

WELSH AMBULANCE SERVICES NHS TRUST

CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 10 AUGUST 2023 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director and Chair
Professor Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Andrew Clement	Visual Design Specialist
Colin Dennis	Chair of Trust Board
Nikki Harvey	Head of Safeguarding (Item 41/23 only)
Leanne Hawker	Head of Patient Experience and Community Involvement
Wendy Herbert	Assistant Director of Quality and Nursing
Fflur Jones	Audit Wales
Alison Kelly	Business and Quality Manager
Brendan Lloyd	Executive Medical Director
Rhian Lewis	Internal Audit
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Cheryl Merrick	Llais Wales
Trish Mills	Board Secretary
Edward O'Brian	Clinical Lead Palliative and End of Life Care (Item 32/23 only)
Jane Palin	Assistant Director of Quality and Nursing
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Duncan Robertson	Assistant Director of Clinical Development
Leanne Smith	Interim Director of Digital
Marinela Stoicheci	Risk Officer
Gareth Thomas	Patient Experience and Community Involvement Manager
Lisa Trounce	Business Manager

Jonathan Turnbull-Ross
Liam Williams

Assistant Director of Quality Governance
Executive Director of Quality and Nursing

Apologies:

Ian James
Andy Swinburn

Trade Union Partner
Director of Paramedicine

30/23 PROCEDURAL MATTERS

The Chair extended a warm welcome to everyone advising that the meeting was being recorded. Apologies were noted from Ian James and Andy Swinburn.

Declarations of Interest

There were no further declarations of interest to those listed in the register.

Minutes

The Minutes of the meeting held on 11 May 2023 were confirmed as a correct record.

Action Log

The action log and the AAA report from the last Quest meeting was considered:

Action 004/23a: Patient safety report, backlog of National Reportable Incidents; the Committee requested an update to be given at the next meeting. Verbal update provided with a further update to be given at the 10 August meeting. Liam Williams agreed to update the Committee within the next few days. Action Closed.

Action 14/23: Red calls Rural Response Deep Dive - response and impact on patients plan to build into future reports, it was agreed to include details within the MIOPR. Details were provided in Item 7.1 on the agenda. Action closed.

Action 16/23: Agreed that a meeting be coordinated with the Quest Committee and the People and Culture Committee to discuss the situation regarding the challenges faced by the Putting Things Right (PTR) Team. Liam Williams provided a verbal update which assured the Committee additional support had been given to colleagues dealing with the most stressful and distressing cases. He added that the challenges within the Team remained significant; in the meantime, funding was being requested to consider additional resources across the wider organisation. The Committee recognised the challenges also being faced by operational staff. Action was to remain open with a further update at the 31 October 2023 meeting.

Action 21/23: Quality Strategy progress report. An update was provided on the action log. Action closed.

The Chair drew the Committee's attention to the contents of the AAA report for their information; this highlighted the key points from the Committee's last meeting on 11 May 2023. Attention was drawn to the two items in the alert section; risks around patient safety and the PTR response times.

Comments:

RESOLVED: That

(1) apologies were recorded for Ian James and Andy Swinburn:

(2) the Minutes of the Open meeting held on 11 May 2023 were confirmed as a correct record; and

(3) consideration was given to the Action Log and the AAA report as described above.

31/23 OPERATIONS DIRECTORATE QUARTERLY REPORT – 2022-23 Q4

Lee Brooks introduced the Operations Quarterly Report as read, and drew attention to the following pertinent elements:

1. The Manchester Arena Inquiry update report is due to be presented at the Finance and Performance Committee on 18 September 2023. As a result of the Inquiry two new posts have been appointed: one at an Operations Manager level and the other in a supporting officer role. In terms of the recommendations from the inquiry, 71 were being progressed with some already being closed off.
2. Joint working between the Operations Directorate and the Quality and Nursing Directorate to address the timely turnaround of concerns responses will likely see an improvement going forward.
3. The Trust has recently submitted its application for the three year accreditation in respect of its Emergency Dispatch system and it was expected once again to receive accreditation for the Medical Priority Dispatch System (MPDS).
4. WAST facilitation of Extended Transfer of Care. Lee Brooks referred to this in the report noting that several discussions had previously taken place on this matter.
5. In terms of the Non-Emergency Patient Transfer Services (NEPTS) quality dashboard, this was progressing well.

