

Healthcare Governance Committee

Thursday 22 September 2022 at 8am

(continuation of the meeting held on Tuesday 20 September 2022)

MS Teams

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

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Lisa Davidson, Assistant Director, Public Health
Ms Kayleigh Hamilton, Antimicrobial Pharmacist
Ms Lynsay Lawless, Assistant Director of Pharmacy
Ms Kate MacDonald, Risk Manager
Ms Ruth McMurdo, Interim Deputy Nurse Director
Ms Linda Robertson, Lead Nurse, Professional Development, Quality Improvement
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

Apologies were noted from Mrs Lesley Bowie, Mr Michael Breen, Ms Sheila Cowan, Dr Crawford McGuffie, Mrs Lynne McNiven and Ms Emma Stirling,

2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Patient Safety

3.1 Antimicrobial Stewardship

The Assistant Director of Pharmacy, Ms Lynsay Lawless, and the Antimicrobial Pharmacist, Ms Kayleigh Hamilton, provided an update on the Board's current position in relation to Antimicrobial Prescribing. The COVID-19 pandemic had led to challenges in taking forward improvement work.

Committee members were advised that NHSAA continued to be above the Scottish average for antimicrobial use in Primary Care, however, Secondary Care data was showing promising reductions in usage. The

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Antimicrobial Management Group (AMG) and Antimicrobial Management Team (AMT) continued to monitor trends and had an action plan in place for 2022-23 to target high usage. The membership of the AMG had been refreshed and included representation from Primary Care and the Health and Social Care Partnerships.

Ms Lawless provided an overview of progress on the action plan, highlighting in particular the review of Empirical guidelines for treatment of infection with a view to replacing the use of “4C” antimicrobials, in particular cephalosporins, with less Clostridioides Difficile infection (CDI)-genic alternatives. In addition, work was ongoing to review prescribing patterns for patients who had had CDI to try to identify the cause.

Within Secondary Care, the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system allowed scrutiny of prescribing to individual prescriber level and there had been considerable success in influencing change in prescribing patterns and habits in some specialties, with plans to roll out to other specialties. A similar approach was planned for Primary Care, with data analysts drilling down to individual prescriber level to allow focused work to take place to reduce inappropriate antimicrobial prescribing.

Ms Lawless provided assurance in response to a question from a Committee member that NHSAA was linked in with the Scottish Antimicrobial Prescribing Group and other national groups, and the antimicrobial prescribing approach being taken locally was similar to other Board areas. As NHAA was an outlier for “4C” prescribing a focused approach was needed to tackle this differently. Ms Lawless explained that it had not yet been identified why NHSAA’s rates were increasing, nor the reason for the variation between the three HSCPs, however, steps were being taken to reduce “4C” prescribing rates.

The Nurse Director, Ms Jennifer Wilson, suggested that once drilled down data was available for Primary Care “4C” prescribing, this should be presented to the Non-Medical Prescribing Group to target as many professions and disciplines as possible and ensure consistent prescribing practice across professions.

The Committee recognised that this important work would have a direct impact in reducing CDI levels within Primary and Secondary care.

Outcome: **Committee members noted the current position within NHSAA in relation to antimicrobial prescribing.**

3.2 COVID and Influenza Vaccination Programmes

The Assistant Director of Public Health, Ms Lisa Davidson, presented the planned COVID and Influenza Autumn/Winter Vaccination Programmes.

Ms Davidson reported that the Vaccination Programmes had started on 5 September 2022 and followed advice on the Winter COVID-19

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Vaccination Programme from the Joint Committee on Vaccination and Immunisation (JCVI) on the specific groups which should be offered vaccination. It was planned to deliver both the COVID-19 and Flu vaccinations at the same appointment to ensure a person centred approach and maximise the efficiency of the programme. Initial feedback indicated that these arrangements were going well. Consideration would also need to be given to the potential requirement for surge capacity through the COVID-19 vaccination programme.

