

Healthcare Governance Committee

Monday 6 June 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 – attended part of meeting

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive

Dr Crawford McGuffie, Medical Director

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Jacqui Donald, General Manager, Women and Children's Services and Lead for the Sexual Assault Response Coordination Service
Mr Tim Eltringham, Director, South Ayrshire Health and Social Care Partnership
Dr John Freestone, Associate Medical Director, Primary Care
Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, North Ayrshire Health and Social Care Partnership
Mr Andy Gillies, Spiritual Staff Care and Person Centred Lead
Dr Chloe Kean, Infection Control Doctor
Dr Ruth Mellor, Consultant in Public Health
Ms Ruth McMurdo, interim Deputy Nurse Director
Ms Jen Pennycook, Chief Nurse, Excellence in Care
Ms Rosemary Robertson, Associate Nurse Director and Lead Nurse, SAHSCP
Dr Helen Smith, Clinical Director, CAMHS
Ms Emma Stirling, Director for Allied Health Professions
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

Apologies were noted from Mrs Lesley Bowie, Mrs Joanne Edwards 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 25 April 2022

The Minute of the meeting held on 25 April 2022 was approved as an accurate record of the discussion.

Approved by Committee on 1 August 2022

Post meeting update – Committee members agreed via email that an additional final paragraph be added at item 7.2, Deaths in Prison Custody, to advise that the Chief Executive will clarify governance reporting arrangements from the Prison Clinical Governance Group and report back to the Committee.

4. Matters arising

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

Item 7.1, Excellence in Care update – The Nurse Director, Ms Jennifer Wilson, explained that the data chart provided had to meet national requirements and it would not be possible to change the format. However, additional narrative could be provided to highlight themes or trends. The Committee supported this approach.

All other matters arising were either on the agenda or the action had been completed.

- 4.2 Committee members noted the HGC work plan 2022-2023.

5. Patient Experience

5.1 Patient Experience Q4 report

The Nurse Director, Ms Jennifer Wilson, welcomed Ms Ruth McMurdo who had recently been appointed as Interim Deputy Nurse Director, and would be presenting Patient Experience reports at future Committee meetings.

Ms Wilson presented the Patient Experience Q4 report to update on the Board's performance in responding to patient, carer and family complaints. Ms Wilson highlighted that there had been significant activity and system pressures over the reporting period which had impacted on some of the data being presented.

Committee members received a detailed update on Stage 1 Concerns and Complaints. Performance had dipped slightly due to the Patient Experience team providing support to services, in particular, Acute services, in responding to Stage 2 complaints. There had been a slight increase in performance in responding to Stage 2 complaints and the number of complaints had remained static in recent quarters.

Ms Wilson provided an update on the current position related to performance against the 20 working day target, taken at a point in time. There were currently five significantly out of time complaints and priority was being given to support Acute Services to complete these complaints.

Committee members were advised that SPSO referral rates had dropped significantly during the reporting period and the number of referrals progressing to investigation remained low at one case.

Approved by Committee on 1 August 2022

Ms Wilson highlighted complaint themes and sub-themes. The Committee had previously considered a series of themed Patient Experience reports. In terms of quality improvement plans, an Extreme Team had been set up to ensure that any learning and improvement resulting from complaints was being captured. An update on this work will come to a future Committee meeting.

Committee members were advised that the majority of Care Opinion posts remained positive or mildly critical. Complainant experience data would continue to be used to inform complaint handling going forward.

Committee members discussed the report and sought clarification on the number of complaints related to waiting times. Ms Wilson highlighted that the Committee had previously considered a themed report on waiting times and she would ensure that future reports highlight themes from complaints data related to waiting times, including SPSO referrals.

The Chief Executive highlighted the early engagement taking place with families and considered how this could be captured on behalf of the team, given the importance of early engagement in complaint handling, to improve the quality of feedback received.

Outcome: Committee members discussed feedback and complaint activity and performance in Q4 and noted compliance with the complaint handling process.

5.2 Rape and Sexual Assault (RSA) CMO Taskforce Update

The General Manager, Women and Children's Services and Lead for the Sexual Assault Response Coordination Service (SARC), Ms Jacqui Donald, provided an update following commencement of the Forensic Medical Services (FMS) (Victims of Sexual Offences) (Scotland) Act 2021, which came into effect on 1 April 2022.

