

Approved by Committee on 25 April 2022

Healthcare Governance Committee
Monday 28 February 2022 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Adrian Carragher (Vice Chair)

Mr Michael Breen

Ms Sheila Cowan

Mrs Jean Ford – attended part of meeting

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive – attended part of meeting

Dr Crawford McGuffie, Medical Director

Ms Jenny Wilson, Interim Deputy Nurse Director

In attendance: Mr Darren Fullarton, Lead Nurse, North Ayrshire HSCP
Ms Laura Harvey, Improvement Lead, Patient Experience
Ms Sharon Leitch, Senior Nurse, Infection Control
Ms Ruth McMurdo, Associate Nurse Director, Care Home Leadership and Support
Ms Emma Stirling, Associate Director for AHPs
Ms Attica Wheeler, Interim Deputy Nurse Director and Head of Midwifery – Women and Children’s Services
Mr Bob Wilson, Infection Control Manager
Mrs Angela O’Mahony, Committee Secretary (minutes)

The Committee Chair, Ms Linda Semple, advised that the Nurse Director, Prof Hazel Borland, was unable to join today and would be retiring at the end of March 2022. Ms Semple thanked Prof Borland for her strong support and input to the Committee over the last few years and wished her well for the future. Ms Semple also thanked Ms Jenny Wilson for her strong support in the role of interim Nurse Director from July 2021 until January 2022, while Prof Borland undertook the interim Chief Executive role.

Ms Semple advised that this would be the Infection Control Manager, Mr Bob Wilson’s, last meeting as he would be retiring at the end of March 2022. Ms Semple thanked Mr Wilson for his professional advice and input to the Committee and wished him well for the future.

1. Apologies for absence

1.1 Apologies were noted from Mrs Lesley Bowie, Prof Hazel Borland, Cllr Joe Cullinane, Mrs Joanne Edwards, Mrs Lynne McNiven and Ms Jen Pennycook

2. Declaration of any Conflicts of Interest

Approved by Committee on 25 April 2022

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 10 January 2022

3.1 The Minute of the meeting held on 10 January 2022 was approved as an accurate record of the discussion.

4. Action Log

4.1 The action log had previously been circulated to members. There was one item in progress, the Patient Experience themed report on learning and improvement from complaints, which was on the agenda for this meeting.

4.2 Work Plan 2022-2023 – Committee members noted the work plan which would continue to be monitored and reviewed in terms of the flexible governance approach agreed by the NHS Board in November 2021.

5. Patient Experience

5.1 Patient Experience Themed – Learning and Improvement arising from Complaint Themes

The Improvement Lead, Patient Experience, Ms Laura Harvey presented the final in a series of Patient Experience themed reports. The report outlined key actions taken as a result of themes identified and future approaches to ensure sustainable improvement results from patient experience.

Ms Harvey highlighted in particular the work progressed to better respond to complaints in regard to staff attitude and behaviour; innovative work being done in support of end of life care planning led by Anaesthetic colleagues; improvement work related to hospital discharge; and development of other hospital volunteer roles, for example within ED and across wards. There had also been recruitment to patient experience volunteer roles to collect experience at the point of care, get feedback or help wards carry out specific work where there was a need to interview or get feedback from patients. Funding had been made available to recruit patient experience facilitators, short term posts to look at all aspects of the patient journey from GP through to hospital discharge, to identify delays or parts of the process with negative feedback and help develop services going forward.

Ms Harvey reported that the Extreme Team had met on a couple of occasions and had begun to identify innovative solutions to progress improvement and learning, and how to reliably evidence and report both across the organisation and to the Scottish Public Services Ombudsman.

Ms Harvey explained in response to a question that the volunteer recruitment process had been arranged and it was hoped to have the majority of roles in place in the next four weeks. Work would take

Approved by Committee on 25 April 2022

place to measure the impact of these roles and any changes made as required.

The Committee discussed prisoner complaints, in particular those related to medication. Ms Harvey advised that consideration was being given to the complaint handling process and categorisation of prisoner complaints. While this may lead to a small reduction in complaint numbers, there were likely to continue to be a significant number of these complaints.

The Committee acknowledged the significant improvements being made, in particular the positive work to increase hospital volunteer roles as part of activity to improve patient experience. Committee members suggested that this positive work should be well publicised.

