

Approved by the Committee on 6 January 2020

Healthcare Governance Committee
Tuesday 12 November 2019 at 9.30am
Room 2, Training Centre, Ayrshire Central Hospital

- Present: Ms Linda Semple, Non-Executive Board Member (Chair)
Mr Adrian Carragher, Non-Executive Board Member (Vice Chair)
Mrs Margaret Anderson, Non-Executive Board Member
Mrs Jean Ford, Non-Executive Board Member
- In attendance: Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk Management
Ms Tracy Dalrymple, Assistant General Manager, Cancer, Haematology, Head and Neck Services
Mrs Joanne Edwards, Director for Acute Services
Dr Lynda Fenton, Specialist Registrar in Public Health
Dr Regina McDevitt, Public Health Specialist
Dr Peter MacLean, Clinical Director, Cancer Services
Dr Brian O'Suilleabhain, Consultant in Public Health Medicine
Ms Jacqueline Seenan, Principal Pharmacist, Prescribing Development and Education
Ms Attica Wheeler, Associate Nurse Director & Head of Midwifery, Women and Children's Services
Mr Bob Wilson, Infection Control Manager
Ms Jenny Wilson, Assistant Director, Quality Improvement
Miss Pauline Sharp, Committee Secretary (minutes)

1. Apologies for absence

Apologies were noted from Prof Hazel Borland, Mr John Burns, Dr Martin Cheyne, Cllr Joe Cullinane, Dr Alison Graham, Dr Crawford McGuffie and Miss Lisa Tennant

2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 16 September 2019

The minute of the meeting held on 16 September 2019 was approved as an accurate record of discussions.

4. Action Log

The action log had previously been circulated to members and all progress was noted including:

- Patient Story – The target date had not been agreed but Ms Wilson confirmed it would be on the NHS Board Agenda.

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- Thematic patient experience report would come to a future meeting.
- Item 9.2.1 – Significant Adverse Event and Analysis Review Action Plans – Mr Currie, Professor Borland and Ms Ford to discuss wording for Outcome detailed in 16 September 2019 minutes to reflect discussion.
- Item 11 – Ms Semple requested an update from Mrs McNiven at the next HGC meeting.

HC/HB/JF

LMcN

4.1 Child Protection Reporting Arrangements

The Assistant Director, Quality Improvement, Ms Jenny Wilson, presented the Child Protection Reporting Arrangements report. The HGC had requested an assurance report around reporting structures at the previous meeting. The paper provided information on these including the Safeguarding Children Improvement & Performance Group (SCIPG), which meets four times a year to lead the implementation of improvement activities and is chaired by the Nurse Consultant for Child Protection. The SCIPG then reports to the HGC. Ms Wilson advised there had been a very fruitful and comprehensive Child Protection workshop on Monday 11 November 2019.

Ms Semple thanked Ms Wilson for the report and acknowledged that the workshop had been enlightening on the various strands of support and work being undertaken. It was considered that a simple guide around governance and detailing Partnership reporting structures would be helpful.

Outcome: **Committee members noted and were assured by the information provided following presentation of the Child Protection Annual Report and looked forward to further detailed reports.**

5. Patient Experience

5.1 Patient Experience Q2 Report

The Assistant Director, Quality Improvement, Ms Jenny Wilson presented the Patient Experience Quarter 2 (July to September 2019). She highlighted that the report was provided in a new improved format and that feedback was being collected on a regular basis to provide a more balanced view. Early indications were demonstrating a positive outcome with more detail in relation to complaint themes being collected to help prioritise improvement and learning.

Complaint numbers had dropped significantly from Q1 2017/18 to the current Q2 mainly due to a change in categories. Note was taken of the continuing rise in Stage 1 complaints which related mainly to the prison population and primarily related to medication. Detail was provide on the percentages of claims upheld, partially upheld and not upheld for Stage 1 and Stage 2 complaints.

