

**Minutes of the Meeting of Cwm Taf Morgannwg University (CTMUHB)
Quality & Safety Committee held on the 18 January 2022 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
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)
Georgina Galletly	Director of Corporate Governance
Rutuja Kulkarni	Consultant in Public Health (In part)
Johnston	
Hywel Daniel	Executive Director for People (In part)
Fiona Jenkins	Executive Director of Therapies & Health Sciences
Julie Denley	Director of Primary, Community & Mental Health Services (In part)
Nicola Bresner	Healthcare Inspectorate Wales
Jonathan Webb	Welsh Risk Pool (In part)
Helen Bull	Welsh Risk Pool (In part)
Ana Llewellyn	Nurse Director, Bridgend Integrated Locality Group
Carole Tookey	Nurse Director, Rhondda Taf Ely Integrated Locality Group
Sallie Davies	Deputy Medical Director
Steve Sewell	Maternity & Neonates Programme Director (In part)
Mohamed Elnasharty	Consultant Obstetrician & Gynaecology (In part)
Rebecca Pockett	Neonatal Governance Nurse (In part)
Amit Kandhari	Consultant Neonatologist (In part)
Gaynor Jones	RCN Convenor
Mick Gianassi	Chair, Independent Maternity Services Oversight Panel
Febe Ashley	Welsh Government
Louise Mann	Assistant Director of Quality & Safety
Jane Armstrong	Clinical Director of Primary Care (In part)
Lauren Edwards	Deputy Director of Therapies & Health Sciences
Chris Beadle	Head of Operational Health, Safety & Fire
Calum Forrester-Paton	Macmillan GP Facilitator (In part)
Emma Samways	Internal Audit
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:

- Patsy Roseblade, Independent Member;
- Kelechi Nnoaham, Director of Public Health;
- Rowena Myles, Cwm Taf Morgannwg Community Health Council

1.3 **Declarations of Interest**

In addition to the declaration that had previously been declared by F Jenkins, Executive Director of Therapies & Health Sciences, the following declarations were made:

- C Donoghue declared that she was Chair of the Welsh Wound Innovation Centre which was referenced within one of the reports on the agenda;
- G Dix declared that he was the lead Executive for Cwm Taf Morgannwg University Health Board on the Welsh Wound Innovation Centre Board.

2 **SHARED LISTENING AND LEARNING**

2.1 **Patient Story**

C Forrester-Paton presented the patient story which related to an example of a Cancer Harm Review story which was not related to a single particular case.

In response to a question raised by D Jouvenat as to whether there was possibility that the cancer would have grown whilst the patient was awaiting a number of tests, C Forrester-Paton advised that the Clinicians felt that it was very unlikely that the cancer would have grown. Members noted that the patient experience from this pathway was quite distressing given the number of times the patient attended appointments as well as the different treatments that had been given.

In response to a question raised by J Sadgrove as to whether the 8 month period from point of suspicion to point of treatment was typical, C Forrester-Paton confirmed that whilst a breach of 104 days was not typical, breaching the 62 day target was more common which was disappointing.

In response to a question raised by J Hehir as to whether the age of the patient was a factor in the decision made by the Clinicians that harm was not particularly serious, C Forrester-Paton advised that the age of the patient would not have changed the outcome or risk of harm and added that the patient would have still received aggressive treatment. Members noted that the main factor would have been the time taken to reach the diagnosis.

A discussion was held in relation to the One Stop Clinic which was previously in place which would have improved the pathway for the patient and would have resulted in the patient not breaching the 62 day target. Following a question raised by J Sadgrove as to whether there were any reasons as to why this model could not be reintroduced, Members noted that it was hoped that the model would be reintroduced by February and noted that Radiology had been greatly impacted by Infection, Prevention & Control constraints which had impacted on the number of radiology slots they could provide. Members noted that consideration was being given as to whether some of the constraints could be relaxed.

J Sadgrove advised that it was clear that a return to the One Stop Clinic pathway would have major benefits for the patient experience, would reduce risk of harm and would also be more efficient in terms of use of resources within Urology.

J Sadgrove extended her thanks to C Forrester-Paton for presenting the story and welcomed the reflection that had been given to the learning that would be required moving forward.