Ms Donald advised that the Board had successfully delivered plans to initiate services to support self-referral. This included development of a national hub, provided by Ayrshire Urgent Care Services, to handle calls from NHS24, routing them to the receiving Board or SARC service, with pre-defined pathways for Acute, Historic and Children and Young People. Ms Donald highlighted national IT challenges and improvement work being managed through the national project group.

Committee members were advised that the Board was compliant with all but one of the Healthcare Improvement Scotland Standards. Building work was ongoing to provide a bespoke facility within Paediatrics at University Hospital Crosshouse, with handover anticipated in mid-July 2022. The CMO Taskforce was having ongoing discussion regarding the longer term Regional Service Model for Children and Young People

Approved by Committee on 1 August 2022

Ms Donald advised in response to a question from a Committee member that while the aim was to support self-referrals as close to home as possible, an individual could be supported to undertake examination in another Board area should they wish.

Committee members discussed the progress made and commended the team for delivering this significant work despite the challenges of the COVID-19 pandemic. The Committee will receive annual update reports on this work going forward.

Outcome: Committee members noted the update following commencement of the FMS Act and National Self-referral Go Live on 1 April 2022.

5.3 Significant Adverse Event Review (SAER) - Mental Health Services

The Associate Nurse Director and Lead Nurse for North Ayrshire Health and Social Care Partnership, Mr Darren Fullarton, provided an assurance report on activity being undertaken to ensure appropriate and timely completion of all SAERs within Mental Health Services.

Mr Fullarton outlined the factors that have challenged completion of SAERs within Mental Health Services and the activities taking place to support staff to undertake this work and avoid reviews having to be re-commissioned. This included senior manager support for appropriately trained staff to undertake SAERs; increased shadowing opportunities for staff that have recently completed root cause analysis training; and additional scrutiny and oversight arrangements. Committee members were encouraged by the ongoing support being provided and additional scrutiny in place.

Mr Fullarton advised in response to a question from a Committee member that as a number of staff were undertaking SAERs, teams were being supported to ensure a consistent approach and that reviews followed risk management guidance. Review teams were attending regular AERG meetings with the Medical and Nurse Director to review draft reports and agree any changes required. Should there be any potential delays in completion of the review, families would be kept fully informed.

Outcome: Committee members discussed the report and were reassured by the improvement activity being undertaken to ensure appropriate and timely completion of all SAERs within Mental Health Services.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Infection Control Doctor, Dr Chloe Kean, provided a detailed update on the current position against the national HCAI Standards and Indicators.

Dr Kean outlined the Board's current verified position against each HCAI Standard for the year ending 31 December 2021. It was recognised that the original HCAI targets for the year ending March 2022 would not be met and the Scottish Government had agreed to extend the targets for a further year to 31 March 2023.

Committee members were advised that the Board's verified healthcare associated Clostridium difficile infection (HC CDI) rate for the period October to December 2021, although slightly reduced compared to the previous quarter, had resulted in an Exception Report being received from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, the second consecutive report. The Board had submitted a response to ARHAI Scotland.

Dr Kean reported that there had been early indications of an upward shift in HC CDI since September 2020, from the start of the second wave of the COVID-19 pandemic onwards, with six consecutive data points above the mean. There were no outbreaks identified within secondary care during this period.

Dr Kean highlighted the antimicrobial prescribing improvement work taking place within primary and secondary care. This work would add further intelligence around the correlation between antibiotic prescribing and CDI. The Infection Prevention and Control Team (IPCT) would continue to monitor the Standard Infection Control Precautions for review of every inpatient CDI case.

Dr Kean advised in response to a question from a Committee member that it was not possible to predict in advance the benefits of the antimicrobial prescribing improvement work taking place. The Nurse Director, Ms Jennifer Wilson, explained that the IPCT had previously had to pause other IPC work to focus on COVID-19 activity. A similar position would be taken for any future COVID-19 peaks and other emerging organisms.

Ms Wilson reassured Committee members that the Board had continued to monitor HCAI data throughout and improvements were being made against all three HCAI Standards. Work continued to develop and build resilience within the IPCT team to support this activity and, at national level, to develop a vision for how IPCTs should look in the future. The risk related to IPCT resources had been added to the Board's strategic risk register.

Dr Kean updated that local guidance had quickly been developed in response to Monkey Pox although there were currently no cases within NHSAA.

