

Approved by Committee on 4 March 2024

Healthcare Governance Committee
Monday 15 January 2024 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Cllr Marie Burns

Mrs Jean Ford

Dr Tom Hopkins

Mr Neil McAleese

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive – attended part of meeting

Mrs Lesley Bowie, Board Chair

Dr Crawford McGuffie, Medical Director and Deputy Chief Executive

Mrs Lynne McNiven, Director of Public Health – attended part of meeting

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Tracey Cooper, Interim Associate Nurse Director, Infection Prevention and Control Item 6.1
Ms Bobbie Coughtrie, Screening Improvement Manager Item 9.2
Ms Laura Harvey, Quality Improvement Lead, Patient Experience Items 5.1, 5.2 and 5.3
Ms Geraldine Jordan, Director of Clinical and Care Governance
Ms Theresa Lyttle, Associate Nurse Director, Public Protection Item 6.3
Ms Victoria Maxwell, Paediatric Bereavement Liaison Nurse Item 9.1
Ms Ruth McMurdo, Interim Deputy Nurse Director – attended part of meeting
Ms Alison Speirs, Consultant Anaesthetist Intensive Care Item 7.3
Ms Attica Wheeler, Associate Nurse Director, Women and Children's Services Item 7.1
Ms Kathleen Winter, Child Health Commissioner, Public Health Item 9.1
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

1.1 Apologies were noted from Miss Christie Fisher 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 6 November 2023

3.1 The Minute of the meeting held on 6 November 2023 was approved as an accurate record of the discussion.

4. Matters arising

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4.1 The action log had previously been circulated to members and the following updates were provided:

- **Item 9.3 (11/09/2023), EA HSCP Health and Care Governance annual report** – Complaints regarding access to services – data not yet available. In progress.
- **Item 8.3 (24/04/2023), SA Health and Care Governance Framework** – it was noted that discussion had taken place at a workshop in October 2023 when it was agreed to develop a series of linked governance structures. The Director SAHSCP was working with the team to expedite this work as soon as possible. In progress.

4.2 **HGC Work Plan** - The Committee noted the new format draft work plan for 2023-2024.

5. Patient Experience

5.1 Patient Experience Quarter 2 report

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the Quarter 2 report which covered the period July to September 2023.

Ms Harvey reported that stage one concerns and complaints had dropped slightly compared to the last quarter. The improvement in Stage 1 complaint handling performance had been maintained and compliance had increased to 86%, and the Board was meeting this target.

Stage 2 complaints remained high, with a small number of complaints under review. Stage 2 complaint handling performance had improved as a result of the recovery project which began in late August 2023. Ms Harvey updated that the positive impact of this work was beginning to be seen in Quarter 3 data, with current performance against the 20 working day target sitting at 78%. In December 2023, there were still a number of complaints over 40 working days, as detailed in the report.

Complaint outcomes were similar to previous quarters, with the majority only partially upheld. As previously predicted, due to complaint handling challenges faced, the number of Scottish Public Services Ombudsman (SPSO) referrals had increased significantly in this quarter. While the number of SPSO investigations remained low this may increase in future quarters.

Complaint themes and sub-themes were similar to those reported in previous quarters, with a slight increase in complaints related to bed waits and smoking at the hospital front door, particularly at University Hospital Crosshouse.

Care Opinion (CO) continued to be the most popular method of providing feedback and posts had continued to rise, with most posts mainly positive or mildly critical. Levels of complainant satisfaction

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were similar to previous quarters although it was expected that this may improve as a result of the positive work done through the Acute complaint handling recovery project.

Ms Harvey explained in reply to a query from a member about prisoner complaints that on admission to prison a prisoner's medication was reviewed by the healthcare team and this may require a change in medication prescribed which could result in prisoner complaints. In reply to a question from a member, Ms Harvey reassured that prisoner complaint numbers were comparable to other similar sized Boards.

Outcome: Committee members noted the Patient Experience Quarter 2 report and compliance with the complaint handling process.

5.2 Patient Experience themed report on Patient Journey

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented a themed report on Patient Journey.

