

Approved by Committee on 27 February 2023

Healthcare Governance Committee
Monday 9 January 2023 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Adrian Carragher (Vice Chair)

Ms Sheila Cowan

Mrs Jean Ford

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive – attended part of meeting

Mrs Joanne Edwards, Director for Acute Services – attended part of meeting

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Josaleen Connelly, Senior Nurse, Care Home Leadership and Support
Ms Laura Doherty, Public Health Project Manager for Infants, Children and Young People
Mr Darren Fullarton, Associate Nurse Director, Lead Nurse NAHSCP
Ms Laura Harvey, QI Lead for Patient Experience
Ms Sharon Leitch, Associate Nurse Director, Infection Prevention and Control
Ms Jayne Miller, Senior Nurse Manager, SAHSCP
Ms Ruth McMurdo, Interim Deputy Nurse Director
Ms Jen Pennycook, Chief Nurse Excellence in Care and Professional Development
Ms Attica Wheeler, Associate Nurse Director, Ayrshire Maternity Unit
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome/Apologies for absence

The Committee Chair welcomed everyone to the meeting. Due to a clash with the Emergency Management Team meeting, the Chief Executive and Director for Acute Services would attend part of the meeting. The agenda was re-ordered to allow colleagues presenting several papers to provide these together.

Apologies were noted from Cllr Marie Burns, Mrs Lesley Bowie, Dr Crawford McGuffie and Mrs Lynne McNiven.

2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 7 November 2022

The Minute of the meeting held on 7 November 2022 was approved

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as an accurate record of the discussion.

4. Action Log

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

Item 10.2, EAHSCP Clinical and Care Governance (CCG) annual report – Ms Wilson advised that a benchmarking exercise is taking place and a governance reporting framework will be followed across the three Ayrshire HSCPs for these annual reports going forward.

4.2 **HGC Work Plan 2022-2023 and 2023-2024** – The Committee noted the work plans. The Nurse Director, Ms Jennifer Wilson, confirmed in response to a question that the Committee will continue to receive Child P SCR update reports at each meeting for information until the action plan is closed.

5. Patient Experience

5.1 Patient Experience Quarter 2 report

The QI Lead for Patient Experience, Ms Laura Harvey, presented the Patient Experience Q2 report.

Ms Harvey reported that current system pressures had affected all aspects of complaint handling performance. Complaints were more complex as patients moved through different wards during their journey.

There had been a slight rise in Stage 1 and Stage 2 complaints compared to the last quarter. Stage 1 performance had dropped significantly due to prison complaint handling performance, issues with the prison complaint handling process and staff absence and improvement work is planned. There had been an increase in the number of out of time complaints over 40 days awaiting response. Ms Harvey reassured that recovering the position is a priority for the Complaints team which is picking up the majority of communication with complainants and keeping them updated of any delays.

Committee members were advised that there had been a slight rise in Scottish Public Services Ombudsman (SPSO) referrals but no rise in investigations, although this may be impacted in the future. Complaint themes were similar to previous quarters.

Care Opinion data was in keeping with previous quarters and the number of posts was slowly rising. 84% of posts were considered non-critical, minimally critical or mildly critical, down slightly from the previous quarter, and the position will be closely monitored.

The Nurse Director, Ms Jennifer Wilson, advised that clinical staff have been focusing on addressing the system challenges and pressures faced and this is reflected in complaint handling data. The Complaints team is working with clinical staff to support complaint

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handling activity and as soon as service pressures reduce, the organisation will be able to regain the performance measures seen in previous reports.

Ms Harvey advised in response to a question from a Committee member that consideration is being given to seeking additional administrative support to enable outstanding complaints to be addressed.

Outcome: Committee members noted the Patient Experience Q2 report and compliance with the complaint handling process.

5.2 Mental Health Significant Adverse Event reviews (MH SAERs)

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, presented a detailed report on activity within the MH Adverse Event Review Group (AERG) to manage and support the commissioning, review and approval of SAERs.

Mr Fullarton outlined the SAER process within MH and challenges related to the increased number of SAERs commissioned within the service; reduced training capacity; and lack of capacity for appropriately trained staff to lead reviews due to competing clinical demands. There were also challenges in the completion of historic SAERs as staff involved may have left the organisation and this made it more difficult to complete reviews.

