

Approved by the Committee on 9 January 2023

## Healthcare Governance Committee

9.30am, Monday 7 November 2022

### MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Adrian Carragher (Vice Chair)

Cllr Marie Burns

Ms Sheila Cowan

Mrs Jean Ford

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive – attended part of meeting

Mrs Lynne McNiven, Director of Public Health

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Bobbie Coughtrie, Public Health  
Mr Hugh Currie, Assistant Director Occupational Health, Safety and Risk Management  
Mr Darren Fullarton, Associate Nurse Director, Lead Nurse for North Ayrshire Health and Social Care Partnership (NAHSCP)  
Ms Laura Harvey, Quality Improvement (QI) Lead, Patient Experience  
Ms Roisin Kavanagh, Director of Pharmacy  
Ms Sharon Leitch, Associate Nurse Director, Infection Prevention and Control  
Ms Victoria Maxwell, Child Death Review Team Lead  
Ms Kate Macdonald, Risk Manager  
Ms Lianne McNally, AHP Senior Manager, East Ayrshire HSCP  
Ms Ruth McMurdo, Interim Deputy Nurse Director  
Ms Attica Wheeler, Head of Midwifery, Women and Children's Services  
Ms Kathleen Winter, Child Health Commissioner  
Mrs Angela O'Mahony, Committee Secretary (minutes)

#### 1. Apologies for absence

Apologies were noted from Mrs Lesley Bowie, Mrs Joanne Edwards, Dr Crawford McGuffie and Ms Emma Stirling.

#### 2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

#### 3. Draft Minutes of the Meetings held on 20 and 22 September 2022

The Minutes of the meetings held on 20 and 22 September 2022 were approved as accurate records of the discussion.

#### 4. Matters Arising

- 4.1 The action log had previously been circulated to members and all progress against actions was noted. The following updates were

provided:

**Item 7.3, Spiritual care, staff care and person-centred care reporting arrangements**

– Mrs Wilson advised that future reporting will be through the Health, Safety and Wellbeing Committee and Staff Governance Committee. Action complete.

**Item 6.13, Cervical screening** – Committee members discussed the timescale of the update on progress of the national audit of individuals excluded from cervical screening and requested that this be provided at the Healthcare Governance Committee (HGC) meeting on 27 February 2023.

4.2 The Committee noted the HGC work plan for 2022-2023.

4.3 The Committee approved the HGC meeting dates for 2023-2024.

**5. Patient Experience**

**5.1 Patient Experience Themed report**

The Quality Improvement Lead, Patient Experience, Ms Laura Harvey, presented the themed report on inpatient feedback surveys.

Ms Harvey outlined the work undertaken to test and implement the new inpatient survey to secure feedback at the point of care, to replace the ward experience programme. A rolling programme had been in place since January 2022 and while feedback had been mainly positive, some themes and areas for improvement had been identified and were being progressed.

There were plans to develop hospital volunteer roles for all inpatient areas to carry out the survey with patients and families. Given the current service pressures, this will provide a more robust method of regularly securing feedback when staff may be challenged at peak times. In addition, there were a number of other bespoke surveys being progressed by services across the organisation for which the team could provide services with support in taking forward identified improvements. Wards were being supported to display MS Teams reports from surveys at ward level.

Ms Harvey confirmed in response to a question from a Committee member that detail related to inpatient survey sample size will be provided in future reports.

The Nurse Director, Ms Jennifer Wilson, advised in response to a question from a Committee member that Civility Saves Lives was an established national improvement programme that staff were aligned to. Ms Wilson recognised that some of the language used to communicate this improvement work may need to be adapted for use in the public domain. Committee members were encouraged by the support and training being provided for staff during these difficult times.

Ms Harvey advised in response to a question that anti-noise packs had

been provided for inpatients for use at night some years ago and she would check if it would be possible to reinstate these packs in the future.

**LH**

**Outcome: Committee members endorsed the new inpatient survey and supported the organisation-wide and local approaches being adopted to ensure robust feedback and shared learning across the Board.**

## **5.2 Ayrshire Mental Health Conversation (AMHC)**

The Associate Nurse Director and Lead Nurse, EAHSCP, Mr Darren Fullarton, provided an update on activity undertaken in support of the AMHC Priorities and Outcomes 2019-2027.

Mr Fullarton outlined the background to AMHC, published in 2019, which had identified seven priority areas for Ayrshire and Arran. The report provided details of the work undertaken over the last 12 months for each priority area and associated outcomes.