Resolution: The patient story was **NOTED**.

6 CREATING HEALTH

6.1 Covid 19 Update

R Kulkarni-Johnston shared a presentation with members regarding the latest position in relation to the Covid-19 pandemic. The key points highlighted were noted by Members.

Following a query raised by D Hurford regarding the theory being expressed that cases were reducing as more lateral flow tests were being undertaken as opposed to PCR tests, R Kulkarni-Johnston advised that there was cautious optimism in place that the reduction in numbers was a genuine drop, however, there may be a longer flatter plateau which was possibly what was being seen at present. Members noted that the position would continue to be closely monitored over the next few weeks.

In response to a comment made by N Milligan as to whether consideration had been given to utilising Health Visitors to undertake domiciliary visits to vaccinate patients in areas of deprivation, Members noted that an Equity and Vaccination Group had been established within the Health Board where discussions were being held in relation to barriers. Members noted that whilst domiciliary visits

were being undertaken, staff were now returning to their substantive posts as a result of staffing pressures, which was impacting on the ability to carry this forward.

J Sadgrove extended her thanks to R Kulkarni-Johnston for the presentation and advised that she would be interested to see the next set of figures in terms of numbers of vaccinations undertaken.

Resolution: The update was **NOTED**.

3 CONSENT AGENDA

The Chair advised that questions had been sought in advance of the meeting on consent agenda items only. N Milligan confirmed that the question she had raised in regards to agenda item 3.1.3 Nurse Staffing Levels (Wales) Operating Framework and Escalation Policy for Paediatrics had been part responded to and added that she understood that a full response could not be provided until the issues had been fully resolved.

3.1 For Approval

3.1.1 Unconfirmed Minutes of the Meeting held on the 22 November 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 23 November 2021

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

3.1.3 Nurse Staffing Levels (Wales) Operating Framework and Escalation Policy for Paediatrics

Resolution: The Policy was **APPROVED**.

3.1.4 Quality & Safety Committee Annual Cycle of Business

Resolution: The Quality & Safety Committee Annual Cycle of Business 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 RADAR Committee Highlight Report

Resolution: The Report was **NOTED**.

3.2.5 WAST Patient Safety & Experience Report

Resolution: The Report was **NOTED**.

3.2.6 Learning Disability Services 6 Monthly Update

Resolution: The report was **NOTED**.

3.2.7 IRMER Inspection Progress Report and Action Plan

Resolution: The report was **NOTED**.

3.2.8 Review of the Governance Matrix (Targeted Intervention)

Resolution: The report was **NOTED**.

3.2.9 Delivery Unit Quality & Safety Dashboard

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.

At this point J Sadgrove reminded colleagues that the Health Board was currently taking a governance light approach in relation to non-essential meetings being held as a result of the recent increase in cases of the Omicron variant. Members noted that whilst the Quality & Safety Committee was still being held, as a result of pressures within the system, more focus would be required in drawing out key points contained within each report when presenting.

5. GOVERNANCE

5.1 Welsh Risk Pool Review of Claims, Redress Cases and Inquests

J Webb and H Bull were in attendance for this item.

G Galletly advised that in conjunction with the transfer of the Claims and Concerns Team from the portfolio of the Executive Director of Nursing to the portfolio of the Director of Corporate Governance, a piece of work was commissioned for the Welsh Risk Pool to undertake a review of systems and processes in place. Members noted that an Assistant Director for Concerns and Claims post would shortly be going out for advert to lead on the improvement work and oversee the functions. Members noted that this role would be responsible for taking some of the work identified forward.

J Webb shared a presentation with Members which outlined the key areas of focus required moving forward. Members noted that each member of staff involved in the review were committed to improvements being made in this area. J Webb agreed to share the presentation with Members outside the meeting.

J Sadgrove advised that the Committee welcomed this report, the constructive approach that had been taken in developing the report and the clarity the report provided on the actions required moving forwards.

D Jouvenat advised that she had found the report difficult to read in terms of what needs to be improved and added that she felt reassured at the end of the report that all issues had been taken on board. D Jouvenat sought clarity as to whether the Quality & Safety Committee would receive regular updates in relation to delivery of the action plan.