Ms Harvey highlighted key emerging themes and opportunities identified through a four month project undertaken to secure feedback from inpatients at all stages of their journey through Acute services. A total of 81 inpatients were surveyed and/or interviewed over the three month data collection period, with length of stay ranging from one to 21 days.

The report outlined themes identified through patient surveys and interviews, with the main themes identified related to communication and the mental wellbeing of patients, particularly those with longer stays, who reported feeling isolated. The only delays identified by patients were related to discharge.

Ms Harvey advised that a number of areas for improvement were now being progressed to address the main themes identified, including increased numbers of ward volunteers in acute hospitals, development of activity packs for wards (donated by local newsagents and shops) and bringing in pets, such as Therapets, to the ward environment. A review of current visiting arrangements was planned, gathering patient and staff feedback, to identify if wards were adhering to the principles of person centred visiting.

Ms Harvey reassured in reply to a question from a member that the Board worked closely with Therapets, a third sector organisation with appropriate pets identified following training to visit patients or staff in hospital. Feedback from patients and staff was positive in areas that had been visited by Therapets.

Committee members discussed this informative and positive report. Members recognised the important work being done through the survey and how learning was being shared with Acute teams and used to bring about improvement in identified areas, such as, discharge planning. Committee members recommended that all

Outcome: The Committee noted the themed Patient Experience report on Patient Journey. Committee members requested that the full survey report be shared with the Committee.

5.3 Acute Services Complaint Handling Improvement Project

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, provided an update on progress made since implementation of the Acute Complaints Recovery Project from August to November 2023.

Ms Harvey advised that as previously reported to the Committee, there had been a steady rise in complaint activity in the post-pandemic recovery period, as well as a rise in the complexity of complaints received. In conjunction with ongoing system pressures this had resulted in a significant number of complaint investigations breaching the 20-40 working day targets. A similar pattern was being seen across NHS Scotland.

The report outlined the local recovery plan and resulting improvements in complaint handling processes. Ms Harvey highlighted in particular the work undertaken to make the complaint investigation process easier for colleagues working in Acute services, including implementing a checklist covering all complaint points to be addressed.

There had been significant progress in closing out of time complaints over 40 working days, with 137 of the initial 155 complaints closed and 18 of these complaints remained open at the end of the recovery period. Priority was being given to closing these out of time complaints as well as to improve Stage 2 complaint handling in time performance.

Ms Harvey updated that as a result of the Recovery Project, performance had increased from 28% to 75% and had now reached 78%. Following the Recovery Project, an improvement plan had been put in place to ensure these improvements were maintained going forward, with an escalation process in place to support improved complaint handling times as required. Ms Harvey reassured members that the team was committed to continue to improve complaint handling performance and there were plans to tackle out of time complaints over 20 working days with the aim to close these complaints by the end of March 2024 if possible.

In reply to a question from a member about the resources available in the Complaints team, Ms Harvey reassured that once the complaints backlog had been cleared, the team should have sufficient resources to deal with in time complaint handling.

Committee members commended the team involved for the important work being done to improve complaint handling performance and the

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significant improvements made within a short time period whilst maintaining the quality of responses provided.

Outcome: Committee members noted the progress made since implementation of the Acute Complaints Recovery Project and supported ongoing plans to maintain improvements made.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The interim Associate Nurse Director for Infection Prevention and Control, Ms Tracey Cooper, advised that the Board's current verified position related to HCAI Standards was reported in detail at the last meeting and this remained unchanged.

Ms Cooper advised that, as previously reported, the Board was above target for Escherichia coli bacteraemia (ECB) and Staphylococcus aureus bacteraemia (SAB), largely related to community acquired cases. She outlined the deep dive work taking place to identify possible causes and what could be done differently to prevent cases. She reassured in reply to a query from a member that the Board was doing everything possible to reduce avoidable infection and improve patient care, however, it was not yet clear if the HCAI targets would be met.

Ms Cooper provided a summary and key learning following a small number of cases of hospital acquired Clostridioides difficile infection (CDI) identified within the combined assessment unit (CAU) at University Hospital Ayr.

