

Healthcare Governance Committee
Monday 5 June 2023 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Adrian Carragher (Vice Chair)
Cllr Marie Burns
Ms Christie Fisher
Mrs Jean Ford
Mr Neil McAleese

Board Advisor/Ex-Officio:

Ms Claire Burden, Chief Executive
Mrs Lesley Bowie, Board Chair
Dr Crawford McGuffie, Medical Director
Ms Jennifer Wilson, Nurse Director

In attendance: Dr Esther Aspinall, Consultant in Public Health Items 7.5 ad 7.6
Mr Tim Eltringham, Director, South Ayrshire Health and Social Care Partnership Item 23
Ms Julie Hannah, Associate Nurse Director, Acute Services Items 7.2 and 8.2
Ms Elaine Harrison, General Manager, Women and Children's Services, Lead for Sexual Assault Response Coordination Service Item 5.3
Ms Laura Harvey, QI Lead, Patient Experience Items 5.1 and 5.2
Ms Susan Holland, Alzheimer Scotland Dementia Nurse Consultant Item 7.4
Ms Sharon Leitch, Associate Nurse Director, Infection Prevention and Control Items 6.1, 6.2 and 6.3
Mr Billy McClean, Head of Health and Social Care, South Ayrshire Health and Social Care Partnership Item 23
Ms Marina McLaughlin, Chief Nurse, Public Protection Item 6.5
Ms Ruth McMurdo, Interim Deputy Nurse Director
Mr Brian O'Suilleabhain, Consultant in Public Health Item 7.7
Ms Jen Pennycook, Chief Nurse, Excellence in Care and Professional Development Item 7.3
Mr Alistair Reid, Director for AHPs
Ms Jennifer Reid, Senior Programme Manager, Vaccination Item 9.1
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 join and present their papers together.

Apologies were noted from Mrs Joanne Edwards and Mrs Lynne McNiven.

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2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Draft Minutes of the Meeting held on 24 April 2023

The Minutes of the meeting held on 24 April 2023 were approved as an accurate record of the discussion, subject to the following changes being made:

Item 7.2, Food, Fluid and Nutrition update, line one - change title to Director for Allied Health Professions.

Item 9.1, Point of Care Testing (POCT) Internal Audit, last bullet point – agreed change of wording to reflect that NHS Ayrshire & Arran (NHSAA) an outlier in relation to POCT and work required to align with other NHS Boards.

4. Action Log

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

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

5. Patient Experience

5.1 Patient Experience Quarter 4 report

The QI Lead for Patient Experience, Ms Laura Harvey, provided an update on complaint handling performance for the period January to March 2023.

Ms Harvey reported that Stage 1 and Stage 2 complaints had dropped slightly compared to the last quarter but there were a high number of complaints open across the system. Stage 1 performance had recovered since the last report and was currently above the target. This followed improvement work undertaken by a Complaint Manager working with the Prison service around complaint recording.

Committee members were advised that Stage 2 complaint handling performance had dropped slightly. Ms Harvey outlined the improvement work taking place within Acute services to improve complaint handling performance.

Ms Harvey advised that there had been a slight drop in performance in responding to Stage 2 complaints. She reassured members that the Complaints team was committed to working with service colleagues to recover performance and several actions had already been progressed.

There had not been a significant rise in Scottish Public Services Ombudsman (SPSO) activity. Complaint themes were similar to those

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reported in previous quarters. Care Opinion (CO) activity was mainly positive, with an excellent response rate. The number of posts had increased significantly, with CO being the preferred mode of feedback, although other means of feedback were also available.

The Nurse Director, Ms Jennifer Wilson, recognised that behind every complaint there was a family awaiting a response. The Complaints team was working hard to keep complainants up-to-date on their complaint and the quality of responses was improving. Ms Wilson advised that she would discuss complaint handling challenges in Acute services with the Director for Acute Services outwith the meeting and seek a detailed improvement plan to recover performance to the position before the COVID-19 pandemic.

JW/JE

Ms Harvey clarified in response to a query from a member that details of local feedback would be provided in the Quarter 1 report to be presented to the Committee on 11 September 2023.

Outcome: Committee members noted the report on organisational activity related to patient, carer and family feedback and complaints in Quarter 4 and noted compliance with the complaint handling process.

