

**Minutes of the Healthcare Quality Assurance and Improvement Committee held on
Thursday 8th June 2023 at 11:30am via MS Teams.**

Chair:

Mrs M Lees Non-Executive Director (Chair)

Present:

Mr A Boyle Non-Executive Director
Mr P Couser Non-Executive Director
Mr C Lee Non-Executive Director

In Attendance:

Mr P Cannon Board Secretary
Mrs K Cormack Director of Quality
Mrs M Cranmer Staff-side Representative
Mrs E Currie Quality Programme Manager, Business Support
Dr C Deighan Executive Medical Director
Mrs L Drummond Head of Assurance, Quality Directorate
Professor J Gardiner Chief Executive
Mr R Hamill Research & Development Lead
Mrs C Hope Risk Manager
Dr R Mackenzie Consultant in Critical Care, Chair Information Governance Committee
Mrs I Lindsay Senior Practice Development Practitioner
Dr L Munro Medical Director, North Lanarkshire HSCP
Mr P McCrossan Director, Allied Health Professionals (AHPs)
Mrs A Minns Head of Evidence, Quality Directorate
Dr L Munro Medical Director, North Lanarkshire HSCP
Dr J Pravinkumar Director of Public Health
Mrs M Rooney Assistant Nurse Director, North Lanarkshire HSCP
Dr M Russell Medical Director, South Lanarkshire HSCP
Mrs L Thomson Nurse Director, South Lanarkshire HSCP
Mrs R Thompson Nurse Director, Acute Division

Apologies:

Mr E Docherty Executive Director of Nursing
Dr J Keaney Medical Director, Acute Division
Mr M Hill Board Chairperson
Mrs T Marshall Nurse Director, North Lanarkshire HSCP
Mrs M McGinty Head of Improvement, Quality Directorate
Mr D Reid Non-Executive Director

1. WELCOME

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

2. DECLARATION OF INTERESTS

Mr A Boyle declared an interest in Item 4 in connection with the Research & Development Committee paper relating to Cancer Research U.K.

3. **MINUTES**

The minutes from the meeting held on 20th April 2023 were approved.

THE COMMITTEE:

1. Noted and approved the minutes.

4. **ACTION LOG**

- a) The action log from the meeting held on 20th April 2023 was reviewed and approved. Dr C Deighan advised that the Ockenden paper was delayed and would be presented to QPPGG in August 2023 and then come to the Committee in September 2023.
- b) Research & Development Strategy

Mr R Hamill presented the draft Research & Development Strategy, noting that this is an update of the previous strategy. Members heard that a National strategy is expected in the coming months and this will help inform the NHS Lanarkshire strategy. Members were advised that improvements have been seen in terms of recruitment and that NHS Lanarkshire is performing well in comparison with other Boards. A key aim of the strategy is to increase research activity, as well as further developments in innovation. Mr R Hamill noted he is due to attend a national meeting next week with the NHS Scotland Chief Scientist regarding innovation.

Mr A Boyle advised of his appreciation for the paper, noting he is very supportive of the work of research and development and it is helpful to see what progress is being made, including the development of the new University Hospital Monklands site. He added that he found the explanations in the document very helpful regarding limiting factors and noted shared frustrations in relation to funding.

Members discussed innovation and the growing capacity for horizon scanning. Mr R Hamill advised that he would like to see a separate innovation “arm” and is looking forward to liaising with colleagues nationally at the Chief Scientists meeting.

Mrs J Gardiner commented on the real opportunities ahead for Research, Development and Innovation in NHS Lanarkshire and the benefits of harnessing national developments, helping to drive the work forward and identifying where NHS Lanarkshire can lead the way.

Mr P Couser noted he was keen to see a NHS Lanarkshire strategy and he is in agreement with the objectives detailed in the draft strategy. He suggested objective 3 could be promoted to objective 1 and spoke of the importance of measuring and having clear timelines for actions, as per the plan. Mr R Hamill stated that measures are expected to be shared via the Chief Scientist’s office and in terms of timelines, work has started to agree these and actions are in progress already. Mrs M Lees thanked Mr R Hamill for sharing the draft Research & Development Strategy with the Committee and advised that she is looking forward to seeing the final version come back to Committee in due course.

