Approved by Committee on 22 April 2024

Healthcare Governance Committee
Monday 4 March 2024 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:
Cllr Marie Burns
Dr Tom Hopkins
Mr Neil McAleese

Board Advisor/Ex-Officio:
Ms Claire Burden, Chief Executive – attended part of meeting
Mrs Lesley Bowie, Board Chair
Dr Crawford McGuffie, Medical Director
Ms Jennifer Wilson, Nurse Director

In attendance: Ms Tracey Cooper, interim Associate Nurse Director, Infection Prevention and Control items 6.1 and 10.2
Ms Lisa Davidson, Assistant Director of Public Health item 6.2
Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, NAHSCP item 9.1
Ms Laura Harvey, QI Lead, Patient Experience, items 5.1, 5.2 and 5.3
Dr Rosalynn Morrin, Public Health item 7.2
Ms Nina McGinley, QI Lead Nurse (observer)
Mr Alistair Reid, Director of AHPs item 7.1
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome / Apologies for absence

1.1 The Committee Chair, Ms Linda Semple, welcomed everyone to the meeting. The agenda was re-ordered to allow colleagues joining the meeting for specific items to present their reports.

Ms Semple advised that Miss Christie Fisher, Non-Executive Board Member, had resigned from NHS Ayrshire & Arran (NHSAA) Board with effect from 29 February 2024, and she thanked Christie for her input to the Committee during her time as a member.

1.2 Apologies were noted from Mrs Jean Ford, Mrs Lynne McNiven and Ms Geraldine Jordan.

2. Declaration of any Conflicts of Interest

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 15 January 2024

3.1 The Minute of the meeting held on 15 January 2024 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.

4.2 The Committee noted the work plan for 2023-2024 and 2024-2025.

5. Patient Experience

5.1 Patient Experience Quarter 3 report

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the Patient Experience Quarter 3 report and compliance with the complaint handling process.

Ms Harvey reported that there had been a decrease in the number of concerns and stage 1 complaints over the last three quarters. Early indications suggest that in January 2024 there has been a significant increase in stage 1 complaints, mostly related to waiting times. There had also been a spike in the number of complaints related to cessation of the headache service in Neurology. Committee members sought an update on this issue which will be included in the action log. **CMcG/AO**

Stage 2 complaints continued to be complex and numbers had remained steady over the last few quarters. Performance in responding to Stage 1 and Stage 2 complaints had continued to improve, with overall performance at 54%. Acute complaint handling performance continued to sit at around 75% following improvements made as part of the Acute recovery plan. Overall performance was at a similar level to other Scottish Boards.

Ms Harvey updated that in February 2024 there had been an increase in the number of Acute out of time complaints over 40 working days. Performance had been impacted by the significant increase in Stage 1 complaints in recent weeks. The number of complaints between 20 to 40 working days remained low and there was improved performance for in-time complaints.

Committee members were advised that there had been an increase in referrals to the Scottish Public Services Ombudsman (SPSO) in Quarter 3. Due to SPSO backlog delays, some of these referrals would have been received several months ago when complaint handling performance was at a lower level. The number of SPSO investigations remained low but this may increase in future quarters given the backlog issues.

Complaint themes were similar to those reported in previous quarters. Local and national feedback was mainly positive although Care Opinion response performance had dropped slightly, with work planned to improve the position. Complainant feedback had improved during the reporting period which reflected the improvement

work done through the Acute recovery project. The report set out the range of improvement actions being progressed.

Committee members were assured that appropriate processes are in place to address areas of concern around complaint handling performance. The Committee recognised the extensive work being done by the Complaints team, as well as all staff engaged in complaint handling, and the focused improvement work taking place which should result in improved performance in the future.