5.2 Scottish Public Services Ombudsman (SPSO) annual assurance report

The QI Lead for Patient Experience, Ms Laura Harvey, presented the SPSO annual assurance report.

Ms Harvey reported that in 2022-2023, 24 referrals were made to the Ombudsman and four cases progressed to investigation, with the number of cases similar to those reported in previous years.

All four cases related to Acute services, with an aspect of Ayrshire Urgent Care Service in one case. Closure reports for two of these cases were presented to the Committee in February 2023. Action plans had recently been completed for the remaining two cases which would be submitted to a future Committee meeting for closure. Themes identified related to discharge, clinical assessment and pain management. In one case, the only upheld aspect related to complaint handling, with aspects of complaint handling upheld in three of the four cases.

Ms Harvey gave assurance that all recommendations had been progressed within the recommended timescale and the Ombudsman accepted the level of evidence related to the recommendations.

Outcome: The Committee noted the SPSO assurance report and noted that presented cases had all met the recommendations set by the Ombudsman and local learning had been progressed as a result.

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5.3 Rape and Sexual Assault (RSA) Chief Medical Officer (CMO) Taskforce annual update

Ms Elaine Harrison, General Manager for Women and Children's Services and Board nominated Lead for the Sexual Assault Response Coordination Service (SARC), provided an assurance report to update on the work of the RSA CMO Taskforce.

Ms Harrison gave assurance that the Board was now compliant with HIS Standards and the Paediatric Forensic Medical Examination Suite on Ward 1B at University Hospital Crosshouse (UHC) had now been completed. All relevant staff had been trained in environmental monitoring and decontamination protocols.

National self-referral arrangements continued through the NHSAA national hub which had processed 378 self-referrals from across Scotland in the first year of operation. Recurring funding had been secured for two additional Band 2 call handlers to manage calls. The CMO Taskforce had provided positive feedback on the self-referral process.

The CMO Taskforce had concluded its objectives and a new national governance structure had been realised to continue this work, with four national strategic networks developed. The Board would continue to have input to two of these networks related to children and young people and data and intelligence. Taskforce leadership had acknowledged and thanked those in NHSAA who had taken part in delivery of the objectives over the last five years, commenting on the outstanding leadership of this work programme throughout.

The Nurse Director, Ms Jennifer Wilson, highlighted some challenges related to availability of peripatetic staffing resource for the Archway hub and spoke model which meant that not all patients were able to use the Willows Centre all of the time. Data would be provided in the next annual report to allow the Committee to monitor the position.

Committee members welcomed this positive report and commended staff involved for the work done to develop the Paediatric Forensic Examination Suite at UHC.

Outcome: Committee members noted the RSA CMO Taskforce update and noted the Board's position against the HIS Standards.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Associate Nurse Director for Infection Prevention and Control, Ms Sharon Leitch, outlined the current position against the national HCAI Standards and Indicators.

Ms Leitch advised that DL(2023)06, Further Update on Standards on HCA Infections and Indicators on Antibiotic Use and changes to

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Hospital Onset COVID-19 Reporting was released on 28 February 2023. This further extended previous HCAI targets by another year to March 2024. The target reduction of Escherichia coli bacteraemias (ECBs) had reduced from 50% to 25% by March 2024 which was felt to be a more realistic target.

- Clostridioides difficile infection (CDI) – there had been a slight increase compared to the previous quarter. The level remained below the mean but above the Scottish rate. There were no outbreaks identified during this quarter. Provisional data for January to March 2023 indicated a significant reduction in HCA CDI cases. The CDI working group continued to meet and monitor progress.
- Staphylococcus aureus bacteraemia (SAB) – there had been a significant increase following a sharp decline last quarter. The Board's rate was within the 95% confidence interval upper limit but above the Scottish rate. The Board's verified rolling annual rate up to end December 2022 had increased compared to the same period in 2021. The Infection Prevention and Control team would continue to carry out enhanced surveillance, with twice monthly meetings with the microbiology consultant to discuss findings.
- Escherichia coli bacteraemias (ECB) – the Board's verified rate had reduced compared to the previous quarter and was below the Scottish rate. The Urinary Catheter Improvement Group continued to meet to support further reductions. The Board's verified annual HCA rate for year ending December 2022 had reduced compared to the same period in 2021.

The Board had received a further exception report from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland for community associated ECB in Quarter 3 and an action plan had been developed which was included with the report.

