

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 22 November 2021 as a Virtual
Meeting via Microsoft Teams**

Members Present:

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

In Attendance:

Greg Dix	Executive Director of Nursing
Gareth Robinson	Chief Operating Officer (Interim) (In part)
Dom Hurford	Executive Medical Director (Interim) (In part)
Kelechi Nnoaham	Director of Public Health
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Rhys Jones	Healthcare Inspectorate Wales
Nicola Bresner	Healthcare Inspectorate Wales (Observing)
Mandie Welch	Heart Failure Nurse Specialist (In part)
Sharon O'Brien	Interim Nurse Director, Merthyr & Cynon ILG
Anthony Gibson	ILG Director, Bridgend Integrated Locality Group
Carole Tookey	Nurse Director, Rhondda Taf Ely ILG
Steve Sewell	Maternity & Neonates Programme Director (In part)
Val Wilson	Director of Midwifery, Gynaecology & Sexual Health
Kathryn South	Maternity Programme Improvement Manager
Jane O'Kane	Systems Group Director
Gaynor Jones	RCN Convenor
Mick Giannasi	Independent Maternity Services Oversight Panel
Janet Davies	Welsh Government
Rowena Myles	Cwm Taf Morgannwg Community Health Council
Louise Mann	Assistant Director of Quality & Safety
Jane Armstrong	Clinical Director of Primary Care
David Deekollu	Consultant Paediatrician
Lauren Edwards	Deputy Director of Therapies & Health Sciences
Chris Beadle	Head of Operational Health, Safety & Fire
Cally Hamblyn	Assistant Director of Governance & Risk
Emma Walters	Corporate Governance Manager (Committee Secretariat)

Agenda Item

1 **PRELIMINARY MATTERS**

1.1 **Welcome & Introductions**

In opening the meeting, the Chair provided a bilingual **welcome** to all those present, particularly those joining for the first time, those observing and colleagues joining for specific agenda items. The format of the proceedings in its virtual form were also noted by the Chair.

1.2 **Apologies for Absence**

Apologies for absence were received from:

- Georgina Galletly, Director of Corporate Governance;
- Hywel Daniel, Executive Director for People;
- Stuart Hackwell, RTE ILG Director;
- Ana Llewellyn, Nurse Director, Bridgend ILG;
- Sallie Davies, Deputy Medical Director

1.3 **Declarations of Interest**

No declarations of interest were received prior to the meeting.

2 **SHARED LISTENING AND LEARNING**

2.1 **Patient Story**

M Welch presented the patient story which was a short video from a patient with heart failure talking about her diagnosis and ongoing management under the heart failure team at Royal Glamorgan Hospital. Members noted that the patient did not feel well enough at present to read her own story so a member of the heart failure team read the story on her behalf.

J Sadgrove welcomed the story which she had found to be powerful and commended the approach that had been taken to understand the needs of patients.

R Myles extended her thanks to M Welch for sharing the story and extended her congratulations to M Welch and her team for the excellent care they had provided to the patient.

G Dix commended the work being undertaken by the Team and asked M Welch to provide Members with an update of the work she and her team were undertaking. Members noted that the team were currently undertaking a 12 week pilot where patients used a self- monitoring heart rate application via their smart phones to monitor their condition. The data was being recorded on their dashboard and reviewed daily by the clinical team. Members noted that the pilot had resulted in medicines optimisation being reduced from 8 months to one

month with 100% of patients who had used the system being hugely supportive of the system and advising that they would use the system again. M Welch advised that she was incredibly proud of her team and added that the support received from the Senior Nurses and the Health Board had been outstanding.

J Sadgrove extended her thanks to M Welch for attending the meeting to share the story and commended the work being undertaken by the Team.

3

CONSENT AGENDA

The Chair advised that questions had been sought in advance of the meeting on consent agenda items only. Members noted that whilst no questions had been received in advance of the meeting, some typographical errors had been identified by C Donoghue within the Terms of Reference which were addressed prior to the meeting.

P Roseblade advised that she had some questions to raise at this point in regards to specific items on the consent agenda.