THE COMMITTEE:

1. Noted and approved the action log and the draft Research & Development Strategy.

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

Dr C Deighan presented the Quality Planning & Professional Governance Group highlight report, noting that group members reviewed and approved the terms of reference, with the caveat that a governance review is being undertaken and an update on this will be available in due course.

Members heard that the final version of the Quality Strategy 2023-2029, “Quality is everyone’s business”, is available including a public, summary version. Professor Michael West, CBE, from the Kings Fund shared very positive feedback regarding the new Strategy and delivered a staff development session during Quality Week on the topic of Compassionate Leadership; a key focus of the new Strategy.

Dr C Deighan advised that the Ophthalmology Service provided an update regarding the faulty lens issue, noting arrangements are in place to continue monitoring those affected. Members heard that the service conducted face to face consultations with patients and there has been a great deal of work undertaken with regard to communication and sharing information. Duty of Candour legislation is being followed.

The Committee noted that Dr Evelyn Ferguson delivered a presentation regarding a test for pre-eclampsia called Pre-eclampsia and Placental Growth Factor (PIGF) Testing. The aim is to improve diagnosis of the condition, reducing the need for other tests and reducing hospital admissions. The Obstetrics team will complete a robust audit and submit a proposal to DMT for their consideration.

Dr C Deighan informed members that the updated NHS Lanarkshire Consent Policy was approved. In terms of Realistic Medicine, a shared decision making audit has been completed, reviewing 73 episodes of care across 4 specialties.

Members were advised regarding the Scottish National Audit Programme (SNAP) report which identified 3 negative outliers in NHS Lanarkshire. The lead clinicians have been notified and they will complete an investigatory report and action plan. 6 positive outliers were identified and audit leads have been written to by the Director of Quality and Executive Medical Director in order to recognise their efforts in achieving performance significantly better than the national average. It was agreed that QPPGG will continue to review the SNAP reports going forward.

An updated report regarding Ockenden will be tabled at the next meeting of QPPGG in August 2023 and the update from this will be shared at HQAIC in September 2023.

Mrs M Lees noted her thanks for the QPPGG update and commented that it was good to hear about possible improvements regarding diagnosing pre-eclampsia. Mr P Couser requested further explanation regarding Pharmacy Hub Governance, in relation to the prescribing issues described in the report (i.e. how many pharmacists are affected) and also whether the Committee

should request an update regarding the 3 negative outliers as per the SNAP report update.

Dr C Deighan advised that he would link with the Director of Pharmacy, Mrs C Gilmour, to confirm the number of Pharmacists, adding that pharmacy students coming through will graduate as prescribers in future, without the need for a post graduate qualification. Mrs J Gardner agreed that it was important to understand the scale of the issue and request further information from Mrs C Gilmour, to ensure we have committed to having the right number. She further enquired as to the Board's strategy for the new pharmacy graduates coming out of university as trained prescribers.

In terms of the SNAP outliers, Dr C Deighan advised members that audit data is submitted annually and the standard KPIs are reviewed annually.

Mr A Boyle commented that he feels the QPPG Group updates are extremely helpful and enquired regarding how we can ensure learning is shared from the positive SNAP outliers. With regard to Realistic Medicine, he enquired as to how the Committee can be assured that realistic medicine is being delivered across the whole organisation and do we have a measure for this.

Dr C Deighan advised that Realistic Medicine have a detailed action plan in place which has been shared with Scottish Government and received positive feedback. He added that it would be very important to share the learning from shared decision making and make this "business as usual". Members heard that Dr C Deighan and Mrs K Cormack would link with the clinicians for the positive outliers to congratulate them for their achievements and ensure the learning is shared from those areas across the organisation.

THE COMMITTEE:

1. Noted the Quality Planning & Professional Governance Group highlight report and agreed that Dr C Deighan and Mrs K Cormack will write to the lead clinicians for the positive outliers, identified in the SNAP audit and promote shared learning. Mrs C Gilmour will provide information regarding the number of pharmacists who are qualified prescribers in NHS Lanarkshire.

