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Minutes of the Healthcare Quality Assurance and Improvement Committee held on Thursday 21st April 2022 at 2.00pm via MS Teams.

Chair:

Mrs M Lees Non-Executive Director (Chair)

Present:

Mr A Boyle Non-Executive Director
 Mr C Lee Non-Executive Director
 Mr D Reid Non-Executive Director

In Attendance:

Dr J Burns Executive Medical Director
 Mr P Cannon Board Secretary
 Mrs C Coloumbe Head of Infection Prevention & Control
 Mrs K Cormack Director of Quality
 Dr D Corrigan Consultant in Paediatric Medicine
 Mrs E Currie Quality Programme Manager, Business Support
 Mr E Docherty Executive Director of Nursing, Midwifery & Allied Health Professionals
 Mrs L Drummond Head of Assurance, Quality Directorate
 Dr L Findlay Medical Director, South Lanarkshire HSCP
 Dr J Keaney Medical Director, Acute Division
 Mr C Lauder Head of Planning
 Mrs H Knox Chief Executive
 Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
 Mrs T Marshall Nurse Director, North Lanarkshire HSCP
 Mrs A Minns Head of Evidence, Quality Directorate
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Mrs L Thomson Nurse Director, South Lanarkshire HSCP

Apologies:

Mr P Couser Non-Executive Director
 Mrs M Cranmer Staff Partnership Representative
 Dr L Munro Medical Director, North Lanarkshire HSCP
 Dr J Pravinkumar Director of Public Health

1. WELCOME

Mrs M Lees welcomed colleagues to the meeting and apologies were noted.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. MINUTES

The minutes from the meeting held on 10th February 2022 were approved.

THE COMMITTEE:

1. Noted and approved the minutes from 10th February 2022.

4. ACTION LOG

The action log from the meeting held on 10th February 2022 was discussed. Mrs T Marshall noted that Fatal Accident Inquiries can take up to 1 year to commence, however a local integrated review is being progressed. It was noted that Mrs K Cormack has completed a review of deaths at HMP Shotts in the last 12 month period and identified a number of improvements. An update on will come back to a future meeting of the Committee.

Mrs T Marshall suggested the update regarding the Paediatric Service is scheduled for the June 2022 meeting of the Committee.

Other Matters Arising:

Staff temporarily assigned to Acute Services

Mr E Docherty provided a verbal update, noting the exceptional challenges in acute sites, therefore the decision was taken to assign (do we know how many?) senior nurses to acute services. It was noted that Partnership reports are therefore likely to be delayed due to the reduced capacity.

Hand Hygiene update

Mrs C Coloumbe updated members regarding Hand Hygiene, noting that the change package had been updated. Members heard that data was available via LanQIP 2 and compliance is currently 95% and appears to be sustained. The teams are carrying out audits and feel there is a need to carry out more peer reviews and buddying to support a standardised approach. The team are also progressing the Breakthrough Series Collaborative work. Mrs C Coloumbe suggested she could return in approximately 6 months to provide a further progress update to members.

Mr E Docherty thanked Mrs C Coloumbe for the update and commended the progress made so far. Mr A Boyle also commended the work to improve hand hygiene and enquired if it would be possible to see the impact this has on patient care in terms of infection levels or patient outcomes at a future update.

Members discussed the staff audits and recording of data on LanQip 2. It was noted that a module in LanQip 2 pulls data into a Power BI dashboard which allows the data to be filtered into specialities.

Mrs C Coloumbe advised that she will provide a SBAR for the Committee including progress on the assessment and reporting tools shared, aiming to refine the information further and to provide greater clarity and assurance.

Mr E Docherty noted that hand hygiene reports are presented to the Board and Mrs K Cormack agreed that it is was important to avoid duplication, therefore the Committee needs to be clear regarding what hand hygiene information is required here for assurance. Mrs M Lees and Mr P Cannon agreed that it was preferable to avoid duplication wherever possible. It was agreed that Mrs C Coloumbe, Mrs M Lees and Mr E Docherty would discuss offline and agree what information is required by the Committee going forward.

THE COMMITTEE:

1. Noted and approved the action log. Further actions required as follows:
HMP Shotts deaths – progress update from Mrs T Marshall at a future meeting of the Committee;
Hand Hygiene – Mrs M Lees, Mr E Docherty and Mrs C Coloumbe to discuss and agree what information is required by the Committee for assurance going forward, avoiding duplication where possible in terms of the reports presented to the Board.