The Committee received a detailed update on SAERs monitored and reviewed by the MH AERG since April 2021. The vast majority of these SAERs related to the suicide of patients known to MH services within 12 months of death. The figures did not include people who completed suicide but were not known to services. A review of MH SAERs finally approved since April 2021 showed that the Board was not meeting the Healthcare Improvement Scotland 90 day timeframe for responding to the vast majority of SAERs.

The Committee discussed and members understood that while MH had a robust SAER planning framework in place, services pressures were having an impact on completion of reviews. Committee members expressed particular concern at the lengthy delays in the completion of historic reviews given the impact on families involved. Members requested that future reports should provide benchmarking data to enable the Committee to compare NHSAA's performance with other Board areas.

JW/DF

The Nurse Director, Ms Jennifer Wilson, reassured that Mr Fullarton will work with the Assistant Director, Occupational Health, Safety and Risk Management for an intensive period to support completion of SAERs. A detailed improvement action plan will be developed, with timescales, and presented at the next Committee meeting.

DF

The Committee requested that further reporting be provided at future

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meetings outlining themes identified related to systems and processes impacting on completion of SAERs, as well as themes identified as a result of patients tragically completing suicide, to highlight any high level improvements that could be implemented.

DF

Outcome: Committee members discussed the report and looked forward to receiving future reports, including a detailed improvement action plan at the next Committee meeting on 27 February 2023.

5.3 Category 5 (C5) Falls report

The Chief Nurse, Excellence in Care and Professional Development, Ms Jen Pennycook, provided a detailed update following the review of five inpatient C5 falls during 2022.

Ms Pennycook advised that the review had considered potential contributory factors. Following review, issues had been identified in three of these cases that did not contribute to the event and in two cases issues had been identified that may have contributed to the event. Themes highlighted related to documentation and engagement with staff, with a number of targeted improvement actions to be taken forward.

Committee members welcomed this detailed report, the rigorous approach adopted and learning identified. The Nurse Director, Ms Jennifer Wilson, reassured members that she will work with the Director for Acute Services to progress areas for improvement identified and escalate for additional support as appropriate.

Committee members agreed that future Quality and Safety Acute services reports should include themes related to Category 4 and 5 falls, and that there should be similar interrogation and reporting of pressure ulcer data.

JW/JE

Outcome: The Committee discussed the detailed overview of the occurrence of C5 falls with harm and associated deaths reported and looked forward to receiving regular updates through the Quality and Safety Acute Services report.

Committee members agreed that a report on current service pressures and the impact across the quality and safety agenda be provided at the next Committee meeting.

JW/JP

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

6.1.1 The Interim Associate Nurse Director for Infection Prevention and Control of Infection, Ms Sharon Leitch, provided a report on the current position against the national HCAI standards.

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There had been a rise in the verified Healthcare Associated Clostridium difficile infection (CDI) rate for April to June 2022 compared to the previous quarter and Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland had issued an exception report. An action plan had been submitted to ARHAI Scotland. Ms Leitch explained that the last quarter was not consistent with previous quarters and it was not known what caused the decline in cases during January to March 2022. A CDI short life working group had been convened and this improvement work should positively impact on CDI rates in the future.

For Staphylococcus aureus Bacteraemia (SAB), there had been an increase in cases compared to the previous quarter. The Infection Prevention and Control Team (IPCT) continued to carry out enhanced surveillance of findings and the position was being discussed monthly with the Microbiologist.

Escherichia coli Bacteraemia (ECB) cases had decreased compared to the previous quarter and the focus of improvement work remains to reduce the use of urinary catheters. While the Urinary Catheter Improvement Group's work had been impacted by the COVID-19 pandemic, the group had been re-established and quality improvement work is being explored. There is no target for community associated ECBs nor wider public health interventions.

Committee members discussed the report and noted the significant improvement work being taken forward and positive impact on performance despite the intense pressures and challenges being faced.

In response to a question from a Committee member, Ms Leitch confirmed that it should be possible to show more HCAI data from other Boards in future reports to enable the Committee to benchmark performance. The Nurse Director, Ms Jennifer Wilson, underlined the importance of benchmarking against Boards with a similar bed footprint when considering HCAI national data to make this meaningful.

Outcome: Committee members discussed the report on the Board's current performance against the national HCAI standards.

6.2 Healthcare Associated Infection report – non-respiratory outbreaks and incidents

6.2.1 The Interim Associate Nurse Director for Infection Prevention and Control of Infection, Ms Sharon Leitch, provided an update on two non-respiratory outbreak incidents that had occurred within the Board between September and October 2022.