Committee members discussed community acquired ECBs and while it was noted that the rate remained stable, the Board was an outlier compared to other Scottish Boards. Ms Wilson advised that as previously reported to the Committee, there was no intervention that could be applied to reduce community acquired ECB rates. She reassured that the Board would continue to engage with Antimicrobial Resistance and Healthcare Associated Infection Scotland as required. The Committee would continue to monitor the position.

Outcome: Committee members noted the update on the Board's current performance against the national HCAI Standards.

6.2 Infection Prevention and Control Standards (IPCS) Improvement Action Plan

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The Associate Nurse Director for Infection Prevention and Control, Ms Sharon Leitch, presented the IPCS improvement action plan which was approved at the Prevention and Control of Infection Committee meeting on 18 May 2022.

Ms Leitch advised that following Healthcare Improvement Scotland's publication of IPC Standards on 16 May 2022, a Chief Nursing Officer Letter, DL 2022 14, had requested that Boards undertake an evaluation of their current practice against the newly published standards. Following review of the Board's compliance with the new standards, a robust action plan was developed to address elements of the standards that had been identified as partially met, as detailed at Appendix 1 of the report. Meetings would take place with relevant services to ensure progress was made timeously and all evidence gathered to support compliance with the standards.

Ms Leitch advised in response to a query from a member that responsibility for delivery of this improvement plan sat with the NHS Board and each clinical area had responsibility for IPC. The IPC team was supported by Clinical Governance in collating evidence. There were plans to visit appropriate governance groups to raise awareness of the standards, action plan and assurance and accountability framework, with any issues raised to be reported through this Committee.

The Nurse Director, Ms Jennifer Wilson, advised that while resource had been wrapped around the IPCT, an independent review of the IPC workforce has been progressed. She reiterated that individual teams had responsibility to take back and embed IPC standards within their clinical area. Audits and surveillance programmes would be used to ensure that the Board achieved what was set out in the standards.

Ms Wilson clarified in response to a question from a member that while the report gave assurance that a robust IPC education and training programme was available for staff as part of mandatory and statutory training (MAST). Performance in completion of MAST was monitored through the Staff Governance Committee.

Outcome: Committee members noted the improvement plan in place to ensure full compliance with the IPC Standards.

6.3 Infection Prevention and Control (IPC) Work Programme 2023-2024

The Associate Nurse Director for Infection Prevention and Control, Ms Sharon Leitch, presented the IPC interim planned programme which detailed routine business as usual activity for the year ahead. This interim programme had been approved by the Prevention and Control of Infection Committee on 18 May 2023.

Outcome: Committee members noted the IPCT interim annual planned work programme 2023-2024.

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6.4 Quality and Safety report – Paediatrics

The Nurse Director, Ms Jennifer Wilson, provided an overview of progress in relation to core Scottish Patient Safety Programme (SPSP) measures and also Excellence in Care (EIC) measures within the Paediatric programme.

Ms Wilson highlighted the focused improvement work taking place in the following areas and she reassured that good and sustained progress was being made focusing on data:

- There had been a reduction in unplanned admissions to Paediatric Intensive Care Unit (PICU) despite a spike earlier in the year.
- There had been increased compliance with the national Paediatric Early Warning Score (PEWS)
- In terms of the Watchers Bundle, there had been sustained improvement in data provided. Gaps in data meant it was not possible to recalculate the median line at this point.
- Compliance with the Sepsis Six bundle was improving.

Ms Wilson clarified in response to a query from a member that nationally there would be a refresh of all improvement programme measures in the future, however, the timescale was still to be confirmed.

Outcome: Committee members noted the quality improvement and safety activity in Paediatric Services as part of the Maternity and Children Quality Improvement Collaborative (MCQIC) programme.

6.5 Public Protection (PP) Accountability and Assurance Framework Mapping – Mid-year Update

The Chief Nurse for Public Protection, Ms Marina McLaughlin, provided an update in relation to the NHS PP Accountability and Assurance Framework and the progress within NHSAA to date.

Ms McLaughlin advised that since receiving the CMO letter of 6 October 2022, a national short life working group had been convened and a standardised self-evaluation tool developed to underpin the framework, support improvement activity and ensure a consistent approach across Boards. The draft toolkit would be tested from May 2023 for a six month period with findings to be presented to the Scottish Government. It was anticipated that by October 2023 it would be possible to apply learning for a test of change for the final framework and toolkit, with a view to this being standard, embedded and operational in all Boards by April 2024.

