

Healthcare Governance Committee
Monday 11 September 2023 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Cllr Marie Burns

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 and Deputy Chief Executive

In attendance: Mr Robert Campbell, Chief Nurse, South Ayrshire Health and Social Care Partnership (SA HSCP) Item 9.4
Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk Management Items 10.1 and 10.3
Mr Darren Fullarton, Associate Nurse Director, Lead Nurse, NA HSCP Items 6.2 and 10.2
Ms Rachel Graham, Planning and Performance Coordinator, SA HSCP Item 9.4
Ms Kayleigh Hamilton, Senior Pharmacist, Antimicrobial Pharmacotherapy Item 6.3
Ms Laura Harvey, Quality Improvement Lead, Patient Experience Item 5.1
Ms Lynsay Lawless, Associate Director of Pharmacy Item 6.3
Mr Craig McArthur, Director, East Ayrshire HSCP Item 9.3
Ms Ruth McMurdo, Interim Deputy Nurse Director
Ms Tracey Cooper Independent Infection Prevention and Control Nurse Item 6.1
Mr Alistair Reid, Director for AHPs
Ms Rosemary Robertson, Associate Nurse Director, SA HSCP Item 9.4
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 attending to present their papers together.
- 1.2 Apologies were noted from Miss Christie Fisher, Mrs Joanne Edwards, Dr Tom Hopkins and Ms Jennifer Wilson.

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 31 July 2023

- 3.1 The Minute of the meeting held on 31 July 2023 was approved as an accurate record of the discussion.

4. Action Log

- 4.1 The action log had previously been circulated to members and all progress against actions was noted.
- 4.2 **HGC Work Plan 2023-2024** – The Committee noted that the Winter Vaccination Programme 2023-2024 report had been deferred to the next meeting. The Chief Executive explained that the Scottish Government had recently requested that the Winter Vaccination programme be brought forward, with delivery to begin on 4 September 2023. The team was focusing efforts to deliver the programme in the new timeframe.

5. Patient Experience

5.1 Patient Experience Quarter 1 report and Improvement Plan

The QI Lead for Patient Experience, Ms Laura Harvey, presented the Quarter 1 report and compliance with the complaint handling process. Ms Harvey also presented the Patient Experience improvement plan.

Committee members were advised that there had been a significant increase in Stage 2 complaints compared to the last quarter and performance in managing these complaints within the 20 working day target had reduced. A deep dive had taken place and a recovery plan had been developed in partnership with Acute services to regain performance to pre-pandemic levels, with weekly meetings taking place to monitor progress.

Ms Harvey provided a detailed update on the range of recovery actions being taken and gave assurance that the team was committed to improving performance. The Committee would receive regular updates on this work in future reports until the position had been recovered.

Committee members were advised that there had been a slight drop in Scottish Public Services Ombudsman (SPSO) referrals compared to the last quarter. No investigations took place in quarter 1. Complaint themes and complainant satisfaction data were similar to previous quarters.

Committee members discussed the report and while recognising the challenges related to Stage 2 complaint handling performance, members were reassured by the recovery actions being taken and thanked the teams involved for the work being done.

In response to a question from a member, Ms Harvey advised that

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once the position had recovered, she was keen to provide training for managers and staff to promote more face-to-face complaint resolution. She confirmed in reply to a query from a member that there had been some delays in the SPSO processing referrals and it was possible that the number of investigations could rise in the future.

The Chief Executive acknowledged and thanked the team for the demonstrable improvement in the quality of complaint response letters in recent years. The recovery plan was challenging and Acute services acknowledged the need to support colleagues to provide information and reports. She underlined the need to put the appropriate support in place to meet the challenges faced while recognising the resource challenges facing the organisation. Deep dive work and quality improvement approaches would be key to delivering the recovery plan.