The Committee was advised that since the programme was established and the timetable drafted, the JCVI had asked all Boards to accelerate this work so that the majority of citizens would be vaccinated by 5 December, rather than the initial completion date of 23 December 2022. Ms Davidson advised that most Boards had expressed significant concern at the proposed acceleration of the programme due to a number of factors, including vaccination workforce capacity and availability/cost of premises to deliver the programme. It had recently been confirmed that there was potential funding to allow acceleration of the programme.

Ms Davidson gave assurance that the Board was committed to doing everything possible to accelerate the programme when staffing allowed, however, it may not be possible to meet the earlier target. Weekly meetings continued with the JCVI to discuss progress and identify any issues.

Ms Davidson outlined plans for the Childhood Programme for 2 to 5 year olds to be delivered by HSCP teams through a mixed model, as set out in the report.

The Chief Executive thanked the Public Health team for the work being done to deliver the vaccination programme. She reiterated that while the Board would do everything possible to meet the new target, there were staff capacity issues and it was important to support staff wellbeing. The Board would continue to monitor the position. Committee members were supportive of the approach being taken.

The Chief Executive would discuss possible venues for delivery of the vaccination programme with the Director of Public Health out-with the meeting. Cllr Marie Burns suggested that the team contact her should there be any issues in relation to premises to deliver vaccination in North Ayrshire.

Ms Davidson confirmed in response to a question from a Committee member that forward planning for this year's programme had included work with HR colleagues to put in place annualised contracts for vaccination staff. Should permanent vaccination staff not wish to take on an annualised contract, work was taking place with Acute Services to find alternative work whilst ensuring that staff were fully supported and their training needs met. It was unclear how the vaccination programme would look in the future and there was a need for flexibility in planning future programmes.

Outcome: Committee members noted the planned

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Autumn/Winter COVID and Influenza Vaccination
Programmes.

4. Quality Improvement

4.1 Food, Fluid and Nutrition update

The Lead Nurse, Professional Development, Quality Improvement, Ms Linda Robertson, presented a report on the work being carried out in relation to Food, Fluid and Nutrition (FFN) within NHSAA.

Committee members were advised that FFN Care and Complex Nutrition standards were widely established across both acute and community services in NHSAA. NHSAA's FFN Strategy 2022-25 set out the work planned following a collaborative, multidisciplinary approach working with health and social care. Implementation of the strategy was through the Area Nutritional Steering Group.

The Committee received assurance that a continuous improvement approach was being adopted to ensure consistent and appropriate delivery at operational level by all staff involved in food preparation, provision, nutritional assessment, care planning and the patient meal experience. The FFN Project team will commence a menu review which will deliver continuous improvement in patient meal satisfaction and waste management.

Committee members received an overview of the work taking place related to standards, governance and accountability; training and education; and engagement activity, as detailed in the report.

Ms Robertson advised that following a Health and Safety Executive (HSE) visit to NHSAA in 2021 and subsequent improvement plan, the FFN team was working with relevant specialty teams to support completion of actions related to the findings of the HSE report, particularly around modified diets. Committee members discussed this serious incident and requested that an assurance report be provided at a future Committee meeting with the completed action plan, including uptake of LearnPro training focused on modified diet awareness.

Ms Robertson provided reassurance that a significant adverse event review was completed for this serious incident and improvement actions identified were being embedded into everyday practice through the wider Nutritional action plan.

Outcome: The Committee noted the work being carried out and supported the ongoing commitment required to deliver a safe, effective, and patient centred nutrition service.

The Committee requested an assurance report at a future meeting with the completed action plan following the HSE visit to NHSAA in 2021. **ES**

5. Risk

5.1 Healthcare Governance Strategic Risk Register report Quarter 1

The Risk Manager, Ms Kate MacDonald, presented the Healthcare Governance Risk Register report for Quarter 1. The report had been discussed and agreed at the Risk and Resilience Assurance Group meeting on 22 July 2022.