The Interim Deputy Nurse Director, Ms Jenny Wilson, advised that going forward the Committee will receive annual updates on improvement activity related to the main complaint themes to demonstrate the impact on patient experience, with deep dives of any other themes identified as required. A report summarising all five Patient Experience themed reports, including detailed background to this work, will be presented to the NHS Board in March 2022.

Outcome: Committee members discussed and noted the final in a series of themed reports exploring complaint themes and how to ensure learning and improvement is progressed in response to the issues identified.

5.2 Patient Experience Q3 Report

The Improvement Lead, Patient Experience, Ms Laura Harvey provided the Patient Experience report for Q3 detailing activity related to patient, carer and family feedback and complaints, and compliance with the complaint handling process.

Ms Harvey reported that there had been a small reduction in Stage 1 concerns and the level of Stage 2 complaints remained stable compared to previous quarters. There had been a dip in performance in responding to Stage 1 concerns in Q3 but this had since gone back up and was above 85%. There had been a slight rise in performance in handling Stage 2 complaints during Q3.

Ms Harvey advised that, as previously reported to the Committee, due to service pressures at the time of writing the report, it was likely that complaint handling performance would reduce in the next quarter. Ms Harvey reassured the Committee that significant activity was taking place to try to improve the position in the future. The majority of out of time complaints that had breached the 20 working day response target were within Acute and this reflected service pressures. Closure of out of time complaints continued to be a priority.

The Committee was advised that complaint outcomes were similar to

Approved by Committee on 25 April 2022

previous quarters and the majority of complaints were not upheld. SPSO activity remained low and there was one investigation currently underway. Complaint themes were similar to those reported in previous quarters. There had been a rise in medication related complaints in recent quarters and there were plans to liaise with Pharmacy and clinical colleagues around possible improvement work.

The Committee was advised that there had been a slight drop in Care Opinion (CO) posts in Q3, with the vast majority of posts being positive or mildly critical. There were no highly critical posts during Q3. Service colleagues were being supported to increase the number of CO responders. The Owl feedback tool had not been found to be effective and a new feedback tool was being developed.

In relation to complainant experience, there had been a slight drop during Q3. The Complaint team was looking at what could be done to support teams to ensure that complainants were being kept up-to-date about their complaint.

The Committee discussed Stage 2 complaint outcomes during Q3. Ms Harvey explained that complaints that remained open were measured at a point in time and the level could fluctuate daily. Committee members suggested that additional narrative be provided around this within the complaint outcomes data chart.

Outcome: The Committee noted feedback and complaint activity and performance in Q3. Committee members were assured of the actions being taken to improve overall performance and the work being progressed to evidence sustainable improvement from complaints.

5.3 Scottish Public Services Ombudsman (SPSO) Closure Report

The Improvement Lead, Patient Experience, Ms Laura Harvey presented the SPSO closure report for the period April 2021 to January 2022.

Ms Harvey reported that there had been a significant drop in SPSO activity. There were three SPSO cases closed during the reporting period, one medical and two surgical, with some upheld elements as detailed in the report. Most of the actions required were around raising staff awareness of policies already in place.

The Committee welcomed the significant and sustained improvement in the number of cases presented to the SPSO, and the positive impact of the improvements made on complainant experience. The Committee commended the team involved for progress to date.

Outcome: Committee members noted the progress to successfully implement the recommendations provided in relation to the three SPSO cases investigated and approved closure of the associated action plans.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

- 6.1.1 The Infection Control Manager, Mr Bob Wilson, provided the current position against the national HCAI Standards.

Mr Wilson reported verified data for the quarter ending September 2021 which showed an increase in Clostridium difficile infection (CDI) cases. Due to this increase and the rolling increase seen over the course of the pandemic, the annual rate continued to rise and it was extremely unlikely that the Board would meet the national target by March 2022. For cases that had been identified as hospital acquired, these had involved a number of wards and no outbreaks were identified. As a result of the increase in CDI cases, the Board had received an exception report from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. A response had been submitted by the Board within the required timescale.

The Committee was advised that the number of Staphylococcus aureus Bacteraemia (SAB) cases had fallen slightly for the quarter and the verified annual rate for the period ending September 2021 had fallen. While a further reduction was anticipated, it was not yet clear if the Board would meet the SAB national target by the end of March 2022.

