

Healthcare Governance Committee
Monday 24 April 2023 at 9.30am
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:

Mrs Joanne Edwards, Director for Acute Services

Dr Crawford McGuffie, Medical Director

Mrs Lynne McNiven, Director of Public Health

Ms Jennifer Wilson, Nurse Director

In attendance: Miss Christie Fisher, Non-Executive Board Member (observer)
Ms Debbie Hardie, Interim Acute Site Director and UHC General Manager
Ms Sharon Leitch, Associate Nurse Director, Infection Prevention and Control
Ms Ruth McMurdo, Interim Deputy Nurse Director
Mr Alistair Reid, Director for AHPs
Ms Linda Robertson, Lead Nurse Professional Development, Quality Improvement
Ms Alison Speirs, Consultant Critical Care
Ms Dalene Steele, Associate Nurse Director, Community Nursing
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome/Apologies for absence

The Committee Chair, Ms Linda Semple, welcomed everyone to the meeting. The agenda was re-ordered slightly to allow colleagues to present their papers together.

Ms Semple congratulated Ms Sheila Cowan on her recent appointment as Board Vice Chair. Following Board Committee membership changes, Ms Cowan will step down from the Healthcare Governance Committee (HGC) on 1 May 2023 and take over as Performance Governance Committee Chair. The Committee thanked Ms Cowan for her contribution and input as HGC member.

Ms Semple welcomed Miss Christie Fisher, Non-Executive Board Member, who was attending to observe the meeting. Miss Fisher will join the Committee from 1 May 2023.

Apologies were noted from Mrs Lesley Bowie and Ms Claire Burden.

2. Declaration of any Conflicts of Interest

Mrs Jean Ford declared an interest related to item 7.4, adoption of the recommended summary plan for emergency care (ReSPECT), as a Non-Executive Board Member at NHS Education for Scotland (NES), which will roll out the programme.

3. Draft Minutes of the Meeting held on 27 February 2023

The Minutes of the meeting held on 27 February 2023 were approved as an accurate record of the discussion, subject to a small change under Attendance.

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 11.1 (27/02/2023). Strategic Risk Register Q3 report - Risk 667, Patient Experience/Outcome – Emergency Department crowding – Dr McGuffie updated that in recent weeks significant progress had been made related to patient flow, as well as redesign of some processes within the Combined Assessment Unit. A progress report will be provided at the next Committee meeting. The next review date for this risk will be 31 July 2023.

Item 5.14, Diabetic Eye Screening annual report – Members noted and looked forward to receiving a report with key performance indicator information at the next Committee meeting.

- 4.2 Members noted the Committee's work plan for 2023-2024.

5. Patient Experience

5.1 Patient Experience themed report – Communication

The Quality Improvement Lead, Ms Laura Harvey, presented the second in a series of Patient Experience themed reports, on the theme of Communication. The report covered the period January to December 2022.

Ms Harvey highlighted themes identified related to access to the appropriate clinician for condition or treatment plan updates; delays and variations in practice in accessing investigation results; delays in written communication advising of outpatient appointments and confusion regarding treatment time guarantee letters; waiting times; and communication related to the hospital discharge process.

The Medical Director, Dr Crawford McGuffie, clarified in reply to a question from a member that the Consultant ordering an investigation had responsibility to feed back the results to the patient.

Committee members were advised that there had been a drop in

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complaints related to end of life care and treatment plan conversations which reflected the significant improvement work undertaken in this area. Complaints related to staff attitude and behaviour had dropped slightly compared to the last report which was positive given the system pressures faced, with complaints focused on areas of the system working under the most significant pressure.

The Director for Acute Services, Mrs Joanne Edwards, assured members of the improvement work taking place related to discharge planning, including appointment of Home First nurses to liaise with patients and families. For outpatient letters, the Board's Head of Health Records Services was providing expertise and input to national discussion on communication related to the treatment time guarantee.

The Nurse Director, Ms Jennifer Wilson, gave assurance that the complaint handling process formed part of the Board's governance structure and was reported through each operational governance route. The new triumvirate structure at both Acute sites provided the opportunity for a more focused and structured approach to complaints in terms of governance reporting, training, information sharing and organisational learning. This improvement work will be included in the themed report on learning and improvement to be presented at a future meeting.

Members recognised that some complaint activity involved small numbers and suggested that benchmarking data be provided to promote understanding, highlight issues and allow comparison with other Board areas.

Outcome: Committee members discussed themes and improvement related to Communication.