The Nurse Director, Ms Jennifer Wilson, reassured members that the outbreak was recognised promptly and managed in line with guidelines, with Problem Assessment Group and Incident Management Team meetings held to review and control the outbreak. Areas for learning had been quickly identified which would be shared across the system. Members received further assurance that the Board worked closely with Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland in managing outbreaks.

Committee members requested an assurance report in six months' time on learning actions taken as a result of the outbreak. The Nurse Director, Medical Director and Ms Cooper will consider future reporting to the Committee to provide assurance on learning actions taken as a result of outbreaks.

**JW/CMcG/
TC**

Outcome: Committee members noted the Board's current performance against the national HCAI Standards. Members requested an assurance report in six months' time on learning actions taken as a result of the CDI outbreak reported.

6.2 Quality and Safety report – Acute

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The interim Deputy Nurse Director, Ms Ruth McMurdo, presented an assurance report on quality and safety activity in Acute services as part of the Scottish Patient Safety Programme and Excellence in Care programme of work.

The report described progress in relation to core measures:

- **Falls** – there had been a sustained reduction in falls at both Acute sites and the Board was under the national median falls rate.
- **Falls with harm (FWH)** – there was random variation across both Acute sites combined, however, there were signs of reduced rates over the last five months.
- **Cardiac arrest (CA)** – there was ongoing and improved reliability in collation of all true cardiac arrests via Datix. A multidisciplinary team now reviewed true cardiac arrests with any learning needs identified escalated to the Acute Adverse Event Review Group. Improvement work was ongoing to identify gaps in education and processes for DNACPR decision making.
- **Pressures Ulcers (PUs)** – given the increased prevalence of acquired PUs at both Acute sites, work was being done through a local improvement collaborative with the ambition to reduce the rate by 20%, with this work likely to be extended to the end of June 2024. A new review process was in place for all PU grade 3 or above.
- **Food, Fluid and Nutrition (FFN)** – work continues to raise awareness of the importance of the Mealtime Coordinator role. FFN training continues and a new Learn Pro module will be launched in January 2024.
- **National Early Warning Score (NEWS)** - Ms McMurdo explained in reply to a query from a member that the Acute Quality and Safety Framework captured measures related to NEWS and information was being audited and discussed monthly with lead nurses, with improvement plans put in place if required.

Committee members were encouraged by the positive improvements being made in relation to falls and falls with harm, the targeted improvement work being done locally in relation to PUs and the continued focus in delivery of FFN Standards.

Outcome: Committee members noted the assurance report on quality and safety activity in Acute services.

6.3 Public Protection

The Associate Nurse Director for Public Protection (PP), Ms Theresa Lyttle, provided an assurance report on the PP accountability and assurance framework (PPAAF).

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The report also updated on the work of the national Short Life Working Group (SLWG) to develop a toolkit for measuring public protection arrangements against the framework, as well as progress in mapping public protection arrangements within NHS Ayrshire & Arran (NHSAA) to date.

NHSAA had been a volunteer Board which provided the opportunity to use the developing toolkit to self-evaluate against the eight standards in the framework. This self-evaluation had been positive in exploring and providing evidence of areas where the Board was doing well and those requiring further focus, with work planned in the coming months in several areas, as detailed in the report. Ms Lyttle highlighted that the Board may be asked to provide PP data going forward and work had begun to consider PP health data that could be collated from relevant sources. NHSAA's PPAAF self-evaluation and action plan should be completed in June 2024.

The Nurse Director, Ms Jennifer Wilson, advised that the PP team was now well established, with Ms Lyttle joining as the new Associate Nurse Director earlier in the year. She thanked Ms Lyttle and the team for the work being taken forward. Consideration would be given to future reporting plans once the PPAAF action plan had been completed.

Outcome: Committee members noted the assurance report on benchmarking against the PP accountability and assurance framework.

7. Quality Improvement

7.1 Maternity Strategy – Best Start

The Associate Nurse Director, Women and Children's Services, Ms Attica Wheeler, provided an overview of local progress in relation to the 76 recommendations outlined in the Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland. This five year plan was published in 2017, however, nationally it was paused during the COVID-19 pandemic, although local work had continued. National work was reinstated in 2022, and was now due to complete in 2024, with implementation of continuity of care within the lifetime of this Parliament, by mid-2026.