To improve complaint handling performance dedicated work was being tested at University Hospital Crosshouse. The Complaints Manager

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had already shown improved results with 100% of complainants receiving a phone call in response to their complaint, advised of process, with 90% of complaints being closed at this stage. The target for Stage 1 complaints being met was 100% with 18 of the 22 Stage 2 complaints being closed on target, 3 granted an extension and only one not resolved showing 95% overall compliance. Feedback from complainants and staff handlers on the new improved person centred approach had been extremely positive.

Ms Wilson advised that SPSO referrals were down compared to the previous quarter and that she was working with her team and would follow up on any lessons learned. Ms Wilson to provide an update on progress made at a future Committee meeting

The Committee welcomed the improvements at University Hospital Crosshouse (UHC) and looked forward to seeing these implemented similarly at University Hospital Ayr (UHA). For assurance Ms Wilson was asked to provide the Committee with a brief breakdown of how long complaints had been in the system and their expected time to be finalised.

JW

Ms Wilson confirmed the Committee would receive regular feedback. Committee members welcomed the new format, noted the improved compliance and the use of extensions for complex scenarios.

Outcome: Committee members welcomed the new improved format for presentation of data and the positive feedback from the new approach being tested at University Hospital Crosshouse.

6. Patient Safety

6.1 Being Open and Maternity Adverse Event Framework

A copy of the report being presented to the Scottish Government would come to a future Committee meeting for assurance.

HB

6.2 Healthcare Associated Infection Report

The Infection Control Manager, Mr Bob Wilson, presented the report on Healthcare Associated Infections (HAIs). He advised that Scottish Government had announced a set of new National Healthcare Associated (HCA) Standards for Clostridioides difficile infection (formerly known as Clostridium difficile infection) (CDI), Staphylococcus aureus Bacteraemias (SAB) and Escherichia coli bacteraemia (ECB). Each NHS Board was now required to deliver the corresponding reduction in their rates benchmarked against their own 2017-18 baseline data.

- CDI – For NHS Ayrshire & Arran to deliver the new standard would require a rate of no more than 13 for the year 2021-22. Mr Wilson considered would be a challenge but achievable. The national standard did not include community acquired data.

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- SAB – For NHS Ayrshire & Arran to deliver the new standard would require a rate of no more than 12.4 for the year 2021-22. Mr Wilson considered this was achievable despite recent increased rates.
- Escherichia coli bacteraemia (ECB) – For NHS Ayrshire & Arran to deliver the new standard this would require a rate of no more than 34.4 cases per 100000 for the year 2021-22. Mr Wilson explained that this would be a difficult target to meet. He outlined the measures being taken to ensure this was met with graduated targets being set to try and measure and manage rates with the main interventions being around urinary catheters.

Members acknowledged the considerable work required to reduce the ECB rates and the necessity of support and advice from Health Protection Scotland. Mr Wilson was asked if the demographics of sample cases had been carried out to link in with quality improvement. Mr Wilson assured members that enhanced surveillance was being carried out eg with regard to antimicrobials or hydration.

Ms Semple thanked Mr Wilson for his presentation, advised that members were content with the new format but it was recognised that the new standards would be difficult to meet. She proposed, due to the change in reporting data, to advise the NHS Board that the Committee no longer required to receive information on community acquired rates and to recommend these be presented to Integration Joint Boards in future. Members were reminded that the Health and Social Care Partnership minutes came to the Committee, therefore, overall HAI data would still be available to members.

Outcome: Committee members noted the Healthcare Associated Infection Report and supported the recommendation that Community Acquired rates be reported to the Integration Joint Boards in future.

6.3 Antimicrobial Stewardship Report

The Principal Pharmacist, Prescribing, Development & Education, Ms Jacqueline Seenan, presented the Antimicrobial Stewardship Report.

Ms Seenan noted that high antimicrobial prescribing rates had been identified as a potential driving force for antimicrobial resistance. Board worked closely with the Scottish Antimicrobial Prescribing Group (SAPG) around improvement activity to optimise patient outcomes. She noted the new target indicators recently approved by Scottish Government and reassured the Committee that prescribing was a priority area with work ongoing around cost efficiencies.

