

Healthcare Governance Committee
Tuesday 9 January 2018 at 9.30am
Room 2, Training Centre, Ayrshire Central Hospital

Present: Ms Claire Gilmore (Chair)

Non-Executives:

Councillor Joe Cullinane
Mr Alistair McKie
Dr Janet McKay
Mr Ian Welsh

Board Advisor/Ex-Officio:

Prof Hazel Borland, Nurse Director
Dr Alison Graham, Medical Director

In attendance: Mr Eddie Fraser, Director, East Ayrshire Health and Social Care Partnership
Ms Jane Holt, Senior Physiotherapist – Team Lead
Ms Fiona McAskill, Advanced Cardiac Nurse Specialist
Ms Angela O'Neill, Associate Nurse Director
Mr Craig Stewart, Associate Nurse Director, East Ayrshire Health and Social Care Partnership
Dr John Taylor, Associate Medical Director
Mr David Thomson, Associate Nurse Director, Mental Health Services, North Ayrshire Integration Joint Board Lead Nurse
Mr Bob Wilson, Infection Control Manager
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

1.1 Apologies were received from Mrs Margaret Anderson, Miss Lisa Tennant, Mr John Burns and Mrs Liz Moore.

2. Declaration of any Conflicts of Interest

2.1 Dr Janet McKay declared an interest in relation to item 5.3, with regard to the Heart Failure Team and HARP service, as the Consultant Nurse who leads the team. Mr Ian Welsh also declared an interest in relation to item 5.3, as Vice Chair of East Ayrshire Integration Joint Board and a partner in taking forward this work which was funded by the Integrated Care Fund.

2.2 Dr Martin Cheyne and Ms Claire Gilmore declared an interest in item 7.5.1, GP sustainability, as residents of Troon and West Kilbride attending GP practices in these areas.

3. Draft Minute of the Meeting held on 20 November 2017

- 3.1 The minute of the meeting held on 20 November 2017 was approved as an accurate record of discussions, with a minor amendment to the item on Midwifery Supervision and the actions recorded against this item. One of the actions should be against the HIS Review agenda item and the revised minutes and action log will reflect this change.

4. Action Log

- 4.1 The Committee received an update on the action log in the following areas:

Item 1, Corporate Dashboard –The Committee agreed that the status of this action would be considered at the next meeting.

Item 5, OPAH Visit to UHC, October 2016 – The Associate Nurse Director advised that a report had been received following the visit and a number of improvement actions had been agreed. An update report had been produced for the Nurse Director's approval. The improvement actions mainly concerned documentation. Good progress was being made in progressing these actions and the Board was on target to meet all completion deadlines. She commented that patient feedback during the visit had been very positive and had been highlighted as an area of good practice by the HIS team.

The Nurse Director advised that a number of the issues raised in the OPAH report continued to affect Boards across Scotland and Nurse Directors were working with Healthcare Improvement Scotland (HIS) to understand the reasons for this and consider the methodology used for these visits and the subsequent improvement support required.

The Committee was assured by the positive feedback received and welcomed that consideration was being given nationally to the methodology used, to give assurance that patient safety was not at risk and properly reflect the improvement journey taking place.

HGC Paper Planning 2018 – The Nurse Director circulated copies of the HGC planner to provide assurance on the issues to be considered by HGC during 2018. She advised that the meeting in August 2018 would be devoted to scrutinising a number of annual reports, including public health screening reports. The Committee welcomed the HGC planner and requested that this be directly linked to the HGC action log. The Nurse Director advised that it would also be added to the HGC dashboard.

The Chairman requested that the planner be submitted for consideration at the next Integrated Governance Committee meeting in order to inform the other governance committees.

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5. Quality Improvement

5.1 HM Prison Kilmarnock Review

- 5.1.1 The Associate Nurse Director, East Ayrshire Health and Social Care Partnership (EA HSCP) provided an update on the improvement actions taken following Her Majesty's Inspectorate of Prisons in Scotland (HMIPS) visit, supported by HIS, to HMP Kilmarnock in November 2016, and their subsequent report issued in March 2017.

The Associate Nurse Director advised that the prison had mainly been measured against Standard 4, relating to health and wellbeing, and one element of Standard 6, relating to complaints. He highlighted the inter-dependence between healthcare services and the prison's wider operations.

Committee members were advised that HMIPS had rated the overall performance in HMP Kilmarnock as generally acceptable, with some improvements required. There were many positive aspects of healthcare provision identified. Areas of poorer performance mainly related to poor physical infrastructure and the impact on the ability of the team to deliver healthcare services. There were 33 actions identified; 26 were complete and seven were in progress.

