

**Healthcare Governance Committee**  
**Monday 27 February 2023 at 9.30am**  
**MS Teams meeting**

Present: Ms Linda Semple (Chair)

Non-Executives:

Cllr Marie Burns  
Mr Adrian Carragher (Vice Chair)  
Ms Sheila Cowan  
Mrs Jean Ford

Board Advisor/Ex-Officio:

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

In attendance: Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, NAHSCP  
Ms Roisin Kavanagh, Director of Pharmacy  
Ms Laura Harvey, Quality Improvement Lead, Patient Experience  
Ms Ann McArthur, Adult Support and Protection Lead  
Ms Jen Pennycook, Chief Nurse Excellence in Care and Professional Development  
Ms Claire Pugh, Senior Nurse, Infection Prevention and Control  
Ms Attica Wheeler, Associate Nurse Director, Head of Midwifery  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Welcome/Apologies for absence**

The Committee Chair welcomed everyone to the meeting. The agenda was re-ordered slightly to allow colleagues presenting papers to join.

Apologies were noted from Mrs Lesley Bowie, Ms Claire Burden, Mrs Ruth McMurdo 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 9 January 2023**

The Minute of the meeting held on 9 January 2023 was approved as an accurate record of the discussion. A post-meeting update circulated to members after the meeting will be added to item 7.3, Mental Welfare Commission Children and Young People Monitoring Report 2021-2022.

**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 (09/01/23), Mental Welfare Commission Children and Young People Monitoring Report 2021-2022** – A detailed update was circulated to members on 27 February 2023 and will be added to the minutes as a post-meeting update.

**Item 5.13 (01/08/22), Cervical Screening** – As the national audit had not yet started, the update was deferred to the next meeting on 24 April 2023.

- 4.2 The Committee noted the HGC Work Plan for 2023-2024.

## **5. Patient Experience**

### **5.1 Patient Experience Quarter 3 report**

The Quality Improvement (QI) Lead for Patient Experience, Ms Laura Harvey, provided a detailed update on feedback and complaints and compliance with the complaint handling process:

There had been a continued rise in Stage 1 complaints. Work has been taking place with Prison staff to assist in triage of Stage 1 complaints. Stage 1 compliance is currently at 84% and work will continue to further improve the position.

Stage 2 complaints had risen slightly compared to the previous quarter, with a high proportion of these related to waiting times. 43% of Stage 2 complaints were closed on time. Whilst the complaint team has been assisting as much as possible, they are unable to influence the time taken for clinical staff to provide statements, which could delay responses being sent.

Committee members discussed current communication and information sharing with patients on waiting times. There was concern about the waiting time guarantee policy and members emphasised the need to manage patient expectations in terms of what they could expect from services.

The Director for Acute Services, Mrs Joanne Edwards, advised that Public Health Scotland published median waiting time data for all Boards. However, this could be misleading as it combined urgent and routine care, and patients requiring urgent care would be seen more quickly. The Board's Head of Health Records Service is involved in a Scottish Government group looking at patient communication and providing feedback on behalf of NHSAA, including around waiting times.

Mrs Harvey advised in response to a question from a member that all Boards are experiencing an increase in complaint activity and reduced complaint handling performance. NHSAA's complaint handling

## **Approved by Committee on 24 April 2023**

performance compared well to other Board areas and the quality of responses being provided has improved. The Nurse Director, Ms Jennifer Wilson, advised that a new Complaints team structure is planned to align with the new Acute management structure which should provide assurance and support in relation to complaint handling.

Committee members were reassured by the actions being taken to improve complaint handling performance. Members requested that future reports provide data charts to enable the Committee to monitor and compare performance with other Board areas.

**Outcome: Committee members noted the Patient Experience Quarter 3 report and compliance with the complaint handling process.**

### **5.2 Patient Experience Themed report – Clinical Treatment**

The QI Lead for Patient Experience, Ms Laura Harvey, presented the first in a series of four themed reports. The report covered a range of sub-themes identified from complaints received related to clinical treatment during the period January 2022 to January 2023.

Ms Harvey provided a detailed breakdown of complaints about clinical treatment received by stage and area. Around 40% of all complaints received during the reporting period related to clinical treatment. Most complaints were received by Acute services and East Ayrshire Health and Social Care Partnership (HSCP), which included Prison complaints.

