Approved by Committee on 28 April 2025

Healthcare Governance Committee
Monday 3 March 2025 at 9.30am
MS Teams meeting

Present:

Non-Executives:
Ms Linda Semple (Chair)
Cllr Marie Burns
Mrs Jean Ford (left the meeting after item 9.2)
Dr Tom Hopkins
Mrs Sharon Morrow
Mr Neil McAleese

Board Advisor/Ex-Officio:
Ms Claire Burden, Chief Executive
Mrs Vicki Campbell, Director of Acute Services
Mrs Geraldine Jordan, Director of Clinical Care Governance
Dr Crawford McGuffie, Medical Director
Ms Ruth McMurdo, Deputy Nurse Director
Mrs Lynne McNiven, Director of Public Health
Ms Jennifer Wilson, Nurse Director

In attendance:
Ms Lorna Copeland, QI Lead HSCPs and Caring for Ayrshire (shadowing Director of Clinical and Care Governance)
Ms Laura Doherty, Project Manager for Infants, Children and Young People, Public Health item 7.2
Ms Jincy Jerry, Director of Infection Prevention and Control item 6.1
Ms Victoria Maxwell, Paediatric Bereavement Liaison Nurse, Acute Supportive Care Team item 7.2
Ms Rosemary Robertson, Associate Nurse Director and Lead Nurse, SA HSCP item 7.1
Mr Erik Sutherland, Head of Locality, Health and Care Services, EA HSCP item 7.5
Ms Kathleen Winter, Child Health Commissioner item 7.2
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

1.1 Apologies were noted from Mrs Lesley Bowie and Mr Alistair Reid.

2. Declaration of any Conflicts of Interest

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 13 January 2025

3.1 The Minute of the meeting held on 13 January 2025 was approved as an accurate record of the discussion.

4. Matters arising

4.1 The action log had previously been circulated to members and the following updates were provided:

- **Item 5.1, Patient Experienced themed report, waiting times and appointments – digitised patient correspondence** - the Medical Director provided an update on the background to this work. The Head of Health Records had provided an SBAR report in December 2023. This would require Digital-led procurement and joint work was taking place between Digital and Health Records. A business case was being developed, with progress being monitored through the Planned Care Programme Board. Members requested an update on progress at a future meeting. Dr McGuffie advised in reply to a question from a member that NHSAA tried to align local digital projects with national guidance. **CMcG/DD**

All other actions were either complete or a date had been scheduled for the discussion.

4.2 The Committee noted the draft work plan for 2025/26. Members highlighted that the Integrated Health and Care Governance Framework was due for review in April 2025 and this would be added to the work plan. **JW/AO**

5. Patient Experience

5.1 Patient Experience themed report

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, presented the fourth in a series of themed reports. This report provided a summation of the previous three themed reports and resulting learning and improvement.

Mrs Jordan advised that the team would continue to work with services to ensure that improvements were being captured and reported in a meaningful way and learning spread as appropriate. The Complaints team was committed to supporting staff to manage difficult conversations and it was hoped to progress improvement work in the next couple of months. She highlighted the significant work being done in relation to volunteering which continued to go from strength to strength.

Mrs Jordan advised that as part of the review of the Complaints process commissioned by the Nurse Director, it was proposed to include learning and improvement activity within each themed report going forward to ensure this was reported in a timely manner. Committee members were supportive of this approach. **GJ**

The Nurse Director, Ms Jennifer Wilson, suggested that wider quality service reports should also include complaint themes and learning and improvement work being done to address identified issues and she would consider with the team out with the meeting. **JW/GJ**

Outcome: Committee members noted the final in a themed series exploring complaint themes and how to ensure learning and improvement was progressed in response to identified issues.

5.2 **Patient Experience quarter 3 report**

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, presented the Patient Experience quarter 3 report and compliance with the complaint handling process.

Stage 1 and Stage 2 complaints had remained stable over the last four quarters, with no patterns identified. Stage 1 complaint handling performance remained above the 85% target, with these complaints primarily being responded to by the Complaints team. Stage 2 performance was on an upward trajectory but still below the 75% target, with 68% performance for the most recent quarter.

There had been a significant rise in Scottish Public Services Ombudsman (SPSO) referrals, although this had not resulted in a rise in investigations. SPSO was experiencing a backlog in dealing with referrals which could result in an increase in investigations in due course. In reply to a question from a member, the Director of Clinical and Care Governance would ask the team to review data provided in relation to SPSO referrals to enable the Committee to understand the reason for the increase in referrals. There had been one SPSO case closed since June 2024 and a closure report would be tabled in June 2025. **GJ**

Care Opinion (CO) feedback showed that 78% of posts were positive, with 22% having a level of criticality. Details of sharing and learning from CO feedback had been viewed more than 14,000 times which was positive in terms of staff learning.