Mr Fullarton advised in response to a question from a Committee member that AMHC priorities had been developed in collaboration with the wider community and taken back as part of the consultation on the new national Mental Health and Wellbeing (MHWB) Strategy. Public engagement work would take place once the new national MHWB strategy has been published. Mr Fullarton gave assurance that while North Ayrshire was the lead partnership responsible for Mental Health, sub-groups within each of the HSCPs would ensure that consultation and engagement activity is promoted across Ayrshire.

Mr Fullarton advised in response to a question from a Committee member that the Scottish Government recognised that the pandemic had significantly impacted people's mental health and wellbeing, including children and young people, with an increasing number of people seeking mental health support. Locally, within Woodland View Hospital, levels of patient acuity had risen in recent years. Mr Fullarton gave assurance that the new MHWB strategy would have people with lived experience and family carers at its core.

Committee members discussed NHSAA's important role as a Community Wealth Building anchor institution in taking forward key strategic priorities such as the Caring for Ayrshire (CFA) redesign programme, to promote community wealth building and resilience. The Chief Executive advised that AMHC activity aligned naturally to CFA and suggested that this should be included within the scope of the report.

The Nurse Director, Ms Jennifer Wilson, highlighted the importance of prevention activity and the need for appropriate balance between medical and non-medical treatment in providing holistic wellbeing support. The report set out a range of non-medical activities being taken forward through Local Authorities, such as schools, leisure services and the Third Sector, working with children, young people and adults to promote mental health and wellbeing.

**Outcome:** The Committee noted the update on activity undertaken in support of AMHC Priorities and Outcomes 2019-2027.

## **6. Patient Safety**

### **6.1 Healthcare Associated Infection (HCAI) report**

The Associate Nurse Director for Infection Prevention and Control, Ms Sharon Leitch, presented a report on the Board's current performance against the national HCAI Standards. The position remained unchanged since 1 August 2022. Verified data for year ending June 2022 will be provided at the next Committee meeting.

Ms Leitch gave a detailed update on an HAI outbreak that occurred within the Ayrshire Maternity Unit (AMU) in July 2022. Ms Leitch gave assurance that the outbreak was identified early and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) involvement was sought due to the nature of the outbreak. The outbreak was dealt with as a priority with support from Scottish Government colleagues and communication with the families involved was maintained throughout. Committee members discussed and were assured that the outbreak had been well managed to its conclusion.

**Outcome:** Committee members noted performance against the national HCAI Standards and the update on an HAI outbreak that occurred within the AMU in July 2022.

### **6.2 Quality and Safety report – Neonatal**

The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, provided an update report combining Scottish Patient Safety Programme Maternity and Children's Improvement Collaborative (SPSP MCQIC) and Excellence in Care (EIC) performance measures which apply to the Neonatal service.

Ms Wheeler highlighted progress against priority areas of care. There had been sustained reduction in the number of "term" admissions to the Neonatal Unit (NNU). Committee members received an update on the work to optimise the management of care of pre-term babies. There had been two Central Line Associated Blood Stream Infections (CLABSI) cases reported since 2019 although these were not directly attributed to NHSAA's NNU, with babies having been transferred back in from another Board area.

Ms Wheeler advised in response to a question from a Committee member that enhanced infection prevention and control arrangements were in place for babies being transferred back in to the NNU from other Board areas.

Ms Wheeler reported that NHSAA will contribute to a national review of neonatal deaths, to include termination of pregnancy over 24 weeks,

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and a report will be provided at a future Committee meeting.

The Committee commended the good progress being made and recognised how this quality and safety work linked to other papers being reported, such as, implementation of the Pan-Ayrshire Child Death Review Process.

**Outcome: The Committee noted the quality and safety report combining SPSP MCQIC and EIC performance data for the Neonatal service.**

### **6.3 Implementation of Pan-Ayrshire Child Death Overview Process (CDOP)**

The Child Health Commissioner, Ms Kathleen Winter, and the Child Death Review Team Lead, Ms Victoria Maxwell, provided an update on implementation of the CDOP process. A half-day session had recently taken place with the CDOP Strategic Group to develop processes further.

Ms Winter outlined the background to the introduction of CDOP, introduced in October 2021. This process would enable NHSAA and the three Ayrshire Local Authorities to review and learn from the circumstances surrounding the deaths of all infants, children and young people in Scotland up to the age of 18 years, or 26 years if in receipt of after care or through care.