5. QUALITY PLANNING & PROFESSIONAL GOVERNANCE GROUP (QPPGG) – HIGHLIGHT REPORT

Dr J Burns presented the Quality Planning & Professional Governance Group highlight report. In terms of Radiation Safety, Dr G McCurrach and Mrs K Cormack have completed a review of incidents and are in the process of capturing the learning. It was noted that there is a high level of scrutiny within the service and very low impact on patients who receive an incorrect dose of radiation. Senior staff will adopt an improvement approach to reviewing and learning from incidents, including why the number of incidents increases during busy periods. Members noted with interest the correlation to increased radiation incidents with increased workload.

With regard to the review of nosocomial (healthcare acquired infection) deaths, Dr J Burns confirmed that Duty of Candour sits with the Medical Directors and Infection Prevention & Control is with the Nurse Directors. Scottish Government initiated a separate piece of work therefore efforts are being focused on aligning the work and clarifying our approach.

Dr J Burns noted the detailed gap analysis paper written by the Head of Audiology Services for NHS Lanarkshire in response to the NHS Lothian report. It was noted that QPPGG will also be reviewing the Professional Framework document.

Mrs H Knox enquired regarding workforce and professional competence. Dr J Burns advised that QPPGG are responsible for overseeing the Professional Framework to outline professional governance, competence and support for staff. Members heard that this is different to Educational Governance which should also be reviewed at QPPGG. It was noted that individual departments are responsible for monitoring their own staff groups in terms of compliance with HR policy and procedures and professional standards. Mr E Docherty noted that within the NMAHP workforce, there is a split between Practice Development and HR Staff Governance.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report.

6. OUT OF HOURS SERVICE – UPDATE

Mr S Sengupta provided a verbal update to the Committee regarding the Out of Hours service, noting that the project plan had been reviewed and there was ongoing engagement with Scottish Government. A paper would be drafted highlighting points of learning and this will be shared with the Committee when available. Members heard that a main issue is workforce

availability. Recent pressures have also highlighted the need to strengthen relationships with Emergency Departments, Acute services and Primary Care to develop the culture of mutual support. A series of short term actions are being progressed, e.g. sharing data and it was noted the risk register will be revised to reflect the current situation.

Mrs M Lees enquired regarding the two site model, workforce issues and noted the need to a high level of transparency. She thanked Mr S Sengupta for his attendance and providing the update, advising that she was looking forward to seeing the paper coming back to members at a future meeting.

THE COMMITTEE:

1. Noted the Out of Hours service verbal update and requested a copy of the paper to come back to a future meeting.

7. ACUTE CLINICAL GOVERNANCE & RISK MANAGEMENT GROUP – TERMS OF REFERENCE

Dr J Keaney advised members regarding the updated Terms of Reference for the Acute Clinical Governance & Risk Management Committee, noting the revised membership, Chair information and general terminology refresh.

Mr A Boyle enquired regarding whether patients can engage with the group and heard that this is not appropriate for the Acute Clinical Governance & Risk Management Group, however patients can engage via Care Opinion.

THE COMMITTEE:

1. Noted and approved the revised Acute Clinical Governance & Risk Management Group Terms of Reference.

8. QUALITY & SAFETY DASHBOARD

Dr J Burns presented the Quality & Safety dashboard, highlighting several key areas including crude mortality, noting the efforts to try and demonstrate the link between crude mortality, Covid 19 and community prevalence. In terms of Hospital Occupancy measure, members noted the data for across the three sites and fluctuations on a daily basis in each site.

Reflecting on the stroke presentation delivered to a previous Committee meeting, Dr J Burns advised members of work underway with the stroke team to review evidence of impact on patients and links with nosocomial data and hospital occupancy. A further update will come back to the Committee when available.

With regard to Stroke bundle compliance, data indicates that CT scans are being delivered in good time and it was noted that this is a very positive factor in the patient outcome. Members heard that in terms of priority, CT scans should happen first, then administering aspirin, followed by swallow screening. Dr J Burns spoke to members regarding patient flow for those admitted to stroke units and enquired as to whether it would be helpful to complete a review on this, reflecting on the changes and pressures on the system and keeping in mind the new, centralised service coming on board, offering a new treatment in Glasgow.

Mrs M Lees noted that she is aware some beds in the hospitals are still not in use due to Covid infection issues however remain on the Trakcare system, therefore the bed occupancy position may look better than it is in reality.