Ms Harvey explained in reply to a query that the last in the series of themed reports will focus on learning and improvement that has taken place as a result of themes identified from complaints. The Extreme Team is progressing work to improve the approach to evidence learning and improvement as a result of themes identified, and this will be included in quarterly themed reports. Ms Harvey confirmed in response to a request from the Medical Director that she would share the detail under each sub-theme with him to discuss with medical colleagues for example, on resuscitation.

Committee members discussed the report and were reassured that issues are being identified and, where necessary, learning and improvement is being put in place.

**Outcome: Committee members noted the first in the series of Patient Experience themed reports, on the theme of Clinical Treatment.**

### **5.3 Patient Experience - Scottish Public Services Ombudsman (SPSO) Closure Report**

The QI Lead for Patient Experience, Ms Laura Harvey, provided the SPSO closure report for the period May 2022 to January 2023.

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Ms Harvey advised that as previously reported to the Committee, there had been a significant reduction in SPSO activity compared to the position in 2018, following changes and improvements to the complaint handling process. However, recent service pressures had impacted on complaint handling performance and SPSO activity had increased slightly.

The Committee was advised that since May 2022, three SPSO cases had been investigated and a final decision letter issued. All three cases had upheld aspects. Themes had been identified related to diagnosis/inappropriate discharge, documentation and pain management. In addition to these findings, the Ombudsman had also found aspects of the Board's complaint handling failed to meet the standard required.

The report set out progress to successfully implement the recommendations provided in relation to the three cases investigated.

**Outcome: Committee members noted progress to successfully implement the recommendations provided in relation to the three cases investigated and approved closure of the associated action plans.**

### **5.4 System Pressures**

The Nurse Director, Ms Jennifer Wilson, presented a report on system pressures and the impact on quality and safety of patient care.

The report set out challenges facing the Board related to workforce as a result of vacancies; staff absence; high bed occupancy; additional unfunded beds; and complex infection prevention and control issues resulting in bed and ward closures. Patients presenting at Acute hospitals had increasingly complex requirements and subsequent delays in transferring patients back to the community were impacting on quality and safety of patient care.

Ms Wilson detailed the mitigating actions being taken to provide workforce, reduce unfunded beds, support patient flow and quality of care, and ensure that patients are being seen in the right place at the right time. Ms Wilson advised that these issues are not unique to NHSAA. She reassured members that the Board has daily oversight of staffing levels and has been working with Healthcare Improvement Scotland (HIS) to develop a tool to identify at a glance hot spot areas across the system and support safer staffing levels.

The Director for Acute Services, Mrs Joanne Edwards, reiterated the capacity and workforce challenges being faced across the health and care system and the Board's aim to close additional unfunded beds. Discussion is ongoing with HSCPs around the development of a further transition ward so that there is one at both Acute sites, with different levels of staffing being provided to support this patient cohort.

In response to a query from a member, Ms Wilson explained the linkages between this Committee and the Staff Governance Committee

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in relation to workforce transformation. Ms Wilson advised that there are significant gaps in the Nursing registrant workforce which are predicted to worsen in the current year due to a reduced cohort of Nursing students for next year, with significant attrition of students in training courses across Scotland. There are particular workforce challenges for Mental Health nurses.

Ms Wilson had recently discussed workforce planning challenges with the Chief Nursing Officer and sought support to increase places on Open University courses, following a work as you study approach, given the real interest in this type of course. A Scottish Government nursing and midwifery taskforce has been set up to consider how to make the NHS a more attractive place to work and this will consider pay issues, as well as non-pay areas for Agenda for Change staff.

Committee members discussed the report and were reassured by the actions being taken by the Executive and wider team to manage the challenges being faced. Committee members suggested that it may be useful for a version of the report to be presented at other Board Governance Committees for awareness.

**Outcome: The Committee noted the update on system pressures and the impact on quality and safety of patient care.**

### **5.5 Mental Health Significant Adverse Event Review (MH SAER) Action Plan**

The Associate Nurse Director and Lead Nurse for North Ayrshire HSCP, Mr Darren Fullarton, provided a further assurance report on the MH SAER review process.