In relation to the action log, reference 6.2.3, P Roseblade questioned the reasons as to why this action had been marked as completed and sought clarity as to whether the action had been marked as completed as the issues had been resolved or whether it had been marked as completed as the issues had been reported to the Committee. G Robinson advised that from a reporting perspective, then he considered the action as completed as a result of updates being included in the Chief Operating Officers report and a specific report being received on Ophthalmology at the September In Committee of the Quality & Safety Committee. G Robinson added that from a resolution of the issues perspective, then this was not complete. J Sadgrove asked for greater clarity when recording actions moving forwards as to whether the action was a reporting issue or a resolution issue.

In relation to the Facilities Report, P Roseblade advised that she felt surprised that the report made no reference to the serious financial review that was being undertaken within the Team at present. G Robinson advised that the financial issues would primarily be reported to the Planning, Performance and Finance Committee in the first instance and added that he would be happy to provide an update to the Quality & Safety Committee if required in future Facilities reports. J Sadgrove advised that from a governance perspective there was a need to ensure that a single Committee undertakes a deep dive review into this particular issue. P Roseblade added that whilst she did not expect to see the detail at this Committee, she would at least expect to see that there was recognition that there was an issue.

P Roseblade made reference to paragraph 2.4 in the Ombudsman report reference is made to a figure of 86 and then further down there is reference to a figure of 83. Having read the detail within the Ombudsman report it seemed the figure of 83 related to closure but this is not referenced within the cover

report. P Roseblade added that she was unsure whether this was a typographical error and suggested that this would need to be corrected for the record.

In relation to the statement made within the action log regarding recruitment for Paediatric Consultant's, R Myles sought clarity as to whether the recruitment position had improved for Paediatric Nurses. G Robinson advised that work was being undertaken to address this and advised that he would provide further details to Committee members outside of the meeting. G Dix confirmed that a Band 7 Paediatric Nurse had recently been appointed to the Paediatric Emergency Department at Prince Charles Hospital.

- Action: Greater clarity required when recording actions moving forward as to whether the action was a reporting issue or a resolution issue.
- Action: Further detail to be provided to Committee Members outside of the meeting in relation to the work being undertaken in relation to Paediatric Nurse recruitment.
- Action: Future iterations of the Facilities Update report to include brief updates on the progress being made regarding the financial review being undertaken within the Directorate.
- Action: Review to be undertaken of the figures reported in the Ombudsman Cover report as these differ from what is reported in the main Ombudsman report.

3.1 For Approval

3.1.1 Unconfirmed Minutes of the Meeting held on the 22 September 2021

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

3.1.2 Unconfirmed Minutes of the In Committee Meeting held on the 29 September 2021

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

3.1.3 Quality & Safety Committee Terms of Reference

Resolution: The Terms of Reference were **APPROVED**.

3.1.4 Waste Management Policy

Resolution: The Waste Management Policy was **APPROVED**.

3.1.5 Clinical Audit Assurance Framework

Resolution: The Clinical Audit Assurance Framework was **APPROVED**.

3.2 For Noting

3.2.1 Committee Action Log

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

3.2.2 Quality & Safety Committee Forward Work Programme

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

3.2.3 Infection, Prevention & Control Committee Highlight Report

Resolution: The report was **NOTED**.

3.2.4 Medicines Management Expenditure Committee Highlight Report

Resolution: The Report was **NOTED**.

3.2.5 National Prescribing Indicators Report

Resolution: The Report was **NOTED**.

3.2.6 Safeguarding Annual Report

Resolution: The report was **NOTED**.

3.2.7 Facilities Update Report

Resolution: The report was **NOTED**.

3.2.8 Clinical Education Annual Report

Resolution: The report was **NOTED**.

3.2.9 Health, Safety & Fire Sub Committee Highlight Report

Resolution: The report was **NOTED**.

3.2.10 Research & Development Progress Report

Resolution: The report was **NOTED**.

3.2.11 Maternity Services Community Health Council Patient Experience Report at Tirion Birth Centre

Resolution: The report was **NOTED**.

3.2.12 Maternity Services Clinical Supervision for Midwives Peer Review

Resolution: The report was **NOTED**.

3.2.13 Once for Wales RLDATIX Implementation

Resolution: The report was **NOTED**.

3.2.14 Deprivation of Liberty Safeguards and the Implementation of the Liberty Protection Safeguards

Resolution: The report was **NOTED**.

3.2.15 WHSSC Quality & Patient Safety Committee Chairs Report

Resolution: The report was **NOTED**.

3.2.16 Annual Letter 2020-2021 Public Services Ombudsman for Wales

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 Launch of National Quality & Safety Framework – Gap Analysis in relation to CTMUHB's Framework

L Mann presented the report.