The Senior Manager, Justice Healthcare Services, highlighted the key improvement actions being taken to address the areas highlighted in the report related to patient flow; the availability of some healthcare professions; confidential access to healthcare services; confidential storage of patient records; and infection control.

The Associate Nurse Director highlighted that in terms of the specific issues raised related to the healthcare environment, triage rooms were no longer used for clinical purposes. He highlighted the good integrated work taking place in terms of addictions and mental health and the significant success in the use of Naloxone for patients with addictions on discharge, to prevent accidental overdose.

The Committee discussed the significant healthcare improvement activity that had taken place since the Board assumed responsibility for prison healthcare services in November 2011 and the subsequent progress in strengthening integrated working since the introduction of the Health and Social Care Partnerships (HSCPs). Committee members asked what investment the prison had made to its facilities and infrastructure to improve patient flow. The Senior Manager advised that she had recently met with the prison's management, owners and the Scottish Prison Service to discuss patient flow and prison accommodation. She had been asked to provide a plan outlining what improvements were required and the prison's owners would then consider what work they or the Prison Service could undertake in terms of asset renewal. A further meeting would take place to discuss this on 12 January 2017.

Outcome: The Committee was assured by this positive report and robust action plan and recognised the challenges related to the prison's physical environment. The Committee

commended all staff involved for their efforts in delivering the significant improvements to healthcare provision to date.

5.2 **Stoma Care Nurse Service**

- 5.2.1 The Nurse Director introduced this paper which highlighted the independent review of the Board's Stoma Care Nurse Service undertaken following feedback received from two local patient support groups. The review's aims were to quality assure the service, maximise the resource capacity and improve patient experience. The review's outcome had been fed back to the two patient support groups.

The Associate Nurse Director provided a detailed update on the review's recommendations related to inpatient care provision and improved Stoma Care Nurse Service information. She stated that the review had recognised that demand on the Stoma Care Nurse Service had continually increased despite revision of the service model to optimise resource.

The Associate Nurse Director reported that the service had recently submitted a bid to the West of Scotland Cancer Network (WOSCN) and was successful in securing substantive funding for a Band 7 Nurse for Colorectal Cancer, with half of this resource to be committed to support Stoma Care services at UHA. This would ensure a more joined up approach to services provided by both hospitals.

The Committee asked what support was in place for patients with a stoma following discharge from hospital, as there was no community Stoma Nurse service. The Associate Nurse Director advised that a telephone advice service was available. Committee members asked what arrangements were in place to educate and support carers, such as Local Authority (LA) care providers. The Nurse Director advised that the Board was working towards having a single point of contact for Stoma Care Nurse support. The Committee suggested that once available, the Learnpro package for Stoma Care could be extended to include LA care providers.

Outcome: The Committee endorsed the independent review carried out by the Board of the local Stoma Care Nurse service and approved the recommended actions for service optimisation and sustainability within the current resource.

The Committee welcomed the Board's successful bid for substantive funding from WOSCN for a Band 7 Nurse in Colorectal Cancer and the benefits this would bring to the service and patient experience.

5.3 **HARP Evaluation in Cardiac Care**

- 5.3.1 Dr Janet McKay provided an update on the successful prevention and early intervention activity carried out in the Cardiac Liaison Team and the positive impact on the health and wellbeing of individuals supported by the team, working across hospital and community services.

Dr McKay advised that the Healthy and Active Rehabilitation Programme (HARP) was an innovative, nationally recognised prevention and early intervention service with proven cost effective benefits to individuals. She stated that HARP was currently funded by the Health and Social Care Partnerships (HSCPs) through the Integrated Care Fund (ICF) and a funding decision for 2018/19 was currently awaited.

Ms Jane Holt, Senior Physiotherapist – Team Lead, provided an overview of the HARP programme. Evaluation had demonstrated improved quality of life for individuals and a significant reduction in hospital admissions and re-admissions. There was strategic and national interest in the HARP programme and its integrated approach. She highlighted concern about the future funding model for this successful programme.

Ms Fiona McAskill, Advanced Cardiac Nurse Specialist, Heart Failure, provided an overview of the Chronic Heart Failure (CHF) service. She highlighted the positive impact that the service had on patient outcomes and to significantly reduce hospital admissions and re-admissions. She stated that the incidence of CHF was expected to rise in the next 15 years due to an ageing population and people living longer with CHF. She advised that increasing demand for the service and finite resources meant that the team was unable to focus on prevention work. She highlighted the work done by the CHF team to consider how to manage increasing demand for the service and workforce pressures.