In response to a question raised by J Hehir as to whether the Committee could provide support in ensuring resource was being made available to address the actions identified, J Webb advised that there had been clear commitment made in regards to resourcing this sector and added that there may be a requirement for some reorganisation to be undertaken so that staff become specialised in certain areas, for example, inquests. Members noted that the action plan identified the need for resource and also identified that some alignment was required across Integrated Locality Group governance structures.

In response to a question raised by J Sadgrove as to whether the timescales identified within the action plan were too ambitious, G Galletly advised that as a result of the recent increase in Omicron cases, some staff had been asked to support the booster vaccination programme, which would have an impact on some recommendation timescales by two to four weeks. G Galletly added that the first quarterly update on progress against the action plan would be provided to the next Quality & Safety Committee and advised that some resource realignment had already commenced to focus on Putting Things Right in order to offset claims. G Galletly extended her thanks to Integrated Locality Group colleagues for their engagement in this piece of work.

In response to a question raised by J Sadgrove as to whether this piece of work aligned with the Duty of Candour, G Galletly confirmed that this did align and added that work is being undertaken on this with Welsh Government as a result of its complexity to ensure completion of a regulatory impact assessment for

NHS Wales. Members noted that the number of Putting Things Right Cases is expected to rise significantly following the introduction of the Duty.

C Donoghue requested that for the purposes of this Committee, could future iterations of the action plan include a comment against the actions in which deadlines had passed. G Galletly confirmed that a Board Development session would be held on Putting Things Right in the next few months.

J Sadgrove extended her thanks to J Webb and H Bull for attending the meeting and for undertaking the review in a constructive way. J Bull added that the Welsh Risk Pool were happy to continue to support the Health Board as much as possible moving forwards.

Resolution: The report was **NOTED and SUPPORTED**.

Action: Future iterations of the action plan to include a comment against the actions in which deadlines had passed.

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

G Galletly presented the report.

A discussion was held in relation to Pathology and whether the Committee felt that this needed to be a separate stand-alone risk. G Robinson advised that there was a specific issue within Pathology which would be discussed further at the February In Committee meeting of the Quality & Safety Committee. Members noted that a significant piece of work was undertaken by the Integrated Locality Group prior to Christmas in relation to the risk and noted that a new Clinical Service Group Manager was now in post who would be looking into the issues further. G Robinson advised that he would prefer to await the outcome of the action plan before determining whether this needed to be included as a stand-alone risk. F Jenkins advised that she would support the proposal to hold the position for the next three weeks.

Following discussion, J Sadgrove confirmed that this needed to remain as a separate risk and added that a further review would be undertaken of the position at the next full Committee meeting. G Galletly advised that she would provide an update at the next Strategic Leadership Group regarding the discussion held.

G Galletly confirmed that the emerging risk that had been identified with the Primary Care Quality & Safety report was in the process of being reviewed and was being captured and followed through.

In response to comments made by C Donoghue regarding review dates, some of which were quite a long way out of date, and many of the risks referring to business cases needing to be developed with no reference made to when they

would be developed and approved, G Galletly advised that she would feed these comments back to the next meeting of the Strategic Leadership Group.

A discussion was held in relation to Risk 4106, with references being made to making the Nurse Roster policy more user friendly. N Milligan advised that there were more issues with the policy than just making it user friendly and added that meetings had been arranged to discuss the issues had been cancelled on numerous occasions. Members noted that a further meeting had been planned for the 31 January with a request made for the policy to be shared for consideration prior to the meeting.

J Sadgrove sought clarity as to whether this risk had also been shared with People & Culture Committee or whether this risk needed to sit solely with Quality & Safety Committee. Members agreed that given the significant delays in addressing this matter, the Committee would be requesting a progress report at the next meeting as to how this risk was being addressed.

Resolution: Members noted the report and noted that the risks would be reviewed further by the Executive Team at the next Strategic Leadership Group.

Action: Discussion to be held at the Strategic Leadership Group regarding concerns raised by Members in relation to the Pathology Risk, the large number of outstanding review dates and the references made against some of the risks which required the development of a business case in order to address the risk.

Action: Progress report to be presented to the next meeting in relation to Risk 4106 which makes reference to the Development of a Nurse Roster Policy and how this risk was being addressed.

