

**Healthcare Governance Committee**  
**Monday 31 July 2023 at 9.30am**  
**MS Teams meeting**

Present: Ms Linda Semple (Chair)

Non-Executives:

Miss Christie Fisher

Mrs Jean Ford

Mr Neil McAleese

Board Advisor/Ex-Officio:

Mrs Lesley Bowie, Board Chair

Ms Claire Burden, Chief Executive

Mrs Joanne Edwards, Director for Acute Services

Dr Crawford McGuffie, Medical Director and Deputy Chief Executive

Mrs Lynne McNiven, Director of Public Health

Ms Jennifer Wilson, Nurse Director

In attendance: Ms Karen Bell, Head of Research, Development and Evaluation item 5.16  
Ms Bobbie Coughtrie, Screening Improvement and Development Manager,  
Public Health items 5.19 and 5.20  
Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk  
Management items 5.4, 5.18 and 8.1  
Mr Darren Fullarton, AND, Lead Nurse NAHSCP item 5.10  
Ms Laura Harvey, QI Lead Patient Experience items 5.12, 5.13 and 5.14  
Ms Roisin Kavanagh, Director of Pharmacy items 5.2 and 5.3  
Ms Marina McLaughlin, Chief Nurse for Public Protection item 5.15  
Ms Ruth McMurdo, Interim Deputy Nurse Director  
Ms Jen Pennycook, Chief Nurse, Excellence in Care and Professional  
Development item 5.9  
Ms Claire Pugh, Senior Infection Control Nurse items 5.7, 5.8 and 7.1  
Mr Alistair Reid, Director for AHPs  
Ms Karen Smith, Transfusion Practitioner item 5.17  
Ms Mhairi Strawhorn, Health Improvement Officer, Public Health item 5.5  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Welcome/Apologies for absence**

1.1 The Committee Chair welcomed everyone to the meeting. The agenda was re-ordered slightly to allow colleagues joining the meeting to present their papers together.

1.2 Apologies were noted from Mr Adrian Carragher and Cllr Marie Burns.

**2. Declaration of any Conflicts of Interest**

2.1 There were no conflicts of interest declared.

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### 3. Draft Minute of the Meeting held on 5 June 2023

- 3.1 The Minute of the meeting held on 5 June 2023 was approved as an accurate record of the discussion.

### 4. Matters arising

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

**Item 10.1 (05/06/2023), Strategic Risk Register report** – Dr McGuffie updated on his meeting with the Head of the Audit and Risk Committee and the Assistant Director for Occupational Health, Safety and Risk Management on 26 June 2023. Following this meeting, he would be writing to responsible Directors to make several asks of them when reviewing risks, including provision of information related to control measures in place and where risks move from strategic to operational, to assist the Committee to monitor and scrutinise risks going forward.

- 4.2 **HGC Work Plan 2023-2024** – Committee members noted the Work Plan. Ms Wilson would check the reporting timescale for the Childhood Immunisation report. Post-meeting update: The report will be produced after publication of the Public Health Scotland Vaccination uptake report for secondary schools due in November 2023. Added to work plan for early 2024. JW

### 5. Annual Reports

- 5.1 **Older People in Acute Hospital Annual (OPAH) Report** – The Committee noted the overview of the work of the OPAH Steering Group from July 2022 to June 2023. The Group's activities had been impacted due to service pressures across Acute and Partnership services. Members looked forward to receiving a further progress update on improvement work being taken forward in six months' time.
- 5.2 **Accountable Officer for Controlled Drugs Annual Report** – Committee members noted the report and received assurance regarding the safe management of controlled drugs within Ayrshire and Arran.
- 5.3 **Area Drug and Therapeutics Committee (ADTC) Annual Report** – The Committee noted the ADTC's key achievements during the year and priorities for next year.