The first related to an outbreak of Vancomycin-Resistant Enterococci (VRE) in a ward at University Hospital Crosshouse (UHC) in September 2022 and the second related to an outbreak of

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carbapenemase-producing Enterobacteriaceae (CPE) *Klebsiella Pneumoniae* in a station at University Hospital Ayr (UHA) in October 2022, as detailed in the report.

Ms Leitch advised that ARHAI Scotland had been informed and Problem Assessment Groups had been convened to discuss risk, control measures to reduce risk and communicate risk locally and nationally, and identify learning and improvement actions.

Ms Leitch confirmed in response to a question from a Committee member that communication will be sent to clinical areas as a reminder that any bladeless fans should be removed as they cannot be appropriately decontaminated.

Committee members discussed and were reassured with the effective infection prevention and control processes in place to manage these outbreaks and identify any learning, particularly at a time when services were facing significant pressures.

Outcome: Committee members noted the summary of the management of two non-respiratory outbreak incidents between September and October 2022.

6.3 Healthcare Associated Infection - Technical Services Incident report

6.3.1 The Interim Associate Nurse Director for Infection Prevention and Control of Infection, Ms Sharon Leitch, provided a summary of incidents within Infection Prevention and Control Technical Services that had occurred between September and October 2022, as detailed in Appendix 1 and 2 of the report.

The IPCT had identified and managed two incidents which met the national definition. The first, in September 2022, identified higher *Legionella* counts in a main ward block within University Hospital Crosshouse (UHC). Point of Use (POU) filters are in place in all outlets and there is no risk of *Legionella* to staff, patients, or visitors. The Nurse Director, Ms Jennifer Wilson, advised that a high level plan had been requested with indicative dates for work to replace pipework and non-touch outlets. Members received assurance that learning will be shared across all NHSAA sites. A risk assessment will be presented to the next Prevention and Control of Infection Committee (PCOIC) meeting.

There had been two incidents which involved a transvaginal ultrasound probe. There had been low level contamination in one case. A robust improvement action plan had been put in place and patients affected had been informed. Ms Wilson reassured that a report will be presented at a future PCOIC to give assurance of learning and systemic change in practice that has occurred as a result of these incidents.

Committee members were reassured that these incidents had been managed effectively following a multidisciplinary approach,

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appropriate actions had been taken to reduce risk and there had been communication with patients and clinicians who could potentially have been impacted.

The Chief Executive and Director for Acute Services left the meeting.

Outcome: Committee members noted the Technical Incidents report.

6.4 Infection Prevention and Control (IPC) Risk Assessment

6.4.1 The Interim Associate Nurse Director for Infection Prevention and Control of Infection, Ms Sharon Leitch, presented the current IPC risk assessment. The risk assessment provided details of the risk within the IPCT and measures in place to mitigate the risk, as detailed in Appendix 1 of the report.

The Nurse Director, Ms Jennifer Wilson, advised that the position related to IPC specialist resource is challenging across Scottish Boards and locally there is a need to build resilience and succession planning within the team. IPCT has been managing COVID-19, Influenza, Respiratory Syncytial Virus and Strep A outbreaks, as well as Legionella control and decontamination incidents. Ms Wilson commended Ms Leitch for her input since taking on her interim role in March 2022. A Business Manager has been appointed to support the IPCT and enable clinical experts to focus on clinical areas. Proposals to support and reduce pressure on the IPCT are being developed for consideration by the Corporate Management Team.

Outcome: Committee members noted the current IPC risk assessment and measures in place to mitigate the risk. The Committee noted the challenges facing the IPCT and agreed that this should be reported as an area of risk for NHSAA at the next RARSAG meeting. JW

6.5 Terms of Reference – Respiratory Virus Outbreak Oversight Group

6.5.1 The Interim Associate Nurse Director for Infection Prevention and Control of Infection, Ms Sharon Leitch, advised that due to the increase in prevalence of other respiratory viruses, the group previously known as the COVID Outbreak Oversight Group (COOG) had now changed to the Respiratory Outbreak Oversight Group (ROOG). The group will continue to meet twice weekly where possible. The group's updated Terms of Reference were presented to the Committee for awareness.

Outcome: Committee members noted the ROOG's Terms of Reference.

6.6 Maternity Strategy – Best Start

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- 6.6.1 The Assistant Nurse Director and Head of Midwifery, Ms Attica Wheeler, provided an update on the Maternity Strategy and progress against Best Start recommendations.