Outcome: The Committee noted the impact of the prevention and early intervention service provided by the Cardiac Liaison Team on individuals; noted the service developments being made by the Cardiac Liaison/HARP team; and recognised that the service faced challenges due to the increase in individuals with multiple conditions and CHF.

The Committee discussed future funding and sustainability of the successful and robustly evaluated HARP programme and agreed that this should be considered at a future Strategic Planning Operational Group meeting.

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5.4 Lampard Circular DL (2017) 07

5.4.1 The Nurse Director provided an overview of the recommendations arising from the Lampard Report (2015), a UK-wide report produced to consider guidelines and procedures governing involvement of volunteers in the NHS and to identify if any guidelines required review. This followed investigations into the abuse of individuals by Jimmy Savile on NHS premises.

The Nurse Director advised that the Scottish Government had asked public bodies to review themselves against the report's 14 recommendations. NHS A&A had met eight recommendations in full, four required improvement actions and two were not applicable. She highlighted progress in completing outstanding improvement actions. Further action was required in relation to Recommendation one, to update

organisational procedures for the management of visits by royalty, celebrities and elected officials; and Recommendation nine, to provide social media guidance for patients and the public.

Dr McKay commented that concerns had been raised at the Area Nursing and Midwifery Professional Committee (ANMPC) about staff being filmed while undertaking their duties and ANMPC would welcome guidance for patients and the public on the use of social media in an NHS setting. The Nurse Director advised that discussion was ongoing with national colleagues on this issue.

The Nurse Director stated that a further report would be submitted once all outstanding actions have been completed.

Outcome: The Committee considered the recommendations arising from the Lampard Report (2015) and noted the assessment of the organisation's position against each of the recommendations and the identified areas for improvement.

6. Patient Experience

6.1 Patient Stories Framework

6.1.1 The Nurse Director highlighted the new framework for patient stories which was recently approved by the NHS Board. She stated that this would enable patient stories to be used in a more proactive manner at all levels of the organisation and help staff identify how to ensure the correction action was progressed as a result. The framework would also ensure that patient stories were used to their maximum potential.

Outcome: Committee members would consider how the new framework could be used to provide assurance of learning and improvement activity and provide feedback at the next HGC meeting.

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7. Patient Safety

7.1 Scottish Patient Safety Programme – Mental Health

7.1.1 The Associate Nurse Director, IJB Lead Nurse, provided an update on the progress of the Scottish Patient Safety Programme, Mental Health. He advised that the programme continued to perform well against national measures and targets and there was strong activity in the acute setting.

The Associate Nurse Director highlighted progress being made in taking forward the SPSP Improving Observation programme; risk assessment; safety briefs; improvements to communication through the use of electronic whiteboards; the use of the Triangle of Care model; improved planning for individuals spending time out with the ward as part of their recovery process; and the involvement of all mental health wards in the SPSP acute adult programme.

The Associate Nurse Director reported that the programme had now moved to Phase 3, with a focus on transition from inpatient facilities to community mental health services and child and adolescent mental health services in particular. He advised that there was a vacancy for an Improvement Adviser and a recruitment process was underway.

The Committee commended the positive work taking place in four wards to reduce the use of restraint and the rate of physical violence. The Associate Nurse Director advised that there were plans to roll this good practice out more widely.

Outcome: The Committee agreed that a short paper be provided for HGC in June 2018 to highlight proposals for future reporting of the SPSP mental health and broader clinical governance and patient safety activity.

7.2 Healthcare Associated Infection Report

7.2.1 The Infection Control Manager provided an update on Healthcare Associated Infections (HAI) with particular reference to the position against the 2017-18 national HAI targets, together with other infection prevention and control monitoring data.

The Infection Control Manager highlighted that for the period to 30 November 2017 the Board had exceeded the local numerical trajectory for Staphylococcus aureus bacteraemia infections (SAB) by 19 cases. There had been one SAB in December and it was possible that the Board could reach the end of March 2018 target. There was continued focus on the prevention of PVC related SABs which had reduced compared to last year. Four SAB cases had been identified in Ward 4E at UHC and work was ongoing with clinical teams to understand the reasons and agree any possible interventions

The Infection Control Manager reported that the Board had exceeded the local numerical trajectory for Clostridium difficile infections by four cases. CDI rates had reduced in the October to December period and if this performance continued the Board should meet the end of March 2018 target.

The Committee received an update on the national Meticillin Resistant Staphylococcus aureus clinical risk assessment performance. It was noted that areas of low compliance had been targeted and these areas were beginning to show sustainability in compliance.