C Donoghue made reference to Action 9 which related to Healthcare organisations ensuring they have the capacity and capability for continuous improvement and learning and sought clarity as to how this would be built into workforce models and planning of establishments, and how this would work for other disciplines. Members noted that a learning framework was in the process of being developed which takes into consideration workforce models and planning of establishments. Members also noted that the NHS Collaborative would be responsible for the national leadership of the framework.

P Roseblade made reference to the gap analysis that had been undertaken and sought clarity as to whether some of the more straight forward local work had been completed, for example, the updating of the Putting Things Right Policy. Members noted that the revised Putting Things Right Policy was due to be completed in December and noted that the revised version would be strengthened as a result of the launch of the National Framework.

J Sadgrove advised that this was an important piece of work for the Health Board moving forwards.

In response to a question raised by J Hehir as to whether delivery of the framework was achievable within a realistic timeframe, Members noted that the national framework would help to drive forward the local framework moving forwards.

Resolution: The report was **NOTED**.

The further work required to strengthen the Gap Analysis was **NOTED** with a further update scheduled for January 2022.

6. CREATING HEALTH

6.1 A summary of Avoidable Mortality between 2011 and 2019 and the Covid 19 Update in Cwm Taf Morgannwg

K Nnoaham presented the report.

P Roseblade commented that CTMUHB compared poorly to the rest of Wales in almost all of the measures and added that the report did not identify what would be done to address the position and did not make reference to any of the initiatives that were already being undertaken. K Nnoaham agreed to highlight examples of initiatives being undertaken to address the position reported in future iterations of the report.

J Sadgrove commented that it would have been helpful if some narrative could have been included against figures 5 and 6 contained on pages 5 and 6 of the report.

C Donoghue advised that she had found the update provided on vaccinations to be helpful and encouraging. J Sadgrove added that she welcomed the outreach being undertaken with the BAME population and areas of deprivation and welcomed the innovation that continued to be undertaken.

Resolution: The report was **NOTED**.

Action: Examples of initiatives being undertaken to address the Avoidable Mortality reported position in future iterations of the report.

7. IMPROVING CARE

7.1 Quality Dashboard to include an update on Regulatory Review Recommendations and Progress Updates

L Mann presented the report.

J Sadgrove made reference to the medication incidents date that had been included in the report and advised that she was pleased to see that the report now identified how many incidents were classed as moderate/severe harm.

P Roseblade made reference to the statement made on page 2 of the report regarding the proposed shift away from a 'what went wrong' Safety 1 approach to proactive Safety 2 principles and advised that later in the report reference was made to the need to learn what went wrong. P Roseblade added that the Health Board must not lose the understanding of 'what went wrong'. L Mann advised that there would always be a culture of 'what went wrong' but consideration would also need to be given to 'what went right' and added that the right balance would be required.

In response to a question raised by P Roseblade in relation to the non-compliance against Safety Notice PSN052 and the expected date for completion, L Mann advised that an expected date for completion had not been given and added that a request would be made for a date to be identified.

In response to a question raised by P Roseblade regarding the not yet due patient safety notices, some of which had completion dates which had now passed, L Mann agreed to check the dates provided and provide P Roseblade with an updated response outside the meeting. Members noted that an explanation of the revised dates should be included in the action log for the next meeting.

P Roseblade made reference to the medication errors that had been reported and advised that the report did not identify what was being done to address the number of medication errors being experienced. P Roseblade also commented on the NEWS data reported on page 13 of the report and advised that no target data had been included for recent and latter months. In relation to NEWS data, L Mann advised that there was no data available which is why this had not been included in the report.

In relation to medication errors, D Hurford advised that a new Pharmacy Lead was now in place and added that a discussion would be held with them in relation to identifying the reasons behind the errors and the themes also. Members were reminded that a report was presented to a previous Committee which identified the steps being taken to address the position and following discussion it was agreed that it would be helpful for the Committee to receive an assurance update in relation to the improvement plans.

R Myles commented on the Clinical Supervision of Midwives report on the consent agenda and sought clarity as to whether the type of models referenced within the report could be adapted to nurses and other staff. G Dix advised that whilst it would be a challenge, the overarching principles could be applied and added that discussions on this were being held with peer Nurse Directors.