Ms Wheeler reported that 35 out of the 76 key deliverables were national and still in progress, with NHSAA contributing to these working groups. Of the remaining 41 locally deliverable recommendations, the service had completed 24 with a further six due to complete. A local action plan with evidence had been formulated and submitted to Scottish Government for October 2023, as detailed at Appendix 2 of the report. 11 actions remained in progress with mitigations that require further support, both locally and nationally.

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The report set out key achievements implemented as well as areas of challenge identified. Committee members welcomed the range of work being taken forward and positive results achieved to date.

The Committee discussed risks related to the health complexities and comorbidities of women being seen, as well as issues with availability of community accommodation. The Nurse Director, Ms Jennifer Wilson, emphasised that Best Start was developed for women with low clinical risk. She added that areas of concern or risk were escalated to Scottish Executive Nurse Directors and Scottish Government if required. Ms Wheeler confirmed that community accommodation was being explored through the Health and Social Care Partnerships.

Outcome: Committee members noted NHSAA Maternity Service's progress with the Best Start recommendations and looked forward to a further update in six months' time.

7.2 Quality Strategy

The Nurse Director, Ms Jennifer Wilson, presented the Quality Strategy Implementation Plan. The NHS Board had agreed in August 2023 to extend the 2019-2022 Quality Strategy from 2022 to 2025.

Ms Wilson provided an update on development and completion of the Implementation Plan. A multidisciplinary implementation group had been established to consider how to address key strategic objectives within the strategy in order to produce a robust implementation plan. The plan was linked to other key strategies being taken forward, for example, Excellence in Care, Staff, Spiritual and Person Centred Care and Patient Experience and Complaints.

Ms Wilson advised that the Committee will receive six monthly progress reports and an assurance report will be presented to the NHS Board in a year's time to give assurance in relation to implementation of measures highlighted in the report.

Outcome: Committee members noted the Quality Strategy Implementation Plan and plans for surveillance of this work.

7.3 Adoption of Recommended Emergency Summary Plan for Emergency Care and Treatment (ReSPECT)

The Medical Director, Dr Crawford McGuffie and Dr Alison Speirs, Consultant Anaesthetist Intensive Care, provided an update on local progress in adopting ReSPECT plans.

These plans create clinical recommendations for future emergency care, based on the person's values and priorities. ReSPECT planning develops a shared understanding of an individual's health and its outlook, thus enabling the individual to receive the right emergency care, in the right place at the right time. The project

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provides access for patients in Ayrshire to have their values and priorities heard, and a framework through which to share this information confidentially to support future care that fits with their personal priorities.

ReSPECT creates compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values. Patient and family feedback has been very positive.

Committee members discussed the importance of this work and reiterated the need for patients to be able to have their values and priorities heard and supported although it was recognised that this could be challenging depending on family circumstances. Members underlined the importance of patients and families having open conversations around end of life emergency care, for patients to have their wishes heard and to have advanced directives as well as power of attorney in place.

Dr Speirs explained in reply to a question from a member that HMP Kilmarnock was chosen as a pioneer site as there was good access to the prison population, the prison team was skilled in advanced care planning and this work would highlight what needs to change to meet the needs of people who may be marginalised and experience health inequalities.

In reply to a query from a member, Dr Speirs explained that ReSPECT was a national project which received significant support, including development of a national digital platform. She highlighted that while the local team involved was committed and keen to support this work, there were resource issues related to lack of administration support which required to be explored further.

Committee members discussed Care Home advanced care planning. Dr Speirs advised that ReSPECT related to emergency care planning and would not replace existing advanced care plans. However, it was hoped that in the future these plans would also include the patient's wishes in relation to emergency care planning.

Outcome: Committee members noted the update on ReSPECT and supported the proposal for this work to sit within the Person Centred Care Team (Spiritual Care). Members looked forward to a further progress update at a future meeting.

7.4 Older People in Acute Hospital (OPAH) Steering Group update

The interim Deputy Nurse Director, Ms Ruth McMurdo, provided an update on progress against OPAH Standards. The OPAH Standards consisted of 16 individual sections focusing on specific criteria.

