

**Healthcare Governance Committee**  
**Monday 6 November 2023 at 9.30am**  
**MS Teams meeting**

Present: Non-Executives:  
Mrs Jean Ford (Chair)  
Cllr Marie Burns – attended part of meeting  
Miss Christie Fisher  
Dr Tom Hopkins  
Mr Neil McAleese

Board Advisor/Ex-Officio:  
Ms Claire Burden, Chief Executive  
Ms Jennifer Wilson, Nurse Director

In attendance: Ms Tracy Baillie, Assistant General Manager, Cancer, Haematology, Head and Neck Services Item 7.4  
Ms Bobbie Coughtrie, Screening Programme Improvement Manager, Public Health Item 9.1  
Mr Hugh Currie, Assistant Director Occupational Health, Safety and Risk Management Items 10.1 to 10.3  
Ms Sandra Ferrol, Litigation Manager Item 7.3  
Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, North Ayrshire Health and Social Care Partnership Item 5.2 and Item 9.2  
Ms Laura Harvey, Quality Improvement Lead, Patient Experience  
Dr Kenneth McMahon, Head of Psychological Speciality, Child and Learning Disabilities Item 7.2  
Dr Ruth Mellor, Consultant in Public Health Item 9.1  
Ms Ruth McMurdo, Interim Deputy Nurse Director  
Ms Tracey Cooper, Independent Infection Prevention and Control Nurse Item 6.1  
Ms Jennifer Reid, Senior Programme Manager, Vaccination, Public Health Item 6.4  
Ms Dalene Steele, Associate Nurse Director, East Ayrshire Health and Social Care Partnership Item 7.1  
Ms Attica Wheeler, Associate Nurse Director, Head of Midwifery, Women and Children's Services Item 6.2  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Welcome/Apologies for absence**

1.1 The Committee agreed that in the absence of the Chair, Mrs Jean Ford, Non-Executive Board Member, should chair the meeting.

The agenda was re-ordered slightly to enable Items 5.2 and 9.2 to be taken together from the same presenter.

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- 1.2 Apologies were noted from Ms Linda Semple, Mrs Lesley Bowie, Mrs Joanne Edwards, Dr Crawford McGuffie, Mrs Lynne McNiven and Mr Alistair Reid.

## **2. Declaration of any Conflicts of Interest**

- 2.1 There were no conflicts of interest declared.

## **3. Draft Minute of the Meeting held on 11 September 2023**

- 3.1 The Minute of the meeting held on 11 September 2023 was approved as an accurate record of the discussion.

## **4. Matters arising**

- 4.1 The action log had previously been circulated to members and all progress against actions was noted. The following update was provided:

- **Item 8.3 (24/04/2023), Health and Care Governance Framework** – Ms Wilson will follow up with SAHSCP to request that the governance framework be provided. This item should be rescheduled to the next meeting on 15 January 2024. **JW/AO**

- 4.2 The Committee noted the new format draft work plan for 2023-2024.

- 4.3 HGC members approved the Committee's meeting dates for 2024-2025.

## **5. Patient Experience**

### **5.1 Patient Experience themed report**

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented a themed report on waiting times and appointments and improvements made as a result of complaints received. The report covered all complaints on this theme for the period 1 January 2022 to 31 December 2022.

Ms Harvey reported that there had been a significant increase in complaints on this theme compared to the last themed report. This could be attributed to reduced complaint activity at the time of the first report in April 2021 in the midst of the pandemic, when all complaints activity was reduced and a large volume of outpatient activity was stopped.

Members received a detailed analysis of complaints received in Acute and North and East Ayrshire Health and Social Care Partnerships (HSCPs) and the main complaint themes identified. Following an earlier request from the Committee, the report also described the work being done to ensure patients are being treated in a person centred manner.

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Members received assurance that good progress had been made with the Patient Experience recovery plan since the last meeting, with stage 2 performance currently at 68%. The recovery period has been extended to the end of November 2023. Additional resource had been put in place following assistance from Acute services and this will positively impact on performance going forward.

Ms Harvey confirmed in reply to a query from a member that prisoners had access guidance for health care services and they experienced similar waiting times to the general public.

Committee members recognised the challenges faced and commended the team for the progress being made with the recovery plan.