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

5.2 **Patient Experience themed report – learning and improvement from complaints**

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the final paper in the current series of themed reports which demonstrated learning and improvement from complaints. The following areas were highlighted:

- Improvement work to enhance staff reflection and learning in taking on board ongoing complaints related to staff attitude and behaviour.
- New approach working with specific teams, starting with the Orthopaedic Trauma team, with workshops planned in April 2024. An update on this work to be provided at a future meeting. Dr Hopkins suggested that Ms Harvey join a future Area Clinical Forum meeting to update on this work. **LH/AO**
- Collaborative work being done by Volunteer Manager and Ayrshire College, with 100 Healthcare students taking on the role of inpatient volunteers as part of their studies.
- Youth Development Volunteer Programme to launch in the near future.
- Person centred visiting fully implemented across all inpatient areas, with minimal restrictions based on what works best for patients and families.
- National and local work related to treatment time guarantee and waiting times. New patient leaflets recently circulated.
- Further work planned to capture change or improvement made as a result of complaints to ensure learning and good practice shared as widely as possible.

The Committee noted the improvement actions being taken as a result of complaints made. Members welcomed the collaborative work taking place with Ayrshire College and the positive feedback from students and ward staff to date.

Outcome: Members noted the final in a themed series of reports exploring complaint themes and how to ensure learning and improvement is progressed in response to identified issues.

5.2 **Scottish Public Services Ombudsman (SPSO) closure report**

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, advised that the Board had submitted evidence to SPSO on three cases related to Acute care. There had been a delay in receiving feedback from SPSO on whether the Ombudsman was content with the actions taken on these cases or if further evidence was needed. A closure report would be submitted to the Committee once SPSO feedback had been received.

Outcome: Committee members noted the update and looked forward to receiving the SPSO closure report at a future meeting.

6. Patient Safety

6.1 **Healthcare Associated Infection (HCAI) Quarter 2 report**

The interim Associate Nurse Director for Infection Prevention and Control, Ms Tracey Cooper, presented the Quarter 2 HCAI report, including incidents and outbreaks managed and learning actions being taken.

- Clostridioides difficile infection (CDI) – cases had risen in Quarter 2 although it may still be possible for the Board to meet the annual target rate.

- Staphylococcus aureus bacteraemias (SAB) – cases had decreased compared to the last quarter. It would be challenging to meet the annual target rate. The Board had been identified as an outlier for community acquired SAB and focused work had taken place to review the position. The Public Health team was looking into a small cluster of cases involving people who use intravenous drugs to see what could be done to reduce the risk of infection for these individuals.

- For Escherichia-coli bacteraemia (ECB), it was not yet clear if the Board would meet the annual target. ECB was multi-factorial and it was not always fully understood what the causes were. Focused work was taking place looking at known causes in hospital and community, such as urinary catheter use, as well as work looking at patients with hepatobiliary causes to see if anything could be done differently to reduce the incidence of ECB. The Board was a high outlier for community acquired ECB and an action plan was in place based on issues that could be identified, although it was recognised that this could be complex.

Ms Cooper provided a detailed update on outbreaks in Quarter 3, learning as a result of outbreaks and how this had been shared across the organisation. Members received assurance that outbreaks had been dealt with in line with national guidance, with effective collaboration between teams involved to mitigate risk related to outbreaks.

Ms Cooper advised in reply to a query from a member that the Board was working with Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland looking at cases of Klebsiella pneumoniae to establish if a strain of this was circulating in the community. Members looked forward to an update on this work in a future report.

Committee members welcomed this comprehensive report and the level of detail provided.

Outcome: Committee members noted the current performance against the national HCAI Standards and the anticipated level of challenge in achieving them.
Members noted the update on incidents and outbreaks dealt with in Quarter 3, including learning and improvement as a result of these infection issues.

6.2 **Winter Vaccinations Programme 2024**

The Assistant Director of Public Health, Ms Lisa Davidson, presented a report to update on the Winter Seasonal Flu and COVID-19 Vaccinations programme.

Ms Davidson outlined the background, key objectives and delivery model for the programme. Planning for delivery of the programme had moved from Occupational Health to Public Health's Vaccination Service.