Mr Wilson reported that for the quarter ending September 2021 there were 49 cases of Escherichia-coli bacteraemias (ECB) and this remained stable and at the baseline compared to recent years. While there had been a slight reduction overall, the rate was well above the graduated reduction target that the Board had hoped to achieve against the national standard.

Mr Wilson explained that as previously reported there was no National Standard or healthcare intervention for community acquired ECB. The Board had received a number of exception reports from ARHAI Scotland. As there had been three exception reports during the period July 2020 to March 2021, the Chief Nursing Officer support algorithm had been triggered. The Board had met the Scottish Government in August 2021 and ARHAI Scotland on 25 November 2021 to review community acquired ECBs. No further interventions had been agreed but ARHAI Scotland had agreed to do further data analysis. The ARHAI report had recently been received and, once reviewed, this would be shared with the Infection Prevention and Control Doctor to take forward that aspect linking with Public Health to consider the additional data related to community acquired ECB rates. Mr Wilson underlined that once improvement activity restarted, the primary focus would be improvement activity in hospital to reduce catheter related ECB led by the Urinary Catheter Improvement Programme.

The Interim Deputy Nurse Director, Ms Jenny Wilson, gave assurance that although the COVID-19 pandemic had reduced the

Approved by Committee on 25 April 2022

Infection Prevention and Control Team's (IPCT) ability to carry out routine activity, the team had continued to monitor HCAI rates and areas for improvement, and would prioritise improvement activity once resources allowed.

Outcome: Committee members discussed and noted the update on the Board's current performance against the national HCAI Standards.

6.2 Scottish Patient Safety Programme Maternity and Children's Quality Improvement Collaborative – Maternity Workstream

The Associate Nurse Director and Head of Midwifery – Women and Children's Services, Ms Attica Wheeler, provided an update on the progress of the SPSP MCQIC Maternity Workstream.

Ms Wheeler advised that the COVID-19 pandemic had impacted on progress in data collection as staff had been moved to frontline clinical work. Ms Wheeler reassured Committee members that retrospective work had taken place to update data in relation to Stillbirth and Post-partum Haemorrhage (PPH).

Committee members were advised that the Board continued to demonstrate sustained improvement in the rate of Stillbirths. Ms Wheeler explained in response to a question from a Committee member that all Boards were in discussion with the national MCQIC Programme around stillbirth data reporting parameters, specifically for expected deaths over 24 weeks for medical reasons, to ensure a consistent approach with Office for National Statistics definitions. Ms Wheeler would update the Committee on the outcome of the discussion in future reports.

Ms Wheeler advised that although the Board was still statistically demonstrating sustained improvement with PPH, data was variable. The Committee received assurance that, similar to Stillbirths, there was a robust, multi-disciplinary process in place to review cases in terms of the care provided and whether PPH could have been prevented.

The Committee was advised that a successful recruitment process had recently taken place and two candidates were appointed as MCQIC Champions in Maternity services, with a start date to be agreed. Meanwhile, the QI Advisor was obtaining data where possible to ensure there were no gaps in the Programme.

Outcome: The Committee discussed and noted the quality improvement and safety activity in Maternity Services as part of the MCQIC Programme.

6.3 Mental Welfare Commission (MWC) report on Use of Mental Health Act (MHA) during COVID-19 Pandemic

The Associate Nurse Director Mental Health, Addiction and Learning Disability/Lead Nurse for North Ayrshire HSCP, Mr Darren Fullarton

Approved by Committee on 25 April 2022

presented an assurance paper in relation to the MWC report on the use of the MHA during the COVID-19 pandemic, specifically for those who needed to be treated against their will using compulsory measures under the MHA. The MWC report was published in July 2021 and covered detentions under the MHA between 1 March 2020 and 28 February 2021.

Mr Fullarton reported that the MCW report had identified nine key findings and two recommendations, as detailed in the report. One of the main recommendations was that HSCPs, supported by Local Authorities, should seek to understand the reasons why important safeguards (Mental Health Officer (MHO) consent for use of Emergency Detention Certificates (EDC) and preparation of social circumstances reports by MHOs) under the MHA were not being realised in practice.

