

Healthcare Governance Committee
Tuesday 20 September 2022 at 5-6pm
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Councillor Marie Burns
Mr Adrian Carragher (Vice Chair)
Mrs Jean Ford

Board Advisor/Ex-Officio:

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

In attendance: Ms Julie Hannah, Associate Nurse Director, Acute Services
Ms Laura Harvey, QI Lead for Patient Experience
Ms Sharon Leitch, Interim Associate Nurse Director, Infection Prevention and Control
Ms Ruth McMurdo, Interim Deputy Nurse Director
Ms Emma Stirling, Director for AHPs
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome and Apologies for absence

- 1.1 The Committee welcomed Cllr Marie Burns who was attending her first meeting following her appointment as Non-Executive and Committee member.
- 1.2 Apologies were noted from Mrs Lesley Bowie, Mr Michael Breen, Ms Sheila Cowan, Mrs Lesley Bowie and Mrs Lynne McNiven.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 1 August 2022

- 3.1 The Minute of the meeting held on 1 August 2022 was approved as an accurate record of the discussion.

4. Patient Experience

4.1 Patient Experience Quarter 1 report

The Quality Improvement Lead for Patient Experience, Ms Laura

Approved by Committee on 7 November 2022

Harvey, presented the Q1 report.

Ms Harvey reported that there had been a slight rise in Stage 1 complaints and concerns compared to the previous quarter, with the majority related to waiting times, which had been affected by the pandemic. A standard written template had been devised to advise complainants of the issues and direct them to waiting times information on the NHS Inform site. Stage 1 complaints and concerns performance had dipped slightly due to the additional workload the Team had picked up from services which had impacted on response times.

Stage 2 complaints continued to be more complex and the team was working hard to support service colleagues in the swift resolution of these complaints where possible. Performance in responding to Stage 2 complaints had reduced and focused work was taking place with service colleagues to improve performance.

The Complaints Team continued to prioritise reducing the number of out of time complaints. The report outlined some of the factors that could impact on performance and it was hoped to see improvements going forward.

Committee members were advised that in keeping with previous quarters, the majority of complaints were not upheld or partially upheld. There had been a slight increase in upheld complaints related to waiting times.

Scottish Public Services Ombudsman (SPSO) referrals remained low, with three referrals in quarter 1, a reduction from the previous quarter. Complainants were being kept up-to-date on progress and any delays, and this was resulting in increased complainant satisfaction. One case had been referred to SPSO for investigation during quarter 1.

The report outlined complaint themes and sub-themes which were similar to previous quarters. Ms Harvey advised that further thematic papers on complaint themes would be provided going forward to identify any changes or improvements that could be made. The Committee requested that priority should be given to themed reports on Communication and Clinical Treatment.

LH

Committee members were advised, in relation to national feedback, that Care Opinion (CO) activity remained constant. The CO team had recently undertaken an annual review and NHSAA had been ranked 16th out of 608 organisations across the UK in terms of engagement and response rates to CO posts, with 98% of posts being responded to within 72 hours.

Ms Harvey reassured in response to a question from a Committee member that as the Board moved out of the pandemic and services recovered, should areas for improvement be identified, there would be a deep dive and further engagement with service colleagues to improve performance.

Approved by Committee on 7 November 2022

The Nurse Director, Mrs Jennifer Wilson, explained that the number of Stage 2 Complaints had reduced significantly over recent years which meant that a small increase in complaints had a significant impact on complaint handling performance data. While focused work was taking place to improve Stage 1 complaint handling, this had impacted on Stage 2 complaint performance. Mrs Wilson reassured that the quality of complaint responses being provided was good, and reiterated that data would be used to identify any trends and an improvement approach adopted to support clinicians in complaint handling.

Committee members acknowledged the work taking place to improve complaint handling performance and thanked the team for the support being provided to clinical teams to manage complaints given the challenges currently facing the organisation.

Outcome: Committee members discussed and noted the Patient Experience Quarter 1 report.

5. Patient Safety

5.1 Healthcare Associated Infection (HCAI) report

The Interim Associate Nurse Director, Infection Prevention and Control, Ms Sharon Leitch, presented a report on the current position against the national HCAI Standards. The position remained unchanged since the last report to the Committee on 1 August 2022 and work continued in all areas.

Ms Leitch provided an update on the management of an incidental finding of *Pseudomonas* in a Neonatal Unit (NNU) water sample in June 2022. There was no acceptable level of *Pseudomonas* in high risk areas such as the NNU. The report detailed the work undertaken through the Water Safety Group and Infection Prevention and Control Team, recommendations made and control measures put in place. Ms Leitch reassured that following testing of water samples from 12 high risk outlets all results were negative for *Pseudomonas* and point of use filters were removed. The Board would move to six monthly routine testing of high risk water outlets in the NNU, subject to annual review at the Board Water Safety Group.

Committee members were reassured by the swift, robust and appropriate response which had ruled out any further *Pseudomonas* contamination in other NNU units. The Committee discussed issues related to water testing laboratories and underlined the need for a consistent approach in the testing regimes being used for *Legionella* testing.

Outcome: The Committee noted the update on the Board's current performance against the national HCAI Standards. Committee members noted the update on the management of an incidental finding of *Pseudomonas* in a Neonatal Unit (NNU) water sample.

5.2 Infection Prevention and Control Team (IPCT) Annual Report

The Interim Associate Nurse Director, Infection Prevention and Control, Ms Sharon Leitch, presented the IPCT annual report which detailed the IPCT's functions and key activities carried out during the year.