6. QUALITY & SAFETY DASHBOARD

Dr C Deighan presented the Quality & Safety dashboard report, providing information relating to HSMR, Re-admissions, Pressure Ulcers, Falls and the Stroke bundle, including compliance with this during the Operation Flow "fire break". In terms of HSMR, members heard that for the period Jan – Dec 2022, this was 1% and within control limits. A great deal of work has been completed to better understand the issues previously discussed regarding re-admissions and to this end, staff identified these are related to the use of ambulatory care and the trakcare system. The trakcare team have worked closely with our staff to resolve this and have agreed that from May 2023 onward, re-admissions will be calculated without ambulatory care data and the Data & Measurement Team will continue to liaise with the acute sites to monitor this.

Members heard that data from Datix shows an increase in pressure ulcers at University Hospital Hairmyres (UHH) and work is underway to understand and address the cause. In terms of falls, members were advised that a drill down exercise would be undertaken to identify the cause of the increase in falls at University Hospital Monklands, Ward 14. Dr C Deighan advised that NHS

Lanarkshire is a positive outlier with regard to thrombolysis data, as per page 13 of the report. The national team have been asked to provide further detail regarding the overall position in terms of stroke bundle compliance and Dr C Deighan will share this with members when available.

Mrs M Lees noted her thanks for the update and commented that it was very useful to see the breakdown and good to hear the outcome of the work into the re-admissions data. In terms of pressure ulcers, she enquired as to whether patients being admitted to UHH from care homes are entering the hospital with pressure ulcers or whether this patient group are more likely to develop pressure ulcers. Dr C Deighan advised he felt it was the latter and staff should be assessing patients for pressure ulcers on admission. Mrs R Thompson noted that she is aware of improvement work underway with the vascular ward regarding hospital acquired pressure ulcers and the Tissue Viability Nurse is working closely with staff in that area. Mrs M Cranmer enquired as to whether there is correlation with increased pressure ulcers and falls with staffing levels and capacity. Mrs L Thomson agreed that staffing levels are relevant and nursing is a safety critical workforce.

Mrs R Thompson noted the increase in falls at UHM ward 14 Frailty Unit and the very vulnerable, high risk patients cared for in that area. She added that improvement work is ongoing in ward 14, involving AHP staff. Mr P McCrossan noted that a further two frailty units were being established, one at UHH and one at UHW.

Mr P Couser enquired as to whether there are any plans for the dashboard to be pulled into the scorecard format. Mrs K Cormack advised that this was being discussed with Mr P Cannon to work out the best use of the data, ensuring there is a focus on quality. Dr C Deighan referred to the stroke bundle compliance and the elements of the bundle that have most impact for patients, adding that the thrombolysis data equates to improved outcomes for stroke patients.

THE COMMITTEE:

1. Noted and approved the Quality & Safety dashboard.

7. QUALITY STRATEGY 2018-2023, EVALUATION SUMMARY REPORT

Mrs K Cormack presented the Quality Strategy 2018-2023 Evaluation Summary to the Committee, noting the report provides information on what was achieved. Mrs K Cormack requested views from members regarding who else the Summary should be shared with in NHS Lanarkshire.

Mr A Boyle thanked Mrs K Cormack for the report, advising he thought this was a tremendous piece of work and great to see the time has been taken to look back and see if the organisation achieved what it set out to. He suggested it would be helpful to share the report with PPRC and the Audit Committee and possibly develop a version for the public. Mrs M Lees echoed the positive feedback and agreed it should be shared with public groups. Mr P Cannon agreed that it could be added to the PPRC agenda, Audit Committee and share via the NHS Lanarkshire website.

THE COMMITTEE:

1. Noted and approved the Quality Strategy 2018-2023 Evaluation Summary and agreed Mr P Cannon will add to the agenda for PPRC,

Audit Committee and share via the public facing NHS Lanarkshire website.

8. QUALITY STRATEGY 2023-2029 TRUE NORTH ACTION PLANS

Mrs K Cormack presented the Quality Strategy 2023-2029 True North Action Plans update, advising of the work underway with colleagues across the organisation to continue engagement and co-produce their True North actions, aligning with the new Quality Strategy. Mrs K Cormack will share a further update with the Committee at the meeting in September 2023. Mrs M Lees expressed her thanks and advised that she was looking forward to the next update.