Ms Kavanagh advised in reply to a query from a member that the Realistic Medicine and Prescribing Group looked explicitly at Realistic Medicine, although this aligned to the work of the Area Drug and Therapeutics Committee (ADTC). The Nurse Director, Ms Jennifer Wilson, commended the work of the Antimicrobial Prescribing Group and the close links with infection prevention and control activity.

- 5.4 **Duty of Candour Annual Report** – Committee members noted the report on performance in the management of adverse events,

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specifically those meeting the legislative triggers where Duty of Candour was applied.

- 5.5 **Gender Based Violence (GBV) Annual Report** – The Committee noted the report outlining NHSAA’s key achievements during the year in the implementation of the NHS GBV action plan 2021-2026 and the continued efforts to tackle violence against women and girls. Members supported the continued focus on Routine Enquiry and recognised the impact that healthcare professionals could have in reducing violence against women and girls.
- 5.6 **Hospital Standardised Mortality Ratio Annual Report** – Committee members noted the overview of HSMR review work over the last year to assess the performance of hospitals and the quality of care provided. Members were reassured by this mainly positive report and the learning and improvement approach being adopted to address any issues identified.
- 5.7 **Infection Prevention and Control Team Annual Report** – The Committee noted the annual report detailing the key activities carried out by the team in order to support NHSAA to protect patients from avoidable infection. The Committee commended the team for the good work done over the last year and agile approach adopted, including support provided to Care Homes, and supported the work being done to ensure the sustainability of the team.
- 5.8 **Prevention and Control of Infection Committee Annual Report and Terms of Reference update** – Committee members noted the annual report detailing key activities carried out over the last year to reduce healthcare associated infections across NHSAA for the safety of patients, public and staff.
- 5.9 **Libraries Annual Report** – The Committee noted the update on key activities delivered and planned by the Board’s Library Service across the three library sites over the last six months. Members commended the work being done by the service and the information and support being provided to clinical staff. Committee members suggested that consideration could be given to renaming the Library Service as a Knowledge service to reflect the breadth of work being done.
- 5.10 **Mental Welfare Commission (MWC) Annual Assurance Report** – Committee members received a summary of MWC visits to Ayrshire and Arran over the last year. The report included outcomes and recommendations from these visits, the structure of which followed a thematic approach related to pertinent issues throughout the year around four strategic priorities, as detailed in the report. Members welcomed this positive report, noting in particular the complimentary feedback from patients and families on staff engagement and interaction with patients. Members were reassured that where issues had been identified there were improvement plans in place.
- 5.11 **Organ Donation Annual Report** – The Committee noted the report on the work to promote excellence in referral and management of organ and tissue donors over the last year. Members commended the team

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for the positive work being done to promote organ and tissue donation and that 100% organ donor referral rate had been achieved by NHSAA over the last year.

- 5.12 **Patient Experience Annual Report** – The Committee received the annual report and noted compliance with the complaint handling process in 2022-2023. The Committee acknowledged that this had been a challenging year. Members were encouraged by the positive improvement work which continued to be progressed and the priority being given to a recovery plan to improve the position.
- 5.13 **Patient Experience - Complainant Satisfaction Annual Report** – Committee members noted the report which measured the satisfaction of people who had been asked to share their experience of making a complaint to NHSAA. The report outlined improvement actions taken as a result of this feedback.
- 5.14 **Patient Stories Annual Report** – The Committee noted the annual report which outlined all stories heard at the NHS Board over the last year and how these stories were then shared and used for reflection, learning and improvement.
- 5.15 **Public Protection Annual Report** – Committee members noted the report highlighting the key achievements and breadth of work undertaken by the Public Protection Health Service. The Corporate Management Team had agreed funding resource in October 2022 to create a Public Protection Health Service model. This was the first year that a combined Child Protection, Adult Support and Protection and Multi Agency Risk Assessment Conference report had been provided.

The Nurse Director, Ms Jennifer Wilson, highlighted that there had been an increase in child protection and adult support and protection activity during the year and the position would continue to be monitored to ensure that the team had the resources required to deal with this activity appropriately. A staged approach was being adopted in relation to Child Protection training in response to the Child P Significant Case Review.