Ms Leitch advised that the COVID-19 pandemic had continued to dominate the IPCT work programme during the year and impact on the overall delivery of the IPCT planned programme and HAI rates. The IPCT continued to provide clinical teams and managers with risk assessed advice and guidance based on national policy and best practice. The report covered the following areas:

- COVID-19 IPC guidance received during the year;
- COVID-19 outbreaks – 45% increase compared to 2021-22;
- unannounced Healthcare Environment Inspector (HEI) visit to University Hospital Crosshouse (UHC) in April 2021;
- surveillance of HAI – targets not met - all targets had been extended to 31 March 2023;
- education and training, including for Care Homes; audit programme – hand hygiene, personal protective equipment and safe management of care environment;
- work of the Prevention and Control of Infection Committee and sub-groups, including a number of updates to standard operating procedures and guidance;
- actions undertaken through the IPCT Planned Programme - small number of actions not met and carried forward to 2022-23.

The Committee acknowledged the fragility of the Infection, Prevention and Control Team, particularly in the context of ongoing COVID-19 activity.

Outcome: The Committee noted the IPCT Annual Report for 2021-22.

5.3 Prevention and Control of Infection Committee (PCOIC) Annual Report

The Interim Associate Nurse Director, Infection Prevention and Control, Ms Sharon Leitch, presented the annual report for 2021-22.

Ms Leitch advised that, as previously reported, the COVID-19 pandemic had continued to dominate the Committee's agenda in 2021/22. The Committee had received a number of updates related to the COVID-19 pandemic; a report on *Pseudomonas aeruginosa* in Intensive Care Units; HEI report on unannounced visit to UHC; NHS Scotland Assure: Quality in the Healthcare Environment DL(2021)14; governance team led local environment inspections; and animals in healthcare setting. Regular updates were received from a number of teams including the IPCT, Quality Improvement, Domestic Services and the Estates Team.

The Committee received assurance that despite the impact of the

Approved by Committee on 7 November 2022

pandemic, the PCOIC had fulfilled its meeting schedule and considered a range of non-COVID issues. Key priorities for 2022-23 included COVID-19 outbreaks and the pandemic response, and to monitor scrutiny and implementation of the IPCT interim planned programme.

The Nurse Director, Ms Jennifer Wilson, commended Ms Leitch and the wider team for the significant work done throughout the year to manage COVID-19 outbreaks and progress the work detailed in the report, whilst also seeing a change in leadership of the team. Ms Wilson reassured that the priority was to look beyond the COVID-19 pandemic and focus on continuing to improve performance against the HCAI Standards.

Committee members reiterated their thanks to the team for everything they had done throughout this challenging period, including partnership work to support Care Home managers during the pandemic, and for the resilience and flexibility shown in response to national guidance.

Outcome: Committee members noted the annual report detailing the work of the PCOIC during 2021-22.

5.4 Quality and Safety – Acute

The Associate Nurse Director for Acute Services, Ms Julie Hannah, presented a report on the progress of the Scottish Patient Safety Programme (SPSP) – Acute Adult in alignment with the Excellence in Care (EiC) programme within NHSAA. The Committee had previously agreed that these reports could be combined to align progress and provide a more relevant, reliable and robust reporting process.

Ms Hannah described the current status and plans going forward in relation to core measures and highlighted the following areas:

- Falls – Falls at both acute sites were below the national median.
- Falls with harm – Improvement work was taking place through the Falls Improvement Group, with support from the PUS Improvement Nurse and Falls Coordinator, to reduce Falls and Falls with harm. Learning was being shared from areas with improved rates.
- Cardiac Arrest - Cardiac arrests at both acute sites were above the national median and focused work was ongoing through the national collaborative and locally to reduce the median rate. In September 2022, the Board had moved to the NEWS2 system to identify deteriorating patients. A standardised 2222 (crash) tool was being used and case notes of all cardiac arrest patients during 2021-22 were being reviewed and themes collated to help identify any areas for improvement.
- Pressure Ulcers (PUs) – As no Boards were currently submitting PU data to HIS, there was no current Scottish median rate and data was benchmarked against the last national PU median recorded in October 2019. Both acute sites were above the median and there had been a sustained increase in PUs at UHC. The report set out the improvement actions being progressed through the PU Improvement Group and PU Improvement Nurse to support clinical teams to reduce PUs.

Approved by Committee on 7 November 2022

NHSAA would continue to collect PU data locally to support improvement.

Committee members discussed the report and noted with concern the increase in acquired PUs, and that PU performance was no longer being reported nationally to HIS, given the impact this could have on patient outcomes. The Nurse Director, Ms Jennifer Wilson, advised that nationally Nurse Directors had taken this up with HIS colleagues given the increase in PUs across all Board areas, with a view to seeking collaborative support for focused PU improvement work. Ms Hannah reassured that the Board had a robust PU reporting and review process in place to agree any improvement actions required.

The Medical Director, Dr Crawford McGuffie, advised that the core measures being reported were the building blocks in terms of hospital standardised mortality ratio and the report reflected a period in time when services were under significant pressure. Dr McGuffie recognised that there was further work to be done and he and the Nurse Director would take this forward with teams.

Outcome: **Committee members noted the report on performance and activity in terms of SPSP – Acute Adult and EIC within NHSAA.**

- 6. Date and Time of Next Meeting**
Thursday 22 September 2022 at 8am, MS Teams (continuation of this meeting)

Signed by the Chair



Date: 7 November 2022