For complainant experience, there were some positive areas and others where further work was required. One area identified related to keeping complainants up-to-date. The Complaints team was committed to improving performance and a standard operating procedure had been developed for staff taking phone calls to support the complainant and keep them regularly updated. Mrs Jordan advised in reply to a question from a member that she would add an appendix to the report with a data chart showing complainant feedback themed information over time. She would consider with the team how to present complaint themes and sub-themes information in future reports to enable members to monitor trends. **GJ**

In reply to a question from a member, the Nurse Director, Ms Jennifer Wilson, outlined the wide range of ways in which patients and carers could access information about how to provide feedback or make a complaint. This included the Owl promotions throughout every ward, as well as leaflets and posters. Volunteers also visited wards to give guidance on how to provide feedback. Ms Wilson emphasised the importance of feedback and the rich data this provided in terms of what was working well and areas for learning and improvement.

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

6. Patient Safety

6.1 Healthcare Associated Infection (HAI) report

The Director of Infection Prevention and Control, Ms Jincy Jerry, presented the current position against the national HAI Standards in relation to Clostridioides difficile infection (CDI), Staphylococcus aureus bacteraemia (SAB) and Escherichia coli bacteraemia (ECB).

- CDI - there were 10 healthcare associated cases in nine wards but no outbreaks during quarter 2. NHSAA's rate of 20.0 was within the 95% confidence level but above the Scottish rate of 18.0.

- SAB - the Board's rate of 33.0 was above the 95% confidence limit and also above normal variation when analysing trends over the last three years. An exception report had been received from ARHAI Scotland. An improvement action plan was in place and the Infection Prevention and Control Team was working closely with teams to implement strategies to reduce incidence of SABs. There had been a reduction in community SAB cases.

- ECB - there had been a reduction in healthcare associated cases during the quarter. However, there had been a significant rise in community ECB cases in the last two quarters, with a similar position being seen in some other rural Board areas. In quarter 1, NHSAA had received an exception report from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. ARHAI Scotland had been asked to provide additional demographic data to support targeted improvement work. An ECB improvement group continued to drive changes in Acute and Community in partnership with Public Health colleagues.

The Nurse Director, Ms Jennifer Wilson, advised that additional investment in infection prevention and control surveillance would have a further positive impact and this would be discussed at a Board workshop taking place on 4 March 2025.

The Committee received an update on infection outbreaks and incidents. Ms Jerry advised in response to a question from a member that every patient with CDI was reviewed by the Consultant Microbiologist and Antimicrobial Pharmacist, and information conveyed to the team. Actions were taken on any exceptions that arose related to antimicrobial prescribing and the Microbiology team provided advice to clinicians. Any trends would be picked up through the Antimicrobial Prescribing Group which reported annually to the Committee.

Members were assured of the actions taken to manage the Aspergillus incident at University Hospital Crosshouse.

Outcome: Committee members noted the report on the Board's performance with the HAI standards and anticipated level of challenge. Members noted the summary of outbreaks and key learning and improvement actions being taken in response to improve patient care.

6.2 **Quality and Safety report – Acute Services**

The Deputy Nurse Director, Ms Ruth McMurdo, presented an assurance report on progress of the Scottish Patient Safety Programme (SPSP), Excellence in Care (EiC) and local quality improvement programmes within Acute services and future plans in relation to the following measures:

- Falls – there had been positive improvement in reducing falls at both Acute sites.
- Falls with harm (FWH) – FWH rate had reduced and was below the national median.
- Pressure Ulcers (PUs) – the overall rate of acquired PUs across Acute sites had increased. Areas of improvement that had been tested as well as training being provided were detailed in the report. PU Improvement Nurse continued to support clinical areas.
- Cardiac Arrest – data showed variation, with the median currently 2.0 which was above the national median.
- National Early Warning Scores (NEWS) – NHSAA had 88.1% compliance with NEWS2 which was consistent with previously reported data. Positive key areas of work related to deteriorating patient were outlined in the report.
- Food Fluid and Nutrition (FFN) – there was a focus on dysphagia training. An awareness session was held in December 2024 and a further session was planned for this month.
- The Quality and Safety Oversight Group set up in 2023 continued to meet monthly to enable monitoring and scrutiny of quality and assurance processes, outcome data and service improvement activity.
- Multi-Drug-Resistant Organism (MDRO) – the position continued to be monitored and results shared as appropriate.

