

Healthcare Governance Committee
Monday 25 April 2022 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Michael Breen
Mr Adrian Carragher (Vice Chair)
Ms Sheila Cowan
Mrs Jean Ford

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive
Mrs Joanne Edwards, Director for Acute Services
Dr Crawford McGuffie, Medical Director
Mrs Lynne McNiven, Director of Public Health
Ms Jennifer Wilson, Nurse Director

In attendance: Ms Bobbie Coughtrie, Screening Improvement and Development Manager (AAA, Bowel and Breast Programmes)
Mr Darren Fullarton, Lead Nurse, NAHSCP
Ms Laura Harvey, Improvement Lead, Customer Care
Dr Chloe Keane, Infection Control Doctor
Ms Marion MacAulay, Head of Service, Children's Health Care and Justice Services/Chief Social Work Officer, NAHSCP
Ms Jen Pennycook, Chief Nurse, Excellence in Care
Ms Emma Stirling, Associate Director for AHPs
Mrs Angela O'Mahony, Committee Secretary (minutes)

Ms Semple welcomed everyone to the meeting and invited the Nurse Director, Ms Jennifer Wilson, to provide an update on current system pressures.

Ms Wilson reported ongoing system pressures due to COVID-19. While the number of COVID outbreaks had reduced, there was still significant COVID activity across both hospital sites, although the number of positive cases was stable and beginning to reduce.

The Committee was advised that at the end of March and early April 2022, staff absence rates had been at the highest level seen during the pandemic, however, numbers were now beginning to reduce. Ms Wilson advised that NHS Scotland remained under emergency planning measures. The current system pressures were reflected in the reports being presented to the Committee, in particular, complaint handling and infection prevention control (IPC) annual work plan.

The Committee was assured that the Board had robust governance arrangements in place. Members supported the responsive approach adopted by the Executive and other operational staff to ensure that the Committee received the assurance required from the reports being provided.

1. Apologies for absence

Apologies were noted from Mrs Lesley Bowie and Cllr Joe Cullinane.

2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 28 February 2022

The Minute of the meeting held on 28 February 2022 was approved as an accurate record of the discussion.

4. Matters Arising

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

Item 9.1 (28 February 2022), Medical Education Internal Audit Report – Dr McGuffie advised in response to a question from a Committee member that he would confirm out with the meeting if the actions from the report had now been closed. Post-meeting update: Dr McGuffie confirmed that Grant Thornton had now responded and all three recommendations from the internal audit were closed in March 2022. In relation to the remaining recommendation, Effective Action Management and Implementation, the pilot project established with NHS Greater Glasgow & Clyde and NHS Education for Scotland to develop SMART objectives had been completed.

Item 10.4 (1 November 2021), Primary Care Quality and Safety Assurance Group – Committee members noted progress to establish the new Primary and Urgent Care Clinical Governance and Assurance Group. An initial meeting will take place on 26 April 2022, when Terms of Reference will be developed and agreed.

4.2 HGC Work Plan 2022

Committee members discussed the work plan. The Nurse Director, Ms Jenny Wilson, advised that the QEUH NHSGGC Oversight Board Interim Report analysis had been delayed following the mid-year update provided by the Scottish Government, to allow benchmarking against the updated report. Ms Wilson gave assurance that activity resulting from this work was being considered through relevant groups on an ongoing basis and she would meet with the team in the near future to consolidate the final plan.

Mr Carragher clarified that the report on Paediatric Audiology due to be presented at the Committee meeting on 6 June 2022 would include newborn hearing screening.

5. Patient Experience

5.1 Patient Experience themed report

The Quality Improvement Lead, Ms Laura Harvey, provided a report on organisational activity in relation to new approaches to feedback.

Ms Harvey outlined progress made since the appointment of the new post of Patient Experience Facilitator in July 2021, to look at different ways of capturing patient experience at the point of care and beyond to inform learning and improvement, as detailed in the report.

Committee members discussed the report and fully supported the activity taking place, in particular, the innovative work to use Patient Experience volunteers to support front line staff in capturing and analysing patient feedback.

Ms Harvey reassured in response to a question from a Committee member that response rates for the Inpatient Survey and Discharge survey rolling programmes provided a significant snapshot of patient experience.