The Committee thanked the team for the significant work undertaken over the last year, with particular thanks to Marina McLaughlin for her leadership in this critical area of work.

- 5.16 **Research, Development and Innovation Annual Report** – The Committee noted the key developments in driving forward research and innovation activity across the organisation over the last year. It was noted that a new strategy was being developed aligned to the Board's Caring for Ayrshire vision. Committee members commended the team for the work being done and supported the priority to develop a dedicated clinical research space which would attract and retain clinicians in Ayrshire and Arran.
- 5.17 **Scottish National Blood Transfusion Service (SNBTS) Transfusion Team Annual Report** – Committee members noted the report

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highlighting the key achievements and work undertaken by the SNBTS Transfusion Team to support safe and appropriate transfusion for patients. Committee members noted the breadth of work being done and progress made. Members commended the team for the positive report received following the Medicines and Healthcare Regulatory Agency inspection of the Blood Bank at University Hospital Crosshouse on 30 March 2023.

- 5.18 **Unplanned Activity (UNPAC) Annual Report** – Committee members noted the report highlighting UNPAC activity in Acute Services, the improvements arising from this activity and ongoing development of the service.

### **Public Health Annual Reports:**

- 5.19 **Abdominal Aortic Aneurysm (AAA) Screening Annual Report** – The Committee noted the report on the delivery of the local AAA screening programme. The Board had exceeded the essential threshold for the majority of key performance indicators for the local AAA screening programme, as well as the desirable threshold for the majority of indicators. Targeted campaigns were taking place to encourage men to attend screening in areas with lower uptake.

- 5.20 **Bowel Screening Annual Report** – Committee members noted the update on the performance of the Board's Bowel screening programme. Committee members were encouraged by the increased uptake of Faecal Immunochemical Test (FIT) testing in the most socially deprived areas, and that more men were attending screening than previously. The Screening Improvement Manager, Ms Bobbie Coughtrie, advised in reply to a query that she would check if colon capsule activity would have a positive impact in enabling more people to access colonoscopy.

**BC**

- 5.21 **Breast Screening Annual Report** – The Committee noted the update on the performance of the South West Scottish Breast Screening Programme in Ayrshire and Arran. Committee members commended staff across the West of Scotland for the work done to achieve delivery of screening for individuals at 36 month intervals despite service pressures and the programme having been paused in 2020 due to the COVID-19 pandemic.

- 5.22 **Cervical Screening Annual Report** – Committee members noted the update on the performance of the Cervical screening programme. Committee members recognised the significant work being done related to the national audit of those previously excluded from the screening programme and looked forward to an update following conclusion of the local exclusion audit.

- 5.23 **Diabetic Eye Screening (DES) Annual Report** – The Committee noted the update on the performance of the DES screening programme. Committee members recognised the challenges of offering screening to increased numbers of people living with diabetes and steps being taken to improve resilience of the programme. Members commended the targeted approach being taken to increase

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access to DES screening in areas with lower uptake, for example, outreach work being done in Dalmellington.

The Director of Public Health reported that targeted improvement work was planned to increase uptake of all screening programmes in more deprived areas. There had been a review of governance for all Public Health screening programmes and new reporting arrangements had been agreed.

Committee members discussed the format of the annual reports being provided to the Committee. While it was recognised that many of these reports required to be in a national format, it was suggested that the format and detail in future annual reports should be reviewed to support the Committee's scrutiny and assurance role. The Nurse Director would discuss with the HGC Chair outwith the meeting, linking with the Board Chair and Head of Corporate Governance, in planning for next year's annual report process.

LS/JW

## 6. Patient Experience

### 6.1 Patient Experience – Acute Complaint Handling

The Director for Acute Services, Mrs Joanne Edwards, provided an update on the Acute complaint handling improvement plan which had been developed following discussion at the Committee meeting on 5 June 2023.