The Director of Acute Services, Mrs Vicki Campbell, thanked the team for the work being done to improve patient care despite the significant system challenges and pressures faced. She advised that while performance against reported measures was mixed, focused work continued across the system to improve the patient journey.

Committee members discussed performance against FFN standards and were encouraged by the consistent high compliance in completion of the monthly Malnutrition Universal Screening Tool (MUST). Members noted progress in completion of the Dysphagia

module, with 75% completion rate for Nursing staff up to the end of December 2024, although further progress was needed to improve uptake.

The Nurse Director, Ms Jennifer Wilson, agreed in reply to a question from a member that there was a need to encourage and support patients to drink fluids. She explained that ice machines were not provided in wards for infection prevention and control.

Ms McMurdo advised in reply to questions from members that the increase in PUs at University Hospital Crosshouse could be due to a range of factors and there was a need to address all of these areas to make improvements, and to take a balanced approach in relation to PU and falls prevention. Members noted that the Acute PU improvement group had been established and met in January 2025 and the group should have a positive impact on PU prevention.

In response to a question from a member, the Director of Clinical and Care Governance, Mrs Geraldine Jordan, would discuss data collection in relation to cardiac arrest with the Resuscitation team and report back to the Committee. **GJ**

Outcome: Committee members noted performance and quality improvement activity in terms of the SPSP and EiC programme within Acute Services.

7. Quality Improvement

7.1 Health Visiting Pathway assurance report

The Associate Nurse Director and Lead Nurse, SA HSCP, Ms Rosemary Robertson, presented an overview of compliance and areas of challenge in delivering the National Universal Health Visiting Pathway during 2022/23.

The Pathway set out the minimum core home visiting programmes to be offered by all Health Visitors (HVs) and Family Nurses to families of children up to primary school entry, consisting of 11 home visits, including five Child Health Reviews. There was increased population need and widening health inequalities, with more children experiencing poor health and being harmed by conditions that were almost entirely preventable.

Ms Robertson outlined the data routinely collected by HVs through the Child Health Systems Programme (CHSP) and reported to Public Health Scotland (PHS). The report provided other data sources alongside the CHSP data. There were issues in relation to compatibility of local data systems with national data collection which meant that this did not provide a high quality representation of HV activity in all local areas.

Members received a detailed update on coverage in delivering HV reviews during the reporting period. PHS data indicated that for NHSAA a significant minority of children had not received reviews

within the set timescale. The report outlined mitigations in place to improve the position. Family Nurse Partnerships (FNP) had the highest performance and were meeting the target for the reviews they undertook up to the age of two years. Work was ongoing to share learning from FNP and support improvement methodology in Health Visiting.

Ms Robertson explained that while PHS data was quantitative, it did not provide qualitative data regarding HV activity to support children and young people and improve outcomes. A new Child Health Surveillance system was due to come into effect in April 2025 which would include more outcome based activity although this would likely be delayed as training arrangements had not yet been agreed.

Members received a snapshot of local reviews completed for eligible cohorts across Ayrshire for the period July to December 2024. This indicated that for the five core visits, each of the three HSCPs was below the national average compared to PHS data for the same period in 2023. This local data hat not yet been validated through the PHS system so may be subject to change.

Ms Robertson reported the positive work being done to increase breastfeeding rates, particularly in SA HSCP.

Members highlighted the recent launch of a two-year Collaboration for Health Equity (CHES) with Public Health Scotland and three local authority areas in Scotland, including North Ayrshire, with the aim to strengthen local plans to reduce health inequalities and improve wellbeing in their communities. Members underlined that providing the best start for young people was critical. The Director of Public Health DPH), Mrs Lynne McNiven, advised that PH was involved in this collaborative work and data collection would be an important part of this work.

Outcome: Committee members noted PHS data and current challenges to provide assurance of local compliance with delivery of the National Universal Health Visiting Pathway. Members endorsed the proposed local approach to support the extraction of data on all UVHP visits and contacts.

7.2 **Child Death Overview Process (CDOP)**

The Director of Public Health, Mrs Lynne McNiven, introduced and invited Ms Kathleen Winter, Child Health Commissioner, Ms Laura Doherty, Public Health Project Manager and Ms Victoria Maxwell, Paediatric Bereavement Liaison Nurse, to provide a local progress update on partnership work ongoing to support implementation of a robust and consistent CDOP process. The report covered the period July 2023 to December 2024.

