

**Healthcare Governance Committee**  
**Monday 6 January 2020 at 9.30am**  
**Room 2, Training Centre, Ayrshire Central Hospital**

Present: Ms Linda Semple (Chair)

Non-Executives:

Mrs Margaret Anderson  
Mr Adrian Carragher  
Mrs Jean Ford

Board Advisor/Ex-Officio:

Mr John Burns, Chief Executive  
Prof Hazel Borland, Nurse Director  
Dr Crawford McGuffie, joint Medical Director

In attendance: Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk Management  
Mr Billy McClean, Head of Community Health and Care, South Ayrshire Health and Social Care Partnership  
Ms Attica Wheeler, Associate Nurse Director and Head of Midwifery, Women and Children's Services  
Ms Jenny Wilson, Assistant Director, Quality Improvement  
Mr Bob Wilson, Infection Control Manager  
Ms Emma Stirling, Associate Director for AHPs  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Apologies for absence**

- 1.1 Apologies were noted from Mrs Lesley Bowie, Cllr Joe Cullinane, Miss Lisa Tennant, Dr Alison Graham, Mrs Joanne Edwards, Mrs Lynne McNiven and Dr Joy Tomlinson.

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

- 2.1 There were no conflicts of interest declared.

**3. Draft Minute of the Meeting held on 12 November 2019**

- 3.1 The minute of the meeting held on 12 November 2019 was approved as an accurate record of discussions.

**4. Action Log**

- 4.1 The action log had previously been circulated to members and all progress was noted, including:

**Item 1, Patient Safety in Theatres** – Committee members received assurance from the Nurse Director and joint Medical Director that significant improvement work was taking place at both Acute Hospital sites. The Nurse Director explained that a late paper had been provided, however, as it had not been presented in the appropriate format, work would take place to review the paper to ensure it is appropriate, meets governance requirements and provides assurance in relation to ongoing improvement activity. An updated paper will be presented at the next meeting. Committee members requested that the target completion date on the action log be amended to reflect the regular progress updates provided on this important work.

**Item 9.2.1, Significant Adverse Event and Analysis Review Action Plans** – The action log will be updated to reflect progress.

**Item 12, Litigation Report** –The Chief Executive advised that litigation cases could be complex with the legal process taking some time to resolve and it was not possible to identify learning and improvement until the case was closed. Mr Currie advised that he and the joint Medical Director, Dr Alison Graham, were considering a revised format for future Litigation reports, taking this feedback into account.

Committee members requested that completion dates be added for items still to be confirmed. All other actions were either on the agenda, a date was scheduled for the item to be discussed or the action had been completed.

## **5. Patient Experience**

### **5.1 Complaint Improvement Plan**

The Assistant Director, Quality Improvement, Ms Jenny Wilson, provided an update on the progress of the Complaint Handling Improvement Project at University Hospital Crosshouse (UHC). The plan had a focus on ensuring best practice in complaint handling and to give assurance that learning and improvement was being progressed at each opportunity.

Ms Wilson advised that the Complaint Handling Improvement project had demonstrated early evidence of improvement in all aspects of complaint handling and there had been increased positive complainant experience reported. A new on site Complaint Manager role had been introduced at UHC working with the local management team to support, advise, assist and lead on all complaint activity. Successful improvement work would be spread to both Acute sites.

Committee members were advised that there were plans for new governance arrangements relating to sustainable improvement and learning resulting from complaints and Scottish Public Services Ombudsman (SPSO) recommendations. Ms Wilson gave assurance that future reports will provide detailed data to enable Committee members to compare performance and monitor progress.

Committee members discussed the report and were encouraged by the early and significant progress being made and the positive complainant feedback reported.

**Outcome:**     **Healthcare Governance Committee members endorsed the current Complaint Handling Improvement Project at University Hospital Crosshouse and supported plans to spread this successful work to both Acute Hospital sites. Committee members thanked all staff involved for the positive improvements being made in complaint handling.**

## **5.2     South Ayrshire Health and Social Care Partnership (SAHSCP) Complaint External Review Report**

The Head of Community Health and Care, South Ayrshire Health and Social Care Partnership (SAHSCP), Mr Billy McClean, presented an update on an external review of community nursing commissioned by the Nurse Director as a result of a complex complaint, to give assurance regarding standards of care, communication and documentation.