Outcome: Committee members noted the Quarter 1 report and compliance with the complaint handling process. Members noted the Patient Experience recovery plan and looked forward to receiving regular updates on this work.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

Ms Tracey Cooper, Independent Infection Prevention and Control (IPC) Nurse, provided a report on the Board's current performance against the national HCAI Standards. The report was provided in a more streamlined format, aligned to the national Standards, to demonstrate how the Board was ensuring compliance. There was no new verified HCAI data available for this meeting.

Ms Cooper highlighted that as previously reported to the Committee, Escherichia Coli Bacteraemias (ECB) data had to be corrected as there had been some misinterpretation of the definition. Revised data should be provided in the next report to the Committee.

Committee members were advised that while some progress had been made against the national IPC Standards (2022), there were continued challenges due to capacity issues in the IPC team. A range of mitigating actions were in place to support the team and this had been included as a risk on the Corporate Risk Register.

Committee members were encouraged by the progress being made against the HCAI Standards despite the challenges faced. The Interim Deputy Nurse Director, Ms Ruth McMurdo, thanked Ms Cooper for the support she had provided to the IPC team over the last few months.

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

6.2 Quality and Safety report – Mental Health

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The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an update on the Scottish Patient Safety Programme (SPSP) Mental Health Collaborative and Excellence in Care (EiC) progress locally, current status and plans going forward in relation to core measures.

Healthcare Improvement Scotland (HIS) had extended the Collaborative from April 2023 to August 2023 which reflected the needs of the pilot sites across Scottish Boards.

Mr Fullarton highlighted the following key areas:

- Over the last six months, four wards had experienced ongoing, significant demands and pressures, with very high acuity and over-occupancy. An overflow ward had been set up to cope with service demand. While work had proved challenging, improvement activities had continued.
- NHSAA Care Assurance Audit tool was being reviewed to include more specific measures for Mental Health to provide more meaningful information and assurance.
- Focus to increase quality improvement capacity and capability within Mental Health Services. Discussion ongoing to see if NHS Education for Scotland (NES) data could be captured at local level. Work was taking place to increase uptake of the Ayrshire and Arran Improvement Foundation Skills training.
- Revised Improving Observation Practice national guidance had been piloted in Ward 10. This guidance reflected a shift in mind set based on emerging good practice within Mental Health.
- HIS had facilitated conversations with NHS Boards to explore the operational definition of seclusion within Mental Health. Wards 7 and 8 had developed their own operational definition of seclusion and developed a guideline pathway to support observation and seclusion practice. Ward 8 was working with QI support to identify a working guideline for their environment.

Mr Fullarton explained in reply to a query from a member that the increase in falls with harm in Ward 8 between June 2022 and June 2023 would have related to a patient coming to the ward with specific needs and challenges and this appeared as a spike in data due to the small numbers involved. In response to a question from a member Mr Fullarton would check with the QI team if there were plans to provide national data to enable benchmarking to take place.

DF

Outcome: Committee members noted the report on quality and safety activity in Mental Health.

6.3 Antimicrobial Stewardship

The Associate Director of Pharmacy, Ms Lynsay Lawless and Ms Kayleigh Hamilton, Senior Pharmacist, Antimicrobial Pharmacotherapy, presented the annual assurance report on antimicrobial prescribing improvement work in NHSAA.

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Ms Lawless reported that antimicrobial use in Secondary Care had shown an overall downward trend since 2020 and did not appear to have been negatively impacted by the COVID-19 pandemic. Secondary Care was compliant with the prescribing indicators related to use of approved antimicrobials and in reducing the use of IV antimicrobial agents. The report described the range of work planned to further reduce antimicrobial prescribing in secondary care over the coming months.

Ms Lawless reported that for Primary Care, following a decline in antimicrobial prescribing during the COVID-19 pandemic, there had been a sharp rise in quarter 4 of 2021. A further spike in antimicrobial use was seen in quarter 4 of 2022, driven by the national Group A Streptococcus (GAS) outbreak in December 2022. NHSAA remained highest among comparator Boards for antimicrobial use, third highest for 4C antimicrobial use and highest for Cephalosporin use in Primary Care. The report outlined the range of targeted interventions put in place over the last six months and further work planned which should positively impact on the Indicators going forward. Regular progress reports would be presented at the Antimicrobial Management Group.