Ms MacDonald reported that for Healthcare Governance there were five high risks being treated and one moderate risk being treated. Four of these risks had been reviewed since the last report and two risks were due for review by the end of September 2022. There were no proposed risks for escalation or downgrading and no emerging risks identified to report to the Committee. An individual risk statement for each risk was also provided in the report.

Ms MacDonald gave assurance that the Risk Management team worked in partnership with Lead Directors and teams, and when risks were due for renewal the team provided timely guidance and support to Lead Directors to ensure completion for the next review date.

Outcome: The Committee took assurance from the work being done to manage strategic risks which fall under the Healthcare Governance Committee's remit

5.2 Significant Adverse Event Review (SAER) report Quarter 1

The Risk Manager, Ms Kate MacDonald, presented the SAER Quarter 1 report. The report had been discussed and agreed at the Risk and Resilience Assurance Group meeting on 22 July 2022.

Ms MacDonald reported that there were twelve reviews completed during Quarter 1, five within Acute Services, six within Mental Health Services and one within East Ayrshire Health and Social Care Partnership. The report provided details of the progress of ongoing reviews from 2018 to 2022, with the majority of overdue reports from 2021-22. A summary of completed SAER reports/action plans and recommendations were provided with respective Learning Summaries.

Ms MacDonald gave assurance that any opportunities to bring improvements during the review process were welcomed and did not have to wait until the review had been completed.

The Committee discussed SAERs related to a cluster of Falls that had resulted in death in June 2022. The Nurse Director, Ms Jennifer Wilson, gave assurance that the Falls Coordinator was reviewing each of these cases to identify any themes. The Committee requested that a deep dive report be provided at a future Committee meeting to give assurance in relation to themes identified and improvement actions being taken.

Ms Wilson advised in response to a question from a Committee member that a focused approach was being taken to support staff to ensure that the quality of SAERs was of a consistent standard across

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the organisation. There were challenges related to review of historic SAERs as staff may have left the organisation and this was being picked up by other staff retrospectively.

Committee members welcomed the improvements being made to the SAER process and the positive impact on the completion of new SAERs. However, there was concern at the significant number of historic SAERs within Mental Health Services still to be completed. The Committee requested a deep dive report on the progress of these historic SAERs at a future Committee meeting.

Outcome: The Committee discussed the assurance report on governance and management of SAERs.

The Committee requested deep dive reports on themes identified and improvements made following review of a cluster of Falls in June 2022; and on the progress of historic SAERs within Mental Health Services.

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

There were no issues to report to RARSAG.

6. Points to feed back to NHS Board

6.1 The Committee agreed that the following points be reported to the NHS Board meeting on 3 October 2022:

- Suite of reports received on infection prevention and control, including HCAI, IPCT and PCOIC annual reports and Antimicrobial Prescribing update.
- COVID and Flu vaccination programme – proposed approach to support staff wellbeing while doing everything possible to meet the new target.
- Strategic Risk and SAER Quarter 1 reports - The Committee to receive a deep dive report following review of a cluster of Falls in June 2022, as well as a deep dive report on the progress of historic SAERs within Mental Health services at a future Committee meeting.
- Ministerial visit to The Willows on 21 September 2022.

7. Any Other Competent Business

7.1 The Committee Chair, Ms Linda Semple, advised that there had been a visit by Ms Maree Todd, Minister for Public Health, Women's Health and Sport, to The Willows Sexual Assault Response Coordination Service on 21 September 2022. The service had been operational since June 2021 and had received 17 referrals to date. This successful visit had showcased the good work being done and provided the opportunity to explore new roles, for example, Nurse-led roles within the forensic suite.

8. Date and Time of Next Meeting

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Monday 7 November 2022 at 9.30am, MS Teams

Signed by the Chair  Date: 7 November 2022