**Outcome: Committee members noted the themed report on waiting times and appointments and learning and improvement being progressed in response to identified issues.**

### 5.2 The Ayrshire Mental Health Conversation (AMHC)/Mental Health and Wellbeing Strategy update

The Associate Nurse Director and Lead nurse for NAHSCP, Mr Darren Fullarton, presented an update following publication of the new national Mental Health and Wellbeing Strategy and Core Mental Health Quality Standards (CMHQS).

The report set out the vision for the new Mental Health and Wellbeing strategy, the three areas of focus and nine outcomes the Scottish Government would like Boards to deliver. The CMHQS set out the expectations for what services should be delivered in secondary care, structured around themes that had emerged from engagement with people with lived experience of using mental health and psychological services and the workforce.

Mr Fullarton advised that following publication of the new national strategy, benchmarking would require to take place against local outcomes and priorities through self-assessment and implementation of the Scottish Government Mental Health and Wellbeing Workforce Action Plan. A Board workshop session would take place in January 2024 to discuss the new Mental Health and Wellbeing strategy and CMHQS. A monitoring and evaluation framework will be provided by the Scottish Government.

Committee members recognised the complexity and wide ranging nature of the work involved in benchmarking against the new strategy, covering Acute, Primary Care and Third Sector partners, to accurately reflect what is happening across the system. This should include engagement and input from the Board's Professional Committees to ensure it reaches a wide audience within the Board.

**Outcome: Members noted the update on the publication of the Mental Health and Wellbeing Strategy and Core**

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**Mental Health Standards and supported the following recommendations:**

- 1. Mental Health Services will review and benchmark against the Strategic Delivery Plan**
- 2. Mental Health Services will undertake self-assessment**
- 3. Review and implement the Scottish Government's Mental Health and Wellbeing Workforce Action Plan.**

## 6. Patient Safety

### 6.1 Healthcare Associated Infection (HCAI) report

Ms Tracey Cooper, Independent Infection Prevention and Control (IPC) Nurse, presented a detailed report on the Board's current position against the national HCAI Standards for quarter one, April to June 2023. She advised that all key targets had increased in quarter one:

- Clostridioides difficile infection (CDI), there had been an increase from 15 to 18 patients. However, analysis had shown that two of these cases involved repeat specimen samples being sent for clearance. The IPC team had discussed the position and a campaign would be launched in the near future to highlight that there is no need to send repeat CDI specimens for clearance.
- Staphylococcus aureus bacteraemias (SAB) infection, the rate was almost double the target set. Ms Cooper reassured that considerable review work had taken place to understand the causes and allow focused improvement actions to reduce cases. She highlighted a slight anomaly between local data and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland data which was being looked into.
- Escherichia coli bacteraemias (ECB) – as previously reported, some ECB data had been incorrectly assigned which had impacted on the data for quarter four of 2022-2023 and quarter one of 2023-2024. This had been reported to ARHAI Scotland and following data correction, the revised data appeared to show reversion to the mean. However, further progress would be needed to meet the end of year target. Focused improvement work was taking place to reduce urinary tract infection, a significant driver and cause of avoidable ECB. Post-meeting update: there was an error in data reported in relation to the ECB figure. The data reported was 32.7, however, the national reported annual verified data was actually 36.4. The report was circulated again to members with the correct data provided.

Ms Cooper reported that progress with the national IPC Standards (May 2022) action plan remained challenging, in part due to IPCT capacity. This was a recognised area of risk for the organisation, with mitigations in place to support the team. The Prevention and Control

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of Infection Committee would review the action plan's progress in detail at their meeting in December 2023.

Members received assurance that the Board had robust HCAI reporting and outbreak management processes in place, working closely with ARHAI Scotland. Ms Cooper explained in reply to a query from a member that the impact of staffing pressures on HCAI levels was difficult to measure, with NHSAA in a similar position to every other Board. There were particular challenges related to management of respiratory outbreaks, such as COVID-19, due to build environment and infrastructure. In reply to a query, Ms Cooper confirmed that the Board followed Scottish Government guidance related to inpatient testing.

Committee members discussed the challenges faced and improvement actions being taken, and thanked the team for the work being done. The Nurse Director particularly thanked Ms Cooper for her clinical expertise, oversight and leadership during this challenging period.