Ms Harvey advised in response to a question from a Committee member that the bespoke work related to end of life care was being informed by a Consultant Anaesthetist with good experience of end of life care. A sensitive approach was being adopted with as many feedback options as possible being offered. The Board had submitted a bid for Value Improvement funding for end of life care planning but this had been unsuccessful. However, there were plans to progress some aspects of this work to promote early end of life planning discussion with patients and relatives within existing financial resources. Consideration was also being given to the potential role of volunteers, as well as a spiritual adviser or chaplain, to support these conversations. The Nurse Director, Ms Jenny Wilson, highlighted work ongoing within the community and care homes to support early anticipatory care planning with patients and families.

The Committee commended the improvements made to the inpatient survey to make this simpler to complete. Committee members supported early plans to embark on a patient journey project working across the healthcare system, from first point of contact up to the point of discharge, to identify any issues or delays and improvements that could be made, including administrative processes. Ms Harvey advised that the Committee will receive a more detailed update once this work has progressed further.

Outcome: The Committee discussed and fully supported organisational activity in relation to new approaches to feedback and securing patient experience at the point of care and beyond.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Infection Control Doctor, Dr Chloe Keane, presented the HCAI

report and provided details of performance against national HCAI Standards, with a specific focus on community associated *Escherichia coli* bacteraemias (ECBs) without link to healthcare. The report had been discussed at the Prevention and Control of Infection Committee meeting on 31 March 2022.

Dr Keane reported performance against the National Standards for *Clostridium difficile* infection, *Staphylococcus aureus* bacteraemias and healthcare associated ECBs. Unfortunately the Board was not achieving the targets that had previously been agreed.

Committee members were advised that NHSAA had been a Scottish outlier for community associated ECBs for three consecutive quarters (Q3 2020 to Q1 2021) plus a further quarter (Q3 2021). Exception reports were received from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland for each of these quarters.

Dr Keane highlighted that there was no national target for the reduction of community associated ECBs and there were no clearly identified healthcare interventions to reduce community acquired rates. The Board had met with ARHAI Scotland colleagues in November 2021 to review data. It was noted that although NHSAA community associated ECB levels were higher than in other Board areas, this was not due to an increasing trend locally but that other Boards were seeing a reduction. No areas for intervention were identified at that point. RHAH Scotland had considered further and the Board received supplementary information on community acquired ECBs on 23 February 2022 related to comorbidities, deprivation, gender, age groups and location.

Dr Keane had analysed the data and discussed with the Public Health team. Following consideration of the exception reports and additional information received, this had highlighted some possible areas of targeted work that could be taken forward with Public Health.

The Nurse Director, Ms Jenny Wilson, underlined the importance of the work that had been done with ARHAI Scotland and plans for collaborative work with Public Health to try to understand underlying issues related to community acquired ECBs and address from a Public Health perspective.

Outcome: **Committee members noted current performance against the national HCAI Standards, in addition to the recent information now being considered by Public Health on community associated ECB cases.**

6.2 Scottish Patient Safety Programme – Mental Health (SPSP MH)

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an overview of the progress of the SPSP MH. The report focused on the re-mobilisation of the programme and provided assurance that appropriate actions were in progress.

Committee members received assurance that the work of the Mental Health and Improving Observation Practice (IOP) SPSP Programme had continued where possible, however some group activities had been reduced in response to the pandemic. Mr Fullarton gave assurance that where work had been paused, much of this had now been re-mobilised and consideration was being given to additional actions, as detailed in Appendix 1 of the report.

Mr Fullarton advised that the next stage of IOP will be to consider how best to implement the transition from current Safe and Supportive policy on Observation to the IOP principles of Continuous Intervention, with the timescale to be confirmed.

The Committee was advised that further to a request from Healthcare Improvement Scotland for self-nominations to participate in the SPSP Mental Health Improvement Collaborative, four wards had submitted successful applications and the collaborative was scheduled to commence in April 2022. This improvement work will focus on IOP, reducing harm from restraint and seclusion practices.

Mr Fullarton outlined the local work taking place to build quality improvement capacity through the AA Improvement Foundation Skills Programme. Two cohorts had been delivered to date and the third cohort will commence in April 2022. Two places on each cohort were allocated to MH, with consideration being given to delivering a specific cohort for MH.

Committee members received assurance in relation to IOP that data related to violence, restraint and self-harm continued to be at a low level, with any spikes in data related to individuals presenting at a particularly challenged time.