Mr A Boyle advised he felt this was an excellent report that provides great oversight. He noted he would be interested to see what the impact is on the patient safety, adding that he was disappointed to see there are issues with discharge coding. Dr J Burns advised that hospital occupancy and the impact on patient safety is relevant, noting that the recommended maximum occupancy is 85% and NHS Lanarkshire has been above 95% consistently for a prolonged period of time. A higher number of patients in the hospitals means staff are busier than usual and there is evidence to show that this can lead to increased errors and missed care, including reduced reporting. Dr J Burns added that discharge coding has improved significantly since the implementation and roll out of the HEPMA system.

Mr D Reid commented that the dashboard format provides a very helpful visual and narrative. He enquired as to whether there are any other measures (as well as occupancy) that could be giving a false picture. He further enquired as to whether there is any correlation between length of stay and re-admissions and is there any analysis showing why patients are re-admitted. Mr D Reid referred to a person centred approach and the value of patient involvement and patient feedback e.g. asking for feedback when a patient is being discharged. He noted it was very helpful to see solicited patient feedback is a priority on the Quality Strategy.

Mrs K Cormack stated that the Care Opinion system continues to be used to capture patient feedback. There were also plans in place for staff to be on site working with volunteers to speak with patients and gather their comments on the service, however this was stopped due to Covid restrictions. Dr J Keaney advised that he would look into hospital re-admissions in more detail and feedback at the June 2022 meeting. He added that some were planned re-admissions, however the Trakcare system doesn't permit that to be recorded. Dr J Burns advised that it is very important to monitor the data regularly and understand the relationship between length of stay and re-admissions.

THE COMMITTEE:

1. Noted the Quality Strategy dashboard. Dr J Keaney will review hospital re-admission data in more detail and provide an update for the Committee at the meeting in June 2022.

9. QUALITY STRATEGY IMPLEMENTATION PLAN HIGHLIGHT REPORT JANUARY–MARCH 2022

QUALITY STRATEGY IMPLEMENTATION PLAN 2022-2023 (DRAFT)

10.

EXTRACT OF THE CORPORATE RISK REGISTER (CLINICAL)

Dr L Thomson highlighted the risks related to the Committee to members. There were no questions raised.

THE COMMITTEE:

1. Noted the Extract of the Corporate Risk Register (Clinical).

ADVERSE EVENT HIGHLIGHT REPORT (incl, Duty of Candour)

Mrs K Cormack presented the Adverse Event highlight report noting there had been 76 Significant Adverse Event Reviews (SAERs) in the period Jan – Dec 2021, 28 of which met the criteria for Duty of Candour (DoC). Page 5 of the report includes detail of the learning and what has changed as a result of the SAERs. Page 7 refers to the learning bulletin that has been developed and includes learning from complaints. Mrs K Cormack advised that the Datix team are undertaking training and SAER training is ongoing. Datix categories will be reviewed by the end of March 2022.

Mrs M Lees enquired as to why there were more incidents in the first quarter of the year; Mrs K Cormack will check and feedback. Mr A Boyle asked why the University Hospital Hairmyres (UHH) had twice the number of DoCs. Mrs K Cormack advised that the site has had an increase in SAERs and she is meeting with UHH staff to review and understand why and provide support as necessary. Dr A Osborne noted the maternity figures; Mrs K Cormack advised that they are a high risk speciality and they are very good at reporting incidents. Dr J Burns agreed Maternity are more high risk and have a very mature risk management system in place. Covid 19 has also had an impact on Maternity services and patient outcomes. Members noted it was a good report and very helpful to see the lessons learned and improvements coming through.

With regard to Duty of Candour, Mrs K Cormack noted a typo regarding figures from Jan – Dec 2021, the number was 76, not 80. 29 were DoC, 16 of these remain open. The Annual Report will be prepared soon and will come to the Committee for review. Dr A Osborne commended the team for their work to produce the reports.

Mrs K Cormack provided an update regarding Never Events, noting that the organisation should be monitoring these to help avoid them. The Datix system will be used and Never Events data will be included in future reports.

THE COMMITTEE:

1. Noted the Adverse Event highlight report, including Duty of Candour.

11. ADVERSE EVENT MANAGEMENT REPORT (INTERNAL AUDIT) (L18-22)

Mrs K Cormack noted the Adverse Event Management Report from Internal Audit for information, advising that all the actions requested had been progressed.

THE COMMITTEE:

1. Noted the Adverse Event Management Report (Internal Audit).

12. INFORMATION SECURITY FRAMEWORK MANAGEMENT REPORT (L26 – 22)

Mr D Wilson provided members with an update regarding the Information Security Framework Management Report L26-22. The Committee noted the report detailed 12 actions, 6 have been completed, 3 are on track and 2 are yet to start.