Members requested that in addition to the themed report planned on learning and improvement, details of some of the learning that had taken place as a result of feedback and complaints be included in each themed report going forward.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Associate Nurse Director, Infection Prevention and Control (IPC), Ms Sharon Leitch, provided the current position against the national HCAI Standards. The position remained unchanged from the previous report, with verified data for October to December 2022 to be presented at the Prevention and Control of Infection Committee on 18 May 2023.

The report outlined progress in taking forward actions following two decontamination incidents that were reported to the Committee in January 2023. Members were assured that a robust action plan was put in place and most actions were now complete, with three ongoing

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actions being led by the service.

Ms Leitch advised of an update to the national IPC manual not previously notified to Boards which required the risk assessment tool and advice on wearing respiratory protective equipment (RPE) to be updated. A decision log was discussed at the Corporate Management Team (CMT) meeting on 16 March 2023. CMT agreed to continue with the current risk assessment and will receive ongoing updates of the national position.

The Nurse Director, Ms Jennifer Wilson, advised that the position had been escalated nationally through Health and Safety, Nurse Directors and Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. ARHAI Scotland was considering the evidence base for this guidance. Ms Wilson reassured Members that in the meantime NHSAA had taken advice from other Boards to mitigate risk and staff choosing to wear RPE were able to do so.

Outcome: Committee members noted the update on the Board's current performance against the national HCAI Standards. Members noted the management of two decontamination incidents and noted the outcome of the decision log in regard to the use of RPE.

6.2 Infection Prevention and Control Assurance and Accountability Framework

The Associate Nurse Director, IPC, Ms Sharon Leitch, presented the IPC Assurance and Accountability Framework, as required under the IPC Standards published in May 2022, which replaced the previous HCAI Standards February 2015.

Ms Leitch advised that following release of the new Standards, Boards were required to undertake an evaluation of their current practice against these Standards. This was presented to the Prevention and Control of Infection Committee (PCOIC) on 22 September 2022, with areas identified as either being met or partially met. A robust action plan was developed for areas partially met which was under review and would be presented at the next PCOIC.

The Framework outlined the IPC responsibility of teams, including the IPC team, senior management, estates, ward team and visitors, and had been circulated to all stakeholders for circulation within their teams.

The Nurse Director, Ms Jennifer Wilson, advised in reply to a query from a member that compliance with IPC mandatory training was monitored through Staff Governance Committee, and sat with the responsible Director. As Nurse Director she was the executive lead with accountability and responsibility for IPC, as stated within the Framework and other statements. Ms Leitch confirmed that for clarity she will add a statement to the Framework to explicitly state the

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Nurse Director's overall accountability and responsibility for IPC.

In response to a query from a member, Ms Wilson confirmed that an additional appendix will be added to the Framework to set out corporate governance assurance and reporting arrangements through the PCOIC, HGC and NHS Board.

Outcome: Committee members discussed and supported the Framework subject to the amendments agreed being made.

6.3 Respiratory Outbreak Oversight Group (ROOG)

The Associate Nurse Director, IPC, Ms Sharon Leitch, sought the Committee's support of the proposal to safely pause ROOG at the end of March 2023.

Ms Leitch outlined the background to establishment of the COVID-19 Outbreak Oversight Group, later renamed the ROOG, in November 2020 in response to the COVID-19 pandemic, and plans to safely pause the group.

Ms Leitch explained that the group required significant input from a range of staff who were often unable to attend due to other service pressures. Benchmarking against other Boards indicated that the majority of Boards were either not holding Problem Assessment Groups (PAG) or having much fewer. Ms Leitch reassured that Healthcare Infection Incident Assessment Tool (HIIAT) reporting would continue, as well as PAGs for non-respiratory outbreaks in line with the national IPC manual.

The Nurse Director, Ms Jennifer Wilson, underlined the importance of the IPCT team and clinical teams focusing their skills in the most appropriate areas. This pragmatic revision would enable the IPC team and IPC doctors to use their expertise to decide when a PAG was required and make the best use of the wider team's resources.

Outcome: Committee members discussed and supported the proposal to pause the ROOG on the understanding that this will be reconvened if deemed necessary.

6.4 Quality and Safety report – Acute Services

The Director for Acute Services, Mrs Joanne Edwards, presented the Quality and Safety report, combining the Scottish Patient Safety Programme and Excellence in Care measures for Acute services.