Committee members received an update on the work initiated and led by the pan-Ayrshire Child Death Review Co-ordinator to ensure robust and appropriate review of all deaths that met CDOP criteria. The report outlined proposed governance, reporting and training arrangements in support of CDOP.

Ms Winter advised that the Committee would receive assurance reporting to enable members to monitor the progress of reviews. It was proposed that twice yearly reports be provided initially before moving to an annual report. The Committee requested that minutes of the Paediatric Clinical Governance and Management Group be provided on an ongoing basis.

**JW/LMcN**

**Outcome: Committee members noted the update on progress in the implementation of CDOP and supported proposed governance and reporting arrangements.**

## **7. Quality Improvement**

### **7.1 Review of Standards of Dementia Care**

The Associate Nurse Director and Lead Nurse, EAHSCP, Mr Darren Fullarton, provided an update on progress in implementing actions from the local improvement action plan.

Mr Fullarton advised that the Scottish Government had published Dementia Standards in June 2011. The report outlined the six broad

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rights which were broken down further into 103 specific requirements that Boards required to meet. Since publication, there had been continued monitoring and improvement undertaken on different elements of the standards.

A baseline review was carried out in November 2022 which looked at the entire Standard. While this had initially focused on hospitals, due to the nature of the standards and hospital-community links, it had evolved to include responses from the HSCPs. Analysis showed that 80% of the 103 specific requirements had been fully met, with 20% partially met. There were no specific requirements deemed to have been not met.

Following baseline analysis, an improvement action plan was developed to monitor progress in undertaking the work required to move partially met elements to be fully met. Since June 2022, one action had changed to fully met with six partly met. Work continued to progress remaining actions within the set timeframes. The report detailed progress against the improvement action plan.

**Outcome:**     **Committee members noted the progress in implementing the actions from the improvement action plan.**

### **7.2     Child P Significant Case Review (SCR) update**

The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, provided an assurance report on progress against the review's action plan.

Ms Wheeler outlined the background to the review. The review's action plan had focused on six key themes. A short life working group was established to take forward specific action areas for improvement, with immediate priorities to be achieved in December 2022 and medium term priorities in 2023.

Ms Wheeler gave assurance that since this sad event took place in 2017, considerable improvement work had commenced, even before the action plan was developed. Good progress had been made with the action plan and the Board was already compliant in a number of areas. Sustained improvement had been made in some areas of multi-disciplinary work, such as infection prevention and control and training. Ms Wheeler emphasised the need for robust systems and processes and a unified approach to ensure sustainability of actions taking place.

The Nurse Director, Ms Jennifer Wilson, highlighted that some of the review's recommendations did not sit within NHSAA, for example, documentation of Child Protection training for medical colleagues, including GPs and doctors in training, which will require national solutions. Ms Wilson reassured that an immense amount of work was being done linked to the review, such as, re-organisation of the Board's Public Protection Unit, in support of improvement work. In addition, the Corporate Management Team had supported some

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investment in the Child Protection team for Child Protection learning and training needs analysis.

**Outcome:**     **Committee members noted progress against the review's action plan.**

## **8. Governance**

### **8.1 Minutes**

#### **8.1.1 Acute Services Clinical Governance Group**

The Committee noted the approved minutes of the meeting held on 17 August 2022

#### **8.1.2 Area Drug and Therapeutics Committee**

There were no minutes available.

#### **8.1.3 Prevention and Control of Infection Committee**

The Committee noted the approved minutes of the meeting held on 21 July 2022

#### **8.1.4 Primary and Urgent Care Clinical Governance Group**

The Committee noted the approved minutes of the meeting held on 24 June 2022.

#### **8.1.5 Research, Development and Innovation Committee**

The Committee noted the draft minutes of the meeting held on 14 September 2022.

## **9. Annual Reports**

### **9.1 Area Drug and Therapeutics Committee (ADTC) Annual Report**

The Director of Pharmacy, Ms Roisin Kavanagh, presented the annual report outlining the key achievements of the ADTC during 2021-2022.

Committee members received assurance that the ADTC and its subgroups continued to support and develop local systems and processes related to medicines governance, in addition to joint priorities across NHS Scotland to ensure safe, clinically effective, cost effective and patient centred medicines governance in all care settings.

The ADTC and its subgroups supported and continue to support medicines governance in relation to the COVID-19 pandemic, in a timely and flexible manner.