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

**6.2 Infection Prevention and Control Team (IPCT)
Interim Planned Programme 2022-2023**

Approved by Committee on 1 August 2022

The Infection Control Doctor, Dr Chloe Kean, presented a summary of the IPCT's interim Planned Programme for 2022-2023.

Dr Kean advised that, as previously reported to the Committee, the COVID-19 pandemic had impacted on activity since March 2020, with no planned programme during 2020-2021. An interim planned programme had been agreed for 2021-2022 focusing on essential areas, such as, alert organism surveillance, outbreak management and water safety, as well as the COVID-19 pandemic. The programme for 2022-2023 was similar to the previous year, with some additional work included.

Committee members were advised that a business as usual approach was being adopted in relation to COVID-19 and that the number of outbreaks had reduced significantly. The COVID-19 Oversight Group which had previously been meeting twice per week had now been stood down and it was planned to hold Problem Assessment Groups for each COVID-19 outbreak going forward.

Dr Kean highlighted that a short life working group had been set up with input from a Microbiologist and Antimicrobial Pharmacist to identify areas for improvement to prevent CDI cases and improve performance against the HCAI Standard.

Outcome: Committee members discussed and noted the IPCT interim Planned Programme for 2022-2023.

6.3 Scottish Patient Safety Programme – Primary Care (SPSP PC)

The Associate Medical Director, Dr John Freestone, presented the SPSP PC report.

Committee members were advised that this two year programme had formally run from 2018 to 2020. The programme had been paused since March 2020 to allow GP practices to prioritise urgent and unscheduled care.

Dr Freestone advised that improvement actions associated with the SPSP were delivered through an enhanced service. There were two components related to audit of high risk medication prescribing and monitoring and completion of a practice safety checklist. At the peak of this work, 51 out of 53 GP practices had taken part in the programme and feedback had been positive. Practices had embedded the tools and approach developed within their business as usual strategy throughout the pandemic.

Dr Freestone reported plans to review and develop a new SPSP programme this year, in collaboration with GP Clusters, to support development of quality improvement and patient safety skills within GP practices. Dr Freestone sought the Committee's approval for future SPSP PC reporting to be through the Primary and Urgent Care Governance Group, with reporting of the Group's minutes and annual

Approved by Committee on 1 August 2022

report to the Healthcare Governance Committee for assurance on progress and impact.

The Medical Director, Dr Crawford McGuffie, underlined the strength of the collaborative work done through Primary Care and the GP Clusters and the positive benefits for the patient population.

Committee members supported plans to develop the Board's SPSP activity linked to the national SPSP programme. The Chief Executive gave assurance that local work will dovetail with activity to develop the Board's Caring for Ayrshire ambition.

Outcome: Committee members noted the current position and supported the vision to review and revise the SPSP PC Programme during 2022 in collaboration with GP Clusters, along with national guidance. Committee members approved that future reporting will be through the Primary and Urgent Care Governance Group.

6.4 Scottish Patient Safety Programme – Maternity and Children Quality Improvement Collaborative (SPSP MCQIC): Paediatric

The Nurse Director, Ms Jennifer Wilson, provided an update on core SPSP measures within the SPSP MCQIC Paediatric workstream.

Committee members were advised that due to the COVID-19 pandemic, the MCQIC programme had been paused nationally to enable staff to be deployed where necessary. Activity was ongoing to re-establish the programme.

Ms Wilson provided an update on the four areas of focus for the improvement programme and highlighted the following:

- Unplanned admissions to the Paediatric Intensive Care Unit remained relatively low. Data was being used to help understand the reasons why these admissions were taking place.
- There was good compliance with the national Paediatric Early Warning System
- Work to implement and attain measures contained within the Watchers Bundle had been significantly impacted due to the COVID-19 pandemic but this was now gaining momentum through training and discussion.
- Sepsis Six bundle – one challenging element of this work related to consideration of Inotropes and the Board continued to try to influence national discussion related to how this was measured.

Ms Wilson advised that a new model for collecting data was being trialled to ensure a consistent approach that was not person-dependent.

Approved by Committee on 1 August 2022

Outcome: Committee members noted the update on progress in relation to core SPSP MCQIC measures within the Paediatric programme.

6.5 Litigation Report

The Medical Director, Dr Crawford McGuffie, provided an overview of Litigation activity.