THE COMMITTEE:

1. Noted and approved the Quality Strategy 2023-209 True North update.

9. FAI ASSURANCE

Dr L Munro presented the Fatal Accident Inquiry (FAI) Assurance paper to the Committee and advised that the FAI determination had also been shared at the recent Board meeting and was previously discussed as a patient story. Members heard that Significant Adverse Event Reviews (SAERs) are completed for all suicides and the relevant information is shared widely among services to help ensure learning is taken forward. The SAER for this particular patient suicide in 2015 highlighted issues relating to the involvement of the family and the triangle of care. The FAI feedback noted this SAER was robust. An issue was identified regarding off duty access to information, therefore a 24/7 on call arrangement was implemented to ensure that only staff on duty are contacted. Dr L Munro advised that the functionality of the MORSE system ensures that all staff who are involved in a patients' care have access to their care plan, therefore helping to ensure the appropriate staff can obtain the information they require for patients in their care. She advised that a toolkit was developed for staff in Mental Health Services and was rolled out to Wards and throughout community services. Quality Improvement groups were also established in inpatient wards, to help support a healthy culture.

Dr L Munro advised members she felt confident that NHS Lanarkshire has the appropriate systems and processes in place and she will seek further assurance that the services have adopted a continuous Quality Improvement approach. Members noted that the North Support Care & Clinical Governance Group will also be reviewing the FAI determination.

Mrs M Lees expressed her thanks for the update and advised that the Non-Executive Directors who were unable to attend today's meeting, had confirmed to the Chair that they were assured by the report. She added that it was important to consider how the learning from staff experiences is captured and acted upon. Mr A Boyle commented that suicide is a critical issue and he felt assured by Dr L Munro's presentation today. He advised that he is always thoughtful about ensuring we have all the information required therefore it would be helpful to develop a detailed document, describing all the issues raised and the actions taken. Dr L Munro agreed and noted that the North HSCP Support Care & Clinical Governance Group meeting was scheduled for 22nd June 2023 and they will be responsible for completing a mapping exercise and producing a report. The outcome could be shared with HQAIC via the routine North HSCP update to the Committee. Mrs M Cranmer noted her agreement with the new process introduced whereby staff are not contacted when they are off duty

unless they are on an on-call rota. Members commented on the work and dedication of colleagues around this issue and heard that the NHS Lanarkshire Spiritual Care Team offers support for staff.

THE COMMITTEE:

1. Noted and approved the FAI assurance paper. Noted that the North Support Care & Clinical Governance Group will produce a report regarding the FAI and an update will come back to the Committee via the next North HSCP highlight report.

10. EXTRACT OF CORPORATE RISK REGISTER (CLINICAL) AND HIGH LEVEL CLAIMS

Ms C Hope presented the Extract of Corporate Risk Register (Clinical) and High Level Claims report, highlighting that it is proposed to separate the optimal clinical outcomes risk into two, i.e. scheduled and unscheduled care. If approved by CMT, the change will be shared with members at the next meeting in September 2023. Ms C Hope noted the action log item regarding Operation Flow and advised that she is working with Mrs K Orr to look at the task and finish group project plans and how these could be aligned with the Corporate Risk Register and ensure this is articulated.

Mrs M Lees noted the proposed separation of the optimal clinical outcomes risk and the requirement for this Committee to continue to be sighted. Further clarity would be helpful with regard to the risks that sit across more than one Committee. Dr C Deighan advised that it was important the Committee maintains visibility on front door and planned care waiting times. Mr A Boyle noted his appreciation for the improved report format and said that risks are about outcomes therefore he agrees that this Committee is the correct place for oversight. He enquired as to whether it would be helpful to have further detail in terms of the patient entry point into the system. Members discussed access to primary care and acute services and the importance of understanding where patients enter into services. Dr J Pravinkumar noted the need to consider the impact on population health outcomes and enquired as to how those aspects and risks regarding primary care services that affect clinical outcomes are captured.

THE COMMITTEE:

1. Noted and approved the Extract of Corporate Risk Register and high level claims report.

11. SIGNIFICANT ADVERSE EVENT REVIEWS UPDATE REPORT

Mrs K Cormack presented the Significant Adverse Event Reviews update report for the period April 2022 to March 2023 and highlighted some key points. Members heard that a human factors analysis was completed in maternity services labour wards following a never event where an item was retained in the patient. Learning has also been shared following a medication prescribing incident and a HEPMA prompt has now been added to the system which is an excellent development and will have great benefits. It was noted that wrong and delayed diagnosis is the most common category since 2020. Mrs K Cormack suggested she looks back at the previous year and complete a further breakdown to better understand causes and themes. In terms of timeframe, members noted that four events were open and overdue and all four were highly complex.