Ms Kavanagh highlighted changes to ADTC membership. Since the report was written the ADTC Chair, Dr Jon Staines, had stepped down and there was a new Chair, Dr Joellene Mitchell. Ms Kavanagh

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thanked Dr Staines for the strong support he had provided during his time as Chair.

**Outcome: Committee members noted the ADTC annual report.**

### **9.2 Breast Screening Annual Report**

The Director of Public Health, Mrs Lynne McNiven, presented the annual report 2019-2022 outlining performance of the Scottish Breast Screening Programme in relation to women aged 50-70 years from Ayrshire and Arran.

Mrs McNiven advised that the service had been paused from March to August 2020 in response to the COVID-19 pandemic. During 2021-2022, screening self-referral requests from women over 70 were paused. Self-referral arrangements were now being stepped back up and technical IT developments were being scoped to automate appointments and follow-up contact with women who had previously not attended for screening.

The Committee was advised that breast screening uptake in Ayrshire and Arran was above the national minimum standard but below the national target and work was taking place to improve uptake. The Board was above six of the seven Key Performance Indicators. Deaths from breast cancer in Scotland and Ayrshire were falling.

Mrs McNiven highlighted challenges and pressures related to workforce issues and staff shortages; a greater number of women eligible for screening; national adverse events; and the introduction of new technologies. The Board continued to work at regional West of Scotland and national level to address these issues.

The Committee received assurance that the team was working very hard to deliver screening for individuals at 36 month intervals and to report normal results within 15 days. Provisional data for 2021-2022 demonstrated a slight decline in performance and while this continued to be above the national standard, continuous improvement work would take place to improve performance.

The Screening Improvement and Development Manager, Ms Bobbie Coughtrie, advised in response to a question from a Committee member that she would provide further detail on performance related to the national standard for screen to review appointments and circulate to members out with the meeting.

**BC**

**Outcome: Committee members noted the Breast Screening annual report.**

### **9.3 Unplanned Activity (UNPAC) Acute and Mental Health Services Annual Report**

The Risk Manager, Ms Kate Macdonald, presented the first join Acute and Mental Health annual assurance report on the management of UNPAC activity during 2021-2022.



Ms Macdonald reported expenditure and fluctuations for Acute and Mental Health UNPACs. The variances in activity at a granular level reported both increases and decreases, with the overall spend for both Acute and Mental Health Services reporting a decrease in spend. Cost pressures for Acute related to home total parenteral nutrition and brain injury rehabilitation, and for Mental Health Services, provision of mental health secure care accounted for virtually all expenditure.

The UNPAC policy and appeals procedure was undergoing review and an update would be provided in the next annual report.

**Outcome: Committee members noted the UNPAC Acute and Mental Health Services Annual Report for 2021-2022.**

**10. Health and Social Care Partnership (HSCP) Clinical Care Governance Annual Reports**

**10.1 North Ayrshire (NA) HSCP Clinical Care Governance (CCG) Annual Report**

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, presented the NA HSCP CCG annual for the period August 2021 to August 2022, in line with the commitments and requirements of the Integration Scheme.

The terms of reference for the NAHSCP Clinical and Care Governance (CCG) and agenda had been updated and reviewed over the last 12 months. Mr Fullarton advised of staff changes that had taken place during the year and assured that there was strong professional leadership in the CCG group, and collaborative working arrangements in place.

The report outlined key areas of work discussed and reviewed by the CCG focusing on quality and patient care. Mr Fullarton highlighted in particular the seven Mental Welfare Commission (MWC) visits that had taken place, recommendations made and the overall positive feedback received. The impact of the COVID-19 pandemic on workforce had been felt across NAHSCP services and efforts had been made to increase recruitment and ensure there were staff in place to meet increasing demand for care in the community.

The Nurse Director, Ms Jennifer Wilson, requested that future reports provide assurance on areas being discussed related to community services, including community nursing.

**Outcome: Committee members discussed the NAHSCP Clinical Governance Annual Report and noted progress.**

**10.2 East Ayrshire (EA) HSCP Clinical Governance Annual Report**

The AHP Senior Manager, EAHSCP, Ms Lianne McNally, presented the EAHSCP Health and Care Governance Group annual report for the period April 2021 to June 2022, in line with the commitments and

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requirements of the Integration Scheme.

Ms McNally advised that she had taken over as chair of the group following the retirement of Dr David Watts. The group had reviewed its terms of reference, membership and meeting structure and a new approach had been tested to support a quality learning system approach. This approach would continue to be developed further in collaboration with the new Clinical Director for EAHSCP.