In the autumn of 2016 there had been a national Point Prevalence Study carried out. Following this audit the NHS Scotland Antimicrobial prescribing rate had been 35.7% with UHC being 38.6% and UHA being 48.1%. Improvement work was ongoing and currently focused on UHA, in particular the Combined Assessment Unit (CAU) with a weekly audit being carried out and feedback provided to prescribers.

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The use of stop dates on HEPMA or stickers on case notes was being employed to flag up issues for Prescribers. Ms Seenan considered the many factors that could affect results including the fact that this involved acute patients and a high percentage of locum medical staff. A change in prescribing culture was required which would take time to achieve.

Primary Care antimicrobial prescribing activity within NHS Ayrshire & Arran had shown an improvement although it was noted that prescribing was high compared to other NHS Boards. Focused improvement work was taking place in SA HSCP, in particular around six GP practices with the highest rates of antimicrobial prescribing and this had shown a 9.7 % reduction. A report would be presented to the next Antimicrobial Management Committee on improvement work taking place including the need to ensure that Prescribers received details of their prescribing data. Ms Seenan assured the Committee that the Prescribing team were not complacent on this issue and were beginning to make a positive difference.

The Committee noted the reporting structures for Acute and Primary sectors and it was acknowledged that the Health and Social Care Partnerships had responsibility for governance and assurance in relation to Primary Care Prescribing.

Mrs Edwards gave assurance that management were fully sighted on the antimicrobial prescribing challenges within the CAU and that this had been discussed at the Acute Clinical Governance Committee.

Ms Semple thanked Ms Seenan for this comprehensive assurance report and requested that the Committee receive an update in a year's time.

Outcome: Committee Members noted the assurance report on Antimicrobial Prescribing and Stewardship.

6.4 **Scottish Patient Safety Programme – Maternity and Children Quality Improvement Collaborative (MCQIC) – Neonatal Workstream**

The Associate Nurse Director & Head of Midwifery – Women and Children's Services, Ms Attica Wheeler, presented the paper on the Scottish Patient Safety Programme (SPSP) – Maternity & Children Quality Improvement Collaborative (MCQIC): Neonatal Workstream.

Mrs Wheeler noted changes to the parameters of different workstreams and detailed the work being done. She explained that with the implementation of Transitional Care there had been a 55% reduction in term babies being admitted to the neonatal unit. Consideration was being given to natal preterm packages and Life Start machines had just been introduced at mother's bedside. Breast feeding rates were increasing and the Infant Feeding Team was working hard to continue to improve rates. The number of Central Line Associated Bloodstream Infections had shown a reduction over a four month period. Mrs Wheeler assured the Committee that this was a

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rolling programme and smaller, focused reports would come to the Committee for information in the future.

Committee members expressed their support for the improvements made, the education provided to enable parents to be well informed in decision making and the hard work being carried out by the team. Committee members were encouraged by the increase in breastfeeding rates given the positive benefits in reducing health inequalities. Ms Wheeler assured the Committee that work continued to provide help and support to mothers and ensure all had a positive experience. She noted the work being done, unique to NHS Ayrshire & Arran, in regard to training staff to run bespoke Women's Maternity Assistant Clinics overseeing infant health, obesity and smoking advice among other areas.

Outcome: Committee members noted the progress update on the Scottish Patient Safety Programme for the Maternity and Children Quality Improvement Collaborative programme Neonatal workstream and welcomed the positive impact and significant improvements made.

6.5 Litigation Report

The Assistant Director for OH & Safety and Risk, Mr Hugh Currie, presented the Litigation Report for the six months from April to September 2019. As of 30 September 2019 NHS Ayrshire & Arran had a total of 113 claims which was lower than at the same time for the past five years. Committee members received a breakdown of claims with commentary provided in relation to service improvements undertaken. Mr Currie provided details on Clinical and Staff claims and explained the processes involved in investigating and signing off these claims.