Mrs K Cormack advised regarding quality assurance work, noting that the Adverse Events team have looked at forty SAERs, corrected any missing information and fed back to the operational units Risk Facilitators on findings. The exercise found that fields are very well completed and has provided assurance regarding adverse event processes. Mrs K Cormack advised that six SAER training sessions are delivered each year and are very well attended.

Mr A Boyle expressed his thanks for the report and noted how well the detail is described, including at the end of the year where a change in trends is described. He enquired as to how we look back over the years to help ensure we are fully capturing the learning to improve services. Mrs K Cormack advised that SAERs are discussed at every meeting of the Acute Clinical Governance & Risk Management Committee and at both the North and South HSCP Support Care & Clinical Governance Groups, giving staff the opportunity to share and discuss learning from SAERs. Mrs K Cormack noted that she is keen to better understand themes, e.g. delays to patient treatment following the pandemic.

THE COMMITTEE:

1. Noted the Significant Adverse Event Review update report.

12. DUTY OF CANDOUR UPDATE REPORT

Mrs K Cormack presented the Duty of Candour update report and noted that the Annual Report was tabled at the Committee's Annual Report meeting in May 2023. Members heard that of 112 Significant Adverse Events Reviews (SAERs) commissioned, duty of candour applied to 33. It was noted that 42 SAERs remain open and on-going therefore an addendum to this report will be shared with members when these have been closed and finalised. The laboratory and ophthalmology incidents previously discussed with members, will also be detailed on the addendum as both meet duty of candour. Mrs K Cormack advised that the report has been shared with Scottish Government and is available via the NHS Lanarkshire public website. The Committee noted that Mrs K Cormack attended a recent Scottish Government meeting regarding duty of candour and awaits to hear whether a national report will be produced and shared with the Boards.

THE COMMITTEE:

1. Noted the Duty of Candour update report. Mrs K Cormack will share an addendum to the report when available.

13. SPSO update report on feedback, comments, concerns and complaints

Mrs L Drummond presented the SPSO update report on feedback, comments, concerns and complaints. Members heard that there had been an increase in stage 1 complaints, rising from 62% to 70%; the NHS Lanarkshire target is 65%. The team continue to promote frontline resolution and delivered several staff training and development sessions during Quality Week. Mrs L Drummond advised that performance was poor last quarter for stage 2s, with 13% meeting the 20 day target compared to 40% in the previous period. This reflects the backlog previously notified to the Committee.

Members heard regarding the SPSO data tracked locally and noted that 10% of cases were upheld. 86% did not proceed which is an indicator of very good work within NHS Lanarkshire. SPSO issued a statement advising that the complaints handling procedure will be reviewed, however confirmation of this decision is required from Scottish Government. Mrs L Drummond noted that the recommendations from internal audit have been fully implemented.

Dr C Deighan noted concerns highlighted at the recent Board meeting regarding the stage 2 target and the request from Non-Executive Directors for further details to be shared with PPRC and this Committee. To this end, Dr C Deighan, Mrs K Cormack, Mr E Docherty and Mrs L Drummond will meet and produce a paper to bring back to the Committee by way of assurance on actions being taken.

Mr P Couser enquired as to whether it would be helpful to review the presentation of complaints information in relation to the North and South HSCPs, noting the particular services they host, e.g. Primary Care hosted in South and would there be benefit in presenting this differently. Mrs L Drummond agreed this would be helpful and will discuss with the complaints team. Dr L Munro agreed and highlighted children's services, hosted in North HSCP, adding that it could be helpful to separate this and provide a further breakdown.

Mr A Boyle noted that it was good to see the shift in terms of the stage 1 complaints and he was pleased to see this improvement. Mrs M Lees agreed and noted her appreciation for all the work undertaken and the opportunity to focus on detail to get a better understanding. Mrs L Drummond added that the team are currently reviewing bottle necks in the system to help understand the causes and identify what improvements could be implemented. She added that NHS England does not have the same, tight 20 day timescale around resolving stage 2 complaints, with some of them being allowed up to 6 months. Mrs M Lees enquired as to where the 20 day target came from, for NHS Scotland Boards. It was noted that this is a Scottish Government target.