Ms Laura Doherty provided an overview of achievements and learning alongside agreed areas for priority action and focus to ensure continued evidence based preventative action where

possible, and robust support for families who experience the loss of a child. Local data had not been included within the reports provided by the local CDOP teams for well-established reasons around data reliability and identifiability.

Ms Kathleen Winter advised in response to questions from members that suicide prevention was an ongoing area of focus for the Board and the three Ayrshire Health and Social Care Partnerships. Further details of this work would be provided in next year's annual report. Members welcomed the work being done to develop an improved dashboard which should enable identification of population issues and links to deprivation and poverty.

Ms Victoria Maxell advised in reply to a question from a member that should a child living in Ayrshire die elsewhere, it was part of her role to ensure that the family was given a single point of contact for ongoing support.

Members noted the linkages between this report and the Health Visiting Pathway assurance report discussed earlier in terms of the prevention and early intervention approach being adopted to promote child health and wellbeing and meet legal responsibilities in line with the UN Convention on the Rights of the Child (UNCRC).

Outcome: Committee members noted the assurance report on progress to implement a robust and consistent CDOP process. Members supported the identified priority areas/lessons learned to be progressed by services and partners. Members looked forward to receiving future annual progress updates as CDOP work continued to mature.

7.3 **Quality and Safety Walkrounds**

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, provided an update on quality and safety walkrounds from January to December 2024. Unfortunately, despite improvement actions taken, a number of walkrounds had to be cancelled due to a range of factors, primarily capacity for Directors to support walkrounds.

Mrs Jordan outlined plans to develop a revised quality and safety walkrounds process for 2025/26. This approach would promote leadership and visibility, support relationship building and improve the process for progressing actions following walkrounds. A report with recommendations had previously been considered and supported by the Corporate Management Team (CMT).

Walkrounds would continue in their current format until the end of March 2025 to support development of the revised process and resources. A small number of workshops would be held for Directors and Non-Executives in spring 2025 to outline the new approach to quality and safety walkrounds from May 2025.

The Chief Executive and Medical Director emphasised the importance of quality and safety walkrounds and that CMT had strongly supported the recommendations for a revised walkrounds process. Committee members discussed and supported the revised process.

Outcome: Committee members noted the update on walkrounds from January to December 2024 and supported plans to develop a revised walkrounds process for 2025/26.

7.4 **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) update**

The Medical Director, Dr Crawford McGuffie, provided an update on progress with implementation of ReSPECT across NHSAA. ReSPECT created clinical recommendation for future emergency care, based on the person's values and priorities, alongside a shared understand of the person's health and its outlook.

Dr McGuffie advised that ReSPECT was now in regular use in Hospital at Home and the Ayrshire Hospice. ReSPECT was available to all clinical teams who wished to use it, with a small number of new teams in active use and several more in preparatory stages. Around 150 ReSPECT plans had been completed by 31 active users. While informal feedback had been positive, patients and carers had not yet taken up opportunities to provide formal feedback.

Dr McGuffie highlighted areas of risk related to this work. He specifically highlighted the national risk related to NHS Education for Scotland Digital Services and uncertainties around the future of the current digital ReSPECT format within the proposed "Digital Front Door", as well as mitigating actions being taken.

The report outlined progress with the ReSPECT Learnpro module. Dr McGuffie advised that this was a positive learning tool which would benefit patient experience.

Outcome: Committee members noted progress with implementation of ReSPECT across NHSAA. The Committee was in support of advocating on the value of digital ReSPECT and would look for further strategic detail and direction to support the workforce.

7.5 **Healthcare Improvement Scotland (HIS) unannounced visit to Marchburn Ward, East Ayrshire Community Hospital (EACH), 13 February 2024**

Mr Erik Sutherland, Head of Locality, Health and Care Services, EA HSCP, provided a report outlining actions taken following the HIS unannounced visit to Marchburn Ward, EACH on 13 February 2024, with a focus on infection prevention and control. A report had

subsequently been published in May 2024, together with a service improvement action plan.

A number of areas of good practice were identified related to cleanliness and maintenance; positive ward staff and infection prevention and control team relationships; adherence to uniform policy; and good staff knowledge of infection prevention and control processes. Two requirements were identified which had been addressed immediately by the service. On submission of the action plan to HIS, they confirmed that they considered the actions as being complete. The detailed improvement action plan was provided at Appendix 1 of the report.

Committee members commended the team for the positive areas of good practice identified in terms of staffing and culture and immediate work that had been done to address the two requirements identified.

Outcome: Committee members noted actions taken following the HIS inspection and confirmed closure of the improvement action plan.