Following a similar approach to last year, a mixed model had been used through drop-in clinics and peer vaccination on Acute sites, as well as mass vaccination clinics and targeted workplace clinics for health and care staff to maximise uptake. Eligible cohorts for vaccination were detailed in the report.

Members received a detailed update on vaccinations uptake, including among health and care staff, and how this compared nationally. Within NHSAA, as at 25 February 2024, 32.6% of staff had received COVID-19 vaccination which was below the Scottish average. 43.6% of staff had received Flu vaccination which was above the Scottish average.

Ms Davidson advised that there had been reduced uptake of Winter Vaccinations nationally and NHS Boards were doing collaborative work with Public Health Scotland to see if any improvements could be identified. Locally, a short online survey had been sent to staff seeking their feedback but there had been a low response rate to date. Efforts continued to encourage staff to be vaccinated.

COVID-19 vaccination uptake among people aged 65 to 74 and the over-75s was doing well, with higher uptake of both Flu and COVID-19 vaccinations locally compared to the Scottish rate. The Childhood

Flu vaccination programme undertaken by the Health and Social Care Partnerships was performing well.

Committee members discussed the report and expressed concern at the reduced uptake of vaccinations among health and care staff, although it was acknowledged that Flu vaccination uptake locally was above the national average.

Outcome: Committee members noted the update on the Winter Vaccinations Programme 2024.

7. Quality Improvement

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

The Director for Allied Health Professions, Mr Alistair Reid, provided an update on progress with the FFN HSE visit action plan.

Mr Reid set out the background to this work and progress with the recommendations previously agreed. The short life working group (SLWG) continued to meet, with good representation from across the Health and Social Partnerships and Acute inpatient areas. The original action plan had been reviewed thoroughly, with consequent action and plans around key areas of outstanding work related to training and recruitment. The prosecution related to the original case was ongoing and expected to be concluded in the coming months.

Mr Reid highlighted the results of a recent two-phase audit process focused on the mealtime coordinator role and processes involved in the provision of texture modified diets. While the audit noted that progress had been made, there were areas of variance in the system with regard to mealtime processes and an element of ongoing risk. The SLWG previously convened to address the HES action plan would now focus on progressing the audit's seven recommendations, with regular reports to be provided to the Corporate Management Team. An organisational risk assessment was being finalised setting out the actions being taken to mitigate risk across inpatient settings.

Mr Reid advised in reply to a query from a member that while a number of individuals were taking forward this work, the NMAHP Consultant in dysphagia care post would have a key role in progressing activity over the next 12 months. As it had not been possible to recruit to this post on a fixed term contract, recurring funding had been identified for this key role.

Outcome: Committee members noted the update on progress with the FFN HSE visit action plan and looked forward to a further assurance report in six months' time.

7.2 National Cervical Exclusion Audit

The Public Health Lead for Sexual Health, Dr Rosalynn Morrin,

provided an update on the progress of the national audit and challenges faced by the local audit team to complete the audit.

Dr Morrin gave assurance that the audit was progressing well, as detailed in the report. She updated that as of 4 March 2024, 7,823 stage five cases had been completed which meant that 70% of individuals had been cohorted. The team continued to focus efforts on review of audit cases and in working these through to completion. There was currently a Band 6 vacancy within the team and bank nursing support was being provided to help take this work forward.

Committee members were advised that in NHSAA there was a significantly lower than predicted uptake of the invitation for clinical review in both Primary and Secondary Care, with around 20% uptake locally compared to 50% uptake in other Board areas. Discussion would take place at the next Audit Steering Group on 21 March 2024 with a view to formulating a local plan to improve uptake, taking on board learning from other areas.

Dr Morrin advised that for those who had responded positively to an invitation to attend for screening in Primary Care, three women had been referred to Emergency Department for colposcopy. Of those aged over 71 years attending Gynaecology clinics, there were no concerns identified.

Committee members noted with concern the low uptake for this screening and that work was planned locally to raise awareness and improve screening uptake among those eligible.