**Outcome: Committee members noted the current performance against the national HCAI Standards and the anticipated level of challenge in achieving them. Members noted the Board's progress with actions in relation to the national IPC Standards (2022). Members also noted the summary of outbreaks and incidents and key learning and improvement actions being taken as a result.**

### 6.2 Quality and Safety report – Neonatal

The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, presented an update on quality and safety activity in Neonatal services as part of the Scottish Patient Safety Programme (SPSP) and Excellence in Care (EiC).

Ms Wheeler advised in relation to SPSP core measures that there had been a sustained reduction in "term" admissions to the Neonatal Unit (NNU). There had been sustained compliance with the pre-term care bundle and following considerable training this was now well embedded. For the supplementary measure related to Central Line Associated Blood Stream Infection (CLABSI), the number of cases remained low, with three recorded since August 2018.

The report also updated on the four key deliverables through the EiC Work programme. Ms Wheeler highlighted the successful work being done through the warm bundle, including building and environment, to maintain neonatal temperature. The report had been updated to include a section on child protection to highlight the safeguarding work being done for neonates by the midwifery team.

Committee members discussed and welcomed the range of positive results, activity being taken forward across these programmes of work and robust oversight arrangements in place, including identifying

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issues and taking action to improve outcomes. Members welcomed the inclusion of safeguarding information.

**Outcome: Members noted the quality improvement and safety activity in Neonatal services as part of the SPSP and EiC programme of work.**

### 6.3 NHSAA Quality and Safety Measurement Framework – Acute

The Interim Deputy Nurse Director, Ms Ruth McMurdo, presented an assurance report outlining the refocus on quality and safety work in Acute services post COVID-19 pandemic.

Ms McMurdo advised that a quality and safety measurement framework (QSMF) had been developed by Acute services which included data related to falls, falls with harm and pressure ulcers, as well as quality and safety measures related to practice for medicines governance. The framework would provide a collaborative approach outlining the roles and expectations for all staff members with responsibility to contribute to local and national programmes of quality and safety work.

The Committee received assurance that there had been wide clinical consultation in developing the framework which was approved at the Quality and Safety Oversight meeting on 31 August 2023.

Members commended and thanked the team for the important work being done to support and maintain delivery of quality and safe patient care in spite of the challenges and pressures facing the healthcare system.

Ms McMurdo reassured in reply to a question from a member that data recording for core quality and safety measures also took place in the Emergency Departments (ED) and Combined Assessment Units. The Nurse Director, Ms Jennifer Wilson, recognised that patients were spending longer in ED and she emphasised the need to ensure that the Board was providing the right quality of care for those individuals.

**Outcome: Members noted the assurance report on the refocus in Acute services on patient quality and safety post COVID-19 pandemic.**

### 6.4 Winter Vaccinations Programme 2023-2024

Ms Jennifer Reid, Senior Programme Manager, Vaccination, provided an update on the Winter Vaccinations programme.

Ms Reid advised that the local programme had been planned in line with the Joint Committee on Vaccination and Immunisation (JCVI) programme and had commenced on 4 September 2023, focusing initially on delivery of Flu vaccinations. Following the identification of an emerging COVID-19 variant, the Board had been asked by the Scottish Government to bring forward delivery of the programme, with

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Boards required to deliver the majority of the programme by 11 December 2023. This was to be done within existing resources without rescheduling of appointments already made.

Members received a detailed update on the re-phased winter vaccinations delivery programme and the approach being taken to make this possible. Good progress was being made in delivery of the vaccinations programme, with uptake for healthcare and frontline staff above the Scottish average. Progress in the delivery of vaccinations to eligible cohorts was being monitored and relevant stakeholders were being kept regularly updated.

Committee members acknowledged and thanked the team involved for the significant work being done to deliver the vaccinations programme within the re-phased timescale.

**Outcome: Committee members noted the update on delivery of the Winter Vaccinations programme 2023-2024. Members requested an update following delivery of the programme at the Committee meeting on 4 March 2024.**

**LMcN**

## 7. Quality Improvement

### 7.1 Community Nursing review

The Associate Nurse Director for EA HSCP, Ms Dalene Steele, provided an update on progress in taking forward the recommendations of the Community Nursing review.