In response to the report, Mr Fullarton had reviewed the position in each of the HSCPs with the Associate Medical Director, Dr Morag Henderson, and Chief Social Work Leads from each of the HSCPs. Following review of the number of EDCs in place since the pandemic began, it was recognised that the out of hours MHO consent process could be improved. Improvement work was ongoing to try to resolve the issue and ensure MHOs were involved in the EDC process.

Mr Fullarton explained that the completion of social circumstances reports (SCRs) was an important role for MHOs and the ability to complete these within reasonable timescales had been impacted by the pandemic. Discussion was ongoing with MWC to determine the cause of the discrepancy between MCW and NHSAA figures for completion of SCRs. Locally, work was taking place to review the Mental Health administration process in terms of MHO record keeping and to improve the SCR submission process to MWC.

Outcome: Committee members discussed the report and the work being undertaken to improve on MHO consent out of hours. The Committee requested that an assurance report be provided in summer 2022 in regard to this improvement activity, including governance arrangements and processes in place across the Board and HSCPs.

DF

7. Quality Improvement

7.1 SIGN Guidelines assurance report

The Medical Director, Dr Crawford McGuffie, provided the biannual update on the progress made in the implementation and evaluation of SIGN external guidelines.

Dr McGuffie summarised the SIGN guidelines implementation process, with services undertaking work as required supported by the Governance Support Team. Dr McGuffie explained that the Board remained under emergency planning measures and, until recently, Governance Support Team members had been working in other

Approved by Committee on 25 April 2022

priority areas. While the position had been challenging, the team had managed to support some SIGN guideline activity.

Dr McGuffie updated in relation to SIGN 142, Management of osteoporosis and the prevention of fragility fractures, Bone Health Service, that the Consultant Biochemist who had previously resigned had recently been re-appointed to the team. The report described the multi-disciplinary approach and mitigations ongoing within the Rheumatology Service which was covering most secondary osteoporosis issues for patients. The actions planned should ensure that there will be a process in place to support redevelopment of the Bone Service by early May 2022, and a smaller contribution should be needed from the Consultant Biochemist.

The Associate Director for AHPs and long COVID Lead, Ms Emma Stirling provided an update on progress against SIGN 161, Managing the long term effects of COVID-19. Scotland's Long COVID Service was published in September 2021. Ms Stirling outlined the changes made to the way in which long COVID was reported at national level. There were plans locally to form an Extreme Team to undertake a gap analysis on what was currently being done against what was described in Scotland's Long COVID service.

Ms Stirling updated that the plan announced earlier in the day would see a small amount of non-recurring funding allocated over three years. It was likely that bids would be sought for this short term funding by the end of April 2022, a challenging timescale to meet, with funding for successful bids issued in May 2022.

Ms Stirling advised that the Board would need to consider a long COVID long term condition management strategy, including how HSCPs would link with diagnostic services. The team planned to identify long COVID prevalence in Ayrshire and Arran and the impact, and how to deliver an effective, quality service for patients and staff to treat this long term condition. Ms Stirling will provide quarterly progress updates on this work to the Corporate Management Team and to the Committee through the biannual SIGN guideline updates.

Outcome: Committee members noted the progress made in the implementation of SIGN Guidelines in NHSAA, and noted the areas of concern.

8. Governance

8.1 NHS Ayrshire & Arran Ethical Advice and Support Group (EASG)

The Medical Director, Dr Crawford McGuffie, provided an annual report to update on the activities of the EASG since November 2020. The purpose of the group was to provide ethical advice and clinical support to healthcare professionals in the context of the pandemic.

The Committee was advised that the EASG had met five times during the year and five SBAR reports had been considered as detailed in the report. Dr McGuffie reported that the EASG had been invaluable

Approved by Committee on 25 April 2022

during the pandemic in considering a range of complex ethical issues. EASG members had a wide range of knowledge and experience with multiple backgrounds and lay representation. There were plans to do some awareness raising about the group to ensure that it was being fully utilised.

Dr McGuffie advised in response to a question from a Committee member that a national EASG had not yet been established. However, Boards recognised the strength of having a consistent national approach and this continued to be highlighted at national level. Dr McGuffie advised that Healthcare Improvement Scotland was considering the perceived benefits and outputs from EASGs across Boards in terms of future planning to ensure a consistent approach.