Outcome: Committee members noted the progress of the national audit and acknowledged the challenges faced. Members invited a further update as the audit reaches completion in late summer 2024.

7.3 **Healthcare Improvement Scotland (HIS) visit to University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA), July 2023**

The Chief Executive, Ms Claire Burden, provided an update on progress in implementing the improvement action plan following the unannounced HIS visit to UHC and UHA in July 2023.

The Chief Executive gave assurance that good progress had been made since the improvement plan was drafted. The Board had received positive feedback both on the plan and progress made. The improvement action plan focused on quality and safety issues that were raised at the time through clinical huddles and structures.

The Chief Executive highlighted the organisational change work taking place in Acute services over the last year, with dedicated workstreams being progressed through divisional triumvirates. Audits were ongoing and once organisational change work had progressed further this would enable the Board to meet many of the actions. The Chief Executive reassured members that the improvement plan was

on target with no new issues raised by HIS at this time.

Outcome: Committee members noted progress in implementing the requirements as detailed in the improvement action plan.

8. Corporate Governance

8.1 Minutes

8.1.1 **Acute Services Clinical Governance Group** – Members noted the approved minutes of the meeting held on 3 November 2023.

8.1.2 **Area Drug and Therapeutics Committee** – Members noted the approved minutes of the meeting held on 6 November 2023.

8.1.3 **Paediatric Clinical Governance Group** – Members noted the approved minutes of the meeting held on 17 November 2023 and draft minutes of meeting held on 2 February 2024.

8.1.4 **Prevention and Control of Infection Committee** – Members noted the approved notes of the meeting held on 30 November 2023

8.1.5 **Primary and Urgent Care Clinical Governance Group** – Members noted the draft minutes of the meeting held on 19 December 2023

8.1.6 **Research, Development and Innovation Committee** – Members noted the draft minutes of the meeting held on 13 December 2023.

Committee members noted the progress being made. Members expressed concern at the level of apologies received for some of these meetings given their important operational remit.

9. Annual Reports

9.1 Mental Welfare Commission (MWC) Young People Monitoring Report 2022-2023

The Associate Nurse Director and Lead Nurse for North Ayrshire Health and Social Care Partnership, Mr Darren Fullarton, presented the annual report which was published in October 2023.

Mr Fullarton highlighted that during the reporting period 79 children and young people under 18 years had been admitted to NHS non-specialist units for mental health care and treatment. Admissions showed a reducing trend over the last 10 years. While numbers remained low, Mr Fullarton underlined that admission of children and young people to areas not designed for their needs had a significant impact on individuals and families.

Committee members were advised that the Board had a service level agreement (SLA) with Skye House in Glasgow, one of three regional units for Child and Adolescent Mental Health Services (CAMHS) psychiatric admission. Mr Fullarton reassured members that following

a reduction in the number of beds available at Skye House in 2022 due to a range of factors previously reported to the Committee, the regional unit was now fully open, with access to the full complement of beds. However, there could still be some access delays due to demand and acuity, particularly in the out of hours period, as Skye House did not accept regional referrals at these times and local arrangements had to be made.

Children and young people were admitted to the Paediatrics units for issues such as eating disorders, intentional self-harm and overdose, and mental health disorders related to alcohol misuse. Admissions to Paediatric beds were not monitored by the MWC. However, information from the regional Paediatric Critical Care Managed Clinical Network suggested that rates of admission to paediatric beds were increasing, in part due to overdoses taken by young people and this impacted on Paediatric staffing and capacity.

Mr Fullarton outlined the local discussion taking place with third sector colleagues to develop advocacy support for children in non-specialised wards as part of the wider Foxgrove development. There were plans to provide educational facilities for these children in the dedicated educational facility at Foxgrove. There was also a draft proposal to develop in-house CAMHS provision, depending on the outcome of evaluation of a pilot for an adult mental health assessment unit which had a soft launch at Woodland View Hospital last month.

