to the next meeting as to what processes were in place for women who were experiencing ectopic pregnancies to ensure they were receiving the care needed at the most appropriate time.

3 **CONSENT AGENDA**

The Committee Chair invited D Jouvenat to address the Committee regarding the point she had raised prior to the meeting in relation to the Equality Impact Assessment (*EIA*) process which was an integral part of the content of the report template for Board and Board Committee meetings.

D Jouvenat advised that the report template required identification of whether an EIA had been required (and if so to provide a link to this) and for those instances where it was not required, the reason for this should be set out in this section of the cover report. D Jouvenat went onto say that the only report on the consent agenda that identified no EIA was required was the Annual Cycle of Business and that she was sure this issue was not particular to this Committee.

The Committee Chair concurred that work was required to improve the recording of this issue within reports and sought clarity as to how further assurance could be provided that due process had been followed. H Daniel concurred that a review was required so that staff were aware of what was required. G Galletly added that there was also an opportunity for workforce colleagues to provide

such detail via the report writing sessions training sessions that had been put into place.

The Committee Chair advised that she expected to see improved attention to the completion of the EIA section in future reports.

The Committee Chair raised the following points in relation to items that had been placed on the consent agenda:

- **3.2.5 Transition and Handover from Children to Adults Health Services** – It was important that the Committee noted the transition which was an important change and had the potential to address a long standing issue. The Committee Chair advised that she looked forward to hearing how this progressed;
- **3.2.6 Welsh Ambulance Services NHS Trust Patient Experience Report** – Noted that a discussion would be held on this matter in more detail later in the meeting. The Committee Chair advised that any ambulance that became 'stuck in the system' was more likely to be unavailable for a significant period;
- **3.1.7 Quality Governance Regulatory Review Recommendations and Progress Updates** – The Committee Chair welcomed the report and advised that she was always keen to see the learning gained from inspections being shared across the whole of the service following the introduction of the new Operating Model structures;
- **3.2.9 Thematic Review of the Feedback received from the Community Health Council on primary care responsiveness** – The Committee Chair welcomed the report which she had found to be excellent and added that it had clearly set out the new standards which Primary Care colleagues were expected to meet. The Committee Chair advised that she looked forward the seeing the changes that these standards were expected to produce in terms of patient access despite challenges in service provision remaining.

3.0 For Approval/Noting

3.1.1 Unconfirmed Minutes of the Meeting held on the 19 July 2022

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

3.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 27 July 2022

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

3.1.3 Estates Policy – PAT Testing Policy

Resolution: The PAT Testing Policy was **APPROVED**.

3.2.1 Committee Action Log

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

3.2.2 Committee Annual Cycle of Business

Resolution: The Report was **NOTED**.

3.2.3 Quality & Safety Committee Forward Work Programme

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

3.2.4 WHSSC Quality & Patient Safety Committee Chairs Report

Resolution: The Report was **NOTED**.

3.2.5 Transition and Handover from Children to Adults Health Services

Resolution: The Report was **NOTED**.

3.2.6 Welsh Ambulance Services NHS Trust Patient Experience Report

Resolution: The report was **NOTED**.

3.2.7 Quality Governance – Regulatory Review Recommendations and Progress Updates

Resolution: The report was **NOTED**.

3.2.8 Radiation Safety Committee Highlight Report

Resolution: The report was **NOTED**.

3.2.9 Thematic Review of the feedback received from the Community Health Council - Primary Care

Resolution: The report was **NOTED**.

3.2.10 CTMUHB Nosocomial Covid 19 Incident Management Programme

Resolution: The report was **NOTED**.

3.2.11 Progress Report following Internal Audit on Concerns & Welsh Risk Pool Review on Claims/Redress/Inquests

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 Organisational Risk Register – Risk Assigned to the Quality & Safety Committee

G Galletly presented the report.

P Roseblade made reference to Risk 4632 and advised that she felt concerned at the closure and amalgamation of some of the risks relating to stroke services and the proposed development of a new improvement plan which involved further task and finish groups. P Roseblade also advised that although she recognised that the structure was changing, assurance was required that the stroke service provided remained consistent whilst improvements were being made. P Roseblade also expressed concern in relation to the patients with suspected stroke who were waiting excessive amounts of time and sought clarity as to what steps were being taken to address this.