INFORMATION GOVERNANCE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance Highlight Report and advised that the Information Governance Committee had met twice since the last meeting of the Healthcare Quality Assurance & Improvement Committee. There have been 3 category 2 incidents and these were reported to the Commissioning Officer; no further actions were required. Members heard that the Cyber Security work undertaken is commendable and good progress has been made in a short period of time. There is a global problem with Apache, however testing systems is underway and work to protect our systems. In terms of Freedom of Information (FOI) a response is awaited from the Commissioner. Members noted the risk highlighted with regard to Copyright, linked to app development and an assessment tool.

Mr M Hill reflected on the SEPA cyber-attack and noted there was good assurance today with regard to the improvement work underway, however there is a need to remain vigilant and ensure all steps are taken to be prepared for when a cyber-attack occurs, not if.

THE COMMITTEE:

1. Noted the Information Security Framework Management Report.

13. FALLS - UPDATE REPORT

Mrs C Brown presented the Falls Update Report, noting that work has been focused on three main areas, i.e. the Falls Strategy, the Falls Collaborative and a national mapping exercise. Members heard that the Falls Strategy Implementation has been delayed however 17 out of the 24 actions are progressing and local Falls groups continue to meet regularly. Improvement Advisors are aligned to the operational units, supporting the SPSP Adult Collaborative and a mapping exercise has provided very helpful feedback. In terms of next steps, the Improvement Team will be working with teams across NHS Lanarkshire and will be reviewing Datix incidents to support a whole system approach, share learning and develop the safe care plan.

Dr A Osborne commended the significant work undertaken and commented that it feels as though the Falls Strategy can get back on a front foot. Mr M Hill commented that the report was very helpful and he was struck by the statistical difference between acute sites, asking how this can be explained and will the Collaborative help to address this. Mrs C Brown noted that there is a need to better understand our systems and the Collaborative work will help. Mr A Boyle noted this was a good report and it was great to see engagement with staff, especially during Covid 19 pressures.

THE COMMITTEE:

1. Noted the Falls update report.

14. HOSPITAL STANDARDISED MORTALITY RATIO (HSMR): MORTALITY CASE-NOTE REVIEWS REPORT

Mrs C Brown presented the HSMR mortality case-note review progress report to members. Following agreement on the finalised reports for the 3 acute hospital sites, an NHS Lanarkshire Improvement Action Plan will be developed based on the findings. The plan will be monitored through the Acute Clinical Governance and Risk Management Group which reports into this Committee. The improvement action plan will be aligned to site quality and safety plans. Members noted that planning will commence soon to complete further mortality case-note reviews for 2022-2023.

THE COMMITTEE:

1. Noted the report and requested a further update comes back to a future meeting.

15. STROKE BUNDLES UPDATE REPORT:

Dr M Barber delivered a presentation to the Committee regarding Stroke care and compliance with the elements of the stroke bundle, i.e. CT scan, aspirin, swallow screen, admission to a stroke unit. He advised that CT scans are done quickly and patients receive aspirin in good time. In terms of swallow screening, members heard that NHS Lanarkshire is below the national average and performance in this area is declining. This could be due to patients presenting at A&E, therefore not being seen first by stroke care staff, but by A&E staff and there are also “front door” pressures. He highlighted a concern regarding stroke unit staffing and admissions to a stroke unit, stating that compliance with this element of the bundle is poor and has declined since Covid 19 added additional pressures to the system.

Dr M Barber advised that the stroke units sit within the Care of the Elderly speciality. The Committee discussed staffing within stroke care and heard that Specialist Medical Consultants are being appointed to UHM and UHW at present.

Mrs K Brennan provided a further update to members, advising that further work is required to raise the profile of nursing recruitment within stroke care. A programme from Scottish Government will be published in the next few weeks which should help support workforce improvements. Mrs S Friel noted that more work is needed around stroke care, especially following the impact of Covid 19. She assured the Committee that the stroke units within NHS Lanarkshire are staffed in line with national guidance and work has been commissioned regarding the workforce and swallow screening.

Dr J Keaney advised that stroke care has transformed in NHS Lanarkshire thanks to the work of Dr Barber and the team. He noted that swallow screening is a complex matter and needs to be everyone’s issue as this should be happening at the “front door” when patients present at A&E. The three acute sites have been asked to produce improvement plans and there is a need to review in more detail to gain a deeper understanding of the issues. Dr J Keaney added that with wards changing function to cope with Covid 19 demands, it has been more difficult to achieve compliance with the bundle.