Committee members discussed the number of older cases which were not yet complete. Mr Currie advised these could not be closed until the litigation process was complete. Members requested that future papers provide consistent wording and more details in relation to progress in completion of actions/improvement plans and outcomes to ensure there was evidence that all processes were linked and learning was being identified and implemented prior to litigation cases being completed.

Mr Currie would report back to the Litigation Manager and ensure the next report to Committee would contain all information irrespective of whether the case was closed or litigation was ongoing.

HC

Ms Semple thanked Mr Currie for presenting the information and emphasised the importance of identifying trends and the related improvement processes.

Outcome: The HGC endorsed the Litigation report and the activities undertaken relating to litigation.

7. Quality Improvement

7.1 CMO Taskforce – Rape and Sexual Assault Update

The Assistant Director, Quality Improvement, Ms Jenny Wilson, presented this assurance report on progress to establish the Rape and Sexual Assault Forensic Service for NHS Ayrshire & Arran. A national Taskforce, chaired by the Chief Medical Officer (CMO) had identified a Hub and Spoke model with the local service being based at the Biggart Hospital and refurbishment building work would start in December 2019.

Ms Wilson assured the Committee that NHS Ayrshire & Arran was compliant with the CMO's key asks of all NHS Boards and Prof Hazel Borland, Nurse Director was the senior manager accountable through the CMT for this service. A stakeholder event had taken place involving service users and this had been very informative. Feedback had included a request to have a Nurse Co-ordinator in post. Work was ongoing to establish a dedicated space at UHC as Paediatric services were currently based at this site.

Mrs Wilson confirmed in response to a question from a member that there was an alternative out of area service.

Ms Semple thanked Ms Wilson for this informative update and welcomed the involvement of users in the future redesign of this service which will be delivered within Ayrshire.

Outcome: Committee members noted the progress made to establish the new Rape and Sexual Assault service for NHS Ayrshire & Arran.

7.2 IV Fluid Programme Assurance Report

The Assistant Director, Quality Improvement, Ms Jenny Wilson, presented the IV Fluid Programme Assurance Report implemented in June/July 2019. She highlighted that early data demonstrated positive outcomes for patients with reduced medical interventions and prescribing of IV furosemide and oral potassium. To support the new programme an IV Fluid Working Group had been established and a Quality Improvement Nurse: Fluid Management funded, this post had just been appointed to. There had also been a standardisation of paperwork to support a "once for Scotland" approach with over 60 half-hour drop in sessions organised for prescribers. Following the positive improvements made, the next phase will be to prioritise Maternity Services, Ayrshire Central Hospital and the Community Hospitals of Lady Margaret, Girvan, Biggart and East Ayrshire.

Ms Semple acknowledged the benefits of the new programme for staff and patients and the financial savings being made.

Outcome: Committee Members acknowledged the work of the National Intravenous Fluid Improvement

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Programme to date and endorsed the next phase of implementation.

7.3 Older People in Hospital Group Annual Assurance Report

The Director for Acute Services, Mrs Joanne Edwards, provided a verbal progress update on the review of the Older People in Acute Hospital (OPIH) group. She gave assurance that an interim Chair was in place and OPIH had been progressing work. The group had met on 9 September 2019 when priorities had been identified, membership had been extended to include a number of other service areas and an annual assurance report was planned for June 2020, which would be reported to Healthcare Governance Committee.

JE

Outcome: Committee members noted the verbal update and looked forward to receiving an annual assurance report in June 2020.

7.4 Older People in Hospital (OPIH) visit to University Hospital Crosshouse (UHC), September 2017 – Closure Report

The Director of Acute Services, Mrs Joanne Edwards, presented the Closure Report following the OPIH visit to UHC in September 2017. She assured the Committee that NHS Ayrshire & Arran had provided Healthcare Improvement Scotland (HIS) with regular progress reports on the implementation of improvements identified in the associated action plan, details of which had been provided to members. Committee members were advised that a number of actions required continual improvement and it was not possible to give a precise closure date. The Committee recommended that the report be closed and progress against outstanding actions provided in future reporting to the Committee.

Outcome: Members noted the report on the improvements made following the Older People in Hospital inspection at UHC in September 2017 and supported the closure of the improvement Action Plan.