Members received assurance that every child and young person admitted to a non-specialist unit received enhanced support, with a multi-disciplinary team meeting to discuss their care planning, the individual was reviewed by a CAMHS Responsible Medical Officer and good practice guidelines were followed throughout.

Outcome: Committee members noted the annual MWC report and received assurance of progress with actions in alignment with MWC recommendations. Members noted that CAMHS would continue to review and report progress through the clinical governance framework.

10. Audit

10.1 Internal audit - Microbiology Point of Care Testing (POCT)

The Chief Executive, Ms Claire Burden, provided an update on progress with the Microbiology POCT internal audit report's recommendations and management action plan progression.

The Chief Executive explained that while good progress had been made to develop a POCT policy and governance arrangements, some of the recommendations related to nearside patient testing would require investment which it was not currently possible to accommodate in full due to the Board's difficult financial position. Further work was required to secure an affordable and sustainable

operating model to maximise the benefits of nearside patient testing.

The Chief Executive advised in reply to a query from a member that as part of further review work taking place, there would be comparison with other Boards to consider how they support delivery of POCT.

Outcome: Committee members noted the audit report recommendations and progress with the management action plan.

10.2 **Internal audit - Infection Prevention and Control (IPC)**

The interim Associate Nurse Director for Infection Prevention and Control, Ms Tracey Cooper, presented the IPC internal audit report. The report was presented to the Audit and Risk Committee meeting on 16 November 2023.

The audit report made a number of recommendations and a detailed action plan had been developed, with timescales, and robust arrangements were in place to track actions to completion. Progress was mainly on track, however, a small number of actions were proving challenging to deliver within the required timescale due to staff being diverted to manage outbreaks. There was wider focus on some improvement actions, such as, those sitting outwith the IPC team related to mandatory and statutory training.

Ms Cooper explained that some actions taken covered a number of recommendations, for example, around manual data entry. She advised that local work to develop an electronic surveillance system had been put on hold as there were plans to implement a national electronic infection control monitoring system which would address some of the audit's recommendations. A Data Analyst would shortly join the team which would help address some issues identified.

Committee members discussed the audit report and progress with the recommendations made. Ms Cooper advised in reply to a suggestion from a member that she would discuss the potential use of learning summaries with the Director of Clinical and Care Governance, to give assurance on the follow-up process to ensure agreed actions were consistently tracked to completion and learning shared widely.

Outcome: Committee members noted the audit report and received assurance on progress to implement the recommendations.

11. Risk

11.1 **Strategic Risk Register Quarter 3 report**

On behalf of the Director of Clinical and Care Governance, the Medical Director, Dr Crawford McGuffie, presented the Quarter 3 report and provided assurance of the work being done to manage strategic risks which fall under the governance remit of this committee. The report had been discussed in detail at the Risk and

Resilience Scrutiny and Assurance Group (RARSAG) meeting on 25 January 2024.

Dr McGuffie provided a summary of the latest version of the Strategic Risk Register, as detailed at Appendix 1, with information regarding allocation of corporate objectives for each risk and strategic risk activity for risks allocated to the Committee since the last meeting. There were no proposed risks for escalation.

Committee members were advised that there were two emerging strategic risks related to provision of Dental services and availability of community accommodation for patient care. These risks were currently being developed and would be presented to RARSAG for future consideration.

Dr McGuffie reassured in reply to a query from a member that a strategic plan and governance work was ongoing with the Director of East Ayrshire Health and Social Care Partnership, Head of Primary and Urgent Care and team to mitigate the risk related to Dental services, including using different strands of Public Dental Services and Specialist Dental Services in the area. The Committee would receive an update on the progress of this work in the next report. **CMcG**

Appendix 2 of the report provided details of each risk and appendix 3 described the severity consequence matrix for members' information.