Comments:

The Committee sought clarity regarding the point in the report which mentions that WAST was not licensed for systematic care delivery inside the hospital. Lee Brooks commented it related to the Trust's function as an out of hospital provider and agreed to provide more information at the next meeting.

The Committee held a discussion which focused on recruitment and retention with EMS Coordination, particularly the Band 3 role which remained a concern noting that the attrition rate had, over a rolling 12 month period (July 2022 – June 2023) remained above 22% until May 2023. There were plans to address this issue noting that it remained a risk and a challenge going forward.

RESOLVED: That the report was received.

32/23 STAFF EXPERIENCE

Edward O'Brian introduced the story which was a video made by one of the Specialist Palliative Care Team paramedics, Beth Hews, who recalled her experience regarding a call via the advice line she had taken from a worried family member. The call took place within the Swansea Bay University Health Board (SBUHB). The caller explained that the patient had deteriorated and had also called 999 and was waiting for the ambulance.

Beth explained that during the conversation several concerns were raised and upon hearing those immediately left and arrived at the patient's house before the ambulance had arrived.

Following an assessment of the patient it became obvious that the patient was dying and was too weak to carry out normal functions. The patient, whilst reluctant, realised she could no longer remain at home.

In the meantime, the ambulance was cancelled, and contact was made with the patient's GP. Working with the family and further discussing their concerns a plan was formulated. This included new medications, equipment to assist the patient whilst she remained at home and access for carers.

By the time Beth left, the patient was pain free and content in the knowledge that she could remain at home.

It was noted that 85% of patients seen by the Specialist Palliative Care Team paramedics remained in their own care setting and only 3% of those patients admitted, went to the Emergency Department.

Comments:

Members thanked Beth for sharing her story and noted that the work of the Specialist Palliative Care Team (SPCT) was having such a huge benefit on people.

Following a query in terms of the team being rolled across other Health Boards (HB), Edward O'Brian explained that whilst the other HB's recognised the clear benefits, it was a funding issue.

Edward O'Brian further added that statistics have shown each year, patients with a

palliative condition in the last 7 days of life, on average 295 were being admitted to hospital each month. Patients in the last 2 days of life on average, 151 were being admitted to hospital. From a practical point it would be fair to assume that the majority of those in their last 2 days of life would be better off remaining in the comfort of their own home; this had the potential to return a significant amount of hours back to WAST.

Members were keen to understand if it was possible to obtain investment from within the charity sector to fund additional SPCT paramedics.

Edward O'Brian explained that each HB manages palliative care differently. For example, in SBUHB funding was provided by the HB itself and in Cardiff and Vale University Health Board this was funded by City Hospice and Marie Curie.

Liam Williams reiterated the positive impact the SPCT was making in SBUHB. He added that the work WAST was taking on with End of Life care sat within Goal 3 (clinically safe alternatives to admission to hospital) of the 6 Goals set by Welsh Government for Urgent and Emergency Care, a 5 year transformation programme implemented in April 2022. Also, there was a programme of work underway which will consider how to support staff in a different way.

Members thanked Edward O'Brian and his team for all the work they do recognizing the significant value of the service provided by the SPCT.

RESOLVED: That the STAFF story was noted.

33/23 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT

Rachel Marsh presented the latest Monthly Integrated Performance Report (MIQPR) and highlighted the following:

1. The new metrics had been agreed at a recent Trust Board meeting.
2. 111 call answering times were improving, with the call abandonment rate of 5% being achieved in July 2023.
3. The capacity lost to handover outside Emergency Department (ED) continue to remain extreme; 19,118 hours were lost during July 2023.
4. In terms of clinical indicators, there continued to be improvement in the Return of Spontaneous Circulation (ROSC) rates.

Comments:

1. Assurance was sought in respect of the timelines for stroke indicators. Duncan Robertson confirmed that the data was ready and would be reviewed by the Clinical Intelligence Assurance Group at which point it would be decided how

the data will be presented as an indicator. Further details of timelines were being covered off in a later presentation during the meeting.