In response to a question raised by J Hehir as to whether the Committee could have sight of the Safe Storage of Medicines Action Plan, L Mann confirmed that

the action plan is available and could be shared with Members outside the meeting.

A discussion was held in relation to future hot topics the Committee would like to focus on within the Quality Dashboard. It was agreed that it would be helpful to have a focus on Pressure Ulcers and the deep dive being undertaken on Thrombosis. Members noted that both topics would be added to the forward work programme.

D Jouvenat advised Members that compliance against Statutory and Mandatory Training was being monitored by the People & Culture Committee

Resolution: The report was **NOTED**.

Action: Completion date to be requested for Patient Safety Notice PSN052

Action: Review to be undertaken of the completion dates identified against the not yet due patient safety notices, some of which had now lapsed. Response to be provided to Members outside the meeting and update to be included in the action log.

Action: Assurance update to be provided to the Committee at a future meeting in relation to medication errors and the work being undertaken to improve the position.

Action: Safe Storage of Medicines Action plan to be shared with Members outside the meeting.

Action: Future hot topics to be presented to the Committee via the Quality Dashboard in relation to Pressure Ulcers and the Deep Dive being undertaken on Thrombosis.

7.2 Report from the Chief Operating Officer

G Robinson presented the report.

In response to a question raised by C Donoghue regarding how urgent primary care centres were staffed and whether moving staff to staff the centres would create a staffing problem elsewhere, G Robinson advised that the Urgent Primary Care Centre within the Rhondda was staffed by GP's and nurses and Members noted that when this was initially set up it did not create a problem in other areas in terms of staffing. Members noted that it was now evident what types of ailments were presenting to the centre and it was found that the centre did not need to be staffed by GP's.

N Milligan drew attention to the reference made on page 9 of the report regarding the sepsis screening tool and the proposal to use novel ways to place patients on the tool which she did not quite understand. N Milligan added that if patients meet the criteria what was being done to make them novel and if

there was awareness in place as to what went wrong then an improvement programme needed to be developed to address the issues as opposed to managing the issues on a day to day basis. N Milligan advised that there has been an awareness for some time that there were issues with sepsis compliance. G Robinson advised that this would be addressed via the Unscheduled Care Improvement Programme.

C Tookey confirmed that she had met with the Clinical Lead for the RADAR programme which was where the work being undertaken on sepsis was being discussed and added that work was being undertaken on an All Wales basis in relation to streamlining processes to ensure that compliance was being achieved. A Gibson added that there had been an improvement in compliance for sepsis in October.

D Hurford advised that each ILG had a RADAR lead assisting them with sepsis compliance and confirmed that an improvement plan was in development.

In response to a question raised by J Sadgrove as to whether a further review could be undertaken of patients who regularly attend the Emergency Departments, G Robinson confirmed that this was being discussed within the Unscheduled Care Programme. C Tookey added that this was also being reviewed by the Rhondda Taf Ely ILG in relation to Royal Glamorgan Hospital.

In response to a question raised by J Sadgrove as to whether there was recognition that the Health Board had 31% of the All Wales waiting list for Diagnostics, G Robinson confirmed that the Health Board was aware, particularly for endoscopy. Members noted that a Ministerial announcement had recently been made regarding the introduction of the National Endoscopy Programme which should provide a regional response to the backlog. Members noted that the Health Board's recovery plan included Diagnostics as an area of focus.

Resolution: The report was **NOTED**.

7.3 INTEGRATED LOCALITY GROUP REPORTS

7.3.4 Primary Care

J Denley presented the report.

In response to a question raised by J Sadgrove as to whether the Health Board had managed to implement a security provision to replace the South Wales Police withdrawal from the ATS scheme for General Medical Services, J Denley confirmed that it appeared that security had now been secured.

In response to a question raised by J Sadgrove as to whether any workforce planning had been undertaken as a result of the Respiratory Consultant retiring in the Home Oxygen Service, A Gibson advised that recruitment had been challenging and added that an interim plan had been put into place regarding medical input.

J Sadgrove sought clarity as to the reason behind the cancellation of the Paediatric GA Theatre lists. J Denley advised that lists had been cancelled for a variety of reasons and added that there had been no issues during recent weeks which meant that the position seemed to have stabilised.

Members noted that an update would be received at the next Board Development Session on Dental Services.

Resolution: The report was **NOTED**.