In her role as the executive lead for stroke services, L Edwards advised that there was a Stroke Services Progress report later in the agenda and suggested that these issues be addressed as part of that agenda item. The Committee Chair concurred with this suggestion.

In reference to Risk 5214, P Roseblade sought clarity as to whether there was funding for middle grade doctors or whether there was an inability to recruit into such posts. D Hurford advised that the Intensive Care Unit at the Princess of Wales Hospital had been consultant-led and, with a view to changing this workforce model to one that was more sustainable, funding had been identified to address this. This funding was being used to enable a recruitment drive and D Hurford added that he was confident this would result in around half of the current vacancies being filled which would certainly help the overall position.

P Roseblade made reference to the risk relating to laundry services and asked as to the current status of this service which had previously been due to transfer to Shared Services. G Hughes stated that he did not have this detail to hand and suggested he provided an update outside of the meeting.

N Milligan made reference to Risk 4149 which related to CAMHS and was last updated in June 2022. N Milligan advised that it would be helpful to have a more recent position regarding the impact of the work that had been undertaken in relation to Waiting List Initiatives and additional clinics. A Llewellyn stated that she would provide this following the meeting.

N Milligan made reference to Risk 4512 which related to mental health and sought clarity as to whether an update had now been received from the Deputy

Chief Operating Officer. N Milligan also advised that the risk description stated that the mitigations were 'working well' and sought further detail in this regard. J Denley agreed to share – an update outside the meeting.

C Donoghue made reference to Risk 4479 which related to the decontamination facilities and noted that the update dated June 2022 stated that Joint Advisory Group (JAG) had agreed to extend the accreditation as a result. C Donoghue said that it would be helpful to receive an update on the position. G Hughes advised that a Business Case relating to this was in the process of being developed for presentation to the January 2023 Board meeting for onward consideration by Welsh Government and undertook to include future updates as part of his report.

C Donoghue made reference to risk 4152 which related to reduced imaging capacity and referenced a business case being developed to help address this. G Hughes advised that he would ensure that the risk register was updated outside the meeting and added that investments had been made into imaging capacity and that a regional piece of work was being undertaken in relation to developing a regional community diagnostic service to augment current provision. G Hughes added that work was also underway with a view to balancing waiting time across each of CTM's acute hospital sites.

C Donoghue advised that she was concerned regarding the time that may be incurred in reassigning risks to the new Care Group Model. G Galletly provided assurance that work had already commenced with a projected date for this task being completed being January 2023.

J Hehir made a declaration at this point and advised that he was a Non-Executive Director of Llandarcy Park Ltd. J Hehir stated that the company was working to provide an MRI scanner for Elite Sports, with any extra capacity being allocated to the NHS.

The Committee welcomed the report and the scrutiny that had been undertaken by Members of the Risk Register.

Resolution: The report was **NOTED**

Action: Responses to the queries raised against a number of risks to be shared with Members outside the meeting

Action: Update on progress being made on JAG accreditation to be included in future iterations of the Chief Operating Officer's report.

5.2 Covid 19 Inquiry Preparedness

G Galletly presented the report. Members noted there was a risk in relation to resourcing this piece of work, given the recent departure of the current post holder but that steps were being taken to mitigate the risk this posed.

Resolution: The report was **NOTED**.

5.3

Assurance on the Health Board's plan to improve monitoring and reporting in relation to Continuing Healthcare (CHC) and Funded Nursing Care (FNC) activity.

A Llewellyn presented the report.

P Roseblade expressed sadness that the report had an underlying tone of the financial issues. The Committee Chair concurred commenting that it was important to remember the care of patients remained paramount.

C Donoghue made reference to section 2.13 in the appendix to the report and sought clarity as to the nature of the concerns that had been raised by local authorities in Wales. C Donoghue stated that there were a number of references within the report that she did not understand and indicated that she was content to discuss these further with A Llewellyn outside the meeting.