Ms Steele outlined the background to the Community Nursing review which had commenced in September 2021, focused on nursing care delivery models within NHSAA, with the aim to develop a model to better meet the changing demographic of the local population.

Members received assurance that the review had involved all levels of community nursing staff working both in and out of hours in relevant teams across the Board. Four main themes had been identified related to new models of care; workforce planning and workforce competences; IT and digital systems to support clinical care; and improved governance. The report outlined the governance structure set up around these themes.

Ms Steele highlighted the considerable work that had taken place, particularly over the last year, to explore new and innovative ways to deliver services and do things differently, support people closer to home and reduce congestion at hospital front doors. This had included input from administrative staff and the CFA QI team, as well as programme management to track ongoing work. An event had recently taken place to celebrate the work being done within Community Nursing using posters to demonstrate successful outcomes achieved.

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Members acknowledged the important work being done aligned to the Board's Caring for Ayrshire ambitions.

**Outcome: Committee members noted progress in taking forward the Community Nursing Review report's recommendations.**

### 7.2 Scottish Intercollegiate Guidelines Network (SIGN) guidelines update

The Committee received an update on the implementation of six SIGN Guidelines currently being monitored in NHSAA.

Dr Kenneth McMahon, Head of Psychological Speciality, Child and Learning Disabilities, provided an update related to SIGN 156, Children and Young People Exposed Prenatally to Alcohol. He explained that significant clinical capacity would be required to meet this guideline which was beyond the assessment capacity and funding available within NHSAA and other NHS Boards, as well as clinical expertise currently available in Scotland and the UK. Dr McMahon recommended that as SIGN 156 could not be met at this time no further activity should take place.

The Nurse Director, Ms Jennifer Wilson, provided an update on progress against SIGN 158, British guideline on the management of asthma. Similar to SIGN 156, benchmarking work had previously taken place to identify gaps and as SIGN 158 could not be met it was recommended that no further activity take place at this stage.

Ms Wilson reassured members that the Board had robust arrangements for oversight and benchmarking against SIGN guidelines, however, these were guidelines which it was acknowledged that the organisation would not be able to meet on every occasion. In response to a query from a Committee member concerning visibility of which SIGN guidelines we do not meet and how we ensure these are revisited and addressed if the position changes, it was agreed that discussion would take place offline about future reporting of guidelines that the Board could not to meet.

JW/CMcG/JF

**Outcome: Committee members noted the progress made in the implementation of SIGN guidelines and accepted that SIGN 156 and SIGN 158 could not be met at this stage.**

### 7.3 Litigation Report

The Litigation Manager, Ms Sandra Ferrol, provided an overview of litigation activity. The report outlined service improvements arising from litigation cases and provided assurance that these were being progressed through the local quality assurance and clinical governance process.



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Ms Ferrol advised that the report set out the number of claims and potential claims currently active, as well as themes identified. She advised that the number of new and ongoing claims remained stable.

Committee members discussed the report and requested that the next report provide a detailed breakdown of cases across Acute sites to identify any themes or trends.

The Committee agreed that future reports should provide information on Procurator Fiscal inquiries related to healthcare associated nosocomial infections that had resulted in patient deaths.

**Outcome: Committee members endorsed the report and the activities being undertaken in relation to litigation.**

### 7.4 Cancer Quality Performance Indicators (QPI) governance

Ms Tracy Baillie, Assistant General Manager, Acute – Surgical, provided a detailed report on cancer QPIs and the reporting process to give assurance to the Board that all tumour types are performing against the national QPIs.

Ms Baillie advised that a new group had been set up, chaired by the Director of Transformation and Sustainability, to provide Director level oversight of cancer performance as well as QPIs, with clinical leads involved for each tumour type. Committee members supported the proposal that from next year, the group would provide an annual exception report to the Committee.

Committee members received an exception report from Healthcare Improvement Scotland following a review of Cancer QPIs for Acute Leukaemia. The report identified areas of unwarranted variation in performance across regional cancer networks and Boards in Scotland and recommendations made. Ms Baillie explained in reply to a query from a member that some West of Scotland Cancer Network performance data had been redacted where there were low numbers involved to ensure that individuals could not be identified.