The report outlined areas of focus for governance and assurance activity during the year.

Workforce pressures had impacted on service delivery during the year. Workforce Planning and Best Value Service Review were being used to support improvement.

The Nurse Director, Ms Jennifer Wilson, advised in response to a question from a Committee member that she would explore the reporting format of HSCP Clinical and Care Governance annual reports to ensure a standardised approach.

**JW**

**Outcome: Committee members discussed the NAHSCP Clinical Governance Annual Report and noted progress.**

### **11. Audit**

#### **11.1 Internal Audit – Caring for Ayrshire Redesign of Unscheduled Care**

The Committee received the internal audit report following review of the Unscheduled Care/Urgent Care Programme.

The report made two medium recommendations and one low recommendation. A programme of interventions was included as part of the improvement plan alongside key activities to support the high impact changes. This work was being taken forward with key stakeholders from Acute, Primary Care and the HSCPs, with oversight of the Unscheduled Care Oversight Group.

**Outcome: The Committee was content with the processes put in place and that the audit's recommendations were being taken forward appropriately and would be completed timeously.**

### **12. Risk**

#### **12.1 Healthcare Governance Strategic Risk Register report Quarter 2**

The Assistant Director, Occupational Health, Safety and Risk Management, Mr Hugh Currie, provided an update on risk management arrangements and the Strategic Risk Register report for Quarter 2. The report had been considered at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 21 October 2022.

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Mr Currie advised that there were four high risks and one moderate risk currently being treated. Three of those risks had been reviewed during the reporting period with no change to risk status. Two risks related to Primary Care sustainability had been amalgamated to avoid duplication. One operational risk related to Emergency Department crowding had been approved by RARSAG for escalation to the Strategic Risk Register. There were no emerging risks for this meeting.

**Outcome: Committee members took assurance from the work being done to manage strategic risks which fall under the HGC's remit.**

### **12.2 Significant Adverse Event Review (SAER) report Quarter 2**

The Assistant Director, Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the SAER report for Quarter 2. The report had been scrutinised at the RARSAG meeting on 21 October 2022.

Mr Currie advised that there were 11 SAERs being submitted for closure. Focused work had taken place to progress action plans and learning summaries in October 2022, following closure of 12 SAERs at the last Committee meeting. While good progress has been made there was still significant work to be done and focused activity would continue to progress reviews as quickly as possible. The report provided details of Category I SAER reviews reported to Healthcare Improvement Scotland by Quarter and Category of Event.

Committee members discussed the report and members were content with the level of detail being provided to enable the Committee to scrutinise and monitor progress against completion of improvement actions.

As previously requested by the Committee, detailed reports will be provided related to a cluster of falls in June 2022, and on the progress of historic SAERs within Mental Health Services at the next meeting.

**Outcome: The Committee received assurance that appropriate governance is in place for these Reviews, and that action plans have been scrutinised by local Directorate governance groups with multidisciplinary attendees.**

### **12.3 Adverse Event Review Group (AERG) Annual Report**

The Assistant Director, Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the AERG annual assurance report for 2021-2022.

Mr Currie highlighted AERG activity undertaken across Acute, Mental Health Services and the North, South and East HSCPs to improve quality and patient care during the year.

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The report outlined areas of good practice identified as well as opportunities for improvement. Mr Currie reassured that the Board had a robust and inclusive AERG process, with all those who had a part to play involved in the review process. AERG groups were keen to ensure families were included in reviews and there were good processes in place to enable this. The use of MS Teams had supported AERG groups to have a more flexible approach and this would continue to be developed.

Mr Currie reported challenges related to timely submission of SAERs in addition to day-to-day workload due to the complexity of reviews and other work pressures. However, services continued to do their best to complete reviews as quickly as possible. Reviewer training was being offered regularly to enable more staff to participate in the review process.

**Outcome: Committee members discussed the annual report and received assurance on the robust management of AERG groups.**

### **12.4 Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)**

There were no issues to report to RARSAG.

### **13. Points to feed back to NHS Board**

#### **13.1 Committee members agreed that the following key points be raised at the NHS Board meeting on 28 November 2022:**

- New Inpatient experience survey
- SAER Quarter 2 report
- Quality and Safety – Neonatal Services

### **14. Any Other Competent Business**

#### **14.1 There was no other business.**

### **15. Date and Time of Next Meeting Monday 9 January 2023 at 9.30am, MS Teams**

Signed by the Chair

Date: 9 January 2023