Mr Fullarton outlined the background to the report and the challenges in the completion of MH SAERs, which had been discussed in detail at the last Committee meeting. He advised that unfortunately it had not been possible to benchmark MH SAER activity with other Board areas across Scotland as HIS did not provide this data. However, other Boards are experiencing similar challenges.

Mr Fullarton highlighted local benchmarking data for MH SAER activity across MH, Acute and East, North and South Ayrshire HSCP. The report detailed activity planned to support the completion of MH SAERs in terms of staff support, restructuring of the MH AERG and SAER scrutiny. The report gave timescales for a first draft of the final report for all outstanding MH SAERs over 90 days to be submitted and approved by the MH AERG and Leadership Oversight Group (LOG), as well as those currently being reviewed by MH AERG and/or LOG for approval. Monthly MH AERG meetings will take place to review progress against all SAERs.

Mr Fullarton advised that a themed report outlining the learning and improvement process as a result of themes identified from MH SAERs will be presented at a future Committee meeting.

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Committee members discussed this comprehensive report and were assured of the robust oversight and monitoring in place through the MH SAER Action Plan to ensure appropriate and timely completion of all outstanding SAERs commissioned within MH services. The Committee commended Mr Fullarton and all of the team involved for the time and effort invested to support the MH SAER process.

**Outcome:** Committee members noted the action plan for completion of MH SAERs and supported its continued implementation. Members looked forward to receiving the first in a series of themed MH SAER reports at a future meeting.

## 6. Patient Safety

### 6.1 Healthcare Associated Infection (HCAI) report

The Senior Nurse, Infection Prevent and Control, Ms Claire Pugh, provided the Board's current verified position against the national HCAI Standards for year ending September 2022:

- Clostridium difficile infection (CDI) – There had been a significant decrease compared to the previous quarter and a decrease in the rolling annual rate. Work undertaken by the Antimicrobial Management Team and changes to empirical guidance had had a positive impact. There were no outbreaks identified in the last quarter.
- Staphylococcus aureus bacteraemia (SAB) – there had been a decrease in cases compared to the previous quarter and a decrease in the rolling annual rate. The Infection Prevention and Control Team (IPCT) will continue to carry out enhanced surveillance of SAB cases, with findings discussed twice monthly with the Consultant Microbiologist.
- Escherichia coli bacteraemia (ECB) – There had been a decrease in cases compared to the previous quarter and a downward trend since September 2021. The Urinary Catheter Improvement Group had been reconvened to explore areas for improvement related to urinary catheter care.

The report detailed respiratory outbreaks that the IPCT had managed from October to December 2022. There were a total of 51 outbreaks which had affected seven hospitals and 32 Wards, due to COVID-19, Flu, respiratory syncytial virus (RSV) or mixed respiratory viruses.

Hand hygiene compliance for all staff groups observed in Quarter 3 was 95% through IPCT independent monitoring and 97% through ward routine monitoring.

Committee members discussed the report and welcomed the addition of new types of data charts to support robust discussion and allow comparison with other Board areas.

Ms Pugh provided a detailed update on the management of an Extended Spectrum Beta Lactamase (ESBL) outbreak in a Ward at

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Biggart Hospital in November 2022. The outbreak had involved six patients. None of the patients were critically unwell. A Problem Assessment Group was convened in November 2022 to review the situation and a report submitted to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. The incident had now been closed. There had since been no further cases of the organism identified in the Ward.

**Outcome:** Committee members noted the update on the Board's current performance against the national HCAI Standards and the management of an ESBL outbreak in a Ward at Biggart Hospital.

### **6.2 Quality and Safety report – Maternity Services**

The Associate Nurse Director and Head of Midwifery, Ms Attica Wheeler, provided an assurance report in relation to core Scottish Patient Safety Programme (SPSP) Maternity and Children Quality Improvement Collaborative measures and Excellence in Care (EiC) measures which apply to Maternity Services.