2. In terms of the full roll out of CHARU and the timelines Lee Brooks explained at this stage there was no definitive timeline. Due to the current financial position a different approach has been taken. Work was ongoing to address this with the implementation of a rotational model which will resource CHARU staff within the Trust's existing establishment. This will initially begin in the Powys area.
3. Immediate Release Directions continued to be a concern and whilst there was a noticeable improvement in red, the number of ambers declined remained significant. The Committee discussed this further and would monitor this closely going forward.
4. Whilst the Committee recognised that Complaints response times were still far below satisfactory, the current trajectory has shown some improvement.
5. The Committee queried that whilst it was noted there was a slight improvement in system pressures and handover delays, the red 8 minute response had deteriorated. Rachel Marsh explained there was a significant number of factors affecting red response; it was felt the main three factors were demand, capacity and lost capacity. Members further recognised that the practical issues such as road works which would influence and impact on response times.

Deep Dive on red rural calls

Rachel Marsh pointed out that rural performance and the model of service in rural areas continued to be a focus of the Trust; the Committee were assured that every demand and capacity review contained discussions regarding red rural calls.

Red performance in particular, was lower in rural areas when compared to urban areas. Correspondingly it was noted that amber response times were slightly better in rural areas. It was recognised that due to current resources it would be unlikely to reach the 65% target in the small villages in parts of Wales; however, in terms of Health Boards the target of 60% was achievable.

Rachel Marsh reminded the Committee that the demand and capacity work was based on achieving 60% in each Health Board area and overall in Wales 65%. The work involved designing the rosters in such a way that the capacity met the demand. At the moment the Trust was struggling to recruit into those rosters in some of the rural areas. Further work was continuing to enhance this recruitment.

The Committee also noted that the performance in rural areas was impacted to an extent by handover delays; particularly in the Powys area.

There were Community First Responders (CFR) who support red calls; however, the modelling completed previously didn't suggest that expanding the CFR response in a rural area would necessarily make a difference.

Comments

Brendan Lloyd commented that an area of focus in rural areas should be on patients who suffer a stroke and how to improve outcomes.

It was queried whether the relief gap in Powys which was 26% and compared to other areas it was 18% and has this since changed as a result of work conducted. Lee Brooks explained there was no longer a relief gap as long as the Trust was fully established. He added that the staff abstraction such as leave and sickness required close management in order to fill the rosters on the proviso the establishment was there. Following further discussion on the relief gap it was noted this would be monitored at the People and Culture Committee going forward.

Lee Brooks further commented that the Emergency Medical Technician (EMT) to Paramedic pathway should be reconsidered to be more geographically focused; for example, focus on the areas where it was a challenge to recruit Newly Qualified Paramedics.

The Committee recognised the challenges of recruiting to rural areas and looked forward to receiving updates going forward.

RESOLVED: The Committee;

- (1) Considered the June/July 2023 Integrated Quality and Performance report and remained concerned on performance, noting there were some improvements in some areas;**
- (2) Noted that the new metrics had been agreed at the Trust Board meeting of 27 July 2023; and**
- (3) Noted the Deep Dive on red rural calls.**

34/23 PUTTING THINGS RIGHT REPORT Q1

Liam Williams presented the report and drew attention to the following areas:

1. There has been an improvement in the 5 day acknowledgement of response to concerns.
2. There was a continued upward trend in Coroner's requests for information. The Trust received two Regulation 28 Reports during this period, both of which related to delays in responding to patients in the community, including a case where the patient was also significantly delayed outside of the hospital on arrival.
3. A continuing number of incidents were being reviewed at the Serious Case Incident Forum (SCIF) and Joint Investigations passed to Health Boards.
4. There was an increase in the number of road traffic incident and personal injury

claims with the latter increasing in complexity and value.

5. A recent report from the Ombudsman illustrated external validation for the Trust in showing that it continues to provide a high standard of documentation.

Comments

Further detail and an explanation were sought in terms of the open patient safety incidents responses that were overdue. Liam Williams explained that the next report would be updated to understand better the level of delay with more explanation as to why.

With reference to the outstanding coroner statements and if there was any update on progress; Liam Williams added that this has been addressed with extra resource to deal with the backlog.

The Committee expressed their grave concern in respect of waiting times noting it was important to take on board and learn lessons from this going forward.

Liam Williams added that in moving to the Joint Investigation Framework, it was anticipated that Health Boards would receive greater involvement from Local Authorities in dealing and understanding the system pressure issues; however, this has not been forthcoming.

Spotlight on Clinical Indicators

Duncan Robertson referred the Committee to the slide presentation in the agenda pack.