Committee members were advised that there were eight standards with several sub sections which highlighted the requirements expected to ensure high quality, safe and effective services that promote the protection of children and adults for NHSAA. Significant work would require to take place at Board level to address any gaps identified and

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ensure PP processes were understood by all employees. The framework would be sent to all relevant services in Ayrshire and Arran to get involved, to get assurance of the work being done in each service.

Ms McLaughlin advised in reply to a question from a member that child protection, adult support and protection and multi-agency risk assessment conference were currently included under PP and there were plans to develop strong links with multi-agency public protection arrangements which would be included in self-evaluation activity. She advised that work was taking place in relation to data collection and analysis to ensure a consistent approach.

Outcome: Committee members noted the mid-year update on progress to apply the toolkit and benchmark against the PP Accountability and Assurance Framework. The Committee looked forward to receiving regular reports to update on benchmarking activity and there would be annual reports going forward.

7. Quality Improvement

7.1 Child P Significant Case Review (SCR) update

The Nurse Director, Ms Jennifer Wilson, presented the Child P SCR closure report.

Members were advised of key themes that the action plan had focused on related to child health surveillance; short stay paediatric assessment unit standards; child protection (CP) training; effective multi-agency working around child deaths; inclusion of Partners in child health services; and standard operating procedures for Crying Baby. The team had undertaken significant work, with investment in the PP team and a focus on CP education and training across the organisation.

Committee members were advised that all actions in the improvement plan were now complete. One action had not been completed but alternative actions had been taken instead, with the reason for this detailed at Appendix 1 of the report.

Ms Wilson highlighted the positive and important work undertaken in response to the SCR, particularly in the context of CP. She reassured members that the improvement work undertaken had been embedded into business as usual and there would be ongoing evidence and reporting to maintain the position.

Outcome: Committee members noted that the Child P Short Life Working Group had monitored the progress of the action plan and supported the recommendation to close the report as all actions had been completed.

7.2 Quality Strategy 2019-2022

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The interim Associate Nurse Director, Quality Improvement and Care Homes, Ms Julie Hannah, provided an update on the three year Excellence for Ayrshire Quality Strategy.

Ms Hannah reported that operational and clinical challenges during the pandemic, and in the recovery and remobilisation period, had resulted in re-prioritisation of resources. Some progress had been made in key areas, such as increasing quality improvement (QI) capability and capacity; development of the Caring for Ayrshire (CFA) QI team; building a QI network; and the success of the AA Improvement Foundation Skills (AAIFS) course. The organisation had also secured 18 month membership with the International Health Care Improvement European Alliance which would provide further opportunities both nationally and internationally.

Ms Hannah advised that due to workforce, clinical and operational challenges within the system, a decision was made to align with the national decision not to continue with the Values Management Approach (VMA).

Ms Hannah confirmed in reply to a query from a member that details of mentoring and support for AAIFS candidates in completion of their projects and impact would be included in future reports to the Committee.

The Chief Executive recognised the quality improvement work undertaken and commended the team for being able to continue this work despite the reduced QI resource available due to the pressures of the COVID-19 pandemic. Members discussed the removal of VMA from this work programme. The Chief Executive reassured that Values based medicine was captured within Realistic Medicine, an all-encompassing commitment within the medical leadership.

Committee members were supportive of the QI approach as outlined and future reporting plans. Dr McGuffie advised that he had recently attended an event which had highlighted the tangible impact of the AAIFS course. He would arrange for QI posters from the event to be circulated to members. Non-Executive Board Members would be invited to attend one of the AAIFS sessions to hear about the projects being taken forward and the celebratory event held following the session.

CMcG

Ms Wilson reassured in reply to a question from a member that the Board's auditors were looking at QI projects delivered through AAIFS to ensure a financial lens was being applied and that the Board's four pillars of people, finance, quality and service were covered. The outcome of this audit work would be reported via Performance Governance Committee.

Outcome: Committee members noted the update and supported the decision to extend the Quality Strategy to 2022-2025 for onward submission to the NHS Board for approval. Members noted the

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removal of VMA from this work programme. A report would be provided at a later date to update on implementation of the strategy, with six monthly updates thereafter.