**Outcome: Committee members noted and acknowledged the process behind management of Cancer QPIs and ongoing governance.**

## 8. Corporate Governance

8.1 **Minutes** – Committee members noted the minutes of the following meetings:

8.1.1 **Acute Services Clinical Governance Group** – approved minutes of the meeting held on 19 July 2023

8.1.2 **Area Drug and Therapeutics Committee** – there were no minutes to report.

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- 8.1.3 **Paediatric Clinical Governance Group** – there were no minutes to report.
- 8.1.4 **Prevention and Control of Infection Committee** – there were no minutes to report.
- 8.1.5 **Primary and Urgent Care Clinical Governance Group** – there were no minutes to report.
- 8.1.6 **Research, Development and Innovation Committee** – draft notes of the meeting held on 13 September 2023.

## 9. Annual Reports

### 9.1 **Pregnancy and Newborn Screening (PNBS) annual report**

Dr Ruth Mellor, Consultant in Public Health and Ms Bobbie Coughtrie, Screening Improvement and Development Manager, provided an overview of the delivery of the PNBS Programme across NHSAA in 2022/2023.

The report outlined the range of screening tests undertaken through the PNBS programme from early pregnancy and after birth, as well as outcomes of screening tests. There was good uptake of PNBS which provided the opportunity to identify and manage a range of rare but significant health conditions among pregnant women and newborn babies.

Dr Mellor detailed the performance of the programme against Key Performance Indicators (KPIs). The PNBS screening programme continued to deliver against an increased number of national KPIs, introduced in 2019. An update was provided on improvement actions being taken where KPIs had not been met.

Committee members discussed and welcomed the inclusion of screening outcomes to understand what this meant for individuals that had been screened. The Chief Executive thanked all colleagues involved for their passion and commitment in delivering the PNBS programme.

**Outcome: Committee members noted the satisfactory delivery of the PNBS screening programme in NHSAA in 2022-2023.**

### 9.2 **North Ayrshire Health and Social Care Partnership Health and Care Governance annual report**

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an overview of clinical and care governance (CCG) activity for the period August 2022 to August 2023 and key priorities for 2023-2024.

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The report set out the standing items discussed at CCG meetings and updates provided during the year.

Mr Fullarton highlighted the wide range of service reporting provided by Children's services; Adult services; Community care/services; Primary Care; and Mental Health services. The report detailed key areas of activity being taken forward across these services and improvement work taking place to address areas of challenge. NAHSCP was lead partnership for Mental Health services.

The Committee received an update on governance; quality and safety activity; patient experience/complaint handling performance; and staffing and workforce, including staff wellbeing.

Committee members discussed the report and recognised the wide ranging and complex work being done.

The Nurse Director, Ms Jennifer Wilson, advised in response to a query from a member that discussion was taking place with the Scottish Government about private residential mental health facilities being set up in Ayrshire and other parts of Scotland for children and young people from other parts of the UK in terms of NHS Boards' governance and corporate parenting responsibilities.

In reply to a query from a member, Mr Fullarton recognised that while personal development review (PDR) activity was variable across directorates, with some achieving 100%, there was a need to further improve performance and this will be a priority area for the year ahead.

**Outcome: Committee members noted the NA HSCP Health and Care Governance annual assurance report 2022-2023.**

## 10. Risk

### 10.1 Strategic Risk Register Quarter 2 report

The Assistant Director of Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the risk register report. The report was discussed in detail at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 23 October 2023.

Mr Currie advised that as detailed in the report, one Healthcare Governance risk ID 753 had been closed which left one very high risk ID 767 and two high risks ID 674 and ID 811, which were being treated. There were no proposed risks for escalation and no emerging risks for this meeting.

Mr Currie reassured members that RARSAG discussed risks in detail and continually worked with Directors to ensure that the Committees received the information needed to fulfil their governance role. A new Risk Manager took up post in early October 2023 and the opportunity

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was being taken to review the risk register to identify if any further improvements could be made.

Committee members discussed the report and suggested that the Lead Director assurance statement should be further developed to provide greater assurance on the management of risk. The Chief Executive reassured members that areas of risk were regularly discussed at the Corporate Management Team meeting and she would discuss further development of Lead Director assurance statements with Directors to ensure a consistent approach.