The Infection Control Manager provided an update on outbreaks and incidents and highlighted that there had been a number of flu outbreaks since mid-December which had resulted in wards or rooms in wards being closed. He highlighted the challenges in managing the increasing number of flu cases due to existing bed pressures. The Committee discussed work being done by Directors, senior managers and wider teams to manage the high number of flu patients, to minimise the impact on patients, families and staff and put effective discharge arrangements in place.

Outcome: The Committee noted the HAI report. Committee members recognised how busy hospitals have been and extended their thanks to colleagues present and their wider teams for all their hard work.

7.3 **Mental Welfare Commission Report – Investigation into Care and Treatment of Mr QR**

7.3.1 The Associate Medical Director presented this report on the Mental Welfare Commission (MWC) investigation into the care and treatment of Mr QR by NHS Board D, and action plan. He provided an overview of the case, the treatment and diagnosis that Mr QR had received, and the manner of his discharge, which MWC had found completely unacceptable. He advised that while this case was in another Health Board, it was important that mental health services in NHSA&A reviewed the MWC report's findings and learned from the identified failings and recommendations. He outlined the Board's progress in taking forward the MWC report's six recommendations which were to be completed by April 2018.

The Committee considered the MWC report and the cultural issues identified which it was felt were in contrast to the Board's safe, caring and respectful culture and person centred approach.

Outcome: The Committee noted the MWC report and was assured by the actions being taken in response to its recommendations.

7.4 **Scottish Public Services Ombudsman (SPSO) Closure Reports**

7.4.1 The Nurse Director reported NHSA&A's progress in successfully implementing the recommendations provided by the Ombudsman in relation to all SPSO cases received by the Board between May 2016 and September 2017. She advised that actions had been completed in the majority of cases. She highlighted that an action identified in recommendation three of case 201601389-1601C41 related to red allergy wristbands would not be implemented as there were risks involved and this situation would be mitigated through the use of HEPMA. Discussion would also take place with the Ambulance Service.

The Committee discussed the report and members commented that they found the format helpful in identifying themes. The Nurse Director proposed that the SPSO annual report is added to the HGC planner 2019, timing to be confirmed.

Outcome: The Committee considered and noted the report and sought assurance that new procedures in place would address the issues previously raised by the SPSO. The Nurse Director assured that the Board monitored SPSO performance closely and received regular reports on complaints and SPSO cases. The annual report provided to the Board by SPSO would be submitted to the Board in January 2018.

7.5 **GP Workforce Sustainability**

- 7.5.1 The Director of Health and Social Care, East Ayrshire, provided an update on GP practice sustainability and the mitigating actions being taken to ensure continued General Medical Services to the public. He advised that GP sustainability was discussed regularly at SPOG meetings.

The Director stated that consultation on a proposed new GP contract was ongoing and this would end on 18 January 2018. He would provide an update at a future Board meeting on the new contract and its implementation.

The Director assured that he worked closely with the Medical Director on this important issue to provide sound governance for the Board in their respective Lead Partnership and Professional Leadership roles. He highlighted the practical support being provided by the Primary Care Team to practices experiencing difficulties. He outlined the successful work being done to attract GPs with specialist interests and to support a multi-disciplinary team approach to General Practice.

The Committee discussed the current medical workforce challenges at local and national level. The Medical Director highlighted that there was a new Primary Care website being developed in conjunction with the Local Medical Council and GPs nationally to encourage GP recruitment and attracting trainee doctors was a priority for the Scottish Government. She emphasised the need to provide good work experience for trainee doctors in NHSA&A to encourage them to continue to work in the area.

Outcome: The Committee noted the update on GP practice sustainability and the mitigating actions being taken. The Committee looked forward to receiving a report on the new GP contract and its implementation in due course.

8. **Points to feed back to NHS Board**

- 8.1 The Committee agreed that feedback should be provided to the NHS Board in relation to item 4, OPAH visit to UHC in October 2016; item 5.2, Stoma Nurse Service review; item 5.4, Lampard Circular DL(2017)07; item 7.3, MWC report; and item 7.5, GP Sustainability, to provide assurance in terms of the ongoing work in these areas.

9. **Corporate Governance – Minutes**

- 9.1 The Committee noted the minutes of the following meetings:

Acute Governance Group minute, 27 November 2017

Area Drug and Therapeutics Committee minute, 6 March 2017

Infection Prevention and Control Committee minute, 21 September 2017

Research and Development Committee minute, 18 December 2017

10. **Any Other Competent Business**

- 10.1 There was no other business.

11. **Date and Time of Next Meeting**
Monday 5 March 2018 at 9.30am, Training Room 2, Training Centre,
Ayrshire Central Hospital, Irvine

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