A Llewellyn advised that in relation to the main source of concerns, the Children's Continuing Care Framework, which was not unique to CTMUHB, the requirements of the Scheme of (financial) Delegation meant that certain aspects of care packages required panel approval. Members noted that through the Regional Partnerships Board, a Multi-Agency Group was in the process of reviewing existing frameworks. A Llewellyn added that the main concerns expressed related to the Children's Continuing Healthcare Framework which required integrated boards within local authorities.

G Hughes advised that there was a need to ensure the care could be provided to patients in a sustainable way. Members noted that an exponential growth was being seen in CHC and FNC providers and there was an awareness that patient care would need to change over a period of time. Members noted that assessments were being undertaken on patients who were being discharged from acute hospital environments with ongoing evaluations being undertaken as to whether the correct packages were in place.

A Llewellyn thanked Committee Members for their reflections on the report and advised that she would welcome a discussion with P Roseblade outside the meeting with a view to ensuring the voice of patients and families were reflected within future iterations of the report. With regard to the frequency of future reports on this issue, the Committee Chair requested a further report be presented to the November 2022 meeting which would help Members determine the interval for future updates.

In response to a question raised by E Elias as to whether the experiences were the same for Section 117 (of the Mental Health Act which required the provision of aftercare), A Llewellyn advised that this was an area that would need to be reviewed going forward.

J Hehir advised that in relation to transitioning from children to adult services, the Committee would need to be sighted on the work being undertaken to

provide ongoing care which could vary over time and would require joint working with local authorities.

Resolution: The report was **NOTED**.

Action: Further report to be presented to the November 2022 meeting so that a decision could be made in relation to frequency of future reporting to the Committee.

5.4 Annual Letter 2021/2022 – Public Services Ombudsman for Wales

S Muir presented the report.

Resolution: The report was **NOTED**.

6. IMPROVING CARE

6.1 NCCU Quality Assessment and Improvement Service - Annual Quality position statement

S Mills presented the report.

J Sadgrove stated that the report contained a lot of useful information. The Committee Chair stated that the learning disabilities aspect of the report had been an area of particular interest for Ministers over recent years.

The Committee Chair asked if there was more that could be done in Wales to ensure patients were placed as close to home as possible. S Mills stated that it was important that patients had a pathway so that they could be placed as close to home as possible and care co-ordinators were key in this regard.

E Elias noted that there were reductions in the length of stay for medium secure services and increased demand in other parts of the service which could lead to patients being cared for in the wrong place. S Mills referenced one of the limiting factors as the state of mental health facilities. E Elias stated that he would raise the importance of such patients being cared for the most appropriate facilities with his fellow Health Board Chairs and J Sadgrove undertook to do the same via the Vice Chair's network.

J Sadgrove referenced the increased commissioning demand for Welsh residents under the care home framework. S Mills advised that this was not new demand but reflected the level of people joining the national framework which was attractive as it provided both contracting and quality assurance strengths.

J Denley stated that the framework which was in place across Wales enabled better discussions to be held as to what services were required across the principality and also enabled patients to be tracked within the system which in turn allowed their care to be better managed.

G Hughes commented that it was important that there was a clear discharge plan in place for patients so it was easier to bring patients back to receive care more locally and asked as to the quality assurance plans in place via the framework. S Mills stated that there was a robust quality assurance process in

place and this was fed back locally to health boards and undertook to include information about this in the next iteration of his report.

G Hughes undertook to speak to Linda Prosser, Executive Director of Strategy & Transformation regarding the best means of supporting regional planning input.

J Sadgrove thanked S Mills for his report which had generated an important discussion.

Resolution: The report was **NOTED**.

6.2 Maternity & Neonates Services Improvement Programme Highlight Report

S Hardacre presented the report.

J Sadgrove referenced the patient story at the start of the meeting and asked what steps were being taken to improve communication. S Hardacre responded that communication has improved greatly and referenced various pieces of work that were in train which included streamlining the care pathway and reducing Emergency Department waiting times. S Hardacre undertook to verify the position as regards scanning facilities for patients presenting at weekends. S Hardacre stated that senior nurses were championing improved communication with staff being offered teaching to improve the environment of care. S Davies stated that it was evident from feedback that communication had improved and that patients and their families were also being involved in discussions where incidents had occurred so that their experience could be captured after the event. Systems were also producing real time feedback.