The Committee received an update on active litigation claims as at 31 March 2022 and service improvements arising from litigation cases. The report provided a summary of active clinical claims, as well as the total number of clinical claims over the last five years.

Dr McGuffie advised that to ensure shared learning from litigation cases, the Associate Medical Directors and the Health, Safety and Wellbeing Committee received more in-depth reports for discussion at their individual Governance meetings.

Dr McGuffie advised in response to a question from a Committee member that NHS Boards had complex arrangements in place to support financial planning and settlement following litigation cases.

The Deputy Nurse Director, Ms Ruth McMurdo, advised in response to a question from a Committee member that Fatal Accident Inquiries (FAIs) in the prison were difficult and traumatic and while NHS staff involved were supported, further work could be done to prepare staff for FAIs. Dr McGuffie will discuss further with Ms McMurdo and the Litigation Manager out with the meeting.

CMcG/RMcM

Outcome: Committee members endorsed the content of the paper and activities being undertaken in relation to litigation.

7. Quality Improvement

7.1 Leadership Walkrounds (LWRs)

The Chief Nurse, Excellence in Care, Ms Jen Pennycook, provided an update on plans for the re-introduction of LWRs in 2022. Due to continuing COVID-19 pressures within the system this work had not progressed as originally planned.

Ms Pennycook outlined the improvement work taking place as part of the re-establishment of LWRs, which it was proposed be renamed as Quality and Safety Walkrounds going forward, to align with the Quality Strategy. Ms Pennycook will link in with Mr Carragher and Ms Stirling out with the meeting to discuss key questions for walkrounds.

JP/AC/ES

Committee members were advised that the interim Chief Executive, Chief Executive, Nurse Director and Medical Director had prioritised LWRs to clinical areas to meet staff, listen to their experiences and ensure staff felt supported and valued. These visits had been well received by clinical teams.

Ms Pennycook advised in response to a question that due to system pressures and capacity issues, it was proposed initially to organise smaller walkrounds.

Outcome: Committee members supported plans for the re-introduction of the walkrounds programme for 2022-2023, to be renamed as Quality and Safety Walkrounds.

7.2 Paediatric Audiology Screening Assurance Report

Dr Ruth Mellor, Consultant in Public Health, presented an assurance report on the local review work undertaken by the Board's Paediatric Audiology service of the patient pathway from birth to diagnosis of hearing loss, and the time taken for diagnosis. This work was prompted by a national request following an enquiry into NHS Lothian's Paediatric Audiology Services.

Mr Adrian Carragher, Non-Executive Board Member, advised that in his role as Head of Audiology he had been asked to sit on a national review group and he would keep the Committee updated of progress in taking forward the review.

Mr Carragher advised in response to a question from a Committee member that there were standards in place for various aspects of Audiology within NHS Scotland. However, there was no longer a national post at Scottish Government to support and manage these standards. The national review would consider any gaps and areas to be addressed and resources required to develop standards for the future to ensure that every aspect of Audiological care was covered and performance could be measured.

Outcome: Committee members discussed the NHSAA Paediatric Audiology Screening assurance report.

7.3 Staff, Person Centred and Spiritual Care

The Spiritual, Staff and Person-Centred Care Lead, Mr Andy Gillies, provided an update to raise awareness around developments in the governance, structure, vision and mental model of spiritual care, staff care and person-centred care.

Mr Gillies highlighted the background and context to local work taking place in readiness for the impending update to the national spiritual care strategy. This included development of the local vision, standards and structure around spiritual care, staff care and person-centred care within a healthy mental model. Mr Gillies advised that some aspects of the person-centred care work would be reflected through the Older People in Acute Hospital annual report being presented to this Committee.

Mr Gillies highlighted some of the successful adaptations to these services within NHSAA, which had primarily occurred in response to

Approved by Committee on 1 August 2022

the COVID-19 pandemic and had been ongoing since. The local vision would support the Board's Caring for Ayrshire ambition to encourage people to look after their own health and wellbeing following a prevention approach.

Committee members recognised the breadth of services available and the importance of this work to support and promote a resilient, asset based workforce and enable the organisation to deliver its corporate objectives.

Outcome: Committee members noted the developments in the governance, structure, vision and mental model of spiritual care, staff care and person-centred care, and were assured of the progress in readiness for the national spiritual care strategy for Scotland.