THE COMMITTEE:

1. Noted the SPSO report. Mrs L Drummond will review the presentation of complaints information in relation to hosted services within North and South HSCPs respectively, to separate service data.

14. INFORMATION GOVERNANCE HIGHLIGHT REPORT

Dr R MacKenzie presented the Information Governance highlight report and noted this was a briefer report as there has been a shorted timescale between meetings. Members were advised that there is a 90-95% completion rate in

terms of the information governance Learnpro module. There were 32 incidents in the reporting period, with 1 being a category 2 and the remaining 31 noted as category 3 incidents. In terms of themes, there were 7 email errors, 12 correspondence in the wrong file and 8 correspondence to the wrong address, reported to the Information Governance Committee.

Members were advised that the Information Commissioner's Office (ICO) have completed their investigation in relation to the use of WhatsApp and an update is expected soon on the outcome.

Mrs R Thompson enquired regarding an information governance breach in the acute division and where it would be incorporated. Dr R MacKenzie advised that it had featured in a previous report and confirmed that the ICO do not require to investigate further.

With regard to the Fair Warning System, Dr R MacKenzie offered to share an update with members at a future meeting and provide some insight into the investigation raised by Mrs R Thompson. Mrs R Thompson agreed that this would be helpful, noting that the investigation has highlighted issues that required Police Scotland and NMC involvement.

THE COMMITTEE:

1. Noted and approved the Information Governance highlight report. Agreed that Dr R MacKenzie will include an update regarding the investigation in the acute division, as discussed with Mrs R Thompson, within the next Information Governance highlight report.

15. CLINICAL POLICIES ENDORSEMENT PROCESS UPDATE REPORT

Mrs A Minns presented the Clinical Policies endorsement process update report, noting that 3 clinical policies have been through the reporting process between January and April 2023. Members heard that an alternative system may have been found to replace Access; the system is called Redcap and the team have requested permission to complete testing.

THE COMMITTEE:

1. Noted and approved the Clinical Policies Endorsement process update report.

16. EXCELLENCE IN CARE HIGHLIGHT REPORT

Mrs I Lindsay presented the Excellence in Care (EiC) highlight report to the Committee and noted challenges relating to system pressures which have resulted in delays with the EiC remobilisation. Members noted that staff capacity issues have resulted in poor engagement and data submissions have been inconsistent. Mrs I Lindsay added that there is a lack of available data via the CAIR system and the development of local dashboards has negated the use of CAIR.

Mrs M Lees enquired regarding the data issue and development of local dashboards. Mrs I Lindsay advised that there is a pause at present on all manual data collection. Mrs L Thomson noted work underway to embed EiC principles into other platforms, as not all areas use CAIR and there is a desire to prevent duplication of information, reporting and manual information pulling.

Members discussed what data is included in CAIR and Mrs K Cormack advised that she discussed pressure ulcer data collection issues with Mrs D Richardson, Tissue Viability Nurse.

Mr P Couser declared an interest in terms of his involvement previously with ISD and their dashboard development. He noted earlier reservations with regard to manual data extraction and the consistency of data. He asked members if they think this is useful for staff, given concerns regarding lack of development going back several years and the delays following the pandemic. Mrs R Thompson noted her involvement while employed with Healthcare Improvement Scotland (HIS), adding that the EiC team is small, every Board has a lead and during the pandemic, these staff were pulled into clinical roles. This has resulted in the programme being significantly delayed and only now making some progress.

THE COMMITTEE:

1. Noted the Excellence in Care highlight report.

17. COMMITTEE WORK-PLAN

Members noted and approved the Committee Work-plan.

18. ISSUES OF CONCERN – BY EXCEPTION ONLY

- Operational
- Safety
- Independent Sector
- Staffing

There were no issues of concern noted by the Committee.

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

No new risks identified by the Committee.

20. ANY OTHER COMPETENT BUSINESS

Members agreed to Mrs K Cormack's request to change the date of the Committee meeting scheduled for Thursday 11th April 2024, to March 2024, date to be confirmed.

21. DATES OF MEETINGS FOR 2023-2024

- a) Thursday 14th September 2023, 1:30pm
- b) Thursday 9th November 2023, 1:30pm
- c) Thursday 8th February 2024, 1:30pm
- d) *Thursday 11th April 2024, 1:30pm – new date in March 2024 to be confirmed as per Committee discussion under AOCB.*