Mrs Edwards highlighted resource issues within Acute and the Complaints team, and the challenges in enabling clinical staff to be released to write complaint responses. Complaints could be complex and cover the whole patient journey and there was a significant backlog of complaints to address.

Mrs Edwards provided a detailed update on complaints performance in Acute Services since April 2023. She reassured members that a range of actions were being taken through the triumvirates to improve performance. The Medical triumvirate was leading this work and a live tracker had been developed, with weekly meetings taking place with the Patient Experience team to monitor progress. Three staff had been released to do complaint handling work and it was hoped to see improvement going forward.

**Outcome:** Committee members noted the improvement action plan and looked forward to receiving an update on progress in six months' time.

## 7. Patient Safety

### 7.1 Healthcare Associated Infection (HCAI) report

The Senior Infection Prevention and Control Nurse, Ms Claire Pugh, provided a report on the Board's current performance against the national HCAI Standards.

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On 28 February 2023, DL(2023)06, was released. This further extended the previous HCAI targets by another year to March 2024. It also established that the previous 50% reduction of Escherichia coli bacteraemias was unrealistic and adopted a 25% reduction target based on an assessment of what could reasonably be achieved.

Ms Pugh reported that while there had been a decrease in clostridium difficile infection (CDI) compared to the last quarter, the Board did not meet the annual target. NHSAA was within the 95% confidence interval upper limit and below the Scottish rate.

For Staphylococcus aureus Bacteraemia (SAB), while the rate had reduced compared to the last quarter the Board did not meet the Standard.

The Board was on target to meet the Escherichia coli Bacteraemia (ECB) Standard. Ms Pugh explained that there may be some changes to data in the next report as a discrepancy had been picked up in relation to recording of healthcare acquired ECB infection which was being corrected. This may also impact on community acquired ECB exception reports received during the year.

Committee members were encouraged by the downward trend in both ECB and CDI cases and commended the Infection Prevention and Control Team for this performance despite the service pressures being faced. Members welcomed the funnel plot data provided to enable comparison of HCAI performance against other Board areas.

**Outcome: Committee members noted the current position against the national HCAI Standards.**

## 8. Risk

### 8.1 Strategic Risk Register

The Assistant Director for Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the Healthcare Governance Strategic Risk Register. The report also provided the outcome of a deep dive review of all strategic risks by Directors, as requested by the Audit and Risk Committee on 15 March 2023. The report was discussed in detail at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 21 July 2023.

Committee members were advised that following the deep dive review, three of the seven strategic risks previously allocated to the Committee were moved to the operational risk register.

Mr Currie assured members that RARSAG was committed to continue to progress improvement work to consolidate assurance, scrutiny and challenge of strategic risk in line with the Blueprint for Good Governance. This would give members more understanding of consequence and likelihood, decisions made and key controls and mitigations. More narrative would be provided by Directors on the impact of the controls in place and should risks move from the

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strategic to operational risk register.

Committee members discussed the report and supported the move of three Healthcare Governance strategic risks to the operational risk register. Members highlighted that the title of risk ID 753 should be the same in Appendix 1 and 2.

**Outcome:** Committee members noted the Healthcare Governance Strategic Risk Register and took assurance from the work being done to manage strategic risks which fall under the remit of this Committee. The Committee would consider the level of detail required in the report to enable effective governance and scrutiny at a future meeting.

8.2 **Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group** – There were no issues to report.

### 9. Items to feed back to NHS Board

9.1 Committee members agreed that the following items be reported to the NHS Board meeting on 14 August 2023:

- Range of annual reports received
- Suite of Patient Experience reports
- MWC annual assurance report
- Public Health screening programmes
- Acute complaint handling improvement programme
- Strategic Risk Register.

### 10. Any Other Competent Business

10.1 There was no other business.

### 11. Date and Time of Next Meeting

**Monday 11 September 2023 at 9.30am, MS Teams**

Signed by the Chair



Date: 11 September 2023