7.5 Healthcare Environment Inspectorate (HEI) Action Plan Closure Reports

The Director for Acute Services, Mrs Joanne Edwards, provided a verbal update regarding the HEI Action Plan Closure Report and noted that Ms Wilson had taken direct line management of the Governance Team. Committee members would receive a final report once all actions had been completed.

Outcome: Committee members noted the update and awaited the final closure report.

8. Audit

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8.1 Overview of Cancer Quality Performance Indicators (QPI) Governance Process

The Clinical Director, Cancer Services, Dr Peter MacLean, presented the Overview of Cancer Quality Performance indicators governance process report. He was accompanied by Ms Tracey Dalrymple, Assistant General Manager, Cancer, Haematology and Head & Neck Services. Dr MacLean explained some of the data collection challenges facing the clinical team. Cancer Quality Performance Indicators (QPIs) had started to be collected in 2013 and collection of data for each tumour type varied. A RAG traffic light report was published every 3 years helping to identify areas for improvement. He advised that the clinical team aimed to review the data and make sure it was true and then compare this with regional and Scottish data. He assured the Committee that there was a robust QPI governance process in place and strong links with the West of Scotland Cancer Network.

Ms Semple thanked Dr MacLean for the clarity provided on the QPI governance process and for identifying the challenges faced. Members were assured by the robust QPI governance process and data provided. Committee requested that an annual assurance report be provided on progress in completion of improvement actions. Dr Graham will consider future reporting requirements out with the meeting.

AG

Outcome: Committee members noted and approved the governance processes around the audit of Cancer Quality Performance Indicators.

Committee members requested that an annual assurance report be provided to update members on progress in the implementation of improvement action plans.

9. Risk

9.1 Strategic Risk Register

The Assistant Director for OH & Safety and Risk, Mr Hugh Currie, presented the Strategic Risk Register report. He highlighted that the Risk Management Committee (RMC) had reviewed its remit and terms of reference and it had been agreed that to reflect the importance of resilience, the RMC be renamed as the Risk and Resilience Scrutiny and Assurance Group, subject to Audit Committee and NHS Board approval. RMC had also considered work to develop a model for the measurement of the organisation's risk culture with this tool anticipated to drive future developments, with an overview of this work presented at Appendix 3 to the report.

Ms Semple thanked Mr Currie for this assurance report on the processes for the management of risk and welcomed the revised template for the measurement of the organisation's risk culture.

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Outcome: Committee members noted the progress report on risk management arrangements. Members approved the Healthcare Governance Committee Strategic Risk Register and were assured of the processes involved.

9.2 SAER Action Plan Update

The Assistant Director for Occupational Health, Safety and Risk, Mr Hugh Currie, presented the SAER Action Plan update and described the well-structured and defined process involved to ensure all requirements were being met in relation to completion of action plans, quality improvement plans and learning summaries.

Committee Members requested that more detail be provided to demonstrate that there were robust arrangements in place for signing off SAER actions plans and to take on board positive and negative learning. Members requested that the language used in relation to suicide should be changed to “completed”. Mr Currie explained that Healthcare Improvement Scotland stipulated the reporting format to be used by all NHS Boards.

Ms Semple thanked Mr Currie for this update and commended the approach adopted in the learning summary which helped members visualise the position. Members emphasised the importance of any learning identified being transferable to other areas.

Outcome: Committee members noted the Significant Adverse Event Review action plan update and received assurance that appropriate governance arrangements were in place.

10. Public Health Screening Annual Reports

10.1 Bowel Screening Annual Report

The Consultant in Public Health Medicine, Dr Brian O’Suilleabhain, presented the Bowel Screening Annual Report (2016-2018).