5.3 Health, Safety & Fire Sub Committee Highlight Report

D Jouvenat presented the report and highlighted the areas that had been identified in the alert/escalate section. J Sadgrove extended her thanks to the Sub Committee for highlighting these issues as areas of concern.

N Milligan made reference to the statement made on page 2 of the report regarding the issues with the provision of manual handling training to staff based within the Community. N Milligan advised that this was a risk as this could result in the increased development of pressure ulcers for patients within the community, which had not been included on the risk register. Following discussion, G Galletly advised that a thorough risk assessment would need to be undertaken of the position to determine whether this would need to be added to the risk register and added that she would undertake a review of the current position to determine whether a risk assessment had already been undertaken.

In response to a question raised by J Sadgrove as to how community risks were being captured and whether the same level of maturity was being achieved compared to the acute settings, G Galletly assured members that risk training was being rolled out to Community and Primary Care colleagues and added that

regular discussions were being held with the Senior Leadership Team to ensure staff attend the training sessions provided.

J Sadgrove advised that in relation to pressure ulcers, this could be an area of focus as part of the Quality Dashboard programme of spotlight reports over the coming year.

In response to a comment made by J Sadgrove that some staff seemed to be having issues with accessing ESR whilst off site, H Daniel advised that he was not aware of any issues being reported on this and advised that he would explore further outside the meeting.

G Jones sought clarity as when the issues regarding fire officer resource would be addressed. H Daniel advised that the Health Board were quite well resourced in this area compared to other Health Board areas and added that positive feedback had been received from the fire service in relation to resource. Members noted that the Senior Fire Officer was providing advice in terms of the fire regulations at Prince Charles Hospital. H Daniel agreed to undertake a review of the resource in place at present.

Resolution: The report was **noted**.

Action: Review to be undertaken as to whether a risk assessment had been undertaken in relation to the issues being experienced regarding the provision of manual handling training to community based staff and whether this could result in the increased development of pressure ulcers for patients within the community.

Action: Review to be undertaken outside the meeting as to the issues being reported by some staff in accessing ESR whilst off site.

Action: Review to be undertaken of the Fire Resource within the Health Board at present to determine whether adequate resource was in place.

7. IMPROVING CARE

7.1 Quality Dashboard

L Mann presented the report and highlighted a number of key points outlined within the report.

G Dix advised that he was concerned regarding the numbers of pressure ulcers, falls and medication errors which had been reported over the last three months, and advised that these were three key nurse sensitive metrics which were reported on as part of the Nurse Staffing Act. Members noted that nurse staffing levels were an area of concern and there had been a reduction in the nurse staffing roster as a result of the Omicron variant. Members noted that pieces of work were being undertaken in relation to pressure ulcers and falls and following discussion it was agreed that a spotlight report on pressure ulcers would be received at the March, a spotlight on Falls would be received at the May meeting

and a spotlight on medication errors would then be presented to the July meeting.

In response to a comment made by J Sadgrove regarding Patient Safety Notices and Alerts, L Mann agreed to undertake a review of the processes followed in other Health Board areas to determine whether there were any lessons that could be learnt in order to improve the position.

Resolution: The report was **NOTED**.

Action: Spotlight reports to be presented to future meetings on Pressure Ulcers (March), Falls (May) and Medication Errors (July).

Action: Review of processes followed to be undertaken in other Health Board areas in relation to Patient Safety Notices and Alerts to determine whether any lessons could be learnt to improve the position.

7.1.1 Regulatory Review Recommendations and Progress Updates

G Dix presented the report. Members noted that with the exception of the Prince Charles Hospital Emergency Department Review, there had been no further inspections undertaken which required immediate assurance.

Resolution: The report was **NOTED**.

7.2 Report from the Chief Operating Officer

G Robinson presented the report.

J Sadgrove noted the challenges that had been faced by staff across the Health Board and extended her thanks to all staff for rising to the challenge.

In response to a question raised by C Donoghue as to whether the Health Board had now reached the peak of staff sickness absence, G Robinson advised that whilst there had been a recent slight downtick in sickness absence, it would be too early to confirm whether this was a trend. Members noted that whilst the overall picture regarding sickness absence was manageable, there were some smaller services that were incredibly fragile in terms of staff absence.