Following a pause or slowing down of implementation through the COVID-19 pandemic, Best Start was remobilised on 30 March 2022. Local work had continued where possible during the pandemic. The delivery timeframe for Best Start recommendations had been extended by two years, with recommendations to be implemented by mid-2024, and implementation of continuity of carer by mid-2026.

Ms Wheeler advised that out of the 76 recommendations, 35 were in progress at a national level and NHSAA has been contributing to these working groups. Of the remaining 41 locally deliverable recommendations, the services had completed 19 with a further nine due to complete. The report included a detailed action plan with evidence which was submitted to the Scottish Government at the end of October 2022

Ms Wheeler advised that while NHSAA supported the continuity of carer model, it was recognised that discussion would need to take place at national level to identify additional recurring funding to allow this model to be developed further.

The Nurse Director, Ms Jennifer Wilson, highlighted the good work being done from a community perspective, with babies being born regularly in a home setting. She emphasised the need to take on board and embed learning from the COVID-19 pandemic in taking forward new service models.

Outcome: Committee members noted NHSAA Maternity Service's progress against the Best Start recommendations and requested a further update at the meeting on 6 November 2023.

7. Quality Improvement

7.1 Quality and Safety Walkrounds

- 7.1.1 The Chief Nurse for Excellence in Care and Professional Development, Ms Jen Pennycook, provided an update on the relaunch of Leadership Walkrounds, renamed as Quality and Safety walkrounds, and set out a number of recommendations for moving forward.

Committee members were advised that the relaunch of these walkrounds had been well received, with an initial focus on non-clinical areas. Unfortunately, it had been necessary to cancel some walkrounds at short notice due to Directors being unable to attend as a result of system pressures. The report presented proposals to allow walkrounds to continue in these circumstances, with a nominated person asked to capture actions, given the preparation involved and to ensure staff continue to feel valued and listened to.

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Ms Pennycook advised that in planning Quality and Safety walkrounds consideration is being given to other walkrounds taking place to avoid confusion and duplication for staff. Directors have been asked to provide details of non-clinical areas to be visited from April 2023 as part of the rolling programme. Work is planned with Directors to discuss the new Quality and Safety walkround approach. The results of the questionnaire to Directors will be used to further develop any aspects of Quality and Safety walkrounds.

Committee members discussed and were encouraged by the positive feedback following the relaunch of these walkrounds. The Nurse Director, Ms Jennifer Wilson, highlighted the benefits of the new reporting template which will allow Directors to focus on a wide range of areas when doing walkrounds.

Outcome: Committee members received the Quality and Safety walkrounds report and supported the recommendations made.

7.2 Quality and Safety Paper – Mental Health

7.2.1 The Associate Nurse Director, NAHSCP, Mr Darren Fullarton, presented the Quality and Safety report for Mental Health outlining progress against Scottish Safety Patient Programme Mental Health Collaborative (SPSP MHC) and Excellence in Care (EiC) core areas.

Mr Fullarton advised in relation to SPSP MHC that Healthcare Improvement Scotland (HIS) had provided a data measure workbook to allow Boards to consistently record and report on core measures. Locally, work has begun with existing data collection processes to ensure that this is streamlined and accessible. It is anticipated that by March 2023 the Board will be recording all core measures in the workbook.

For EiC, data on core measures is collected on the QI portal for all mental health wards and a monthly report is reviewed by QI Facilitators. Any exceptions are discussed with clinical staff in wards and any improvement work identified is reported and approved within the service clinical governance framework.

Mr Fullarton highlighted measures and focuses in taking forward improvement activity within Mental Health services and increase QI capacity, in line with NHSAA's strategic direction. The report outlined learning opportunities, including the introduction of six QI modules for staff on TURAS.

Mr Fullarton highlighted the work ongoing within NHS Boards facilitated by HIS to explore the operational definition of seclusion within Mental Health. Locally, a number of QI facilitated group sessions have taken place within Ward 8 to identify a working guideline.

Committee members discussed the data charts provided in the report. Mr Fullarton reassured that NHSAA had consistently low

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levels of violence and restraint incidents and any increase was influenced by the complex needs of an individual or individuals. Mr Fullarton confirmed in response to a question that with the national introduction of the data measure workbook it should be possible to provide some national benchmarking data against other Board areas in the future.

Outcome: Committee members received the overview report on performance and activity in terms of SPSP MHC and the EiC programme within NHSAA.