The report detailed the interventions made following the Board being highlighted as an exception in the quarterly healthcare associated Clostridioides difficile Infection (HA-CDI) data for two consecutive months in quarter 4 of 2021. Data for quarter 4 of 2022 showed that these interventions had resulted in an improved position, with the Board well within the 95% confidence interval upper limit.

The Committee discussed the report and members were encouraged by the antimicrobial prescribing improvement work being done, particularly within Acute services, and the positive impact in reducing HA-CDI.

Outcome: Committee members noted the annual update on antimicrobial prescribing improvement work.

7. Quality Improvement

7.1 Food, Fluid and Nutrition – Health and Safety Executive (HSE) visit action plan

The Director for AHPs, Mr Alistair Reid, provided an assurance report on the progress of the action plan that was agreed following Health and Safety Executive (HSE) intervention as a result of the fatality of a patient under the care of NHSAA.

Mr Reid provided a summary of actions achieved and areas outstanding. He gave assurance that significant work had taken place across the inpatient system and associated improvements had been made at pace. However, there remained variance in practice and areas of risk. One of the key areas outstanding related to training and education in the management of swallowing difficulties.

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In addition, there was a need for stability of the wider FFN team and for the team to continue to take a focused role in terms of leadership and education around FFN. The Corporate Management Team had agreed non-recurring funding for FFN team staff costs.

The Interim Deputy Nurse Director, Ms Ruth McMurdo, reassured in reply to a query from a member about the role of the Mealtime Coordinator, that a new quality and safety measurement framework had been put in place for Acute and audits were being scrutinised on a monthly basis to ensure compliance.

Outcome: Committee members noted the assurance report on progress with the HSE visit action plan. Members requested regular assurance reports on this work, particularly around areas of slippage, with detailed reporting arrangements to be confirmed.

8. Corporate Governance

8.1 **Minutes** – Committee members noted the minutes of the following meetings:

8.1.1 **Acute Services Clinical Governance Group** – minutes of meeting held on 19 May 2023.

8.1.2 **Area Drug and Therapeutics Committee** – minutes of meetings held on 15 May and 12 June 2023.

8.1.3 **Paediatric Clinical Governance Group** – notes of meeting held on 12 May 2023.

8.1.4 **Prevention and Control of Infection Committee** – notes of meeting held on 18 May 2023.

8.1.5 **Primary and Urgent Care Clinical Governance Group** – notes of meetings held on 2 November 2022 and 3 May 2023.

8.1.6 **Research, Development and Innovation Committee** – Notes of meeting held on 14 June 2023.

9. Annual Reports

9.1 Acute Clinical Governance Group annual report

On behalf of the Director for Acute Services, the Interim Deputy Nurse Director, Ms Ruth McMurdo, presented the Acute Clinical Governance Group's (ACGG) annual report for 2022-2023. The report outlined the progress of the group and its sub-groups over the last year and priorities for next year.

Ms McMurdo highlighted the activity of the Acute Adverse Event Review Group (AERG) over the last year. The COVID-19 pandemic

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had impacted on the ability to complete significant adverse event reviews (SAERs) timeously which had resulted in a significant backlog. Ms McMurdo reassured members that focused work was taking place to manage Acute SAER numbers, with a key priority to reduce historic SAERs alongside the current backlog. The AERG was reviewing progress on a monthly basis and this was a standing item at Clinical Governance Group meetings for each division to enable progress to be monitored.

Ms McMurdo advised that as many SAERs related to falls and pressure ulcers, a framework had been developed to provide a robust structure to measure and assure quality practice in Acute. Further details of the framework would be reported at a future Committee meeting.

RMcM/JW

Outcome: Committee members noted the Acute Clinical Governance Group annual report for 2022-2023.

9.2 Area Nutrition Steering Group annual report

The Director for AHPs, Mr Alistair Reid, presented the Area Nutrition Steering Group annual report detailing key activities of the group and its sub-groups in 2022-2023 and priorities for 2023-2024. The group's terms of reference were also included with the report.