Committee members discussed the report and commended the valuable work done by the EASG during the pandemic to support staff around complex ethical issues. Committee members suggested that beyond the pandemic it would be useful to continue to have a local forum to discuss ethical issues as well as at national level.

Outcome: Committee members noted the EASG annual report and the activities undertaken by the group over the last year.

8.2 Care Home Governance

The Associate Nurse Director, Care Home Leadership and Support, Ms Ruth McMurdo, provided an update on the ongoing work to support Care Homes across Ayrshire and Arran to provide enhanced professional clinical and care oversight.

Ms McMurdo provided a detailed update on the work ongoing to support the Care Home sector related to COVID-19 outbreaks in Care Homes; the work of the Care Home Oversight Group; Care Home support visits; infection prevention and control activity; Care Inspections and themes identified; recruitment to the Care Home Professional Support Team; the work of the Care Home Advisory Group; health and wellbeing activity for Care Home managers; pan-Ayrshire work ongoing relating to Frailty and ED presentations; the work of the Acute and Community Communication Group; and the session held with Public Health around Care Home visiting guidance.

Ms McMurdo confirmed in response to a question from a Committee member that, as had been seen across health and care sectors, staff shortages continued within Care Homes, particularly during outbreaks. Ms McMurdo expected that workforce challenges for registered Nursing staff in particular would continue in the longer term. Activity was taking place at national level to raise awareness and try to attract staff, such as newly qualified nurses, to work in Care Homes.

Committee members acknowledged the speed at which enhanced Care Home oversight and support had been put in place, and the

Approved by Committee on 25 April 2022

positive impact in terms of improving care home residents' experience and reducing unnecessary hospital admissions. The Committee recognised the significant resources involved to deliver these enhanced oversight and support arrangements.

Outcome: The Committee discussed the report and noted the progress of Care Home support work to date.

8.3 Minutes

The Committee noted the minutes of the following meetings:

8.3.1 Acute Services Clinical Governance Group draft minute, 14 December 2021

8.3.2 Area Drug and Therapeutics Committee - No minutes available

8.3.3 Prevention and Control of Infection Committee approved minute, 25 November 2021

8.3.4 Primary Care Quality and Safety Assurance Group - No minutes available

8.3.5 Research, Development and Innovation Committee draft minute, 8 December 2021

8.4 Annual Reports

8.4.1 Corporate Parenting Annual Report

The Interim Deputy Nurse Director, Ms Jenny Wilson, presented an assurance report on arrangements in place within NHSAA to ensure that the organisation fulfils its Corporate Parenting Responsibilities.

The Committee received assurance that NHSAA had excellent foundations on which to build, with already strong links across the partnerships with regard to Corporate Parenting. The NHSAA Strategic Corporate Parenting Group had been revitalised and a new overarching Corporate Parenting Strategy will be developed outlining the Board's commitment to support the findings of The Promise. This will involve setting up a taskforce and establishing nine work teams and governance structures, as detailed in the report.

Ms Wilson advised that consideration was being given to supporting care experienced adults and young people to have opportunities in the NHS and the workforce that would be needed to support this work.

The Committee discussed the report and acknowledged the robust and focused approach being taken by the team involved to put these important arrangements into place and support the organisation to deliver its Corporate Parenting responsibilities.

Outcome: The Committee noted the assurance report on the

9. Audit

9.1 Medical Education Internal Audit Report

The Medical Director, Dr Crawford McGuffie, provided an assurance report on activity in relation to the Grant Thornton Internal Audit report, published in January 2021. This followed a review of NHSAA's controls to ensure implementation of the recommendations raised by the General Medical Council (GMC) and Deanery within the medicine specialities at both University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC).

Dr McGuffie advised that the report contained one high level recommendation related to the monitoring and progressing of GMC recommendations across both UHA and UHC. There were three medium level recommendations related to the risk to NHSAA around trainees not achieving the necessary experience; the governance framework for monitoring medical education arrangements; and the consistency of sub-speciality induction.

The Committee received assurance that all recommendations in the internal audit report had been addressed with associated actions fully implemented. Detailed evidence supporting completion of each of the four recommendations had been submitted to Grant Thornton in December 2021 and a response was still awaited.