7.3 **Mental Welfare Commission (MWC) Children and Young People Monitoring Report 2021-2022 update**

On behalf of the Clinical Director for Child and Adolescent Mental Health Services (CAMHS), the Associate Nurse Director for EAHSCP, Mr Darren Fullarton, provided an update on the MWC monitoring report 2021-2022.

The report provided details of the latest HIS data for the year ending 30 September 2021 on the number of children and young people under the age of 18 years admitted for care and treatment of their mental health to non-specialist wards during 2021-2022. Admission to an adult bed should only happen on minimal occasions. Locally, the number of admissions to an adult bed has been steadily rising.

The MWC had made one recommendation in their latest report related to care planning for children and young people admitted to non-specialist environments in relation to education, Advocacy services and social work services.

Mr Fullarton advised that CAMHS inpatient services to young people of Ayrshire and Arran are delivered through a service level agreement (SLA) with NHS Greater Glasgow & Clyde (NHSGGC) for access to Skye House. There have been particular access challenges over the last year due to essential remedial work at Skye House last summer which has reduced the number of beds available.

The report provided information on admissions to paediatric hospitals requiring a subsequent CAMHS referral for the year ending March 2022 and highlighted the impact on paediatric ward activity. Admissions to paediatric beds are not monitored by the MWC.

Mr Fullarton advised that as part of the planning for Foxgrove, negotiation has been taking place with a third sector provider to develop dedicated advocacy support for children and young people, and while advocacy workers are currently available, to continue to consider how and where this support could be expanded. Foxgrove will have its own education facility. In addition, CAMHS has put forward a proposal for ward 7B at Woodland View as an NHSAA in-house six to eight bed CAMHS provision, with the proposal endorsed by NAIJB. This is reliant on the successful impact of the planned Adult Mental Health Assessment Unit at Woodland View.

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Mr Fullarton advised in response to a question from a Committee member that he will check the current position in terms of availability and funding arrangements for the SLA with NHSGGC for Skye House. Going forward there will need to be discussion and engagement about the SLA and how this may change with the development of a local provision.

DF/HS

Post-meeting update: Skye House has provision for 24 beds however between July 2022 and January 2023 the bed numbers were below this as follows:

16.08.22 to 21.10.22 - 18 beds
21.10.22 to 12.01.23 - 20 beds
12.01.23 to present - 24 beds

During these periods beds were capped by NHSGGC/Skye House and we were asked to use all community measures possible to not admit. The threshold for admission required was, and remains, high and any patient requiring admission needs to be detained under the Mental Health Act. This has a significant impact on how we care and support for our children and young people as this is not always in keeping with the concept of Least Restrictive Practice.

Costs for Skye House are based on a 3 year average and following an agreement across West of Scotland the activity for SLAs during the pandemic will not be used as a reference period to calculate the average.

Therefore the reference period for the SLA has remained as 2017/18, 2018/19 & 2019/20. We continue to pay the agreed amount based on historic activity and plan to incorporate more recent activity from 2022/23 into the new 3 year averages. However, we will not get any recompense for restricted availability of Skye House during the pandemic.

Outcome: Committee members considered the MWC annual monitoring report and received assurance of progress against recommendations, clinical governance reporting arrangements and future plans to develop in-house CAMHS provision.

7.4 Child P Significant Case Review update

The Committee noted the update report.

8. Corporate Governance

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

8.1.1 Committee members reviewed the Committee's ToR.

Section 3.2 had been updated to reflect the new Public Protection structure established as well as the agreed new format of Quality and

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Safety reports which encompass all elements of quality and safety, including SPSP and EIC.

Outcome: Committee members endorsed the ToR for submission to the NHS Board for approval.

8.2 Care Home Governance

8.2.1 The Senior Nurse for Care Home Leadership and Support, Ms Josaleen Connelly, provided an update on the ongoing work to support Care Homes across Ayrshire and Arran to provide enhanced professional clinical and care oversight.

Committee members received assurance that work to support the Care Home sector across Ayrshire and Arran continues to progress well. Care Home oversight groups continue to meet in each HSCP on a weekly basis as a minimum, with frequency being escalated as required. Professional support continues to be offered to all Care Home providers.

Ms Connelly provided a detailed update in the following areas:

- Flu and COVID-19 outbreaks in Care Homes
- Care Inspection visit activity
- New posts within the Care Home Professional Support team;
- Frailty work
- Whole system interventions at both acute hospital sites to prevent unnecessary hospital admission and support early discharge of residents back to their care home when medically fit.
- Infection prevention and control support and vacancies within the team.