Committee members were advised that the external review had identified four key areas for improvement relating to record keeping, leadership and supervision, escalation and communication. Three of the recommendations had been fully implemented. The recommendation relating to record keeping was partially complete as an electronic patient record had now been fully implemented across community nursing in South Ayrshire. An audit was planned for February 2020 to ensure that the problems identified in the report had been fully addressed as a result of the new record system. The Nurse Director advised that the external review and action plan had been shared with the family involved

Committee members discussed the report and actions being taken to address the recommendations. Prof Borland gave assurance that improvement and learning was being shared at professional level with the three Associate Nurse Directors and spread across the Health and Social Care Partnerships. Mr McClean confirmed, in response to a question from a member, that staff were being supported by senior managers to manage the care being provided to the family.

**Outcome:**     **Committee members endorsed the actions being taken to implement the external review of community nursing in South Ayrshire Health and Social Care Partnership's recommendations for improvement. Committee members received assurance that improvement actions and learning from the external review will be shared across the three Health and Social Care Partnerships in Ayrshire.**

**Committee members requested that the Committee be notified once all improvement actions have been completed.**

## **6. Patient Safety**

### **6.1 Being Open and Maternity Adverse Event Framework**

The Nurse Director, Prof Hazel Borland, presented a final assurance report on the successful implementation of the Being Open work and test of the national Maternity Adverse Event Framework (MAEF) with within Maternity Services. The final report was submitted to Scottish Government in November 2019. Completion of this work was a final action associated with the Healthcare Improvement Scotland action plan on this topic.

Prof Borland reported that staff had found the training associated with Being Open valuable in order to become more confident in conversations with each other and with families using a shared language in what can be difficult and sensitive conversations. Prof Borland highlighted that the feedback from parents was important and had shaped this work.

Prof Borland advised that the draft MAEF had provided welcome clarity with regard to maternity services adverse events and mapped well to local processes. Learning had been identified for local processes and the national guidance, with suggested amendments and improvements for local policy to be taken through the Risk and Resilience Group for ratification. The use of the Effective Communication for Healthcare (EC4H) communication training had been key to the success of this work and a plan was being developed to spread learning across the organisation by the Realistic Medicine Leads.

The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, highlighted the positive cultural change effected as a result of Being Open and MAEF work and the benefits in terms of improved team working and greater clarity for staff in relation to management of adverse events. For example, this improvement work was starting to show positive results in reducing complaints and the number of women attending the birth reflections group

The Assistant Director of Occupational Health, Safety and Risk Management, Mr Hugh Currie, gave assurance that reviews were being commissioned and completed more quickly following adverse events.

Prof Borland emphasised the need for HIS to ensure that MAEF aligned to the wider national adverse event framework. Consideration was being given to local procedures and language being used to ensure that the adverse event process runs as smoothly as possible.

**Outcome:** Healthcare Governance Committee members discussed and noted the learning within this final report submitted to Scottish Government in November 2019. Committee members requested that a report be provided in early 2021 to evidence the impact of the new maternity adverse event framework on complaint activity and progress to align this with the organisation's overarching adverse event framework.

## 6.2 Healthcare Associated Infection Report

The Infection Control Manager, Mr Bob Wilson, provided an assurance report on Board's continuing compliance with the Vale of Leven Hospital Inquiry recommendations in relation to infection prevention and control. He advised that Board was compliant with all recommendations with the exception of one relating to link nurses which was not applicable in NHS Ayrshire & Arran.

Mr Wilson also provided a detailed report on four infection control incidents and outbreaks that had occurred during the reporting period. Committee members received assurance that Board was compliant with national procedures and guidance when addressing and managing outbreaks and incidents.