G Hughes asked how patient stories like the Committee had heard at the beginning of the meeting were being used for staff training. S Hardacre advised that service group Quality & Safety meetings began with a patient story and that the learning from such stories was being channelled into audit and governance meetings and the seven minute briefings. S Davies undertook to consider what other ways the stories could be used to best effect.

With reference to Neonates, S Davies stated that the report showed the level of improvement realised in terms of submitting evidence. S Davies added that the team performed very well at a recent the Safety Summit which was very well received by all who attended including Welsh Government colleagues.

S Davies stated that much work had been undertaken to change attitudes and culture and that the changes to care and treatment were now embedded into daily practice. Whilst acknowledging that the events that had been put before the Committee today via the patient story had taken place in 2020, J Sadgrove stated that there was nevertheless a need for constant need vigilance of service quality.

D Hurford stated that it would also be important to reflect the learning from the changes in maternity and neonatal services to other specialties across CTMUHB.

J Sadgrove concurred commenting that this was why the learning organisation approach being taken by CTMUHB was vital.

S Hardacre referenced data that had been presented at a recent governance meeting explaining that such intelligence was enabling clinical staff to look critically at performance and address anomalies.

N Milligan referenced pages 27 and 28 of the report which stated that communication and professional attitude remained the top two themes of complaints. N Milligan stated that she was aware that S Hardacre had sent a letter to midwifery staff around this and asked whether the same letter would now be sent to medical staff too. S Davies and D Hurford agreed that this should be the case. S Hardacre advised that birth right sessions taking place in next few weeks would be multi-professional in terms of the participants.

The Committee Chair thanked colleagues for the informative report.

Resolution: The report was **NOTED**.

6.3 Ty Llidiard Progress Report

L Edwards presented the report.

J Sadgrove sought an update as to therapist recruitment. L Edwards advised that the clinical lead had now been appointed as had activity co-ordinators and progress was being made with regard to other specialist posts.

D Jouvenat thanked Lauren and Ana for attending Welsh Health Specialised Services Committee's (WHSSC) Quality & Safety meeting recently to provide an update on Ty Llidiard which had been very positively received.

C Donoghue noted that a small number of young people had been admitted to Ty Llidiard as no Psychiatric Intensive Care Beds were available. A Llewellyn stated that staff had managed the situation well.

J Hehir commented that he was pleased to note the team were reaching out to families and patients to help inform future service design which showed they had growing confidence in services.

The Committee Chair encouraged Board Member colleagues to arrange a visit to Ty Llidiard so that they could see for themselves the good work that was underway.

Resolution: The report was **NOTED**

6.4

Quality Dashboard

L Mann presented the report.

C Donoghue noted that on page 11 with regard to medication incidents there was reference to the establishment of a community pharmacy forum. D Hurford advised that he would be able to provide further information regarding this outside the meeting.

P Roseblade reference the Datix system not permitting updates to patient safety incidents and queried whether the system was therefore producing accurate reports. L Mann advised that there was an issue with the system in that it was currently only permitting certain staff tiers to update incident reports and this would therefore require some retrospective work once system permissions were revised. L Mann stated that details regard the steps being taken would be addressed in the next iteration of this report.

R Hughes advised that work was underway to review systems in light of the new operating model and this was feeding into the six goals workshop with a view to making it as easy as possible to engage with and comply with internal governance arrangements as well as those with partner organisations and professional groups. This would ensure the organisation was operating as safely as possible during the transition period.

In response to a question from N Milligan, R Hughes advised that the local improvement forums in the Emergency Departments would evolve over coming weeks and would be formally minuted and link-in with general quality governance within care groups. R Hughes advised that the goal was to empower local teams.

The Committee Chair thanked colleagues for the report.

Resolution: The report was **NOTED**.

6.5

Report from the Chief Operating Officer

G Hughes presented the report.

Members noted that cancer service performance and reducing the backlog in a number of tumour sites remained a key focus. Members noted that the urology and lower gastrointestinal pathways remained the two areas of particular pressure and that aspects of pathology were being outsourced to support diagnostic elements of pathways as well as additional urology clinics being put into place.