**Outcome: Committee members noted the latest version of the HGC risk register report and took assurance from the work being done to manage strategic risks which fall under the Committee's remit.**

### 10.2 Significant Adverse Event Review (SAER) Quarter 2 report

The Assistant Director of Occupational Health, Safety and Risk Management, Mr Hugh Currie, provided an update on progress with all active SAERs and completed action plans for SAERs. The report was discussed in detail at the RARSAG meeting on 23 October 2023.

Committee members were advised that for the reporting period July to September 2023, there were 18 reviews commissioned, six within Acute services; nine within Mental Health services and one within South Ayrshire HSCP. Six reviews had been completed which were being presented to the Committee to enable final closure. Mr Currie highlighted examples of actions taken following two significant events and prior to completion of the review which was recognised as good practice.

Mr Currie gave assurance that the Board had a robust process in place to manage SAERs. However, he recognised the capacity challenges for staff to complete reviews in a timely manner. He outlined the work taking place to improve the SAER process. This included focused work to improve contact with families and staff, as well as work taking place with Director colleagues to support team members to progress reviews allocated.

Committee members acknowledged progress made, challenges faced and work taking place to improve the process. The Nurse Director, Ms Jennifer Wilson, advised in reply to a comment from a member that while there may be shared learning from some elements of complaint handling improvement work, SAERs required more in-depth clinical input.

The Area Clinical Forum (ACF) Chair, Dr Tom Hopkins, highlighted the role of the ACF and Professional Committees to provide professional advice to the Board, with representation from a broad spectrum of professions, and he encouraged the team to engage with these committees in taking forward improvement work.

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**Outcome:** Committee members noted progress on all active SAERs and completed action plans for SAERs. Members received assurance that appropriate governance is in place for these reviews

### 10.3 Adverse Event Review Groups' (AERG) annual assurance report 2022-2023

The Assistant Director of Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the annual assurance report outlining the AERGs' activity across Acute services, Mental Health services and the North, South and East HSCPs, improvements arising from this work and the ongoing development of these groups. The report was discussed in detail at the RARSAG meeting on 23 October 2023.

Mr Currie assured members that the Board had a robust process in place to manage SAERs and considerable work had taken place over the last few years to improve the process. Groups met weekly or fortnightly depending on the number of reviews being managed. The groups worked closely with the Nurse Director and Medical Director in decision making for consequence 4 or 5 events in the system. The report set out areas of good practice in undertaking adverse event reviews, including shared learning between AERGs, and opportunities for further improvement.

Mr Currie highlighted the significant work involved in the SAER process. He explained that it was important that these groups had members with the relevant seniority, as well as subject matter experts, to enable SAERs to be finalised and sent to the Leadership Oversight Group for sign-off. SAER training was being provided and work was ongoing to ensure that staff had the level of competence required to undertake a review.

The Nurse Director, Ms Jennifer Wilson, advised that she and the Medical Director were undertaking an end-to-end review and process mapping to identify improvements required to the SAER process, recognising that a family member, patient or staff were at the end of the process. The Board was in a similar position to other Board areas in terms of capacity and challenges in the healthcare system. Discussion was ongoing at national level about extending the timeframe for commissioning SAERs.

Committee members welcomed the learning and improvement work being done to improve the SAER process and support those undertaking reviews.

**Outcome:** Committee members noted the annual assurance report on the AERGs' activity, improvements arising from this activity and the ongoing development of the Groups

### 10.4 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group - There were no issues to report.

**Approved by Committee on 15 January 2024**

**11. Points to feed back to NHS Board**

- 11.1 Committee members agreed that the following items be reported to the next NHS Board meeting:
- AMHC/new Mental Health Strategy
  - Quality and Safety – Neonatal services report and Pregnancy and Newborn Screening report
  - Progress of winter vaccinations programme
  - Community Nursing Review
  - Cancer quality performance indicators
  - Suite of regular update reports.

**12. Any Other Competent Business**

- 12.1 There was no other business.

**13. Date and Time of Next Meeting**  
**Monday 15 January 2024 at 9.30am, MS Teams**

Signed by the Chair

A handwritten signature in blue ink that reads "Jean M Ford". The signature is written in a cursive style with a large initial 'J' and 'F'.

Date: 15 January 2024