Committee members discussed the Influenza outbreak at University Hospital Ayr which had affected seven patients, four of whom had died as a result. Committee members were assured that medical staff had contacted the families of all the patients involved and that the Procurator Fiscal was content with Board's approach.

Mr Wilson acknowledged the positive impact of rapid Influenza testing to manage Influenza cases appropriately and minimise the length of ward closures. Members were advised that staff uptake for the Influenza vaccination was at a similar level to last year and the vaccination programme continued. Committee members highlighted the need to continue to encourage staff to receive Influenza vaccination.

Committee members discussed the outbreak of *Klebsiella pneumoniae* at a ward at University Hospital Crosshouse which had affected four patients and contributed to the death of a patient. The Chief Executive suggested that it would be helpful to provide metrics for the ward concerned to give assurance in relation to hand hygiene and highlight any training needs, if required. Prof Borland would raise this at the next Control of Infection Committee.

**HB**

Committee members discussed the incidence of Tuberculosis which appeared to be increasing in Ayrshire, particularly among a number of vulnerable population groups. Prof Borland advised that a paper from Public Health will come to a future Committee meeting to report on actions being taken to manage and mitigate the impact of Tuberculosis in Ayrshire and how this linked to national work across Scotland.

**Outcome:** Healthcare Governance Committee members noted the Healthcare Associated Infection report. Committee members received assurance on NHS Ayrshire & Arran's continued compliance with the Vale of Leven Hospital Inquiry recommendations relating to infection prevention and control. Committee members received further assurance on Board's compliance with national procedures and guidance when addressing and managing outbreaks and incidents.

### 6.3 Scottish Patient Safety Programme – Acute

The Assistant Director, Quality Improvement, Ms Jenny Wilson, presented the Scottish Patient Safety Programme (SPSP) Acute Adult across both University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA).

Committee members received a detailed update on core SPSP measures including falls, falls with harm and pressure ulcer (PU) prevention. The median rate of falls at UHC was below the national rate and at UHA it was above the national rate. A standard operating procedure had been drafted to activate quality improvement (QI) support within clinical areas with a high rate of falls and this awaited approval.

Committee members were advised that both Acute hospital sites had a higher median rate of PUs than the national rate. Prof Borland gave assurance that PU prevention was a priority area for improvement which would be monitored closely going forward. A PU improvement group will be formed in January 2020 with membership including the Tissue Viability team, Clinical Leads and the Acute QI team to take forward improvement activity.

Ms Wilson gave assurance that there were improved reporting and governance structures in place to identify areas performing well and those requiring improvement, to enable provision of appropriate quality improvement support and shared learning, including around areas of good practice.

The Committee discussed the report and members requested further detail on the focused activity being done by QI teams in Acute areas with higher falls rates. Committee members sought details of community falls and PU activity to enable comparison. Prof Borland will request that this data be provided in HSCP reports coming to the Committee from March 2020.

**JE**

**HB**

The Chief Executive highlighted the range of improvement activity being taken forward within Acute and advised that for this work to be successful and well embedded, there must be a wider sense of accountability and ownership beyond the teams directly involved. Ms Wilson highlighted the importance of adopting a values management approach to promote accountability in taking forward improvement activity. The Chief Executive will discuss the Acute

**JB/JE**

governance architecture with the Director for Acute Services out with the meeting.

**Outcome:**     **Committee Members noted the update on the Scottish Patient Safety Programme Acute Adult Programme in relation to falls, falls with harm and pressure ulcer prevention across both University Hospital Crosshouse and University Hospital Ayr.**

#### 6.4     **Theatre Safety Improvement report**

Please see update provided under Matters Arising at item 4.1 above.

#### 6.5     **Better Blood Transfusion**

The joint Medical Director, Dr Crawford McGuffie, provided an update on NHS Ayrshire & Arran's current Blood Transfusion status and compliance with the UK Blood Safety and Quality Regulations (2005) (UKBSQR).

Dr McGuffie highlighted the work being done by the Hospital Transfusion Committee (HTC) and gave assurance that Board was compliant with UKBSQR. HTC continued to work with Risk Management colleagues to ensure that Datix and supporting processes met the requirements of UKBSQR. Dr McGuffie highlighted the work being done to sustain O D Negative blood.

