

Healthcare Governance Committee

Monday 28 April 2025 at 9.30am

MS Teams meeting

Present: Non-Executives:
 Ms Linda Semple
 Mrs Sharon Morrow (Chair)
 Mrs Jean Ford
 Dr Tom Hopkins
 Mr Neil McAleese

Board Advisor/Ex-Officio:
 Ms Claire Burden, Chief Executive
 Mrs Vicki Campbell, Director of Acute Services (item 5.4 only)
 Mrs Geraldine Jordan, Director of Clinical and Care Governance
 Dr Crawford McGuffie, Medical Director
 Mr Alistair Reid, Director of Allied Health Professions (AHPs) (item 6.1 only)
 Ms Jennifer Wilson, Nurse Director

In attendance: Mr Darren Fullarton, Associate Nurse Director, Lead Nurse NA HSCP item 5.3
 Ms Jincy Jerry, Director of Infection Prevention and Control item 5.1 and 5.2
 Ashleigh Kennedy, Corporate Secretary, Chief Executive and Chair's Office (minutes)

The Committee Chair, Linda Semple, advised that she had previously been asked to attend a national meeting on behalf of the Board Chair and had not expected to be able to join the meeting. Arrangements had been agreed with the Board Chair and Nurse Director for Sharon Morrow to chair this meeting. The Board Chair's diary commitments had since changed and Linda Semple was now able to attend the Committee meeting. However, as Sharon Morrow had been involved in the pre-meeting and agenda discussions, she would take on the chair role for this meeting.

1. Apologies for absence

- 1.1 Apologies were noted from Mrs Lesley Bowie, Mrs Lynne McNiven and Councillor Marie Burns.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 3 March 2025

- 3.1 The Minute of the meeting held on 3 March 2025 was approved as an accurate record of the discussion.

4. Matters arising

Approved by Committee on 9 June 2025

- 4.1 The action log had previously been circulated to members and all progress against actions was noted.
- 4.2 The Committee noted the HGC work plan for 2025/26. The Director of Clinical and Care Governance, Mrs Geraldine Jordan, advised of a change to the risk team and patient experience reports and advised that the Quality and Safety Walkround paper would now be shared on a quarterly basis. Mrs Jordan had shared an email with the Committee Secretary to add these updates to the work plan.

5. Patient Safety

5.1 Healthcare Associated Infection (HAI) report

The Director of Infection Prevention and Control, Jincy Jerry, presented a report on the Board's performance with the HAI Standards. Members received a summary of outbreaks and key learning and improvement actions being taken in response to improve patient care.

The Director provided the current position against the national Healthcare Associated Infection (HCAI) Standards for reductions in Clostridioides difficile infection (CDI), Staphylococcus aureus bacteraemia (SAB), and Escherichia coli bacteraemia (ECB).

The Nurse Director, Ms Jennifer Wilson, advised that NHSAA had received exception reports from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland for community-acquired ECB in Quarters 1 and 2, with a further report anticipated for Quarter 3. These infections were not hospital-acquired or associated and would require national support from ARHAI to address. A multi-agency subgroup had been established locally to support targeted improvements within the community, although no other board had yet demonstrated success in reducing community-acquired ECB. NHSAA awaited supplementary epidemiological data and guidance from ARHAI Scotland to inform the next steps.

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

5.2 Infection Prevention and Control (IPC) Internal Audit

The Director of Infection Prevention and Control, Ms Jincy Jerry, provided an update on progress with improvement actions following an IPC internal audit in 2023, to provide assurance that infection control measures are consistently understood and applied across NHSAA.

The Nurse Director, Ms Jennifer Wilson, advised that the most recent data had not been included in section 2.3, Staff Personal Development plans. There were 61% of PDRs completed within

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Acute Services for Nursing staff, these included an objective for IPC. There were still some areas where support was required to ensure the PDR process was correct however this area could be closed off. The work on the possible national implementation of an electronic surveillance system was in place and ongoing.

In response to a question in relation to PPI updates, Ms Wilson, advised that an update could be shared as part of the paper once the ARHAI data is available.

JW

Outcome: Committee members noted the update on progress with improvement actions following the IPC internal audit in 2023.