The Committee sought clarification in relation to future governance reporting arrangements, given the cross-cutting nature of this work. The Chief Executive and Ms Wilson will consider this further out with the meeting and report back to the Committee.

CB/JW

7.4 Value Management Approach (VMA) update

The Chief Nurse, Excellence in Care, Ms Jen Pennycook, provided a position statement on VMA.

Ms Pennycook outlined the background to VMA, the benefits of this approach and improved outcomes that could be achieved in terms of patient outcomes, staff wellbeing and financial performance. However, there was a need to have appropriate capacity in place to do this work. A report had been submitted to the Committee in July 2021 with the proposal to re-introduce VMA to both Acute sites. Unfortunately, due to COVID-19 related clinical pressures and the QI team being redeployed, this work had to be paused.

Committee members were advised that the ongoing COVID-19 pandemic continued to have a significant impact on provision of Acute services, with a number of challenges, including reduced staffing levels and staff engagement. In addition, evolving organisational improvement priorities related to pressure ulcer improvement and supporting the SPSP Collaborative had resulted in reduced capacity within the Acute QI team to support the VMA model previously proposed.

Ms Pennycook reiterated the importance of the VMA quality improvement approach but proposed that the programme should continue to be paused until uncertainty around clinical pressures has been resolved and staff are able to engage with this work.

Outcome: Committee members discussed the position statement and supported the proposal to continue

7.5 Review of Standards of Dementia Care

The Associate Nurse Director and Lead Nurse for North Ayrshire Health and Social Care Partnership (NA HSCP), Mr Darren Fullarton, provided an update on the review of the Scottish Government's Standards of Care for Dementia in Scotland. The Standards set out the six rights that people with Dementia can expect to receive, as detailed in the report.

Mr Fullarton highlighted progress to implement the actions from the Dementia Standards Improvement Action Plan. A review of the Standards was concluded in November 2020. While 80% of specific requirements were fully met at that point, 20% were partially met. An improvement plan was developed and progressed, and this had been regularly monitored and reviewed, with reporting through the North Ayrshire Care and Clinical Governance Group. Mr Fullarton updated that of the 21 requirements partially met, eight of those remained partially met, and work continued, as detailed in the action plan.

Outcome:	Committee members discussed the progress to implement the actions from the Dementia Standards Improvement Action Plan. Committee members sought further updates in November 2022 and April 2023.	DF
-----------------	---	-----------

7.6 Assurance report on improvement activity further to Mental Welfare Commission (MWC) report on use of Mental Health Act during pandemic

The Associate Nurse Director and Lead Nurse for North Ayrshire HSCP, Mr Darren Fullarton, provided an update on progress towards the two recommendations made in the MWC report "The Use of the MHA during the COVID-19 Pandemic: Rising Numbers, Falling Safeguards".

Mr Fullarton reported progress in relation to Mental Health Officer (MHO) Consent for Emergency Detention Certificate (EDC), in particular during the out of hours period. A QI approach was being adopted to increase awareness of the MHO role, including increased training for junior doctors on rotation, and development of a poster and leaflets for circulation to all ward areas. The report outlined work ongoing to increase the MHO workforce through increased training provision for current social work staff to move to MHO, as well as a recruitment process to try to increase the MHO workforce within each HSCP. Within Ayrshire, a pilot was ongoing to test the benefits of a stand-alone MHS service, and whether this should be done on a regional or local basis. Mr Fullarton would bring an update report on this pilot to a future meeting.

Approved by Committee on 1 August 2022

Outcome: Committee members noted the report and the work being done to improve on MHO consent out of hours.

7.7 MWC Young People Monitoring Report 2020-2021

The Clinical Director for Child and Adolescent Mental Health Services (CAMHS), Dr Helen Smith, presented the MWC Young People Monitoring Report 2020-21 and recommendations.

Dr Smith advised that the report detailed the number of young people admitted and treated to non-specialist wards for their mental health difficulties. This involved mainly adult mental health wards but also included admission to paediatric wards. Within NHSAA since 2016-17, the number of young people admitted to a non-specialist facility was stable at around 10.

Dr Smith highlighted that local provision of CAMHS inpatient services to young people in NHSAA was through a regional service level agreement with NHS Greater Glasgow & Clyde for access to beds at Skye House, a 25-bedded unit. However, there could be issues in accessing Skye House out of regular working hours. Should a request for admission to Skye House be declined out of hours, admission to an adult bed at Woodland View Hospital (WVH) was the default position either until a bed was available at Skye House or an inpatient bed was no longer required.