He explained further the current clinical indicators, ambulance service indicators, the care bundles and individual metrics for STEMI (ST-elevation myocardial infarction), stroke, NOF (fractured neck of femur) and hypoglycaemia, as well as the ROSC (return of spontaneous circulation) at hospital indicator. Work was ongoing to improve the clinical indicator STEMI.

The Clinical indicators in development were call to door time for STEMI and stroke. Others in consideration included older fallers, paediatric trauma/pain management, and advanced paramedic practitioner (condition specific compliance).

The Committee was reminded of the journey from paper record to digital pens to the now electronic patient clinical record (ePCR) and the improvements that has been made to the capture of data. Exploration of ways in which artificial intelligence and machine learning can improve compliance were being developed.

The Committee noted continued improvement in ROSC rates at 22.2% in June whereas previously they have been below 10%. This was an area which Cymru High Acute Response Unit (CHARU) was targeting in terms of providing better outcomes for the most seriously ill patients.

Comments:

The Committee, from a Quest perspective, suggested it would be useful to see the 'so what' aspect in terms of the indicators going forward.

In terms of the validity of the data from ePCR the Committee recognised the importance of this going forward.

RESOLVED: That the reports were received and noted.

35/23 DUTY OF QUALITY/DUTY OF CANDOUR IMPLEMENTATION

Jonathan Turnbull-Ross presented the report which provided assurance for the Committee in terms of the Trust's progress following the implementation of the Duty of Quality and the Duty of Candour which came into force on 1 April 2023.

A technical specification template was being designed by key stakeholders to ensure compliance and a consistent approach to data quality standards for current and future quality measures.

A set of Performance and Quality Standards were currently being developed for the Duty of Candour designed to collect data and information consistently at a local and national level and create a dashboard.

Going forward the Trust was working towards completing the Welsh Government (WG) Baseline Road Map with a forthcoming milestone in September 2023; progress was regularly monitored through the Trust Quality and Performance Steering Group and the Clinical and Quality Governance Group.

Comments:

The Committee were pleased to see the rolling out of education and training into the Trust's existing structures.

The Committee sought what the level of awareness was across the Trust and whether there had been any specific risks identified. Jonathan Turnbull-Ross assured the Committee that awareness training was ongoing, adding that there was a need to 'hold the tone' of the Duty of Quality and Duty of Candour. He added that the new quality leads would play an important role in this.

Following a query in terms of the forthcoming milestone in September regarding the completion of the WG Baseline Road Map, Liam Williams advised due to the number of incidents it was not expected that the Trust would be dealing with moderate harm in September at a level the legislation would expect. He added that the Trust was doing everything within its own gift to demonstrate compliance in respect of governance.

RESOLVED: The Committee;

- (1) Received and noted the report; and**
- (2) Noted that the Trust was working towards the baseline assessment criteria as set by the Welsh Government Road Map, with a forthcoming milestone in September 2023.**

36/23 INFORMATION GOVERNANCE REPORT

Leanne Smith explained that the report contained details of how the Trust protected its patient and staff data through the implementation of several measures and governance processes.

The report also provided an overview of information governance in terms of accountability, assurance, and compliance. The Committee were also presented with a new set of metrics.

In terms of particular note from the update the Committee were advised of the following key points:

1. The annual Welsh Information Governance Toolkit compliance assessment for 2023/23 demonstrated the Trust did not meet the minimum expectations for some areas including policies and procedures. Whilst the information security policy was in the latter stages of review currently, there were other policies and guidance that required updating and development for data protection, freedom of information and environmental information requests.
2. In terms of the Key Performance Indicators (KPI) illustrated at Appendix one to the update, the Committee noted that the expected criteria to be assessed against this year may differ in subsequent years.
3. Training and awareness standards were also not meeting minimum expectations. The improvement plan to address these areas would be reviewed by the Information Governance Steering Group and Executive Management Team.
4. An internal audit of records management and requests was underway and will come to the next meeting. A reasonable assurance rated internal audit was received recently on cyber security and reviewed by the Finance and Performance Committee (FPC) who has cyber security in their remit. FPC will focus more broadly on the Trust's systems and their resilience with a focus also on digital information.
5. There were 172 responses to requests under the Freedom of Information Act in 2022/23 and metrics are being developed to provide trend analysis.

Comments:

In terms of the Level of preparedness in terms of cyber security it was queried whether a KPI could be implemented to measure this. Leanne Smith advised this would be part of the business continuity plan reported to FPC and could be included in that report going forward. The Trust continued to learn lessons from other ambulance services regarding cyber attacks ensuring staff are made aware. There were potentially still further metrics which could be developed around the training and education of staff regarding cyber security.