Resolution: The report was **NOTED**.

7.2.1 Elective Care Recovery Portfolio

G Robinson presented the report.

In response to a question raised by N Milligan in relation to the information contained on page 3 of the report regarding elective inpatient activity, and how it had been projected that over 4000 patients would be treated in quarter 2

when only 412 were treated in quarter 1, G Robinson advised that the Health Board was on track to deliver the plan, however the plan was a cautious one.

C Donoghue advised that she had a number of questions regarding the content of the report and added that she would welcome a further discussion with G Robinson on this outside the meeting.

J Sadgrove advised that it was clear that the Waiting List Initiatives have had an impact on the actuals as opposed to the plan and advised that she would welcome a further update at the next meeting.

Resolution:

The report was **NOTED**.

Action:

Further discussion to be held with C Donoghue outside the meeting in relation to the content of the report.

7.3

INTEGRATED LOCALITY GROUP REPORTS

7.3.1

Rhondda Taf Ely ILG Report

Resolution: The report was **NOTED**.

7.3.2

Bridgend ILG

Resolution: The report was **NOTED**

7.3.3

Merthyr & Cynon ILG

Resolution: The update was **NOTED**.

7.3.4

Primary Care

J Armstrong presented the report and highlighted the key risks and matters for escalation.

G Dix extended his thanks to J Armstrong for taking over the role as Chair of the Primary Care Quality & Safety Committee and for presenting the report.

J Sadgrove advised that she had found it helpful to see the risks analysed within the report and to know that there were action plans in place to manage the risks. J Sadgrove also welcomed the new service being offered for bariatric patients which was a welcomed investment and should make a difference for the Health Board's communities.

Resolution: The report was **NOTED**.

7.4

Maternity & Neonates Services Improvement Programme Report

S Sewell presented the report.

J Sadgrove made reference to the delays experienced in relation to the implementation of the Hypoglycaemia pathway and the Gap and Grow training for Obstetricians and sought clarity as to what was being done to address these areas. Members noted that plans were in place with the Integrated Locality Group triumvirate to address this and noted that staffing levels were having an impact on training at the present time.

G Dix advised that 98 comments had been received within the first week following the PREMS survey that had been undertaken. Members noted that Facebook live sessions had also been held which had received over 200 views.

N Milligan commented that there were a number of milestones which had not yet been met within the plan, which included the development of a Standard Operating Procedure for Prescribing which had been due for completion in September 2021 and the Leadership Development Plan which had been due for completion in October 2021. N Milligan added that updates would need to be provided in relation to these areas.

In response to a question raised by N Milligan as to the figures that had been reported in relation to the PREMS Survey Responses, G Dix confirmed that the figures reported were percentage figures as opposed to the number of people who had responded. Members noted that the presentation of this data would be addressed in future iterations of the report.

Resolution: The Report was **NOTED**.

7.4.1 Response to the MBRRACE-UK Perinatal Mortality Report: 2019 Births

S Davies and colleagues presented the report.

In response to a comment made by J Sadgrove as to whether there was confidence moving forwards that the issues in relation to missing or delayed data would be addressed, Members noted that monthly mortality review meetings had been strengthened where a review of the PMRT reporting tool was jointly being undertaken to ensure there was no data missing from the submissions.

J Sadgrove extended her thanks to colleagues for presenting the report and for the progress that had been made.

Resolution: The report was **NOTED**.

7.4.2 Neonatal Services Improvement Briefing

S Davies presented the report.

J Sadgrove extended her thanks to S Davies for presenting the comprehensive update and welcomed the progress that had been made. J Sadgrove also

welcomed the opportunity that had been afforded to Clinicians in relation to spending time on Tier 3, Covid permitting.

Resolution: The report was **NOTED**.

7.4.3 Proposed Maternity Metrics for Health Board Assurance

G Dix Presented the report.

J Sadgrove extended her thanks to G Dix for presenting the report which outlined the detailed piece of work that had been undertaken to identify proposed Maternity Metrics for Health Board assurance. J Sadgrove encouraged Members to feedback any thoughts they had regarding the proposed metrics to G Dix and his Team moving forwards.

Resolution: The report was **APPROVED**.