Dr Smith reported that CAMHS had submitted a bid for an empty ward at WVH to provide 10 beds for young people but the outcome was not yet known. There was synergy with the Foxgrove National Secure Adolescent Inpatient Service being built on the site and national agreement had been reached on provision of advocacy services. In terms of educational needs for young people, inpatients at Skye House were able to access school and if a young person was admitted to Foxgrove, North Ayrshire Council arranged education provision. There may be potential to extend these arrangements beyond Foxgrove should the WVH bid be successful.

Committee members discussed the report, the current inequity in terms of provision of specialist services for children and young people in NHSAA, including education support, and the bid submitted for a ward for 10 inpatients at WVH. Committee members requested a progress report in around six months' time when the outcome of the CAMHS bid to WVH has been advised.

TB/HS

Outcome: Committee members considered the MWC annual report on the number of young people admitted and treated on non-specialist wards for their mental health difficulties. Committee members noted progress to align with the MWC report's recommendations and requested a further assurance update in six months' time.

7.8 Child P Significant Case Review (SCR) update

The Associate Nurse Director for South Ayrshire HSCP, Ms Rosemary Robertson, provided an update on a SCR commissioned by South Ayrshire Child Protection Committee in late 2020 following the tragic death of an infant, Child P, in November 2017, aged seven weeks.

Ms Robertson provided assurance of the learning and ongoing changes to practice following this review and progress against the recommendations. A short life working group had been set up to coordinate completion of the action plan, with six key themes identified. A gap analysis had been undertaken of the position in 2017 compared to current practice. Structured feedback sessions were being provided for staff regarding the findings from the report; there was training needs analysis for the Multi-disciplinary Team; and a review of the Paediatric Short Stay Assessment Unit standards.

The Nurse Director, Ms Jennifer Wilson, emphasised the support being provided for staff in taking forward this difficult work.

Outcome: Committee members noted progress against the action plan and supported continued updates at each Committee meeting until the action plan has been completed.

8. Governance

8.1 Care Home Governance Report

The Deputy Nurse Director, Ms Ruth McMurdo, presented the Care Home Governance update report.

Ms McMurdo advised that the enhanced oversight arrangements had been further extended until March 2023. Ms McMurdo highlighted activity in the following areas:

- Frailty work - review of live data on admissions to hospital of residents from Care Homes via ED.
- Ayrshire Urgent Care Service calls from Care Homes out of hours (evening and weekends) – work ongoing to identify further training and support needs for Care Homes.
- Quick access training Vimeos to be shared with Care Homes and Care at Home staff to support their training.
- Annual report detailing Care Home Professional Support Team activity in 2021-2022.
- Infection prevention and control (IPC) activity, including details of COVID-19 outbreaks. Over 900 staff had attended education sessions. Work continued in liaison with the IPC team in support of Care Homes.
- Care Inspectorate – new inspection programme.
- Progress in recruitment to Professional Support team and vacancies outstanding.

Approved by Committee on 1 August 2022

- Care home visits and support provided between February and May 2022.
- Peripatetic team was disbanded in April 2022 at point when outbreaks were starting to reduce.
- Falls improvement work planned for 2022.
- Improving communications – monthly newsletter being sent and well received. A Care Home electronic application was being developed.
- Health and Wellbeing follow-up sessions have taken place for Care Home Managers, with future sessions being arranged.
- Health and Wellbeing Champion training had re-started.
- Acute Care Home Communication Group was re-started in January 2022 and there was good engagement from Acute and Care Homes. Transfer document being tested to make transition to and from Care Homes smoother.
- Plans underway to roll out the Red bag initiative, to ensure that Care Home residents going into hospital have everything they need and nothing is lost.

Outcome: Committee members noted the Care Home Governance report and the progress of this work to date.

8.2 Area Drug and Therapeutics Committee (ADTC)

The Medical Director, Dr Crawford McGuffie, presented the ADTC revised constitution with proposed changes highlighted for the Committee's support. The proposed changes had been supported by ADTC members.