The Committee were keen to understand the timelines for the completion of the action plan in respect of the Information Governance (IG) toolkit. Leanne Smith explained that worked had commenced prioritising the highest risks and adding those into the improvement plan; there were no timescales as such as this was being conducted internally. In terms of risks, one of the main ones was not meeting the statutory and mandatory training for (IG), work to manage this was being addresses.

RESOLVED: That

The Committee considered the proposed metrics in the KPI report (as per Appendix 1) against the context supplied in this paper and agreed that quarterly reporting in this form met the assurance needs of Quest; with clarity in the reports regarding the delineation between the responsibilities of the Quest Committee and FPC.

37/23 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

Trish Mills presented the report noting that the two substantial risks, Risk 223 (the Trust's inability to reach patients in the community causing patient harm and death) and risk 224 (significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service) both rated at 25, had been the subject of discussion earlier in the meeting.

Comments:

Lee Brooks added that from a Health Board (HB) perspective and following some recent data analysis on a comparative basis, and based upon that, it was unlikely that any HB would score less than 25 for Risk 223. Liam Williams added that work to review the mitigations against this particular risk was ongoing to ensure they were correctly positioned in the relevant directorate.

38/23 RESOLVED: The Committee reviewed and considered the contents of the report. INTERNAL AUDIT TRACKER UPDATE

Trish Mills explained that the audit tracker was currently undergoing a full review and, together with audit guidance for the organisation, will be available for the 14 September Audit Committee for scrutiny.

The Committee noted the work being undertaken in collaboration with Internal Audit colleagues to review and close off historical audit recommendations.

Pain Management Internal Audit Report - Limited Assurance

Duncan Robertson gave an overview of the progress on management actions in order to address the limited assurance review.

A task and finish group has been established to develop and design a pain management framework. This will enable the ability to build on the work in terms of measuring pain management.

Comments:

The Committee reviewed the recommendations and recognised the tight timeframes in completing the actions.

Trish Mills explained that part of the audit tracker review work was to have a better understanding on the impact of closed actions.

RESOLVED:

- (1) Noted the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September; and**
- (2) Noted the Pain Management Internal Audit Report.**

39/23 HEALTH INSPECTORATE WALES (HIW) – UPDATE ON PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER

Liam Williams gave an update on progress against recommendations raised from the HIW Emergency Services Clinical Contact Centre EMSCCC Patient Safety Review. The principal objective of the 2019/20 review was to assess how patients were managed by EMS Coordination (EMSCCC) encompassing the period from the time the call was received through to an operational response arriving with the patient.

A secondary objective was consideration of how staff working in EMSCC were resourced and supported. There were two actions outstanding which the Committee were assured were progressing.

WAST Local Review 2019-2020

Lee Brooks explained there were two outstanding actions as shown below and updated the Committee on progress towards completion:

1. Complete the North Wales EMS CCC estate strategy and identify opportunities for improvements.
2. Continue with the work of the CAD Phase 3 project to realign workloads within the EMSCCC for more efficient operation.

RESOLVED: The Committee

- (1) **Noted the Health Inspectorate Wales (HIW) – update on patient safety, privacy, dignity and experience whilst waiting in ambulances during delayed handover report and confirmed agreement with the assurance provided and closure of the action plan;**
- (2) **The National Policy on Patient Safety Incident Reporting and Management was approved; and**
- (3) **The update on the WAST local review 2019-2020 actions was noted.**

40/23 ANNUAL INFECTION PREVENTION AND CONTROL REPORT

Liam Williams presented the Infection Prevention and Control (IPC) Annual Report for 2022/23. The report included the transition from the Covid-19 Pandemic response to business as usual and noted how the Trust supported outbreaks of Monkeypox and invasive Group A Streptococcus.

The Committee also noted and were assured the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained.

Comments:

Bethan Evans, IPC Board Champion and Chair of the Committee commended the team and recognised there had been significant and sustained improvement in this area.

The Committee recorded a note of thanks to Louise Coulson and her team in their work on Infection Prevention and Control and the significant improvement shown.

RESOLVED: The Committee noted the update and received assurance that the Trust was actively driving towards a consistent IPC culture, one in which high standards of patient care and staff safety were maintained and that the focus for the next year would be on monitoring, audit and assurance.