7.3 Quality and Safety Walkrounds Plan

The Chief Nurse, Excellence in Care and Professional Development, Ms Jen Pennycook, provided an update on Quality and Safety Walkrounds.

Ms Pennycook reported that from 1 January to 1 May 2023, 28 Quality and Safety Leadership Walkrounds were planned. Of those planned, 57% took place and 43% were cancelled due to clinical pressures. No Quality and Safety Walkrounds took place during January and February 2023 due to system pressures. 78% of Walkrounds were in clinical areas and 22% in non-clinical areas. Directors were present at all Walkrounds that took place.

Committee members were advised that a questionnaire had been sent to Directors who had participated in Walkrounds to ask if there was anything that could be done to support focus on areas of good practice. There had been positive feedback on the impact of Quality and Safety Walkrounds, for example, around celebrating success and being listened to.

Ms Pennycook updated that further to discussion at HGC on 9 January 2023 when it was agreed to focus on Walkrounds to non-clinical areas, there were 14 visits planned. There would be annual updates on Quality and Safety Walkrounds going forward.

The Medical Director, Dr Crawford McGuffie, highlighted the positive impact of Quality and Safety Walkrounds and suggested that recent changes to mask wearing and access requirements would make this a good time to start to increase Walkrounds within current service constraints. Dr McGuffie emphasised the need to avoid duplication of effort in taking forward actions from Walkrounds outwith normal governance structures. The Board Chair would raise the importance of Non-Executive participation in these Walkrounds at the next scheduled four weekly Non-Executives' meeting.

Outcome: Committee members noted the update and supported the proposed actions as outlined in section 2.3 of the report.

7.4 Review of Standards of Dementia Care

Ms Susan Holland, Alzheimer Scotland Dementia Nurse Consultant, provided an update on progress in implementing the actions from the Dementia Standards Improvement Action Plan.

Ms Holland outlined the background to this work and reported that since the last update to the Committee in November 2022, a further two actions had been met. This left four actions remaining and, as

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outlined in the report, it was likely to take some time for these actions to be completed. Ms Holland proposed that this would be the last update to the Committee on this particular review. Committee members received assurance that the service would continue to actively take forward and monitor progress against those actions with partially met status.

Outcome: Committee members noted the progress in implementing the actions from the Dementia Standards Improvement Action Plan.

7.5 National Cervical Audit

Dr Esther Aspinall, Consultant in Public Health, gave an update on exclusions from the cervical screening programme and the national Cervical Exclusion Audit.

Dr Aspinall outlined the background to this work which related to two women being diagnosed with cervical cancer after inappropriate exclusion from the Cervical Screening Programme in another Board area. Scottish Government had asked all NHS Territorial Boards to undertake a review of all patients who had been excluded.

Committee members received a progress update on local audit work which started in April 2023 to review all patients who had been excluded from the Cervical Screening Programme. One year funding had been received from April 2023 to March 2024 to take forward this audit work, which included funding for GP practices to upload data and health board reviews to ensure exclusion was appropriate. A dedicated team of six members had been set up to support this work.

The report detailed how the audit would be progressed and how patients would be managed according to their age. Dr Aspinall highlighted that the audit would involve significant work and review of over 1,000 records, with work expected to finish around March 2024.

Outcome: The Committee noted the progress of the national cervical audit in NHSAA and requested a further update paper as the audit reached completion in early 2024.

7.6 Diabetic Eye Screening (DES) Key Performance Indicators (KPI)

Dr Esther Aspinall, Consultant in Public Health, outlined the background to the delay in providing DES key performance indicator data. Provisional national data was provided on 3 May 2023 although this may be updated over time.

Dr Aspinall explained that while the move to biannual screening for most low risk patients had reduced the number of patients eligible for screening each year, diabetes prevalence continued to increase and patient numbers were expected to go up quickly in the future.

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Committee members were advised that the invitation rate for screening was significantly higher than the Scotland-wide rate but below the national 100% target. The successful screening rate was lower than the Scotland-wide rate. Work had been taking place to improve availability of DES screening in areas with poor provision and uptake. NHSAA was an outlier for slit lamp technical failure compared to other Boards. An audit would take place over summer 2023 to investigate this further.