Outcome: The Committee noted the assurance report on activity in relation to the Grant Thornton Medical Education Internal Audit report published in January 2021.

10. Risk

10.1 Strategic Risk Register Q3 report

The Medical Director, Dr Crawford McGuffie, presented the Strategic Risk Register Q3 report. The Strategic Risk Register had previously been approved at the Risk and Resilience Scrutiny and Assurance (RARSAG) meeting on 21 January 2022.

Dr McGuffie highlighted the risks which fell under the Committee's remit and details of each risk.

Dr McGuffie confirmed in response to a suggestion from a Committee member that he would discuss with the Risk team if it would be possible to include the original date on which the risk had been added to the risk register in future reports. **CMcG**

Outcome: The Committee discussed the Strategic Risk Register Q3 report and took assurance from the

Approved by Committee on 25 April 2022

work being done to manage strategic risks which fall under the Healthcare Governance Committee's remit.

10.2 Significant Adverse Event Review (SAER) progress report

The Medical Director, Dr Crawford McGuffie provided a report outlining progress on all active SAERs and completed action plans for SAERs. The report had been approved at the RARSAG meeting on 21 January 2022.

Dr McGuffie reported that while the Board continued to make progress, current service pressures had impacted on progress in the completion of SAERs. As part of ongoing improvement work, SAER action plans were being scrutinised by relevant service governance groups and this multi-disciplinary approach was proving beneficial. There were seven SAERs closed after review at the last Committee meeting on 10 January 2022. There had been no Reviews completed during this reporting period.

Dr McGuffie highlighted that he had reviewed the overdue SAER65 which dated back to 2018-2019. This Review related to a Laparoscopy undertaken and the complex care required as a result of a recognised complication. Dr McGuffie advised that this report had now been completed but had not yet been presented to the Adverse Event Review Group.

Dr McGuffie reassured Committee members that he continued to work with the Nurse Director and the Assistant Director, Occupational Health, Safety and Risk Management to scrutinise SAER reports on a monthly basis.

Committee members discussed the report and while it was recognised that the COVID-19 pandemic had impacted on progress, there was concern at the number of overdue reports related to Mental Health Services. Dr McGuffie advised that he and the Interim Deputy Nurse Director were sighted on these challenges and monthly meetings were taking place with the Mental Health team to discuss how to support the team to undertake these reviews. An assurance report outlining the activity to support Mental Health Services to progress SAERs will be provided at the Committee meeting on 6 June 2022. The Committee Chair requested that future SAER reports should be considered under the Patient Experience section of the Committee's agenda. **CMcG/JW**

Outcome: Committee members discussed the report and were assured of the governance in place for SAERs, and that Action Plans have been scrutinised by local Directorate governance groups with multidisciplinary attendees.

10.3 Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group

Approved by Committee on 25 April 2022

There were no issues to report to the RARSAG, other than the action already noted under the Strategic Risk Register item above.

11. Points to feed back to NHS Board

11.1 Committee members agreed that the following reports be highlighted at the NHS Board meeting on 28 March 2022:

- Patient Experience Themed Report
- SPSP MCQIC Maternity Workstream
- MWC report on use of MHA during COVID-19 pandemic
- Ethical Advise and Support Group Report
- Care Home Governance
- Corporate Parenting Report.

12. Any Other Competent Business

12.1 The Chief Executive provided an update on current system pressures. Acute services continued to face significant pressures. COVID-19 cases were creating complexity in regard to infection prevention and control, and this was impacting on patient flow. While similar issues were being experienced across territorial Boards, NHSAA was an outlier due to the longer length of patient stay. The Interim Deputy Nurse Director described some of the improvement activity to reduce length of stay.

The Chief Executive advised that the Board had been challenged over the last four months and it would take time to recover the position. The coming months would be challenging for services and it was important to look after staff. The Board was looking at a steady recovery and there was a need to capture areas of success, for example, being able to take additional beds out of the system, and the resulting reduction in workforce pressures.

The Chief Executive provided an update on the national position and development of NHS Scotland's strategic recovery framework. Once this had been cascaded to Boards, consideration would be given locally to future delivery plans aligned to the national framework.

13. Date and Time of Next Meeting

Monday 25 April 2022 at 9.30am, MS Teams

Signed (Chair)



Date: 25 April 2022