Mrs Edwards highlighted the following areas:

Falls - NHSAA was below the Scottish average and the position would continue to be monitored. A deep dive was taking place at both Acute sites to look at falls and PUs and the potential impact in terms of increased length of stay. However, the rise in COVID-19 cases in recent months had increased service pressures and the

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availability of clinical staff to support this work.

Falls with harm – the rate had increased at University Hospital Crosshouse (UHC) and was variable at University Hospital Ayr (UHA). Falls were reported via Datix and discussed at weekly Adverse Event Review Group (AERG) meetings. The Committee had previously received a deep dive report on Category 5 falls in January 2023.

Cardiac arrest - the data demonstrated that six out of the last seven data points were above the median. While this could indicate an early sign of deterioration, it may also reflect the impact of improvement work being done by the Resuscitation Team to provide more reliable collation of true cardiac arrest data. The position will continue to be monitored and reported to the Committee.

Pressure Ulcers (PUs) – PU rates had increased and were above the pre-COVID-19 Scottish average. The Interim Deputy Nurse Director, Ms Ruth McMurdo, highlighted the focused PU improvement work being taken forward at UHC through the PU Collaborative to reduce harm to patients.

The Nurse Director advised that performance and progress in taking forward improvement work should be seen in the context of the current system challenges and pressures in Acute services.

Ms McMurdo advised in response to a query from a member that there was no national definition for falls with harm. NHSAA reported any fall involving use of Xray albeit there may be no patient harm involved.

The Medical Director, Dr Crawford McGuffie, reassured members that NHSAA's Hospital Standardised Mortality Ratio (HSMR) data was below the national mean in February 2023. Members would receive the HSMR summary report at a future Committee meeting.

The Committee discussed the variable performance across these work programmes. While members were reassured of the actions being taken, they requested more regular assurance reports to monitor progress against improvement actions. Ms Semple would discuss future assurance reporting requirements with Ms Wilson out with the meeting.

LS/JW

Outcome: Members noted the Quality and Safety report and overview of performance and activity in terms of the SPSP Acute Adult portfolio in alignment with the EiC programme in NHSAA.

6.5 Litigation Report

The Medical Director, Dr Crawford McGuffie, provided the biannual assurance report on litigation activity for the period October 2022 to March 2023.

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Dr McGuffie provided a detailed breakdown of litigation cases, with a total of 122 cases currently active. Themes identified were outlined in the report, as well as improvement activity arising from litigation cases.

The report outlined the total number of clinical claims and active staff claims by occupation group. Dr McGuffie explained that service improvements identified from employer's liability claims were included in the Health, Safety and Wellbeing Committee report and should be discussed further there.

Dr McGuffie advised in reply to a query from a member that the report provided a snapshot in time and litigation activity continued to be unpredictable.

Outcome: Committee members noted the activities being undertaken in relation to litigation.

7. Quality Improvement

7.1 Child P Significant Case Review update

The Nurse Director, Ms Jennifer Wilson, advised that the action plan was almost complete and a formal closure report would come to the next Committee meeting.

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

7.2 Food, Fluid and Nutrition Health and Safety Executive (FFN HSE) Action Plan update

The Director for Allied Health Professions, Mr Alistair Reid, and Ms Linda Robertson, QI Lead Nurse, FFN, provided an assurance report on progress of the FFN HSE action plan.

Mr Reid advised that following a patient fatality in July 2021 as a result of a choking incident at meal time, this had resulted in a HSE inspection and a number of recommendations had been made. An action plan was developed in response to the visit's recommendations.

Committee members received assurance that significant work had taken place and positive progress had been made in a number of areas, as detailed in the report's appendices. There was a continued focus on education and training for staff involved in the meal time process to ensure safe nutritional care delivery for patients.

Mr Reid highlighted that recruitment/funding delays for Dietetic and Speech and Language Therapy posts and other challenges had meant that limited progress had been made in some areas and there was a need to increase the pace and scale of this work. Mr Reid reassured members that work will take place with operational leads to progress outstanding actions. The Nurse Director, Ms Jennifer

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Wilson, asked that target completion dates be refreshed to allow progress to be monitored.

The Committee discussed the report and while members were reassured of the actions being taken, members noted areas where focused improvement was required. Members reiterated the need for this work to be progressed with pace and at scale, with quarterly assurance reports to the Committee to monitor progress against improvement actions.

Outcome: Committee members noted progress in the completion of the improvement action plan and requested quarterly assurance reports going forward, with the first report due on 11 September 2023.