41/23 ANNUAL SAFEGUARDING REPORT

The Committee received the annual safeguarding report as presented by Nikki Harvey. The following points were drawn to their attention:

1. The report provided assurance on safeguarding activities, engagement, and collaborative working with the Trust's partner agencies; as well as the necessary

assurances that the statutory duties under the relevant safeguarding legislation and guidance were being fulfilled.

2. Safeguarding metrics were reviewed regularly by the Committee via the Monthly Integrated Quality and Performance Report.
3. The data evidenced within this year's report demonstrated a further year on increase in the total number of reports submitted by Trust staff since the initial launch of Doc Works (digitalised system).

Comments:

Members recognised that the report had demonstrated a large breadth of collaboration and co-production across agency boundaries.

Liam Williams commented on the commitment made by the safeguarding team in supporting the most vulnerable. This was reiterated by Paul Hollard, Safeguarding Board Champion, and other Committee members, who commended the team and the compassionate way they approached their work in what were often very difficult circumstances.

RESOLVED: The Committee approved the Trust's Safeguarding Annual Report for 2022/23.

42/23 CLINICAL AUDIT PLAN – UPDATE

The Clinical audit plan update was received with no escalations. Nine actions were open and on track, with one action off target but progressing which was in relation to the funding for user interface changes to be made to the ePCR.

The Committee took assurance that good progress was being made.

RESOLVED: The Committee noted and were assured by the update.

43/23 POLICY REPORT

Trish Mills explained that the purpose of the report was to update Members on the current status of the Trust's policies.

Following the Trust's revised policy process being implemented in 2017, there was a significant improvement in the number of policies within their review date. However, the rate of review fell below reasonable levels during the pandemic as policy work was largely paused and efforts directed to support the response.

A prioritisation exercise has taken place based on a risk assessment, and a revised governance process for policies and delegations for approvals was underway.

Whilst only 14% of policies were currently within their review date, the Committee noted that policies do not 'expire' and that extant but overdue for review policies have undergone rigorous review prior to their approval and as a result, except for legislative or national policy changes which automatically required policy updates, would likely stand the test of time with minor amendments.

Members noted that this Committee would receive policies relevant to it for approval noting that the Audit Committee would have overall oversight of the framework and the progress of policies.

The Committee were made aware of some process issues which required fine tuning to improve the approval and flow system.

Comments:

Trish Mills, in response to how any legislative changes would affect policies, assured the Committee that the necessary procedures and structures were in place to accomplish and ensure compliance.

The Committee were assured that the process in place to progress the Trust's policies was totally suitable and were content to support the programme of work.

National Policy on Patient Safety Incident reporting and Management.

Liam Williams explained that the policy was reflective of all the legislative requirements, and the guidance from an all Wales level and was submitted for approval and adoption.

RESOLVED: The Committee

- (1) Considered the contents of the report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates; and**
- (2) Approved the adoption of the National Policy on Patient Safety Incident reporting and Management.**

44/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The Committee priorities and cycle of business monitoring report was received by the Committee.

RESOLVED: The Committee received the priorities and cycle of business monitoring report.

45/23 GROUNDHOG DAY 2: AN OPPORTUNITY FOR CULTURAL CHANGE IN COMPLAINT HANDLING

The Groundhog Day 2: an opportunity for cultural change in complaint handling report was received by the Committee.

RESOLVED: The Groundhog Day 2: an opportunity for cultural change in complaint handling report was received by the Committee.

46/23 REFLECTIONS & SUMMARY OF DECISIONS & ACTIONS

Actions

The following new actions were recorded:

1. Clarification was sought on the licences regarding transfer of care.
2. PTR Reports: Future reports to indicate whether any external issues and factors that have contributed to delays.
3. Clinical Indicators: Spotlight on Clinical Indicators. As work developed beyond the five indicators currently reported on, ongoing updates would be provided.
4. Internal Audit Tracker: Update on how the Trust was dealing with historical actions. To be included in the report.
5. Policy report: Details of the current number of policies outside their review date be captured within the alert section of the AAA report.

47/23 KEY MESSAGES FOR BOARD

Trish Mills would draft the update which will be presented to the Board via the Committee's AAA highlight report.

48/23 ANY OTHER BUSINESS

None.

Date of Next meeting: 31 October 2023

Meeting concluded at 13:20