7.5 Cancer Harm Reviews

D Hurford presented the report.

J Sadgrove expressed her disappointment that the Merthyr & Cynon Integrated Locality Group had not yet carried out a Cancer Harm Review and added that she was pleased to hear that a Cancer Harm Review panel would be held later this month. J Sadgrove added that a review would need to be undertaken of the numbers reported for Rhondda Taf Ely ILG as the numbers reported did not make sense.

In response to a question raised by J Hehir as to the potential impact of Consultant turnover on the conclusion of the Harm Reviews, D Hurford advised that Harm Reviews were undertaken by a Panel and not just one individual.

Resolution: The Report was **NOTED**.

7.6 Medicines Management Directorate Medicines Storage Update

D Hurford presented Members with the report.

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

7.7 Sepsis Compliance Improvement Plan

D Hurford presented the report.

N Milligan advised that she was pleased to see that a review was being undertaken on this matter as there had been issues with compliance for a number of years. In response to a question raised by N Milligan as to why Prince Charles Hospital were only able to provide a 12 hour service given that they had the same level of staff as Royal Glamorgan and Princess of Wales Hospitals, D

Hurford advised that he would provide a response to this query outside of the meeting. D Hurford also agreed to provide a response to G Jones in relation to the query raised regarding the discrepancies in banding of staff between sites.

In response to a query raised by J Sadgrove as to whether the Health Board had developed links with Project Sepsis in Cardiff University, D Hurford advised that he believed links were in place.

Resolution: The Report was **NOTED**.

Action: Response to be provided outside the meeting as to why Prince Charles Hospital were only able to provide a 12 hour service given the same level of resource that was in place at RGH and POW.

Action: Response to be provided outside of the meeting in relation to banding discrepancies of staff between sites

7.8 Response to the Healthcare Inspectorate Wales Review of the Emergency Department at Prince Charles Hospital

G Robinson presented the report. Members noted that another unannounced visit was being undertaken at this moment in time.

In response to a question raised by N Milligan regarding reference made on page 7 of the report in relation to the assessment that had been undertaken of Psychological safety, G Robinson advised that this work had not yet been completed even though the report suggested that it had. J Sadgrove requested that the report was amended to reflect that this had not been completed or had taken place.

In response to a question raised by G Jones as to whether there were any timeframes in place as to when the Gynaecology Assessment Service was moving into its new area, G Robinson advised that he did not have this information to hand and would discuss further with G Jones outside the meeting.

In response to a query raised by G Jones regarding the review and standardisation being undertaken of Job Descriptions and who would be undertaking the reviews, G Robinson advised that the review was being undertaken by the Merthyr & Cynon ILG Nurse Director and added that he would need to clarify the detail in relation to reference made to the standardisation of job descriptions. G Jones confirmed that any changes made to Job Descriptions would need to be discussed with the individuals concerned.

In response to questions raised by G Jones in relation to when adverts would be placed for additional ENP's and ANP's, G Robinson advised that as yet the Business Case for additional staff had not yet been approved. Following discussion, it was apparent that staff had been told conflicting messages regarding approval of the Business Case and G Robinson agreed to clarify and confirm the communication regarding this.

Resolution: The report was NOTED

Action: Report to be amended to reflect that the work regarding Psychological Safety had not yet commenced or had been completed.

Action: Discussion to be held with G Jones outside the meeting as to when the Gynaecology Assessment Service would be moving into its new area.

Action: Clarification to be sought as to the detail in relation to the reference made to the standardisation of job descriptions.

7.9 Executive Director and Independent Member Walkrounds

G Dix presented the report.

J Sadgrove welcomed the report and the feedback contained within it. J Sadgrove urged members to send through suggestions on ways in which this data could be presented in future to G Dix and his wider team.

Resolution: The report was **NOTED**.

8. ANY OTHER BUSINESS

There was no other business to report.

9. HOW DID WE DO IN THIS MEETING TODAY?

J Sadgrove advised that she would personally reflect on how to improve the format and timings of the meetings moving forwards and asked members to reflect on any improvements they think could be made moving forwards.

10. DATE AND TIME OF THE NEXT MEETING

The next meeting would take place at 1.00pm Tuesday 22 March 2022.