Ms Connelly reassured in response to a question from a Committee member that the position related to Care Home visits during an outbreak is reviewed daily by the Public Health team linking with Care Homes, with weekly reporting to the Scottish Government. There are named visiting arrangements in place. An update will be provided under the Outbreak section of the report related to Anne's Law to clarify the position.

JC

The Nurse Director, Ms Jennifer Wilson, reiterated that whole system interventions have been taking place at both acute sites over the last three weeks and learning and improvement identified to reduce unnecessary hospital admissions from Care Homes. The next phase of this work will be to measure quality improvement data to demonstrate the impact of the team.

The Committee discussed the Care Home Governance report and acknowledged the significant work done by the team and flexible approach adopted to develop care home professional support and oversight arrangements over the last two years.

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Outcome: Committee members noted and were reassured of the progress of the Care Home Professional Support team's work to date.

The Committee agreed that a business as usual approach should be adopted, with reports being provided to the Committee twice each year. The next report will come to the Committee on 11 September 2023.

8.3 Minutes

The Committee noted the minutes of the following groups:

- 8.3.1 Acute Services Clinical Governance Group draft minutes of meeting on 4 October 2022
- 8.3.2 Area Drug and Therapeutics Committee draft minutes of meeting on 29 August 2022
- 8.3.3 Paediatric Clinical Governance Group approved minutes of meeting on 16 September 2022
- 8.3.4 Prevention and Control of Infection Committee approved minutes of meeting on 22 September 2022
- 8.3.5 Primary and Urgent Care Clinical Governance Group approved minutes of meeting on 24 June 2022
- 8.3.6 Research, Development and Innovation Committee – there were no minutes available.

9. Annual Reports

9.1 Corporate Parenting (CP) Annual Report

The CP Task Force Chair, Ms Jayne Miller, and the Public Health Project Manager for Infants, Children and Young People (ICYP), Ms Laura Doherty, provided an update on progress to fulfil NHSAA's CP responsibilities.

The first report by the National Promise Oversight Board had recently been published which had highlighted the need for a step change in the pace and scale of improvements being made to keep the Promise by 2030.

Ms Miller advised that since the last report was presented to the Committee, significant scoping work had taken place across nine workstream areas and key performance indicators (KPIs) are being developed for each workstream. Governance structures have been refreshed and there are strong links with CP groups across the three HSCPs.

The Committee was advised that in taking forward this work, there will

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be a focus on core clinical CP duties and the pathway for ICYP who experience care, including the notification process, health assessment and follow up care in line with the Board's statutory duty. Areas of risk identified are being taken forward through the Task Force and Strategic Group, chaired by the Nurse Director.

The report highlighted several areas which require intensified focus, including development of systems to monitor the impact of changes being made on the lives of ICYP who experience the care system. A Task Force is being taken forward to look at the health needs of ICYP in private residential homes involving cross border transfers.

Committee members were advised that as all of this work moves to a Programme Board structure, a detailed projected plan will be developed which will be monitored on a monthly basis.

The Committee discussed the report and recognised the significant work undertaken by NHSAA to date to fulfil its CP duties, working in partnership with local authorities. Committee members requested that the governance structure in Appendix 1 of the report be updated to reflect corporate governance arrangements in place through the Healthcare Governance Committee and Integration Joint Boards.

JW/JM

Outcome: Committee members noted the update on progress towards fulfilling NHSAA's Corporate Parenting Responsibilities.

10. Audit

10.1 There were no audits reports for discussion.

11. Risk

11.1 The Committee suggested that the Risk and Resilience Scrutiny and Assurance Group be asked to consider whether workforce within the Infection Prevention and Control Team should be added to the Board's strategic risk register and operational risk register.

JW

12. Points to feed back to NHS Board

12.1 Committee members agreed that the following key points should be reported to the NHS Board meeting on 30 January 2023:

- Current service pressures and impact across quality and safety agenda
- Suite of papers received from Mental Health services
- Suite of HCAI papers received. RARSAG to be asked to consider if risk related to IPCT workforce should be added to the strategic and operational risk register
- Maternity Strategy and Best Start update
- Care Home Governance and progress to date. Twice yearly reporting going forward.
- Corporate Parenting report – progress and future plans.

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13. Any Other Competent Business

13.1 There was no other business.

14. Date and Time of Next Meeting

Monday 27 February 2023 at 9.30am, MS Teams

Signed by the Chair

A handwritten signature in black ink that reads "Linda Sample". The signature is written in a cursive style with a large initial 'L'.

Date: 27 February 2023