7.3 Scottish Intercollegiate Guidance Notes (SIGN) Guidelines

The Medical Director, Dr Crawford McGuffie, presented an assurance report on the progress made in the implementation and evaluation of SIGN external guidelines.

Committee members received a detailed update on the implementation status of seven SIGN guidelines which had been monitored by the Governance Team during the reporting period, as detailed in the report.

Dr McGuffie advised that SIGN guideline reporting had developed and improved as a result of feedback from the Committee in recent years. He reassured members that there was a robust process in place to gather evidence and review progress, as well as to detail areas of risk should a guideline not be implemented.

Dr McGuffie confirmed in reply to a query from a member that future reports will include the date that SIGN guidelines were issued to enable the Committee to monitor the time taken to implement guidance.

Outcome: Committee members noted progress made in the implementation of SIGN guidelines in NHSAA and noted the areas of concern.

7.4 Recommended Summary Plan for Emergency Care and Treatment (ResPECT)

The Medical Director, Dr Crawford McGuffie, introduced the report and invited Dr Alison Spiers, Consultant Anaesthetics and Intensivist and Dalene Steele, Associate Nurse Director, Community Nursing to present.

Dr Spiers advised that the ReSPECT process provided a framework to ensure that conversations about anticipatory care planning (ACP) began with the person's values and preferences, leading on to recommendations about care and treatment. The process focused

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on emergency care and was particularly relevant when providing end of life care.

The report outlined how the Board will fulfil its responsibilities related to leadership, governance, digital support, training, communication and quality improvement. This work would be carried out on an incremental basis across the health and care sector, building on good work already taking place and would be delivered using existing resources.

Ms Steele advised that feedback from other Boards using ReSPECT was positive. There was extended communication about ACP with colleagues in the community, Scottish Ambulance Service and secondary care, and much better outcomes for patients and families whose wishes were adopted and maintained.

Ms Steele explained in reply to a question from a member that the Board would take on board any learning from other areas piloting ReSPECT in taking forward communication and engagement with the public. Dr Speirs would circulate the Equality and Diversity Impact Assessment to members out with the meeting.

AS

The Nurse Director, Ms Jennifer Wilson, welcomed this person centred approach which would improve pathways and outcomes for patients. She highlighted the information presented earlier in the meeting related to true cardiac arrest and whole system events taking place within Acute services which had seen an increase in patients wishing to spend their final days at home or in a homely setting. ReSPECT would support this person centred approach.

Outcome: The Committee recognised the strategic relevance of ReSPECT to local and national planning priorities. Members endorsed the adoption of ReSPECT across sectors in Ayrshire and Arran to support emergency care planning and looked forward to receiving an update on implementation in six months' time.

7.5 **Healthcare Improvement Scotland (HIS) visit to University Hospital Crosshouse (UHC), May 2022**

Ms Debbie Hardie, Divisional General Manager (Medicine), provided an update on completion of improvement actions following the unannounced visit from HIS to UHC in May 2022.

Ms Hardie advised that 12 ward areas were visited and 13 areas for improvement were identified. She reassured that significant work had taken place to progress the action plan, in particular:

- There were no longer mixed sex rooms unless absolutely necessary, with risk assessment process in place for areas unable to do that.
- There was now rapid assessment taking place in the Combined Assessment Unit which had been working well in

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recent weeks.

- Positive progress was being made in relation to staff training for fire and emergency evacuation procedures.
- Leadership walkrounds were taking place weekly.
- Significant work had taken place with the Health and Social Care Partnerships, with events held every couple of weeks, to ease decongestion and ensure patients on site required acute care and if not, to transfer the patient to the right setting as quickly as possible.

Ms Hardie confirmed in reply to a question that HIS had been kept updated on the action plan's progress. HIS had provided ongoing input and support in taking forward improvement work, including coming on site and working closely with nurses, doctors and managers, to progress learning, as well as taking on board areas of good practice. Members recognised and thanked HIS for their ongoing input and support. It was noted that a further HIS visit will take place in the near future. The Committee looked forward to receiving an update following the visit.

Outcome: Committee members noted and were encouraged by the progress in the implementation of the improvement action plan following the unannounced HIS visit to UHC in May 2022.

8. Corporate Governance

8.1 The Committee noted the progress of the following groups:

8.1.1 **Acute Services Clinical Governance Group** - approved minutes of meeting held on 2 February 2023.

8.1.2 **Area Drug and Therapeutics Committee** - approved minutes of meeting held on 9 January 2023.