Committee members commended the approach taken and improvements made to significantly reduce falls and falls with harm within Elderly MH wards.

Outcome: Committee members noted the overview report of SPSP MH performance activity across MH services. The Committee noted the reduced activity in the context of COVID-19 and plans to re-start this paused activity.

7. Quality Improvement

7.1 Excellence in Care (EiC) update

The Nurse Director, Ms Jenny Wilson, introduced the report and invited the Chief Nurse, EiC, Ms Jen Pennycook, to provide an update on the position related to EiC. The report set out plans to remobilise and recover EiC activity, and align with other national programmes.

Ms Pennycook advised that Healthcare Improvement Scotland (HIS) and Public Health Scotland (PHS) in collaboration with EiC Lead

Nurses were reviewing the strategy, vision and framework for EiC and there were plans to relaunch EiC in June/July 2022. Committee members received assurance that while EiC activity had been paused at national level due to the pandemic, NHSAA had continued to collect local data.

Ms Pennycook outlined local plans to develop a new Quality paper which will combine the reporting of EiC and the SPSP Acute Adult Portfolio. Ms Pennycook explained that the current reporting structure did not promote local alignment of the programmes and associated data and there were areas of duplication in both programmes, specifically the rate of Falls and rate of Pressure Ulcers (PU).

The Committee received an update on the positive improvement activity taking place to support falls reduction since the Falls Coordinator has been in post. Ms Pennycook gave assurance that a similar approach was being adopted for PU prevention and an update report will be provided at a future Committee meeting.

The Associate Director for Allied Health Professions (AHPs), Ms Emma Stirling, was encouraged to see this important work programme being reinvigorated. Ms Stirling underlined the need to ensure that areas being measured provide meaningful data, and she looked forward to working closely with colleagues in relation to AHP assurance processes.

Committee members discussed the data charts provided and it was suggested that control charts should be provided to make it easier for the Committee to monitor progress.

Outcome: The Committee noted the report outlining the position of EiC within NHSAA. Committee members supported the proposed new reporting process to facilitate ongoing submission of a combined Quality paper that would incorporate EiC and SPSP Acute Adult Portfolio.

7.2 Report on the Independent Review of Responses to Deaths in Prison Custody

The Head of Children's Health, Care and Justice Services/Chief Social Work Officer at East Ayrshire HSCP, Ms Marion MacAulay, provided an overview of "The Independent Review of the Responses to Deaths in Prison Custody".

Ms MacAulay outlined the background and context to the review which was reported in November 2021, and the recommendations specific to the NHS.

Ms MacAulay highlighted key findings related to the need for a human rights approach; to improve engagement with families; the importance of families having a single point of contact; to improve information sharing by and with families, and the need for more effective training

and support for staff to enable them to provide trauma informed support when dealing with a crisis. The Scottish Government had accepted all findings and recommendations as set out in the report and were taking time to consider next steps.

Committee members welcomed the recommendation related to the FAI process and underlined the need to speed up the length of time taken to complete FAIs given the impact on families and others involved.

Committee members sought clarity on reporting arrangements from the Prison Clinical Governance Group and whether this was through EAHSCP or should be through HGC. The Chief Executive agreed to take this as an action and would report back to the Committee.

CB

Outcome: Committee members discussed the report and welcomed the recommendations specific to the NHS.

The Committee remitted the HMP Kilmarnock Prison Clinical Governance Group to lead implementation of the recommendations related to the Prison Healthcare team, with the proposal that an oversight report is presented to this Committee. It was recognised that implementation of a number of the recommendations would require a national, whole system approach to ensure consistency.

7.3 Learning Disabilities (LD) Transition Report

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an update on LD transitions planning across Ayrshire.

Mr Fullarton advised that a report had been published in March 2020 on Transition from child to adult health services for people with complex LD in Belfast. The report highlighted ongoing issues regarding transition arrangements and made seven recommendations to promote learning and improvement.

Committee members received an overview of existing transition arrangements across the three Ayrshire localities and were advised of the challenges and complexities for individuals and families in the transition from child to adult services. The COVID-19 pandemic had also created challenges in transition planning. Mr Fullarton explained that while there was no single, shared transition process in use across the three Ayrshire localities, current processes reflected the need for multi-agency collaboration, while also making space for Nursing input to the process.