Dr McGuffie advised that the current ADTC Chair, Dr Jon Staines, would be retiring soon and he acknowledged Dr Staines' outstanding stewardship during his time as ADTC Chair. Dr McGuffie sought the Committee's approval for the appointment of Dr Joellene Mitchell, currently ADTC Vice Chair, as the new ADTC Chair. Nominations for the Vice Chair will be sought from ADTC members once the Chair appointment has been approved.

Outcome: Committee members supported the revised Constitution and supported the proposed appointment of Dr Joellene Mitchell as ADTC Chair, for onward submission to the NHS Board for approval.

8.3 Minutes – To note

8.3.1 Acute Services Clinical Governance Group

The Committee noted the approved minute of meeting held on 21 April 2022.

8.3.2 Area Drug and Therapeutics Committee

Approved by Committee on 1 August 2022

The Committee noted the approved minute of meeting held on 7 March 2022.

8.3.3 Prevention and Control of Infection Committee

The Committee noted the draft notes of meeting held on 31 March 2022.

8.3.4 Primary and Urgent Care Clinical Governance Group

The Committee noted the draft minute of the initial meeting held on 26 April 2022.

8.3.5 Research, Development and Innovation Committee

There were no minutes available.

8.4 Annual Reports

8.4.1 South Ayrshire Health and Social Care Partnership (SA HSCP) Annual Clinical Care Governance Report

The Director, SA HSCP, Mr Tim Eltringham presented the SA HSCP Annual Clinical Care Governance report. The report had been approved by the SA HSCP Health and Care Governance Committee on 5 May 2022 and would be presented to the SA Integration Joint Board meeting on 15 June 2022.

Mr Eltringham highlighted in particular the following work done during the year:

- Collaborative approach adopted in setting up the Multi-agency Risk Assessment Conference (MARAC) approach to minimise the risk of serious harm or homicide as a result of domestic abuse.
- Establishment of a Social Work Governance Board to support the discharge of the function of the Chief Social Work Officer by fulfilling a governance function for all social work and social care services.
- Development of a Quality Assurance Framework for Commissioned Services for the Partnership to work collaboratively with all commissioned services with a clear purpose to improve the quality of life for individuals who receive care and support.
- Engagement and consultation work taking place through the Carers' Reference Group and Older People's Action Group.
- In addition, there had been service user engagement in development of a refreshed Adult Learning Disability Strategy, and engagement with children with care experience.
- There had been a Joint Inspection of Adult Support and Protection between August and November 2021. This had

Approved by Committee on 1 August 2022

identified a number of areas for improvement which were being monitored closely, in particular by the Adult Protection Committee and Chief Officers' Group.

- The Adult Social Work Learning Review had moved at pace over the last year focused on key areas identified by the Chief Social Work Officer.
- The report provided examples of self-evaluation and improvement activity from across all services within the HSCP, including the District Nursing Audit Programme.

Outcome: Committee members noted the assurance report around process and outcomes in relation to Health and Care Governance in SA HSCP.

9. Other Reports for Scrutiny/Assurance

9.1 Scottish Public Services Ombudsman (SPSO) Annual Assurance Report

The Nurse Director, Ms Jennifer Wilson provided an overview of SPSO activity in 2021-2022.

Ms Wilson highlighted the reduction in SPSO activity in recent years. This was a strong indicator that NHSAA's complaint handling process was fit for purpose and that complainants were on the whole satisfied with how their complaint had been handled and the outcome reached.

Committee members were advised that there were four reports undertaken last year, with three of these reports having been closed. Details of these cases had been presented to the Committee in February 2022. Themes identified related to communication, record keeping, delayed diagnosis, clinical treatment and medication. Feedback was provided through teams and associated plans with SPSO letters. There was one case currently in progress and this should be closed in the near future, and will be included in the next SPSO closure report to the Committee.

Outcome: Committee members noted the significant improvement in the number of cases both referred to and being investigated by the SPSO, and how improvements made to the Board's complaint handling process have positively impacted on complainants' experience of submitting a complaint to NHSAA.

10. Risk

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

There were no risk issues to report to RARSAG.

11. Points to feed back to NHS Board

Approved by Committee on 1 August 2022

11.1 Not required as approved minutes will be available.

12. Any Other Competent Business

13. Date and Time of Next Meeting
Monday 1 August 2022 at 9.30am, MS Teams

Signed by the Chair

A handwritten signature in black ink, appearing to read "Linda Sample". The signature is written in a cursive, flowing style.

Date: 1 August 2022