Dr Aspinall advised in response to a query from a member that NHSAA was the only Board in Scotland with the majority of DES screening provision provided through Optometry practices. A hybrid model had been introduced during the COVID-19 pandemic lockdown when practices had been closed for a period to bring the service in-house. It was planned for the DES programme to continue this hybrid model going forward.

Committee members discussed the positive work being done to extend DES provision to cover areas with poor provision. Members commended the holistic healthcare approach being adopted at Dalmellington community centre, including provision of DES screening, nail clipping and dietary advice. Dr Aspinall confirmed that further to the two year funding secured via the national Realistic Medicine Fund for a screener at Dalmellington, subject to evaluation of the impact of this work, there were plans to try to secure funding beyond the initial two year period.

Outcome: Committee members noted the update, supported the direction of travel of the DES Steering Group and endorsed the key priority actions.

7.7 Cancer Prevention in Ayrshire and Arran

Dr Brian O'Suilleabhain, Consultant in Public Health, provided an assurance report to update on cancer prevention activity across Ayrshire and Arran.

Cancer was one of the most important causes of illness and death in the local population. When adjusted for age, cancer deaths had been falling for some years which probably reflected earlier detection and better treatment. However, due to the ageing local population the number of cases was rising. While it may not be possible to cure cancer, early detection meant that prompt and effective treatment could be offered.

Dr O'Suilleabhain highlighted that in recent years due to the COVID-19 pandemic, there had been some disruption in access to care services, provision of cancer screening programmes and access to diagnostic tests and elective treatments for cancer. COVID-19 lockdowns had seen an increase in alcohol consumption, sedentary behaviour and people gaining weight, known risk factors for cancer. However, following analysis, the most reliable data sources suggested that the overall downward trend before the COVID-19 pandemic had carried on throughout and beyond the pandemic.

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While data suggested that during 2020 there was probably a decrease in the overall numbers of cancer cases detected and staging and treatment for cancer did not happen as early as before, the position had returned to normal in 2021. There was a downward trend in negative lifestyle behaviours moving out of the pandemic. The Nurse Director, Ms Jennifer Wilson, reassured members in reply to a question that targets related to cancer treatment waiting times were carefully monitored and performance compared positively to other Board areas.

Dr O'Suilleabhain reported that a new national Equity in Screening Strategy had been published and the Board would use this as a framework to support and address inequalities to access screening programmes and reduce inequality outcomes in the months and years ahead. In response to a question from a member, Dr O'Suilleabhain highlighted some of the local and national efforts to remove barriers to access screening and to encourage people less likely to engage with screening.

Dr O'Suilleabhain advised in reply to a query from a member that it was hoped that the HPV vaccine introduced for girls several years ago, and more recently for boys, would reduce cancer cases and the impact of this vaccination programme would become clearer over time.

Outcome: Committee members noted and took assurance from cancer prevention activity taking place across Ayrshire and Arran. Members looked forward to receiving an annual update going forward.

8. Corporate Governance

8.1 The Committee noted the minutes of the following groups and progress being made:

8.1.1 **Acute Services Clinical Governance Group** - approved minutes of meeting held on 24 March 2023.

8.1.2 **Area Drug and Therapeutics Committee** - approved minutes of meeting held on 6 March 2023.

8.1.3 **Paediatric Clinical Governance Group** – there were no minutes to report.

8.1.4 **Prevention and Control of Infection Committee** – approved notes of meeting held on 16 March 2023.

8.1.5 **Primary and Urgent Care Clinical Governance Group** – there were no minutes to report.

8.1.6 **Research, Development and Innovation Committee** - there were no minutes to report.

8.2 Care Home Governance

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The Associate Nurse Director for Acute Services, Ms Julie Hannah, provided an assurance report on enhanced professional clinical and care oversight.

Ms Hannah reported that the Framework discussed at the Committee in June 2022 had undergone an annual review and approval process, and the updated 2023 version was provided at Annex 1 of the report. She highlighted the proposed change in the title of the Governance Framework to remove the term “oversight” to align with the Scottish Government Care Homes New Support Arrangements advice noted issued in December 2022. The Framework would support direction and focus on continuous improvement of the quality and safety of resident care, and provision of assurance.