8.1.3 **Paediatric Clinical Governance Group** - draft minutes of meeting held on 10 February 2023.

8.1.4 **Prevention and Control of Infection Committee** - approved notes of meeting held on 20 January 2023.

8.1.5 **Primary and Urgent Care Clinical Governance Group** – draft minutes of meeting held on 2 November 2022.

8.1.6 **Research, Development and Innovation Committee** - draft minutes of meeting held on 8 March 2023.

8.2 Healthcare Governance Committee Annual Report 2022-2023

The Nurse Director, Ms Jennifer Wilson, presented the Committee's annual report which set out key achievements through the year in discharging its remit. Ms Wilson highlighted the breadth and quality of papers considered by the Committee and the scrutiny and decision-making alongside that, in particular, reports on HCAI

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Standards, Child P Significant Case Review and governance of significant adverse event reviews, including deep dives in particular areas. The report included a self-assessment checklist and following recommendations from internal audit, details of assurance mapping and reporting to the NHS Board.

Committee members discussed the report and it was agreed that consideration of the deep dive report on Category 5 Falls be included, as well as follow up on internal audits aligned to the Committee. **JW**

Outcome: Committee members approved the annual report subject to agreed changes being made.

8.3 Health and Care Governance Framework

The Nurse Director, Ms Jennifer Wilson, presented the Health and Care Governance Framework which formed part of the Board's Code of Corporate Governance and required to be updated bi-annually, in line with the Code.

Ms Wilson highlighted that Appendix 4 of the report set out health and care governance arrangements for each Partnership. As changes were being made to the governance structure in South Ayrshire HSCP, once this had been completed the updated Appendix would be circulated virtually to members. **JW/AO**

The Framework included Care Home oversight and support arrangements, as well as the new Public Protection arrangements, as set out in the Public Protection and Accountability Framework.

Outcome: Committee members approved the framework for onward submission to the Integrated Governance Committee and NHS Board.

9. Audit

9.1 Microbiology Point of Care Testing (POCT) internal audit

The Director for Acute Services, Mrs Joanne Edwards, provided an update on the POCT internal audit review carried out in 2022.

Committee members were advised that the review highlighted five areas of risk and three medium rated findings, and provided a partial level of assurance with some improvement required. Detailed findings were outlined at Appendix 1 of the report.

Mrs Edwards outlined areas of risk identified and agreed management actions for the three medium rated findings identified, highlighting the following areas:

- POCT in NHSAA had not developed beyond COVID testing. There was a need to develop a robust strategy and governance and oversight arrangements for POCT work. An SBAR report will be developed to include suggested points and

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this will be presented to the POCT governance group.

- A policy and standard operating procedures would be developed.
 - Operational oversight arrangements were needed to record where analysers were and how well they were being used.
 - There were financial challenges for Acute to be able to develop a new POCT implementation team as no funding was available.
 - Benchmarking was taking place against NHS Scotland.
- Mrs Edwards confirmed in reply to a query from a member that NHSAA was an outlier in this area and work was required to align with other NHS Boards. Work was ongoing with the Laboratories team to put in place short term funding and an interim process for a POCT implementation team.

Outcome: Committee members noted the assurance report on progress against the recommendations in the internal audit report. The Committee requested a further assurance update at a future meeting.

10. Risk

- 10.1 There were no risk issues to report to the Risk and Resilience Scrutiny and Assurance Group.

11. Points to feed back to NHS Board

- 11.1 It was agreed that the following points be reported to the NHS Board meeting on 23 May 2023:
- Themed Patient Experience report on Communication
 - Quality and Safety report – Falls and Pressure Ulcers and Food Fluid and Nutrition update – Committee requested more regular assurance reports on progress made in these areas. Ms Semple to discuss future reporting arrangements with Ms Wilson outwith the meeting.
 - Members were encouraged by positive progress made following the Healthcare Improvement Scotland visit to University Hospital Crosshouse and looked forward to seeing a report on the future announced visit.
 - ReSPECT – Committee agreed this process as a way forward and asked for a report on implementation across the system in six months' time.
 - Committee formally approved the annual report 2022-2023.
 - Committee formally approved the Health and Care Governance Framework.

12. Any Other Competent Business

- 12.1 There was no other business.

13. Date and Time of Next Meeting Monday 5 June 2023 at 9.30am, MS Teams

Approved by Committee on 5 June 2023

Approved by the Chair

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

Date: 5 June 2023