Committee members discussed the report and congratulated Dr Joellene Mitchell, who had won the Abstract Prize at the Scottish Transfusion Clinical Advisory Committee Annual Education Event in November 2019, for her work in progressing patient blood management in major surgeries.

**Outcome:**     **Committee members noted the report and supported mechanisms which allowed continued compliance with the UK Blood Safety and Quality Regulations 2005 and to future proof sustainability of O D Negative blood.**

### 7.     **Quality Improvement**

#### 7.1     **Guidelines Assurance**

The joint Medical Director, Dr Crawford McGuffie, provided a verbal update on progress in the implementation of SIGN 145, Assessment, diagnosis and interventions for autism spectrum disorders.

Dr McGuffie gave assurance that there had been considerable activity to progress implementation of SIGN 145. He highlighted areas of good practice, including training and awareness raising and improved multi-disciplinary working in Child and Adolescent Mental Health Services and Paediatrics, with plans to roll this out to Adult Learning Disability. Dr McGuffie highlighted challenges in the implementation of SIGN 145 due to staff resource and service gaps.

Dr McGuffie explained that he was working with the Assistant Director, Quality Improvement, Ms Jenny Wilson, to look at governance arrangements as part of a wider review of the existing process for external guideline distribution, review, implementation and evaluation.

**Outcome:** Committee members noted the update on progress in the implementation of SIGN 145, Assessment, diagnosis and interventions for autism spectrum disorders and requested a more detailed written report at the next meeting on 9 March 2020.

Committee members looked forward to receiving an update on the wider review of the existing process for external guideline distribution, review, implementation and evaluation at the meeting on 4 May 2020.

## **8. Governance**

- 8.1 **Area Drug and Therapeutics Committee, 26 August 2019 –**  
Committee members noted the minute.
- 8.2 **Acute Services Clinical Governance Group, 25 November 2019 -**  
Committee members noted the minute.
- 8.3 **Control of Infection Committee, 19 September and 14 November 2019 -** Committee members noted the minutes.
- 8.4 **Primary Care Quality and Safety Assurance Group, 19 November 2019 -** Committee members noted the minute.
- 8.5 **Research and Development Committee, 4 December 2019 -**  
Committee members noted the minute.

## **9. Risk**

### **9.1 Healthcare Improvement Scotland Adverse Event Self-Assessment Report**

The Assistant Director of Health, Safety and Risk Management, Mr Hugh Currie, provided a report on the self-assessment undertaken by NHS Ayrshire & Arran on local arrangements for the management of adverse events. This work had been commissioned in July 2018 by the Health and Sport Committee following publication of a report on “The Governance of the NHS in Scotland – ensuring Delivery of the Best Healthcare for Scotland”.

Mr Currie advised that the self-assessment report had been scrutinised by Healthcare Improvement Scotland (HIS) and the final national report was published in September 2019. NHS Ayrshire & Arran was the only Board that had satisfied all the criteria within the self-assessment.



The Committee discussed the report and while it was recognised that there was still progress to be made, Committee members commended the significant improvement activity undertaken to date and looked forward to seeing positive impact in terms of reduced complaint activity, adverse events and improved patient feedback.

**Outcome: Committee members reviewed and accepted the content of the report.**

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

- 10.1 Ms Semple advised that the Committee would no longer present draft minutes of meetings to the NHS Board and would in future require to submit a formal Board paper summarising key areas discussed at meetings and approved minutes when available.

Committee members agreed that the following key areas should be highlighted at the Board meeting on 3 February 2020:

- Complaints Improvement Project update
- Being Open closure report
- HIS closure report
- HAI – incidents and outbreaks.

**11. Any Other Competent Business**

- 11.1 There was no other business.

**12. Date and Time of Next Meeting**

**Monday 9 March 2020 at 9.30am, Training Room 2, Training Centre, Ayrshire Central Hospital, Irvine**

**Signed (Chair) ..... Date .....**