Committee members were advised that following a pause in activity due to system pressures, the OPAH Steering Group had resumed meetings in June 2023 and there was a review and analysis of work,

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with existing speciality groups or newly created short life working groups (SLWGs) taking responsibility for advancing this work. The group had met on a further two occasions and eight out of the 10 SLWGs had provided a review of the specific standards they were responsible for reporting on and a further two groups would report in the near future. These reviews were being collated to provide an overall view of the position.

Ms McMurdo reported that Healthcare Improvement Scotland had begun a review of the OPAH Standards and it was likely that a draft version of the updated Standards would be available later this year. When published, there will be a further review of the work of the group against any changes made.

Outcome: Committee members noted the update on progress against OPAH Standards and requested a further assurance report in six months' time, with exception reporting as required.

8. Corporate Governance

8.1 Healthcare Governance Committee Terms of Reference (ToR) annual review

The Committee Chair, Ms Linda Semple, presented the Committee's Terms of Reference for annual review. Committee members reviewed and supported the Terms of Reference with no changes made.

Outcome: Committee members supported the Committee's Terms of Reference for onward submission to the NHS Board for approval.

8.2 Care Home Governance report

The Nurse Director, Ms Jennifer Wilson, provided an update on the ongoing work to support Care Homes across Ayrshire and Arran to provide enhanced professional clinical and care oversight.

Ms Wilson highlighted the change in the governance framework in keeping with Scottish Government recommendations to remove the term "oversight" as per Scottish Government Care Homes New Support Arrangements Advice note in December 2022. The Nurse Director's responsibility now covered education and training and support focusing on key areas of infection prevention and control, workforce and quality of care.

The report provided details of COVID-19 outbreak activity in care homes in Ayrshire which had significantly reduced from last year, as well as support and assurance visits that had taken place across the Health and Social Care Partnerships (HSCPs), with partners such as the Care Inspectorate, HSCPs, Care Home Professional Support Team and Scottish Care representatives working closely together to support the Care Home sector in Ayrshire.

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Ms Wilson advised that there had been changes of workforce in the team over the last three years and this continued to grow in specific areas such as tissue viability, catheter care and incontinence, with the wide range of training being provided as outlined in the paper.

The Board had provided a detailed report outlining the positive outcomes achieved for care home residents over the last two to three years. While it was hoped that Scottish Government funding for care home support would continue beyond 31 March 2024, there were significant financial challenges faced and the funding position was not yet clear. Should funding cease, the Nurse Director's responsibility and accountability for care home support would also cease.

Committee members recognised the positive impact of care home support for care home residents as well as the wider system.

Members discussed the information provided at item 3.9.1 of the report related to hospital presentations from care homes both for admission and presentation. Ms Wilson explained that detailed information is reported to each of the HSCPs showing trends and support being provided for individual care homes. This will be reported to each of the IJBs.

Outcome: Committee members noted the Care Home Governance report and progress to date. Members noted that the Care Home Collaborative Group Professional Governance Framework had recently been reviewed and approved.

- 8.3 **Minutes** – Committee members noted the minutes of the following meetings:
 - 8.3.1 **Acute Services Clinical Governance Group** – approved minutes of the meeting held on 19 September 2023.
 - 8.3.2 **Area Drug and Therapeutics Committee** – approved minutes of the meeting held on 28 August 2023.
 - 8.3.3 **Paediatric Clinical Governance Group** – approved minutes of the meeting held on 18 August 2023.
 - 8.3.4 **Prevention and Control of Infection Committee** – approved notes of the meeting held on 12 October 2023.
 - 8.3.5 **Primary and Urgent Care Clinical Governance Group** – draft minutes of the meeting held on 23 August 2023.
 - 8.3.6 **Research, Development and Innovation Committee** – There were no minutes to report.

9. Annual Reports

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9.1 Child Death Overview Process (CDOP) annual report

The Director of Public Health, Mrs Lynne McNiven, introduced the report and invited Ms Kathleen Winter, Child Health Commissioner, Public Health, and Ms Victoria Maxwell, Paediatric Bereavement Liaison Nurse, to present the CDOP annual report for 2021-2022. The report followed a partnership approach and was written jointly by NHSAA and the three Ayrshire Local Authorities.