Committee members discussed the Board's difficult financial position in terms of quality and patient safety. Dr McGuffie would discuss further with the Nurse Director outwith the meeting and provide an assurance report at the next meeting on how the Board is maintaining quality and safety in the current fiscal climate. **CMcG/JW**

Outcome: Committee members noted the HGC risk register report and took assurance from the work being done to manage strategic risks which fall under the Committee's remit.
Members looked forward to receiving an update on the two emerging risks in the next report, as well as a report on how quality and safety is being maintained in the current fiscal climate.

11.2 **Significant Adverse Event Review (SAER) Action Plan update**

On behalf of the Director of Clinical and Care Governance, the Medical Director, Dr Crawford McGuffie, provided an update on the SAER Action Plan.

Dr McGuffie highlighted the important interaction between RARSAG and HGC in providing assurance on the management of SAERs. Operational delivery in clinical governance was provided by various Adverse Event groups where multi-disciplinary discussion of each event took place.

Discussion at RARSAG on 23 October 2023 had looked at the

different challenges with SAERs. The Risk Management team had taken an action to populate a process map for the current SAER process highlighting issues and suggested improvements. Dr McGuffie and the Nurse Director had held a follow-up meeting with the team and a number of actions had been agreed which would be reported to RARSAG in April 2024.

Dr McGuffie reported that during the reporting period July to September 2023 there were six SAERs closed. For the reporting period October to December 2023 there were 11 Reviews completed which were being presented to the Committee for final closure. A summary of the completed SAER report/action plan along with recommendations were detailed at Appendix 6 of the report, with respective Learning Summaries at Appendices 7-14. The report also provided a breakdown of the current position of action plans and reports.

Committee members were encouraged by the progress being made to progress SAERs related to Mental Health services.

Dr McGuffie highlighted that the new Director of Clinical and Care Governance, Ms Geraldine Jordan, would be taking some time to review the Board's systems and processes and the Committee would receive an update on this review work at a future meeting. Committee members supported the need for a balanced approach in terms of the level of detail provided in reports to give the required level of assurance.

Outcome: Committee members noted progress on all active SAERs and completed action plans for SAERs, and received assurance that appropriate governance is in place for these reviews.

11.3 **Management of Adverse Event policy review**

On behalf of the Director of Clinical and Care Governance, the Medical Director, Dr Crawford McGuffie, provided an update on plans to revise NHSAA's Adverse Event Policy to meet the requirements of revised national and local guidance.

Committee members were advised that RARSAG had agreed on 9 December 2021 that the policy should have a two year review period. Discussion had taken place at RARSAG on 25 January 2024 around the related internal and external processes that will impact on the revision of the current Adverse Event Policy and Application Guidance. The group had supported the extension of the policy review period until 30 September 2024.

Committee members noted the improvements that had been made as a result of policy review in previous years and welcomed plans to revise the current policy, ensuring it meets NHSAA's needs as well as national requirements.

Outcome: Committee members noted and accepted

assurance that appropriate governance is in place for the management of adverse events. Members endorsed the extension of the policy's review period to 30 September 2024 to ensure appropriate review takes place, including engagement with key stakeholders.

11.4 **Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group**

There were no issues to report to RARSAG.

12. Points to feed back to NHS Board

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

- Patient Experience Quarter 3 report
- Infection Prevention and Control internal audit
- Cervical Screening exclusion
- HSE FFN improvement plan
- MWC annual assurance report
- Winter Vaccinations programme update
- Patient Experience themed report.

13. Any Other Competent Business

13.1 **Safe Sedation Committee reporting arrangements** – the Medical Director, Dr Crawford McGuffie, updated on recent discussion at the Area Drug and Therapeutics Committee (ADTC) about the formation of a Safe Sedation Committee. Work was currently ongoing to develop terms of reference and membership. Once formed, the new Committee would report to the Safer Medicines Group and ADTC. Committee members requested that the new Committee's terms of reference be shared with members when available to agree future HGC assurance reporting requirements. **CMcG**

14. Date and Time of Next Meeting
Monday 22 April 2024 at 9.30am, MS Teams

Approved by the Chair  Date: 22 April 2024