Mr Fullarton outlined the developments being taken forward to improve the transition process and adopt a more person centred approach. This work included development of a common pathway to describe the transition process into the specialist LD Service from CAMHS, as well as between the various Mental Health services. Mr Fullarton advised

in response to a question from a Committee member that it was hoped to share learning from this work more broadly across a range of partners. However, it was recognised that pathways would reflect the different community sectors and resources and support available within communities. The Board was also considering establishing Transition Coordinator roles to improve the transition process.

Mr Fullarton highlighted that SAHSCP had recently developed a refreshed transitions policy for provision to families and young people, accompanied by a staff document to encourage clarity and consistency in transition processes. Quality improvement approaches were being used to demonstrate through tests of change how processes could be improved.

Outcome: Committee members discussed the report on LD transition arrangements from child to adult services.

7.4 Healthcare Improvement Scotland (HIS) visit to Ayrshire Central Hospital (ACH), October 2020

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an update on progress in the completion of improvement actions following the unannounced visit from HIS to ACH from 13 to 15 October 2020. This was the first joint Healthcare Associated Infection and Older People inspection visit that had been undertaken within NHSAA.

Mr Fullarton gave assurance that since the 18 week post-inspection update, significant work had taken place to close any outstanding actions, as evidenced in the action plan.

Mr Fullarton reassured in response to a question from a Committee member that the Board had demonstrated improvement across the areas identified and there was an ongoing audit process in place. Areas for learning and improvement had been shared across these wards areas and more widely, particularly for wards that were part of organisational improvement programmes. The Nurse Director, Ms Jenny Wilson, highlighted in particular, organisational improvement activity related to Food, Fluid and Nutrition and the refreshed Fundamentals of Care training for all newly qualified nurses as well as healthcare support workers. In addition, work was ongoing to develop a slimmed down Care Assurance Tool. Ms Wilson reassured that this work was shared with the Assistant Nurse Director Group and more widely, and had resulted in organisation learning.

Outcome: Committee members noted the progress to implement the requirements as detailed and supported closure of the improvement action plan.

8. Governance

8.1 Healthcare Governance Committee (HGC) Annual Report 2021-2022

The Nurse Director, Ms Jenny Wilson presented the HGC annual report for 2021-2022. Ms Wilson outlined key areas of work undertaken over the last year across a number of key areas, including Infection Prevention and Control Standards, Patient Experience and the work to implement the Rape and Sexual Assault self-referral pathway from April 2022.

Outcome: Committee members approved the HGC annual report 2021-2022 for onward submission to the NHS Board for awareness.

8.2 Minutes – to note

8.2.1 Acute Services Clinical Governance Group

The Committee noted the draft minute of meeting held on 1 February 2022

8.2.2 Area Drug and Therapeutics Committee

The Committee noted the approved minute of meeting held on 8 November 2021

8.2.3 Prevention and Control of Infection Committee

The Committee noted the approved notes of meeting held on 20 January 2022

8.2.4 Primary Care Quality and Safety Assurance Group

Currently stood down and work taking place to reinstate group

8.2.5 Research, Development and Innovation Committee

The Committee noted the draft minute of meeting held on 9 March 2022

8.3 Annual Reports

8.3.1 Report on Screening for Prison Population

The Screening Improvement and Development Manager, Ms Bobbie Coughtrie, provided a report to inform members of the steps that NHSAA was taking to address the ongoing issue of poor screening uptake among those eligible in the prison population.

Committee members were advised that bowel screening had historically been the most challenging programme across the prison population. Prisoners were more likely than their age-matched peers in the general population to develop bowel cancer or other serious bowel pathology, so increasing uptake, particularly bowel screening, was a priority for NHSAA.

Ms Coughtrie highlighted challenges related to the ageing prison population which will impact on screening going forward. There were also issues related to lack of privacy and lack of awareness of the screening programme in general. The COVID-19 pandemic had

significantly impacted on the prison population due to outbreak management, staff shortages, lockdown and prisoners being unable to access general areas.

The Committee was advised that regular discussion was taking place with the Prison Healthcare team which was providing greater opportunity for Public Health input and discussion about screening. Ms Coughtrie outlined a range of areas that had been identified to address the challenges highlighted and raise awareness of screening, as detailed in the report. It was hoped that these improvements could be implemented over the next six to nine months.