Ms Winter highlighted the following areas:

- National CDOP Overview Hub – the report set out achievements and areas of challenge over the last year, with only limited CDOP data available at this stage. The National Hub will produce an initial report in February 2024 and this will be shared with the Committee when published.
- CDOP is now embedded across NHSAA, reviews are taking place and relationships and processes developed to support reviews.
- Significant work has taken place across the organisation, including the appointment of the Paediatric Bereavement Liaison Nurse, who is working closely with local families who have suffered a bereavement.
- The report provided detailed information on death notifications received and those which fell within CDOP criteria. Members received assurance that these deaths had either been reviewed, were being reviewed or a robust review was being agreed.
- Learning, improvement and awareness raising activity was set out in the report. Valuable local relationships were being developed, including with ED and Post-mortem services.
- There had been positive feedback from families involved in the CDOP process, as well as some areas for learning identified. The CDOP Strategic Group had identified a number of priority activities for 2023-2024, with actions to be progressed in partnership to reflect the multi-agency approach required.

Ms Maxwell explained in reply to a query from a member that CDOP was a national initiative and criteria guidance stated that CDOP reviews should be conducted on the deaths of all live born children up to the date of their 18th birthday, or 26th birthday for care leavers who are in receipt of aftercare or continuing care at the time of their death. For deaths of people aged 18 to 26 years old that did not fall within the CDOP criteria, the Board was working with the Local Authorities to share information and work together to learn and support review processes taking place. Ms Maxwell confirmed in reply to a query from a member that young people for whom the Board had corporate parenting responsibilities were included in the CDOP process.

Outcome: Committee members noted the CDOP annual report 2021-2022 and work done to implement the CDOP process. Members supported the identified priority areas to be progressed with partners and looked

9.2 Screening for Prison Population

The Screening Improvement Manager, Ms Bobbie Coughtrie, provided an update on work being done at HMP Kilmarnock to improve uptake of bowel screening, diabetic eye screening (DES) and abdominal aortic aneurysm (AAA) screening among prisoners eligible for screening. It was recognised that there were inequalities in screening and low uptake particularly in prison, with those in prison more likely to develop bowel pathology and diabetes.

Bowel screening – At the start of this work, screening uptake among prisoners was 8% which had risen to 15%. A deep dive had taken place to identify initiatives which could be put in place. As a result, a number of actions had been taken, including discussion of screening with prisoners at induction and discharge, some health related events in prison and targeted advertising using the prison ATM. There were also visual aids in visitor areas and in the prison. Following these initiatives, screening uptake had increased to 25%. A project was undertaken with the national bowel screening programme to identify eligible prisoners and those due for screening or overdue. A targeted, proactive approach would be adopted to encourage uptake of Bowel screening among eligible prisoners.

DES – Screening uptake was lower in prison. An optometrist attended prison once per month to undertake screening using equipment provided by NHSAA, with one or two individuals being screened each month.

AAA – There were currently a small number of patients eligible for screening although this may increase in the future with an ageing prison population. One prisoner could not attend screening as transport to the healthcare facility was cancelled and this would be looked at.

Ms Coughtrie advised in reply to a query from a member that it was unclear why patients were choosing not to have bowel screening and this may be down to informed choice. The position would be monitored at national level through the Scottish Equity in Screening Strategy.

Members received assurance that going forward NHSAA would continue to have a strong focus to improve screening uptake for those with difficulty accessing screening, including the prison population, to reduce health inequalities.

Outcome: **Committee members noted the update on work to improve screening uptake among the prison population of eligible participants. Future progress reports will be provided through the relevant annual screening report.**

10. Risk

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10.1 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

There were no issues to report to RARSAG.

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:

- HGC Terms of Reference annual review
- Patient Experience – Patient Journey survey
- Best Start progress update
- Acute complaint handling improvement project update
- Prison screening
- ReSPECT

12. Any Other Competent Business

12.1 There was no other business.

**13. Date and Time of Next Meeting
Monday 4 March 2024 at 9.30am, MS Teams**

Signed by the Chair



Date: 4 March 2024