G Hughes advised that a significant proportion of Bowel Screening Wales patients were being referred at 60 or more days. Members noted that a single pathway of management of colorectal patients was now in place, with more patients being treated each month.

J Hehir sought clarity as to what extent the backlog recovery was being affected by patients presenting with more advanced stages of their diseases. G Hughes advised that it was too early to provide a view on this and added that this would be something that the team could look to review this moving forward.

P Roseblade made reference to the 'red release' bed performance, particularly at Princess of Wales Hospital and also sought clarity as to whether a review and assessment was being undertaken of the Amber 1's that were not accepted. G Hughes advised that whilst the performance data for August 2022 had indicated an improvement, there had been some challenges during September. Members noted that patients at the Princess of Wales Hospital were more likely to experience a delay in discharge compared with patients at the Royal Glamorgan and Prince Charles Hospitals and this was being reviewed so that the issues could be addressed. In relation to the query raised regarding Amber 1 performance, G Hughes confirmed that this data was being discussed at the Unscheduled Care Group meetings and colleagues were engaging with the Welsh Ambulance Services NHS Trust via the 6 Goals Programme in this regard. Data was therefore driving change via a system approach.

The Committee Chair extended her thanks to G Hughes for his report and suggested that this be placed earlier in the agenda for the next meeting if possible.

Resolution: The report was **NOTED**.

6.6 Primary Care Quality & Safety Report

J Armstrong presented the report.

The Committee Chair extended her thanks to the GP Out of Hours Team for the resilience they had shown in addressing the IT issues that had recently been experienced. G Hughes reiterated the thanks expressed by the Committee Chair and advised that the Team had worked incredibly hard to address the outage issues and in particular the dedication of Martine Randall was highlighted. The Committee Chair asked that a letter be sent to the Team to express the Committee's thanks.

In response to a question raised by N Milligan regarding the dental practice in Merthyr Tydfil that was no longer accepting NHS patients. J Armstrong agreed to confirm whether letters had been sent out to patients advising them of which dental practices they had been allocated to and an update would be provided outside the meeting.

Resolution: The report was **NOTED**.

Action: Committee Chair to write to the Out-of-Hours Team extending the Committee's thanks for the work they had undertaken to address the IT outage issues.

Action: Confirmation to be provided outside the meeting as to whether letters had been sent to patients advising them of which dental practices they had been allocated to.

6.7 **Stroke Services Progress Report**

L Edwards presented the report.

P Roseblade sought clarity regarding the process for patients presenting at the Royal Glamorgan Hospital who may need thrombolysis given this site did not have specialist stroke facilities. D Hurford reassured Members that thrombolysis was administered across all three district general hospital sites, although Emergency Department staff at the Royal Glamorgan site needed to liaise with colleagues at Prince Charles Hospital in order to provide this drug treatment following a scan. P Roseblade welcomed the response provided. Members also noted that it has not been possible to recruit additional support to expand the rota which currently consisted of two stroke consultants based at the Princess of Wales and Prince Charles Hospitals. As a result discussions were ongoing with Cardiff and Vale colleagues to develop a joint rota to support CTMUHB's two Stroke Consultants.

N Milligan made reference to the graph on page 11 of the report which related to 'door to needle times' and sought clarity as to how performance could vary from 70% to 20% for such small numbers of patients. D Hurford advised that this was linked to Emergency Department pressures and a 'hot reporting system' was being put into place to speed-up the process. In response to a question raised by the Committee Chair, D Hurford confirmed that there was no variation in relation to weekends.

The Committee Chair advised that the Committee looked forward to receiving a progress report in six months.

Resolution: The report was **NOTED**.

6.8 **Infection, Prevention & Control Committee Highlight Report**

D Bennion presented the report which highlighted one matter for escalation which related to the risk of losing JAG accreditation.

Resolution: The report was **NOTED**.

7. **ANY OTHER BUSINESS**

There was no other business to report.

8. HOW DID WE DO IN THIS MEETING TODAY?

The Committee Chair advised that she would be happy to receive comments outside the meeting as to how Members felt the meeting went today. The Chair advised that further reflection was required as to the number of items contained on the agenda to ensure that items receive adequate discussion.

9. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 9am on Tuesday 15 November 2022.

Unconfirmed