8. Corporate Governance

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

8.1.1 **Acute Services Clinical Governance Group** – Members noted the approved minute of the meeting held on 7 October 2024.

The Director of Acute Services, Mrs Vicki Campbell, would consider the information provided at item 3, Acute Site Cardiac Arrest, on survival to discharge rates for both sites. **VC**

8.1.2 **Area Drug and Therapeutics Committee** – Members noted the approved minute of the meeting held on 4 November 2024.

8.1.3 **Paediatric Clinical Governance Group** – Members noted the draft notes of the meeting held on 20 December 2024.

8.1.4 **Prevention and Control of Infection Committee** – Members noted the draft minute of the meeting held on 23 January 2025.

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

8.1.6 **Research, Development and Innovation Committee** – Members noted the draft minutes of the meeting held on 20 December 2024. Members requested that the video on the innovative work being done using drone flights to transport lab samples be shared with members for awareness. **CMcG**

9. Risk

9.1 **Healthcare Governance Committee Strategic Risk Register report**

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, presented the Healthcare Governance Committee risk register. The report was discussed in detail at the Risk and Resilience Scrutiny and Assurance Group meeting on 24 January 2025.

There were four risks assigned to the Healthcare Governance Committee, with one very high and three high risks being treated, as summarised in the report. Two risks were due for review and both had been reviewed in a timely manner. Risk ID 787, related to workforce for children and young people's speech and language therapy continued to be treated, as detailed in the report. The other risk ID 767, ED crowding, remained very high following review. As reported at the last meeting, there were multiple workstreams ongoing to mitigate the risk.

There were no risks proposed for escalation or termination.

Outcome: Committee members noted the risk register report and took assurance from the work being done to manage strategic risks which fall under the Committee's remit.

9.2 **Significant Adverse Event Review (SAER) report**

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, presented an update on SAER reviews, associated action plans and learning summaries for the period October to December 2024. There were 12 reviews completed during the reporting period being presented for closure.

Members received an update on the progress of overdue reports. There were 72 overdue reports, 43% of which were at final stages. Most of these reports were for the period 2022 to 2025. Significant work was ongoing to progress historic reports and the Board was keen to see further improvement over time. There were 59 overdue actions plans, with 12% at final stages. A new approach would be tested in Acute services to aggregate action plans related to system issues, such as pressure ulcers, which should provide better opportunities to progress improvement work.

Mrs Jordan highlighted areas of challenge in relation to completion of SAERs within Mental Health and Acute services, including challenges around identification of reviewers which had been escalated further. NHSAA had commissioned 10 Category I events during quarter 3 and the Board had maintained reporting to Healthcare Improvement Scotland (HIS) during this time period.

Mrs Jordan updated that a revised national framework was recently published and the Board was mapping the local policy position against the revised framework. She advised in reply to a question from a member that the Risk team had recently recruited an additional

Band 7 member of staff which would help progress the team's improvement plan.

Committee members were encouraged by the ongoing review and improvements to the SAER process, including the proposal to aggregate action plans related to system issues, and the provision of key performance indicators in future reports to enable targeted improvement work to take place.

Outcome: Committee members noted the report and were assured that appropriate governance was in place for these reviews, and that action plans had been scrutinised by local Directorate governance groups with multidisciplinary attendees.

9.3 **Significant Adverse Event Review (SAER) Key Performance Indicators (KPI) and Improvement Plan**

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, provided an overview of the updated SAER KPI and proposed improvement plan to address delays in the SAER process.
Mrs Jordan would take forward a number of actions with her team and management teams, and a progress update would be provided at a future meeting. Committee members were supportive of this approach.

Outcome: Committee members took assurance from the work being done to improve the monitoring and performance against the national guidance in relation to SAERs.

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

There were no issues to report to RARSAG.

10. Points to feed back to NHS Board

10.1 The Committee agreed that the following key items be raised at the NHS Board meeting on 31 March 2025.

- Complaints report – SPSO reporting
- Promoting engagement and participation in leadership walkrounds
- HAI report – discussion on progress with Standards, support being sought from ARHAI Scotland for ECBs. Members assured of management of Aspergillus incident.
- HV Assurance Pathway and CDOP reports - linkages
- ReSPECT progress update
- SAER and SAER KPIs reports – ongoing review and improvements in process.
- Strategic risk register – reviewed risks assigned to HGC. No risks for escalation or termination.

Approved by Committee on 28 April 2025

11. Any Other Competent Business

11.1 There was no other business.

12. Date and Time of Next Meeting
Monday 28 April 2025 at 9.30am, MS Teams

Approved by the Chair, Linda Semple Date: 28 April 2025