Mr A Boyle asked whether NHS Lanarkshire is seeing poorer outcomes for stroke patients and what is the impact on patient flow. Dr A Osborne commented on the triage system and whether stroke patients are being moved through the system as appropriate. Mrs M Lees asked whether there are any issues with Allied Health Professional (AHP) staffing levels within stroke care.

Mrs K Brennan responded agreeing that swallow screening is a complex issue and it is a concern. In terms of triage, improvement work is underway to help identify where there could be failures. Mrs K Brennan advised there is strong evidence that being in a stroke unit saves lives, therefore the team are working to identify additional stroke bays at UHH (noting that stroke beds at UHM and UHW are adequate). Members heard that there are well trained, dedicated AHP within the service including Speech & Language Therapy staff who work across the whole system. There is a robust stroke support team who follow up with patients upon hospital discharge.

Dr M Barber added that there is evidence that failure to meet all elements of the stroke bundle has a significant impact on patient outcomes. NHS Lanarkshire has the shortest length of stay in hospital and has reduced re-admissions.

Dr L Thomson advised that the Committee will ensure the risks and issues highlighted today are included in the reports from this meeting and asked whether it would be helpful to complete a deep dive into the issue of workforce planning. Dr J Burns advised that it was great to see the passion of Dr M Barber and Mrs K Brennan in the delivery of their presentation to the Committee. She added that a number of different services have struggled to maintain their excellent standards due to Covid 19 and the impact on patients, staff and pathways is notable.

Dr L Thomson requested additional information from the perspective of patient safety and requested Dr J Burns consider the best way in which to take this forward.

Mr M Hill thanked colleagues for the great discussion on this matter, noting his disappointment regarding the impact on services, however it was not surprising given the Covid 19 pandemic. He added that it was encouraging to see the improvement work underway and agreed that this should be discussed at the Board.

THE COMMITTEE:

Noted the Stroke Care report and presentation and asked Dr J Burns to consider how best to progress with the issues highlighted to the Committee.

16. BREATHROUGH SERIES COLLABORATIVE (INFECTION CONTROL)

Mrs S Friel and Mrs C Coloumbe provided an update to members regarding the Breakthrough Series Collaborative for Infection Control, noting that a steering group and a framework have been established.

The Committee discussed the Hand Hygiene presentation delivered Mrs C Coloumbe. Dr L Thomson enquired as to why the data is different to the IPC data that is shared publicly. Mrs C Coloumbe confirmed that the data is only shared at Board level and further work is required to explain the differences.

Mr A Boyle noted that he liked the QI methodology and the sense of pride from the staff regarding their achievements (shared via social media). He enquired as to whether there is assurance that the improvements will result in better patient outcomes and fewer infections. Mrs C Coloumbe stated that the aim of the Collaborative is to improve patient outcomes so that is at the centre of everything the staff are doing. She added that the behavioural change work is really important.

Dr A Osborne advised that this was great to hear and suggested staff proceed with caution in regards to self-appraisal. She enquired as to failed elements theme where it appears that staff were failing to follow hand hygiene after touching a patient. Mrs S Friel advised that further work is required to understand the complexities.

Mrs M Lees noted that Non-Executive Board members were previously invited to take part in hand hygiene training and enquired as to whether this would be of benefit for new Non-Executive Board members. Mrs C Coloumbe agreed to have this discussion offline.

THE COMMITTEE:

1. Noted the Breakthrough Series Collaborative (Infection Control) update.

17. SPSO UPDATE

Mrs L Drummond presented the SPSO update report and noted that there are no overdue actions at present. SPSO are currently tracking our progress. In terms of cumulative themes, the team recently produced an article on record keeping for the Learning Bulletin.

THE COMMITTEE:

Noted the SPSO update report.

COMMITTEE WORK-PLAN 2021-2022

No issues noted or questions raised.

18. FEEDBACK, COMMENTS & CONCERNS

Mrs L Drummond presented the report on Feedback, comments and concerns and highlighted variance in the numbers with response times. An exercise has identified some inconsistencies therefore the team are looking into this in more detail. A Development Session will be taking place soon with Patient Affairs managers and the team will create an action plan following the session. Members heard that a Short Life Working Group (SLWG) has been established for complaints and the staff based on acute sites will transfer to the Quality Directorate to improve resilience and consistency regarding the management of complaints across the whole system.