Ms Wheeler highlighted progress against the following core measures:

- Still birth rates – there had been sustained reduction in stillbirth rates and a prevention and early intervention approach is being taken to manage risk.
- Rate of severe post-partum haemorrhage (PPH) – use of Tranexamic Acid (TXA) to control blood loss has increased and is being used appropriately as directed by medical colleagues during the event. Quantitative measurement of blood loss has improved since September 2022. There had been variable performance in the completion of the post-event checklist, however, following discussion with the team the position has improved. There has been sustained improvement in skin-to-skin contact with parents within one hour of birth and consideration is being given to ways to improve this even further.
- Maternity Early Warning Score (MEWS) – the system is well embedded and there are no concerns regarding compliance in Maternity services.

Committee members commended the team for the quality improvement work being done and the positive impact on quality and safety.

**Outcome:** Committee members noted the assurance report on quality improvement and safety activity in Maternity services as part of the SPSP MCQIC Maternity and EIC programme.

### **6.3 Public Protection (PP) Health Service**

The Adult Support and Protection Lead, Ms Ann McArthur, provided an update on progress to develop a PP Health Service over the last six months.

Ms McArthur outlined the background to development of the NHSAA PP Health Service model. The service will incorporate Child Protection (CP), Adult Support and Protection (ASP) and Multi-agency Risk Assessment Conference (MARAC) arrangements, as well as developing links with Gender Based Violence and Multi-agency Public Protection Arrangements.

Committee members were advised that in October 2022, the Corporate Management Team had agreed a request to support additional funding resource to create capacity and strengthen governance to deliver a safe and effective PP Health Service. The report's recommendations were considered and agreed in conjunction with the findings of an ASP service review, a CP significant case review and a training needs analysis report. The CP Health Team had completed a workforce nursing tool and staffing requirement was benchmarked with other Boards across NHS Scotland. Consideration was also given to organisational risk and resilience.

The Board had moved away from the traditional CP or ASP advisor towards a PP advisor role. A recruitment process had taken place over the last few months, with two new PP advisors for adults starting in April 2023, followed by a new PP advisor for children. Going forward these advisors will be able to provide cover for each other to ensure resilience of the team.

Ms McArthur advised that the Board had not previously been able to provide an ASP service and scoping and engagement work will take place with workforce and partners to see what would be useful and any barriers in relation to making referrals and to identify training needs. There are plans to develop an ASP advice and support line for staff, in keeping with current service provision for CP. A number of other priority areas are also being considered.

The Nurse Director, Ms Jennifer Wilson, explained that a staged process is being undertaken to recruit to the PP team given the intensive training and support that is required, particularly for CP advisers. The new role of Chief Nurse for PP will be advertised in the coming months.

**Outcome: Committee members noted the work that has taken place over the last six months to develop NHSAA's PP Health Service.**

## **7. Quality Improvement**

### **7.1 Child P Significant Case Review update**

The Committee noted the update.

**Outcome: Committee members noted the update on the progress of the action plan.**

## **8. Corporate Governance**



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- 8.1 The Committee noted the minutes of the following groups:
  - 8.1.1 Acute Services Clinical Governance Group – there were no minutes available.
  - 8.1.2 Paediatric Clinical Governance Group draft minutes of meeting held on 16 September 2022.
  - 8.1.3 Prevention and Control of Infection Committee approved notes of meeting held on 17 November 2022.
  - 8.1.4 Primary and Urgent Care Clinical Governance Group – there were no minutes available.
  - 8.1.5 Research, Development and Innovation Committee draft minutes of meeting held on 14 December 2022.

## **9. Annual Reports**

### **9.1 Library Services Report and Service Plan 2023**

The Chief Nurse, Excellence in Care and Professional Development, Ms Jen Pennycook, provided an update on the Library Services Plan 2023 and key activities delivered and planned by the Library Services across the three library sites.

Ms Pennycook reported that while book borrowing activity had not yet returned to pre-pandemic levels, an increasing number of people are using libraries online and in person. The report set out key activities being undertaken including literature searches to review and impact on the quality of patient care, with valuable feedback received from clinicians. One book one Board had involved a number of people and there has been a real increase in the level of interest in using libraries.

The Committee received an update on the robust Library Services Plan for 2023. There are plans to streamline clinical decision support through adoption of the Scottish Government funded Right Decisions tool and a collaboration and outreach programme to promote Library Services. A leadership walkround is planned for Library Services to allow the team to show the recovery and redesign work being done to ensure people get the service they need in a timely manner.