7.3.1 Merthyr & Cynon ILG

Sharon O'Brien presented the report.

N Milligan advised that concerns had been raised recently that staff had been moved from green areas into the Emergency Department and sought clarity as to what plans were in place before staff were moved back into the green areas. S O'Brien provided assurance that advice had been sought from the Infection, Prevention & Control Team prior to staff moves being undertaken and added that the staff that had been moved felt comfortable with the position. Members noted that steps would be taken to ensure it was safe to move staff back into green areas when required.

In response to a question raised by D Jouvenat regarding the table contained at the top of page 3 of the report and what the percentages reported represented, S O'Brien confirmed that this related to the 15 minute ambulance handover performance.

D Jouvenat sought clarity on the statement on page 5 which recognised sustained improvement being made with regards to the management of concerns and then the reference later on in the report noting that compliance had fallen. In response, S O'Brien advised that concerns processes had been amended to ensure there was learning at ward level which had resulted in a dip in compliance against the target. J Sadgrove requested S O'Brien strengthen the narrative to ensure clarity around trends in future reports.

P Roseblade advised Members that she had recently undertaken a walkabout at the Prince Charles Hospital site which she had found to be encouraging and added that the report had not given her the same level of assurance gained from walking round the department. P Roseblade added that she observed that staff were trying to do their absolute best for patients and staff needed to be given the time and space to implement improvement plans. S O'Brien welcomed the feedback that had been provided and added that staff were heavily involved and engaged with the programme of improvement. G Dix also welcomed the feedback and added that positive feedback had been received from Healthcare Inspectorate Wales on the caring and compassionate nature that had been shown by staff.

J Sadgrove welcomed the update on harm reviews and advised that she was pleased to see that these were now progressing.

Resolution: The update was **NOTED**

7.3.2 Rhondda & Taff Ely ILG

C Tookey presented the report. Members noted that a progress report on the Nosocomial Review would be presented to the In Committee Quality & Safety Committee scheduled for the 23 November 2021.

J Sadgrove made reference to the PALS resource issues currently being experienced by the ILG and advised that the Committee would wish to be kept up to date on progress in relation to resolving this.

C Donoghue sought clarity as to the timescales for the completion of works required within the Mental Health Unit to implement an alarm based alert system for the unit doors. Members noted that a timescale for completion was not yet available and noted that this issue was on the risk register and the risk was being managed.

Resolution: The update was **NOTED**.

7.3.3 Bridgend ILG

A Gibson presented the report.

In response to a comment made by J Sadgrove regarding the WHSSC Quality & Safety report on the consent agenda which indicated that the escalation status for Ty Llidiard was worsening, G Dix advised that an escalation discussion was being held with WHSSC colleagues this afternoon. Members noted that good progress had been made against the four areas highlighted within the escalation.

J Sadgrove advised that a review of the templates needed to be undertaken to ensure there was consistency of reporting across the ILG's.

J Sadgrove made reference to page 7 of the report which stated that CAMHS Clinical Service Group quality, safety and performance issues were being reported to the Committee separately and advised that the Committee would need to have sight of this report at the next meeting. J Sadgrove added that consideration would also need to be given as to whether a separate report from Mental Health was also required.

Resolution: The report was **NOTED**.

Action: Review of templates being used by ILG's to be undertaken to ensure there was consistency of reporting across ILG areas.

Action: CAMHS Clinical Service Group report on Quality, Safety and Performance required for the next meeting.

Action: Consideration to be given as to whether a separate report from Mental Health was also required.

7.4 Prince Charles Hospital Improvement Programme

G Robinson presented the report.

In response to a comment made by N Milligan regarding the Theatres Project Plan which references the progress made over the last month but did not provide assurance as to the expected outcome, G Robinson advised that a detailed action plan was in place and added that the Workforce Team were leading on what could be done differently within the department from a cultural perspective.

C Donoghue expressed the importance of having a two way communication method in place so that staff did not feel that changes were being imposed on them.

J Sadgrove welcomed the progress that had been made to date.

Resolution: The Report was **NOTED**.

7.5 Learning from Mortality Reviews

D Hurford presented the report.

J Sadgrove recognised the amount of work that was being undertaken in this area.

Resolution: The Report was **NOTED**.

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

C Hamblyn presented Members with the report.

J Sadgrove confirmed that this version of the risk register had been reviewed fairly recently and noted that the changes made had been clearly identified in the cover report.