5.3 Quality and Safety report – Mental Health services (MHS)

The Associate Nurse Director and Lead Nurse, NAHSCP, Darren Fullarton, presented an assurance report on quality and safety activity work in MHS covering the following areas:

MH Quality Improvement Programme

- Seclusion
- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm
- Excellence in Care (EIC)
- In-Patient Falls Rate
- Food, Fluid and Nutrition
- Stress and Distress
- Quality Management Practice Learning Environment (QMPLE)
- Complaints Performance
- Adverse Event Activity

In response to a question in relation to the lack of submission of stress and distress data due to digital constraints, Mr Fullarton advised that the concern had been escalated through Digital services. There was no risk to the organisation from Public Health Scotland for not submitting this data and there was acknowledgement that this was a new development.

In response to a question regarding four local management team review overdue reports, Mr Fullarton advised that some of these figures were out of date and would be reviewed with the aim to close these off the report.

Outcome: Committee members noted performance and quality improvement activity in terms of SPSP and EiC programme within MHS. Committee members welcomed the suggestion for a specific paper in relation to the quality, safety and workforce challenges in the Learning Disability ward 7a at the next Healthcare Governance committee.

DF

5.4 Front Door Overcrowding

The Director of Acute Services, Mrs Vicki Campbell, provided an update on progress against the actions taken in response to the Front Door Commission since Healthcare Governance Committee last received an update on 4th November.

The Director advised that all ongoing and outstanding actions, including those arising from the Healthcare Improvement Scotland report into NHS Greater Glasgow and Clyde's Emergency Department Review (published on 27 March 2025), had been mapped to existing programmes of work. These would now be incorporated and, where appropriate, superseded by the revised Urgent and Unscheduled Care (USC) Improvement Plan for 2025–2026.

Regular collaborative discussions were ongoing with the Health and Social Care Partnerships through weekly meetings. A shared understanding had been established regarding the level of support that could be provided, taking into account the current financial challenges.

The Chief Executive, Ms Claire Burden, advised that confirmation of investment sought from Scottish Government had not yet been received. There would be a greater opportunity for the team to make the planned changes the earlier the provision is available.

Dr Tom Hopkins, was open to use the resource of the professional committees to feed into any further plans. The Medical Director, Dr Crawford McGuffie, agreed to support Dr Hopkins by looking at schedules to allow for feedback opportunities.

TH/CMcG

The Chair, Mrs Sharon Morrow, recognised the substantial work being done and shared thanks with the teams and the leadership involved in this work.

Outcome: Committee members noted the positive progress to date in response to the Front Door Commission and supported the proposal to formally conclude the original commission. Members expressed support for six monthly USC improvement plan updates to be provided to enable continued oversight of progress.

5.5 Litigation Report

Approved by Committee on 9 June 2025

Dr McGuffie, presented the six monthly update on litigation activity. The report provided a summary of service improvements arising from litigation activity and assurance that these were being progressed through local quality assurance and clinical governance process.

In response to a question regarding the year on year increase of employee liability, Dr McGuffie advised that this reflected normal variation in terms of active claims per year, however, this would continue to be monitored and any new trends shared in future reports.

Outcome: Committee members noted the update on litigation activity.

6. Quality Improvement

6.1 Food Fluid and Nutrition (FFN) Health and Safety Executive (HSE) visit action plan

The Director of AHPs, Alistair Reid, provided an assurance report on the progress of the Food, Fluid and Nutrition – Health and Safety Executive (HSE) Action Plan following HSE intervention as a result of the fatality of a patient under the care of NHS Ayrshire & Arran. The plan had been reviewed again in recent months to ensure all actions were complete or progressing. The report provided a summary against key areas of focus.

In response to a question regarding whether Level 3 training was intended for all staff, Mr Reid clarified that this level of training, where assurance is currently lowest, was specifically for registered nurses working in ward areas. One of the reasons for the 45% completion of training was due to the training currently being virtual. Plans were in place to bring training to colleagues in a more practical manner with the aim to improve training compliance.

In response to a question regarding agency staff training, Mr Reid assured the committee that all staff are required to have the minimum level of training and that each shift has suitably trained staff on the rota.

Outcome: Committee members noted the update and progress with improvement actions. Members supported the proposal for six monthly updates due to areas of ongoing risk.

6.2 Healthcare Improvement Scotland (HIS) Older People in Acute Hospital (OPAH) Standards – transition to HIS Ageing and Frailty Standards

The Director of Clinical and Care Governance, Mrs Geraldine Jordan, provide an update on the end of work to implement OPAH Standards, transition to HIS Ageing and Frailty Standards and proposed work to implement the new Standards.