Committee members acknowledged and thanked the Library Services team for the positive work being done and looked forward to hearing more about this work in the future.

**Outcome: Committee members noted the Library Services Plan 2023.**

## **10. Audit**

### **10.1 Internal Audit – Pharmacy Operational Performance**

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The Director of Pharmacy, Ms Roisin Kavanagh, provided an update on the internal audit review of Pharmacy – Operational Performance. The review had four medium rated and one advisory finding, and provided a partial level of assurance with some improvement required. Some elements of the report pertained to Nursing and the Interim Deputy Nurse Director is the Responsible officer.

Ms Kavanagh outlined progress in the completion of actions identified, as detailed in the report. One action had been completed and the remaining three actions are in progress and should be completed in the coming weeks. The advisory point had also been completed.

**Outcome: Committee members noted the update on the Pharmacy – Operational Performance internal audit and progress in the completion of actions identified.**

### **10.2 Internal Audit – Medical Education**

The Medical Director, Dr Crawford McGuffie, provided an update on the internal audit related to Medical Education which was presented to the Committee on 28 February 2022.

As previously reported to the Committee, the report contained one high level recommendation and three medium level recommendations. Dr McGuffie gave assurance that all necessary actions had been taken and following submission of evidence to the internal auditor the action plan had been closed in March 2022.

**Outcome: Committee members noted the update on the Medical Education internal audit report and that all actions were closed in March 2022.**

## **11. Risk**

### **11.1 Strategic Risk Register Quarter 3 report**

The Medical Director, Dr Crawford McGuffie, presented the Strategic Risk Register Quarter 3 report outlining risks assigned to the Committee. The report had been discussed and approved at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 20 January 2023.

Dr McGuffie advised that one very high risk, four high risks and one moderate risk were being treated, as outlined at Appendix 1 of the report. The report provided information on the allocation of a corporate objective to each risk and activity during the reporting period. Three risks had been reviewed since the last meeting and there was no risk variation. There were no risks for escalation and no emerging risks for this meeting. A detailed update on each risk, with Lead Director's Assurance Statement, was provided at Appendix 2 of the report.

Committee members discussed the very high risk ID 767 related to Patient Experience/Outcome – ED crowding and sought clarity on

future reporting to the Committee on this area of risk. Dr McGuffie will consider and feed back to the Committee.

**CMcG**

**Outcome: Committee members noted the Strategic Risk Register Quarter 3 report which will be presented to the Audit and Risk Committee and then to the NHS Board for approval.**

#### **11.2 Significant Adverse Event Review (SAER) Quarter 3 report**

The Medical Director, Dr Crawford McGuffie, presented a report on the progress of all active SAERs and completion action plans for SAERs. The report had been discussed in detail at the RARSAG meeting on 20 January 2023.

The Committee was advised that during Quarter 3, 15 reviews had been completed and were being submitted to the Committee to enable final closure. A summary of the completed SAER report/action plan and recommendations was provided at Appendix 6 of the report, with respective Learning Summaries at Appendices 7-15 of the report.

Committee members discussed the report and welcomed the level of detail being provided to enable a robust governance and assurance process and ensure that any quality and safety issues are being addressed.

**Outcome: Committee members noted the content of the report and 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.**

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

As discussed at item 11.1 above, Committee members requested that consideration be given to future assurance reporting to the Committee on progress against the strategic risk related to ED crowding, which had recently been escalated to the Strategic Risk Register.

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

Committee members agreed that the following key points be raised at the NHS Board meeting on 28 March 2023:

- Comprehensive assurance report on completion of SAERs, as well as assurance report outlining robust arrangements to manage MH SAERs appropriately and timeously.
- First in a new series of four Patient Experience themed reports on clinical treatment received and assurance that issues are being identified and improvement actions taken.
- System pressures and impact on health and safety agenda. Suggestion that version of report be presented at all Board Governance Committees for awareness.

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- The Committee noted the update on progress of the actions related to the Child P SCR.
- Public Protection Health Service – to welcome update on progress to develop the service and team being put in place.

**13. Any Other Competent Business**

**14. Date and Time of Next Meeting  
Monday 24 April 2023 at 9.30am, MS Teams**

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

Signed by the Chair:

Date: 24 April 2023