Resolution: The Report was **REVIEWED** and **NOTED**.

7.7 Cwm Taf Morgannwg University Health Boards Response to the Welsh Critical Care Peer Reviews

D Hurford presented the report. Members noted that S Hackwell was leading this piece of work and noted that the proposed reconfiguration model would be presented to the March 2022 meeting.

Resolution: The Report was **NOTED**.

Action: Proposed reconfiguration model to be presented to the March 2022 meeting.

7.8 Maternity & Neonates Services Improvement Programme Report

S Sewell presented the report.

P Roseblade advised that she felt the report did not include sufficient information to provide assurance to the Committee and advised that she considered that the report needed to be strengthened in terms of what was going well and what was not going well. P Roseblade also made reference to the statement made that two strategy recommendations had taken place but made no reference as to what these were. The report also made reference to a recommendation to extend the programme but this was not explained further in the narrative. S Sewell agreed to consider the content of future reports and advised that more detail could be included in the risk section if Members would find this helpful.

J Sadgrove reminded Members of the chain of assurance that has been established and added that a discussion had been held with the Chair of the Health Board as to whether there needed to be two Independent Members sitting on the Maternity Improvement Board in order for detailed scrutiny to be undertaken. J Sadgrove added that she would discuss further with P Roseblade outside the meeting.

D Deekollu presented Members with the MBRRACE report. J Sadgrove expressed concern about the lack of ethnicity data contained within the report. Members noted that a full and detailed response to the report would be presented to the next Quality & Safety Committee.

V Wilson provided an update in relation to Maternity MBRRACE and advised that the initial report received related to Health Board data only. V Wilson added that the full report had now been received which showed a very pleasing reduction in rates.

J Sadgrove extended her thanks to K South and V Wilson for the contribution they had both made to the programme which had been exceptional. J Sadgrove advised that K South had been successful in securing a promotion and wished her well in her new role. J Sadgrove advised that V Wilson was retiring and thanked her for leaving the Health Board stronger and in an improved position. V Wilson advised that this would not have been possible without having such a wonderful team in place to support her.

The report was NOTED.

Resolution: Content of future reports to be considered to ensure the reports contain sufficient detail to provided assurance to Members.

Action:

Discussion to be held with P Roseblade outside the meeting regarding the assurance chain that was currently in place.

Action:

Response to the MBRRACE-UK perinatal mortality report: 2019 births to be presented to the January meeting.

Action:

7.9

Assurance of Mortuaries and Body Stores Security and Dignity in CTM

D Hurford presented the report.

J Sadgrove reminded Members that the distressing events that took place in Kent related to an electrician.

D Hurford advised Members that if the Health Board wanted to upgrade standards across other sites then there would be a need to ensure that Human Tissue Authority Act standards were in place across all Mortuaries and Body Stores.

In response to a question raised by P Roseblade regarding swipe access and whether the swipe cards could be passed between people, D Hurford advised that swipe cards were allocated to individuals and added that a system was in place for staff to report any lost cards.

D Hurford provided assurance that no concerns had been highlighted across Health Board sites.

The report was **NOTED**.

SUSTAINING OUR FUTURE

Resolution:

Human Tissue Act Update Report April 2021 to September 2021

8.

G Robinson presented the report.

8.1

J Sadgrove welcomed the report and welcomed the level of detail contained within it as to how the position was being managed currently.

The report was **NOTED**.

Resolution:

9.

ANY OTHER BUSINESS

There was no other business to report.

10.

HOW DID WE DO IN THIS MEETING TODAY?

J Sadgrove sought reflection from Members as to how they felt the meeting went today. The following key points were NOTED:

- Does consideration need to be given to producing shorter succinct reports which still provide Members with assurance. Members noted that report authors are being encouraged to attend the report writing sessions which aims to support authors with tools for the production of succinct reports;
- Does focus need to be placed on particular topics during the meeting;
- If Members had any detailed questions could these be sent in before the meeting;
- Does consideration need to be given to holding longer meetings so that there is time to discuss all of the business;
- A discussion was being held in relation to the introduction of a Quality Steering Group which would sit below the Quality & Safety Committee whose role would be to ensure that key issues were being presented to the Committee.

J Sadgrove extended her thanks to everyone for attending and preparing for the meeting today.

11. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 9.00am Tuesday 18 January 2022.