Committee members received an update on progress against work programmes and monitoring of the care home professional support that the team continued to deliver. The following areas were highlighted:

- There had been 59 COVID-19 outbreaks between December 2022 and April 2023.
- Care Home Collaborative Groups continued to meet regularly in each Partnership area.
- There continued to be a multi-agency approach in terms of support and assurance visits.
- There had been recruitment challenges within the team. Both fixed term posts for the Continence and Tissue Viability Nurses had now been permanently recruited to. Podiatry services continued for two days per week until June 2023.
- As a result of recruitment and retention challenges, there was a need to re-consider the team’s structure to best support Care Homes and delivery of service. Scottish government funding did not account for recent pay uplifts and work was ongoing to influence and agree how best to optimise resource and new model.
- The report set out the breadth of training and support being provided to Care Home teams and ongoing pan-Ayrshire improvement work across a range of areas.

The Nurse Director, Ms Jennifer Wilson, advised in reply to a question from a member that in her role she had professional accountability for workforce, infection prevention and control and quality of care within care Homes in Ayrshire and Arran. Funding was received to support training being provided to Care Homes. She considered this to be a positive area of influence to improve the quality of care being provided, reduce falls and urinary tract infection and prevent unnecessary hospital admissions. The Chief Executive commended the Nurse Director and wider team for the successful Care Home support being provided and she reiterated the positive impact of this support across all parts of the health and care system. Committee members suggested that evaluation of the impact of Care Home support being

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provided should also consider cost avoidance, for example, in preventing unnecessary hospital admissions.

Outcome: Committee members noted the progress report on enhanced professional clinical and care home oversight.

8.3 Annual Reports

8.3.1 Ethics Advice and Support Group (EASG) Annual Update

The Medical Director, Dr Crawford McGuffie, presented the EASG annual update on provision of ethical advice and support to healthcare professionals.

Dr McGuffie reported that there had been three questions posed during the year, with two SBAR reports and associated determinations. Area discussed related to the ethics of carrying out private practice within NHS facilities, follow-up of patients who had received privately funded treatment abroad and rapid access for treatment and rehabilitation of NHS staff.

Dr McGuffie advised that the work that the group had done since April 2022 and good quality advice provided had been valued by the Board and the group itself. In terms of future sustainability of the group and due to changes in membership, there was a need for a new, refreshed, well-advertised group to be developed for succession planning. Members were advised that despite a commitment to the development of a national ethics advice and support group, this had not been forthcoming.

Outcome: Committee members noted the update on provision of ethical advice and support to healthcare professionals over the last year.

8.3.2 South Ayrshire Health and Social Care Partnership (SAHSCP) Adult Joint Inspection Report

The Head of Health and Social Care, SAHSCP, Mr Billy McClean, provided an overview of the outcome of the SAHSCP Joint Inspection of Adult Services and progress against the recommendations made in the report.

Mr McClean outlined the background and context to this in-depth inspection which took place over a period of five months and covered five key areas. The purpose of the inspection was to look at how effectively the Partnership was working together strategically and operationally to deliver services and achieve good outcomes for adults in South Ayrshire.

Mr McClean highlighted that while SAHSCP had received a good rating across all five areas, the narrative provided described many areas of work as very good or excellent. The inspection had highlighted areas of good practice as well as areas for improvement.

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Members received assurance that positive progress was being made, with one high level action completed and other actions underway.

The Director for SAHSCP, Mr Tim Eltringham, underlined that this important report demonstrated the work being done by Mr McClean and the wider team. SAIJB and South Ayrshire Council had already discussed the report and recognised the Partnership's improvement trajectory in recent years.

While Committee members were encouraged by the significant positive work taking place within SAHSCP, they acknowledged the real challenges related to delayed discharge and transfer of care in South Ayrshire and the focused work taking place to try to improve the position.

Outcome: Committee members noted the update on the outcome of the Joint Inspection of Adult Services and progress against the recommendations made in the report.

9. Audit

9.1 COVID-19 and Flu Vaccination Programme internal audit report

Ms Jennifer Reid, Senior Programme Manager, Vaccination, presented the audit report which considered the Board's controls (design and operation) in regard to staffing and competence related to the COVID-19 and Flu Vaccination Programme. The report was discussed in detail at the Audit and Risk Committee meeting on 10 May 2023 and had subsequently been updated following discussion with the auditors to clarify the position related to compliance with training/sharing lessons and timescale for completion of actions.