Mrs L Drummond confirmed that the Datix system allows data to be recorded by location and discipline and produce a thematic analysis. Work is underway to allow themes to be identified by speciality. Dr A Osborne enquired regarding resolution of complaints at Stage 1, as this is known as the gold standard. Mr A Boyle asked why UHH have almost double the number of Stage 2 complaints than the other acute sites. Mrs L Drummond noted there

are lots of influencing factors and complexities and working together will help to support greater consistency.

THE COMMITTEE:

Noted the Feedback, comments and concerns report.

19. CLINICAL POLICIES ENDORSEMENT PROCESS – UPDATE REPORT

Mrs A Minns presented the Clinical Policies Endorsement Process update report, noting that 11 policies have been processed. Members were advised that Covid extensions have ended therefore normal process has kicked in again. Mrs A Minns further advised that there is a risk in relation to the database currently used to track and monitor Clinical Policies, i.e. it may not be available in future, therefore the team are working with IT colleagues to identify alternatives.

THE COMMITTEE:

Noted the Clinical Policies Endorsement Process update report and the risk identified with regard to the database used to support the process.

20. GUIDANCE ON EXTERNAL PUBLICATIONS / PRESENTATION OF STUDY RESULTS

Mrs A Minns provided an update on Guidance on external publications / presentation of study results. It was noted that the report had been endorsed by the Clinical Effectiveness Group prior to submitting to the Committee.

THE COMMITTEE:

Noted the Guidance on External Publications / Presentation of Study Results.

21. HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE SBAR MEETING SCHEDULE

Mrs K Cormack presented the SBAR to members, request that the Committee agrees to one additional meeting per annum, dedicated to reviewing Annual Reports. This would support greater consistency in terms of the standard of Annual Reports coming to the Committee and also ensure the Annual Reports are presented at the same time, as opposed to the current position where Annual Reports are presented throughout the year.

HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE TOOLKIT

The Committee reviewed the HQAIC toolkit and noted that this has been created to support members with regard to meeting etiquette, provide a copy of the Terms of Reference and provide guidance and a template for authors of Annual Reports, to further support quality and consistency of the reports being presented to the Committee.

22. COMMITTEE WORKPLAN

The Committee noted and agreed the work-plan.

23. **ISSUES OF CONCERN – BY EXCEPTION ONLY**

- Operational
- Safety
- Independent Sector
- Staffing

The Committee noted there were no issues of concern.

24. **ANY NEW RISKS IDENTIFIED TO BE CONSIDERED FOR INCLUSION ON THE CORPORATE RISK REGISTER**

No new risks were identified by the Committee.

25. **ANY OTHER COMPETENT BUSINESS**

Health Improvement Scotland response

Dr L Thomson and Committee members discussed the media response to an incident reported regarding patients who were placed in an area considered as a non-standard care environment. A process was implemented whereby daily updates were communicated to Mrs S Friel, explaining the situation.

Dr L Thomson advised that, while this is not an adverse event, it would be necessary to ensure that issues such as this are reported appropriately, fully investigated and all actions are identified and progressed to provide assurance to the Committee and to the Board.

Covid 19 inquiry

Mrs K Cormack provided a verbal update to members, advising that work has commenced to pull together evidence of the work undertaken throughout the pandemic. This includes all the actions progressed by the Quality Directorate and Mrs K Cormack and Dr J Burns are reviewing nosocomial deaths.

Dr L Thomson noted that public inquiries are resource intensive so it was very helpful to know that this preparatory work is underway.

Thank-you to Dr A Osborne

The Committee thanked Dr A Osborne on this, her last meeting, for all her support, advice and guidance over the years. Many colleagues said that they would frequently have the same thought in the meetings to come and that is, “what would Avril ask”?

Dr A Osborne thanked her fellow members and said she is “constantly impressed by the work behind the scenes, the discussion and expertise and I learn something new at every meeting. If you are going to miss me, I am certainly going to miss you”.

Members shared heartfelt messages of thanks and well wishes for Dr A Osborne to conclude the meeting.

NEW DATES OF MEETINGS FOR 2022 AT 14:00 HOURS

- a) Thursday 21st April 2022
- b) Thursday 9th June 2022
- c) Thursday 8th September 2022
- d) Thursday 10th November 2022

NEW ANNUAL REPORT MEETING DATE ADDED POST MEETING

- a) Tuesday 24th May 2022 11:30am – 1pm, via MS Teams