Mr Reid outlined NHSAA's progress in meeting the requirements of HIS Standards for FFN care in all settings over the last year. Due to significant changes in the leadership and membership of the group and its sub-groups, a refresh of membership, including public involvement, and re-prioritisation process was ongoing and an update would be provided in the next annual report.

Mr Reid reassured members that one of the key priorities for 2023-2024 would be activity related to the HSE action plan, as discussed earlier in the meeting.

Outcome: Committee members noted the Area Nutrition Steering Group annual report for 2022-2023.

9.3 East Ayrshire Health and Social Care Partnership (EA HSCP) Health and Care Governance annual report

The Director for EA HSCP, Mr Craig McArthur, presented the HSCP's Health and Care Governance annual report outlining activity in 2022-2023 and key priorities for 2023-2024. The report was presented in a new format to ensure consistent reporting across the three Ayrshire HSCPs. The report had been discussed and approved at the EA Integration Joint Board (IJB) meeting on 30 August 2023.

Mr McArthur provided an overview of the range of health and care governance activity undertaken by EA HSCP across key service areas over the last year, including as the Lead Partnership for Primary and Urgent Care services.

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The Committee received an update on governance; quality improvement; risk management; patient experience/complaint handling; and staff and workforce related activity undertaken during the reporting period.

Committee members discussed the report and acknowledged the positive, whole system work taking place. Mr McArthur advised in reply to a query from a member that the number of complaints concerning access to services had increased. He would provide data on the volume of complaints during the reporting period to enable comparison with previous years.

CMcA

Members welcomed the deep dive work being done around access to Primary Care services. The Medical Director, Dr Crawford McGuffie, emphasised that this was about receiving the right support at the right time, with patients often being seen by a member of the GP practice's multi-disciplinary Primary Care team rather than a doctor.

Outcome: Committee members noted the EA HSCP Clinical and Care Governance annual report for 2022-2023 and were assured of the robust systems and processes in place to ensure governance within EA HSCP.

9.4 South Ayrshire Health and Social Care Partnership (SA HSCP) Clinical and Care Governance annual report

On behalf of the Director, the Chief Nurse for SA HSCP, Mr Robert Campbell, presented the HSCP's Health and Care Governance annual report outlining activity in 2022-2023 and key priorities for 2023-2024. The report was presented in a new format to ensure consistent reporting across the three Ayrshire HSCPs.

Mr Campbell provided an overview of the range of health and care governance activity undertaken by SA HSCP across key service areas over the last year. The Partnership provided strategic leadership for Children and Young People's services.

The Committee received an update on governance; risk management; patient experience/complaint handling; and staff and workforce.

Committee members discussed the report and were encouraged by the range of positive activity undertaken over the last year. Members recognised the challenges related to delayed transfer of care and the improvement that had been made to date. The Committee commended the improvement work being done within Children's Services.

Outcome: Committee members noted the SA HSCP Clinical and Care Governance annual report for 2022-2023 and were assured of the robust systems and processes in place to ensure governance within SA HSCP.

10. Risk

10.1 Significant Adverse Event Review (SAER) Quarter 1 report

The Assistant Director, Occupational Health, Safety and Risk Management, Mr Hugh Currie, provided a report on the progress of all active SAERs and completed action plans for SAERs.

Committee members received a summary of all reports and action plans on target, those that had been paused or were overdue and completed reports, as well as learning summaries.

Mr Currie reassured members that the Board did not wait until a review had been completed to implement learning. He advised that there was a national review of the Adverse Event Framework ongoing which may impact on local work going forward. A national working group was looking at the support in place around the SAER process to ensure a consistent approach across Boards. Locally, the template for review reports had been updated to improve the format and make them easier to read.

Committee members discussed the report and acknowledged the focused efforts and quality improvement approach being adopted to improve the SAER process.