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The Nurse Director, Jennifer Wilson, welcomed the whole system approach and advised that the sub groups will provide assurance that the standards are being met.

Outcome: Committee members noted the update on the transition to HIS Ageing and Frailty Standards and supported the proposed plan of work to support implementation of the new Standards.

6.3 Scottish Intercollegiate Guidelines Network (SIGN) Guidelines update report

Mrs Jordan presented an update on the review and implementation of recommendations from SIGN Guidelines within NHSAA from November 2024 to March 2025. Appendix 2 of the report outlined progress with the 14 open SIGN guidelines.

Committee members discussed the progress made in implementing SIGN guidelines within NHS Ayrshire & Arran and supported the formal closure of SIGN 168: Assessment, diagnosis, care and support for people with dementia and their carers and SIGN 164: Eating Disorders.

In response to questions from members the Director would provide additional information in future reports, where possible, on the local governance and decision-making process, including cost implications and financial accountability, should it not be possible to implement SIGN guidelines locally. The Director advised that through the impact assessment process consideration was given to what was a strong recommendation as opposed to what would be good to deliver. She was keen to have discussion with clinicians on areas where there was a strong evidence base, for example, in relation to medication and clinical treatment, and to focus on implementation of these areas.

Outcome: Committee members discussed the progress made in the implementation of SIGN Guidelines within NHS Ayrshire & Arran and supported the closure of SIGN 168: Assessment, diagnosis, care and support for people with dementia and their carers and SIGN 164: Eating Disorders.

6.4 NHS Ayrshire & Arran Improvement Foundation Skills (AAIFS) training evaluation

Mrs Jordan, presented an evaluation of the impact of quality improvement (QI) education delivered via NHSAA's AAIFS from 2020-2024. The report set out proposed next steps and recommendations for future delivery of foundation level QI education within NHSAA, including:

- A revised QI education model from NES is anticipated to be launched in August 2025. It is proposed that AAIFS is reviewed and redesigned taking cognisance of the NES resources and the learning from this evaluation.

- Undertake a test cohort of the revised AAIFS approach (Appendix 1) in October 2025, offered to the 45 people currently on the AAIFS waiting list.

In response to a question in relation to the Quality strategy, Mrs Jordan advised that there was a plan for a new Quality strategy and the revised approach had been endorsed at CMT.

Outcome: Committee members noted the evaluation of AAIFS and supported future work planned in line with the Quality Strategy.

7. Corporate Governance

7.1 Healthcare Governance Committee Annual Report 2024/25

The Nurse Director, Jennifer Wilson, presented the Committee's 2024/25 annual report, including a self-assessment checklist, assurance mapping report and assurance reporting to NHS Board. The report provided assurance that the Committee had fulfilled its remit during the year.

Outcome: Committee members approved the Committee's annual report 2024/25 for onward submission to the NHS Board.

7.2 Minutes – Committee members noted the minutes of the following meetings:

7.2.1 Acute Services Clinical Governance Group – Approved minute of the meeting held on 4 February 2025.

7.2.2 Area Drug and Therapeutics Committee – There were no minutes to report.

7.2.3 Paediatric Clinical Governance Group – Draft notes of the meeting held on 28 February 2025.

7.2.4 Prevention and Control of Infection Committee – Draft notes of the meeting held on 7 April 2025.

7.2.5 Primary and Urgent Care Clinical Governance Group – Draft minute of the meeting held on 18 February 2025.

7.2.6 Research, Development and Innovation Committee – There were no minutes to report.

8. Risk

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

Approved by Committee on 9 June 2025

Two known risks to report to RARSAG are Item 5.4, Front Door Overcrowding and item 6.1 Food Fluid and Nutrition (FFN) Health and Safety Executive (HSE) visit action plan.

9. Points to feed back to NHS Board

- 9.1 The Committee agreed that the following key items be raised at the NHS Board meeting on 2 June 2025:
- Healthcare Associated Infection (HAI) report
 - Front Door Overcrowding
 - Food Fluid and Nutrition Health and Safety Executive visit action plan
 - Scottish Intercollegiate Guidelines Network (SIGN) Guidelines update report

10. Any Other Competent Business

- 10.1 There was no other business.

11. Date and Time of Next Meeting Monday 9 June 2025 at 9.30am, hybrid Meeting, Room 1, Eglinton House and MS Teams

Signed by the Chair, Sharon Morrow

Date: 9 June 2025