The Director of Public Health, Mrs Lynne McNiven, reiterated that there was a range of work taking place and Public Health had been working much more closely together with the prison during the pandemic. Mrs McNiven underlined that linking this activity with Medication Assisted Treatment (MAT) Standards would be key in taking forward improvement work over the coming months.

Outcome: Committee members supported the work taking place to improve uptake of Public Health screening programmes for those eligible in the prison population and looked forward to receiving an annual report going forward.

9. Risk

9.1 Strategic Risk Register Q4 report

The Medical Director, Dr Crawford McGuffie, provided an assurance report on risk management arrangements and the Healthcare Governance Strategic Risk Register. The report had been discussed and agreed by RARSAG on 8 April 2022.

Committee members received details of risks allocated to Healthcare Governance and were advised of strategic risk activity for risks allocated to the Committee since the last report. There were no proposed risks for escalation. The target risk rate for one risk had been reduced due to the further controls in place. There were no emerging risks identified. An individual risk statement for risks related to Healthcare Governance was also provided in the report.

Dr McGuffie explained in response to a question from a Committee member that the risk related to General (Internal) Medicine at University Hospital Ayr (UHA) was due for review in May 2022 and it was planned to add University Hospital Crosshouse to the risk at that point. Following a positive GMC and NES visit earlier in the month, it was hoped that UHA may come out of enhanced monitoring.

Committee members discussed the risk related to GP workforce. While members recognised the actions being taken to manage the risk, it was felt that the risk target consequence was still high.

Outcome: Committee members discussed the report and took assurance from work being done to manage strategic risks which fall under the Committee's remit

9.2 Significant Adverse Event Review (SAER) progress report

The Medical Director, Dr Crawford McGuffie, provided a report detailing progress on all active SAERs and completed action plans for SAERs. The report had been discussed at RARSAG on 8 April 2022.

Committee members were advised that for the reporting period January to March 2022, there was one review completed and presented to HGC for closure on 25 April 2022. The completed action plan with recommendations and Learning Summary were provided with the report. There had been twelve new SAERs commissioned since the last reporting period, five within Acute Services, six within Mental Health Services and one within East Ayrshire Health and Social Care Partnership. Dr McGuffie highlighted examples of actions being taken following a significant event and prior to completion of the review, to demonstrate the agility of the SAER process.

Dr McGuffie provided an update in relation to SAER065, commissioned in March 2019, which had recently completed the review process and was signed off in the last reporting period. Dr McGuffie set out the background to this complex review, and the reasons for the necessary delay and prolonged time taken to complete the review process.

Committee members acknowledged that the COVID-19 pandemic had impacted on progress in the completion of SAERs. Dr McGuffie gave assurance that the Board had robust processes in place to understand and monitor SAERs, and support clinical teams in the review process. However, pressures across the system remained significant and did impact on this work. Dr McGuffie underlined the need to continue to pick up and recover the position and would keep the Committee apprised of progress.

Committee members recognised the current significant system pressures and challenges which were impacting on completion of a range of action plans across the organisation within the required timeframe. The Committee underlined the need to review and prioritise actions plans, and set realistic and achievable timescales. This would enable Non-Executives to take a supportive approach in relation to action plans and timescales, given the challenges being faced.

Outcome: Committee members discussed the report and were assured that appropriate governance was in place for these reviews, and that action plans had been scrutinised by local Directorate governance groups.

Committee members sought an assurance report at

a future meeting on progress in the completion of Mental Health SAERs and the learning and improvement being implemented both before and after completion of SAERs.

9.3 Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

There were no risk issues to report.

10. Points to feed back to NHS Board

- The Committee received an update on current system pressures and took assurance from the work being done and assurance reporting being provided in spite of the impact of COVID-19 pandemic.
- Patient Experienced themed report on Feedback – Committee supported the use of innovative approaches, such as, use of Patient Experience Volunteers.
- Committee received a suite of reports from Mental Health Services including the SPSP Mental Health, Learning Disabilities Transition Report and closure report following the unannounced HIS visit to Ayrshire Central Hospital site in October 2021.
- Committee discussed the reports on Deaths in Prison Custody and the improvement work to encourage uptake of Public Health screening among eligible prisoners.
- Committee members underlined the importance of prioritising action plans and ensuring that completion timescales are realistic and achievable.

11. Any Other Competent Business

**12. Date and Time of Next Meeting
Monday 6 June 2022 at 9.30am, MS Teams**

Signed (Chair)



Date: 20 June 2022