Mr Currie reassured in reply to a query from a member that while there could be challenges and pressures for teams in completing reviews, Directors and senior managers were focused on ensuring that reviews could be progressed as quickly as possible. Mr Currie clarified that there was a clear escalation process through the senior management team to Directors and regular discussion through Risk and Resilience Scrutiny and Assurance Group (RARSAG) meetings to support completion of reviews. Directors now received a monthly report summarising progress of SAERs which would also support progression of reviews.

Outcome: Committee members discussed the report and were assured that there was appropriate governance in place for these Reviews, and that action plans had been scrutinised by local Directorate governance groups with multi-disciplinary attendees.

10.2 Mental Health Significant Adverse Event Review (SAER) progress report

The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, provided an update on overdue SAERs in Mental Health Services (MHS).

Mr Fullarton outlined the process undertaken for SAERs in MHS and

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the criteria used to describe active reviews. He provided a detailed update on the status of reviews at August 2023, with updated information provided where available. He outlined the challenges and complications in completing reviews within the 90 day timescale, with similar issues being experienced in other Board areas. These issues had been highlighted to Healthcare Improvement Scotland with a request that they review the response timeframe.

A request had been made to the Corporate Management Team for funding to provide additional resource to complete reviews but this had been unsuccessful and a further request would be made when funding could be identified.

Committee members received assurance that significant improvement had been made in the completion of historic reviews compared to the position reported in June 2022. Mr Fullarton reassured that progress against all SAERs was being monitored regularly to ensure reviews were being completed in a timely manner.

Mr Fullarton advised in reply to a query from a member that following work with review teams, areas of good practice and structured approaches were being shared more widely in MHS and this was having a positive impact. He explained that each SAER was individual and involved unique circumstances which could impact on the SAER process.

In response to a question from a member Mr Fullarton explained that Learning Summaries were provided for reviews whose outcome had been classified as 2, 3 or 4, and these were submitted to the SAER group for approval. He assured members that the SAER process provided an audit trail of decision-making in relation to development of action plans and learning summaries in line with HIS guidelines. The Medical Director, Dr Crawford McGuffie, thanked Mr Fullarton and wider team for the recovery work done over the last two years.

Dr McGuffie provided detailed Public Health Scotland suicide information covering the period 2011 to 2021 broken down by age, gender, marital status and deprivation. 70% of suicides were completed by males. Data indicated that suicide rates had dropped over this period.

Dr McGuffie highlighted the whole system suicide prevention approach being adopted at population level through the Scottish Government Creating Hope Together suicide prevention policy, with a particular focus on areas of higher deprivation which had higher suicide rates. He underlined the important function of society and communities in suicide prevention, as well as the significant role played by health and social care.

Mr Fullarton advised that there was a pan-Ayrshire, multi-agency strategic group looking at the national suicide prevention policy and local and national action plans.

Outcome: Committee members noted the update on overdue

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MH SAERs and were assured of the progress being made. Members would continue to monitor progress through the routine SAER update report.

10.3 Unplanned Activity (UNPAC) Policy and UNPAC Appeals Policy

The Assistant Director, Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented the UNPAC policy and UNPAC appeals policy. The policies, which were subject to two-yearly review, were discussed and supported at the RARSAG meeting on 21 July 2023.

Committee members reviewed and supported both of these policies. The Board Chair advised that discussion would take place offline about the formal approval process.

CMcG/HC

Outcome: Committee members supported the UNPAC policy and Appeals process policy and were assured of the robust management of the service.

10.4 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

There were no issues to report to RARSAG.

11. Key items to feed back to NHS Board

11.1 Committee members agreed that the following key items be reported to the next NHS Board meeting:

- Antimicrobial stewardship annual update
- FFN update reports
- MH SAERs progress update
- Acute Clinical Governance report, EA and SA HSCP Clinical and Care Governance reports.

12. Any Other Competent Business

12.1 There was no other business.

**13. Date and Time of Next Meeting
Monday 6 November 2023 at 9.30am, MS Teams**

Signed by the Chair



Date: 6 November 2023