Ms Reid reported that the review received two medium risks, one low risk and one improvement related finding. The review concluded that there was a partial level of assurance with some improvement required.

Ms Reid reported that following discussion with Risk Management colleagues, the overarching staffing and competence – immunisation programmes – implementation and monitoring risk had been downgraded from strategic to operational due to the changing needs of the programme and staffing requirements. She reassured members in reply to a query that consideration had been given to the auditor's comments related to documentation and actions had already been implemented in response, including provision of additional administrative support.

Outcome: Committee members noted the audit report and received assurance that all audit recommendations would be completed within the timescales set out in the report. Members agreed that any areas requiring follow up would be discussed through the Audit and Risk Committee.

10. Risk

10.1 Strategic Risk Register Quarter 4 report

The Medical Director, Dr Crawford McGuffie, presented the Strategic Risk Register Quarter 4 report for risks assigned to Healthcare Governance. The report was discussed and approved at the Risk and Resilience Scrutiny and Assurance Group meeting on 21 April 2023.

The report provided a high level summary of strategic risks with details for each risk provided at Appendix 3 of the report. Dr McGuffie highlighted that the high risk being treated, Risk ID 811 - delivery of Infection Prevention and Control Service was proposed and had been accepted for escalation to strategic level and was under this Committee's remit.

Committee members discussed the risk register. It was noted that as previously reported, Risk ID 551, staffing and competence – Immunisation Programmes – implementation and monitoring, had now moved to the Board's operational risk register.

Dr McGuffie advised in reply to comments and queries from members that following discussion at recent Audit and Risk Committee (ARC) and Integrated Governance Committee meetings, and with the Assistant Director for Occupational Health, Safety and Risk Management, Mr Hugh Currie, a communication had recently been sent to Directors responsible for risks to ask them to undertake an in-depth review. The Committee would receive feedback on this review work at the next meeting on 31 July 2023. Mrs Ford advised in her role as Chair of ARC that she would discuss the risk register further with Dr McGuffie and Mr Currie to review discussion at the last ARC meeting and try to develop a process to try to better align with Committees' requirements in relation to monitoring and assurance of risk.

CMcG

Dr McGuffie provided an update in relation to Risk ID 767, ED Crowding. Members received assurance that the position at the front door had improved in the last couple of months. A number of initiatives had been taking place on an ongoing basis, particularly since the beginning of the year, to improve processes related to the Combined Assessment Unit, rapid assessment care and ambulatory care prior to admission and to redefine care pathways. Data indicated that Scottish Ambulance Service median turnaround times had decreased over the last three months and were now below the Scottish average. The Chief Executive advised that front door crowding reflected wider system pressures and she underlined the importance of the improvement work being done and progress made to date, although further improvement was required.

Outcome: Committee members noted the assurance report on work being done to manage strategic risks under the Healthcare Governance Committee's remit.

10.2 Significant Adverse Event review Quarter 4 report

Approved by Committee 31 July 2023

The Medical Director, Dr Crawford McGuffie, presented the SAER Quarter 4 report. The report was discussed in detail at the RARSAG meeting on 21 April 2023.

Dr McGuffie assured members that the Board continued to demonstrate progress in taking forward Reviews. For the period January to March 2023, there were five completed reviews being presented for closure. There had been 12 new SAERs commissioned since the last reporting period, as detailed in the report.

Dr McGuffie gave assurance in reply to a question from a member that he had been working closely with the Nurse Director and Mental Health leads over the last couple of years to progress historic Mental Health SAERs. He reassured that despite operational challenges and pressures, the Board continued to focus on these cases to try to avoid further delays, recognising that behind every review a family was awaiting the outcome. In response to a question from a member, Dr McGuffie agreed to provide data over time in relation to Mental Health reviews to enable the Committee to monitor progress. In response to a query from a member, Dr McGuffie would also provide information on the current suicide rate, including for the prison population, and the suicide prevention approach being adopted.

CMcG

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

There were no risk issues to report to RARSAG.

11. Items to feed back to NHS Board

11.1 As approved minutes of the meeting on 5 June would be presented at the NHS Board meeting on 14 August 2023, a key items report would not be required for this meeting.

12. Any Other Competent Business

12.1 There was nothing to report.

13. Date and Time of Next Meeting Monday 31 July 2023 at 9.30am, MS Teams

Approved by the Chair 

Date: 31 July 2023