Dr O’Suilleabhain noted that the new bowel screening test was launched in the middle of the screening round reported here; it is expected that the full impact of the new test will be visible in the report on the next screening round. He advised the uptake in NHS Ayrshire & Arran was 58.7% which was similar to the Scottish level of 59, 5% and that this had increased since the introduction of the new test compared to previous years. 2.71% of those screened had received a positive result and again this was higher than previously reflecting the increased uptake. Committee members were advised that more men from less affluent areas had participated in screening which appeared to demonstrate that the new test was helping address health inequalities. This increased uptake had impacted on the waiting times for the diagnostic endoscopy/colonoscopy services but funding had been sourced to increase staff, offer extra sessions and thereby improve the efficiency of the service.

Dr O'Suilleabhain provided assurance that sustainability planning was in place with an aging demographic and increased uptake for screening. Committee members discussed the process for involving the prison population in the screening programme and members wished to see a more targeted approach for individual prisoners for this and other appropriate programmes. Committee requested that a report be provided to a future Committee meeting on the uptake of screening process for the prison population in Ayrshire.

JT/LMcN

Outcome: Committee members noted the performance of the Bowel Screening Programme for 2016/18.

10.2 Pregnancy and Newborn Screening (PNBS) Annual Report

The Specialist Registrar in Public Health, Dr Lynda Fenton, presented the Pregnancy and Newborn Screening Annual Report (2016-2018).

Dr Fenton noted that NHS Ayrshire & Arran continued to deliver the recommended national screening programmes for newborns including communicable disease, Down's Syndrome, haemoglobinopathies, newborn hearing and newborn genetic conditions. She advised that the programmes were in transition following the release of the new National Standards for Pregnancy and Newborn Screening along with new Key Performance Indicators and thresholds to be used for reporting year 2019/20. These new standards were informing service development and improvement in data collection to ensure Board could measure progress against the new standards. Members were advised about the current risk of significant inequality in the Down's Syndrome screening programme due to the increased availability of non-invasive pre-natal testing within the private sector, this was not currently used as a first line test within the NHS due to cost. Members considered the positive patient experience and financial benefits of using one test rather than multiple tests.

The Newborn Hearing Screening Programme was highlighted as a positive example of a successful screening programme. NHS Ayrshire & Arran had universal coverage which was mainly due to the dedication and commitment of this small team, despite the considerable pressures facing the service. The Committee wished to convey their thanks for the positive work being done to the NHS Board.

Outcome: The Committee noted the Pregnancy and Newborn Screening Programme Annual Report and welcomed the positive achievements of the programme.

11. Governance

11.1 Acute Services Clinical Governance Group minutes of meeting on 30 September 2019

The Committee noted the draft minutes.

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11.2 Control of Infection Committee approved minutes of meeting held on 18 July 2019

The Committee noted the approved minutes.

11.3 Primary Care Quality and Safety Assurance Group draft minutes of meeting on 2 July 2019

The Committee noted the draft minutes.

11.4 Research and Development Committee draft minutes of meeting on 19 September 2019

The Committee noted the draft minutes.

12. Paper to Note

12.1 Sharing Intelligence for Health and Care Group's Annual Report 2018-19

Committee members noted the report.

12.2 Performance Issues in Primary Care - Approved Paper

Committee members noted the paper.

13. Points to feed back to NHS Board

Committee members agreed that the following areas should be highlighted at the NHS Board meeting on 2 December 2019:

- HAI - new targets and community acquired infections and remit for IJBs.
- Antimicrobial resistance now sits with Health and Social Care Partnerships
- Neonates improvements.
- Litigation/HAI/SAERs - conversations to be had about how processes are framed and closure reports.
- Success of the Bowel Screening and the Pregnancy & Newborn Screening Programmes.

14. Any Other Competent Business

14.1 Ms Semple highlighted Committee discussions on the need to ensure robust processes were in place across a number of areas to provide assurance to members that improvement actions were being monitored and progress measured effectively. Ms Semple suggested that the Committee hold a workshop during 2020 and she asked members to consider possible topics for discussion.

ALL

14.2 There was no other business.

15. Date and Time of Next Meeting

**Approved by the Committee on 6 January 2020
Monday 6 January 2020 at 9.30am, Training Room 2, Training
Centre, Ayrshire Central Hospital, Irvine**

Signed **Date**