

Approved by Committee on 29 June 2020



Healthcare Governance Committee

Monday 9 March 2020 at 9.30am

Training Room 2, Training Centre, Ayrshire Central Hospital, Irvine

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Adrian Carragher
Councillor Joe Cullinane
Mrs Jean Ford

Board Advisor/Ex-Officio:

Mr John Burns, Chief Executive
Prof Hazel Borland, Nurse Director
Mrs Joanne Edwards, Director for Acute Services
Dr Crawford McGuffie, joint Medical Director

In attendance: Ms Katie Bryant, Risk Manager
Dr Phil Hodkinson, Associate Medical Director
Dr Kenneth MacMahon, Head of Psychology Specialty, Child and Learning Disabilities
Mr Bob Wilson, Infection Control Manager
Ms Jenny Wilson, Assistant Director, Quality Improvement
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

Apologies were received from Mrs Margaret Anderson, Mrs Lesley Bowie, Mrs Lynne McNiven/Dr Joy Tomlinson and Miss Lisa Tennant. Mrs Joanne Edwards had to leave the meeting early due to other work priorities.

2. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 6 January 2020

The minute of the meeting held on 6 January 2020 was approved as an accurate record of discussions, subject to the completion of the action log item on SAER action plans.

4. Action Log

4.1 The action log had previously been circulated to members and all progress was noted. The Nurse Director, Prof Hazel Borland, advised that a target completion date would be added to action items six and seven.

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4.2 COVID-19 update

The Chief Executive advised that an Emergency Management Team (EMT) had been established and was meeting regularly to discuss COVID-19 resilience and continuity arrangements. Discussion was currently focused on establishing effective communications for the flow of Scottish Government guidance and pathway advice. Sub-groups had been set up for Acute services, Public Health and Primary & Community Care. A specific Primary Care sub-group had been established to discuss Scottish Government requirements and the contribution of Primary Care in General Practice.

The Chief Executive advised that Scotland was still in the containment phase of the COVID-19 outbreak. The EMT's focus during the past week had been to establish community testing arrangements, with a mobile structure erected on the University Hospital Crosshouse site as a drive-through testing site. Whilst all communication requests on COVID-19 were being directed through Scottish Government, the Board was working with local media in regard to awareness of the establishment of local mobile testing arrangements. All procedures were being reviewed in support of staff providing the testing service to ensure they are properly equipped and trained. Discussion was taking place on business continuity planning and Board's capacity for surge should there be a need to increase inpatient provision.

Scottish Government had asked Boards to work with Local Authority partners to do everything possible to reduce delays in hospital discharge and the Chief Executive would meet Health and Social Care Partnership Directors to look at local plans to ensure individuals are being cared for in the right place. The Chief Executive advised that an Ayrshire Strategic Resilience Partnership would be established in the weeks ahead.

Committee members note this update, recognised the significant system pressures relating to COVID-19 and thanked staff for the considerable work being done to meet the challenges faced.

5. Patient Experience

5.1 Patient Experience Q3 report

The Assistant Director, Quality Improvement, Ms Jenny Wilson, presented the Patient Experience Report for Q3, October to December 2019 and Board's continued compliance with the complaint handling process.

Ms Wilson advised that concern numbers remained relatively stable in comparison to Q2. The number of complaints received had decreased by 43 during Q3 and the number and stage of complaints by area was similar to the position in the previous year. Ms Wilson highlighted that a significant number of stage one complaints related to Prisons and over 75% of prisoner complaints related to medication.

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Committee members received assurance that Board had been able to respond to Stage 1 complaints within 5-10 days over 90% of the time, similar to Q2. Performance against the 20 working day target for Stage 2 complaints had decreased from 56% in Q2 to 48% in Q3 and this performance will be monitored to ensure the decline does not continue.

Ms Wilson reported that Stage 1 complaint performance had improved compared to Q3 last year, with 94% of complaints being closed on time. Ms Wilson explained that the increase in the number of Stage 1 complaints was as a result of the improvement work being carried out at University Hospital Crosshouse (UHC), with more complaints being converted to Stage 1, as a result of the Complaints Officer making contact with complainants as the complaint was received. There had been very positive feedback from complainants and managers in regard to the role of the Complaints Officer. Ms Wilson clarified, in response to a question from a Committee member, that it would be difficult to quantify the benefits and clinical time saved as a result of implementing complaint handling improvement activity as this had been done within existing resources and the Complaints Officer's work location moved to UHC.

Committee members were advised that there had been a slight increase in the number of Scottish Public Services Ombudsman (SPSO) referrals during Q3. Ms Wilson anticipated that SPSO referrals would reduce over time as complaint handling improvement activity rolled out more widely. Complaint themes remained similar, mainly relating to clinical care, attitude and behaviour, appointments and communication and themes and sub-themes would be used to prioritise improvement across relevant services.

Ms Wilson advised that the Board continued to seek feedback from patients and the local community within NHS Ayrshire & Arran and gave assurance that most feedback remained minimally critical or not critical. There had been active work to increase the number of staff able to respond directly to Care Opinion posts and this was proving successful.

Outcome: Committee members noted the Patient Experience Q3 report.

6. Patient Safety

6.1 Healthcare Associated Infection (HAI) report

The Infection Control Manager, Mr Bob Wilson, provided the current position against the national Healthcare Associated Infection (HAI) Standards and the national meticillin resistant Staphylococcus aureus (MRSA) admission clinical risk assessment key indicators for the year ending September 2019.

Mr Wilson reported that there had been a significant outbreak of Influenza (Flu) at UHC and this had been reported to Health Protection Scotland (HPS) in line with national requirements. Families had been kept fully informed and where this had unfortunately resulted in a

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patient's death, the family had been advised of the cause of death. The Procurator Fiscal had been kept fully informed and there had been no further action required. HPS had provided positive feedback in regard to Board's communication with families and this had been passed on to clinical teams.

Mr Wilson provided a detailed analysis of performance against the Escherichia coli bacteraemia (ECB) national standard. The Prevention and Control of Infection Committee had agreed that there should be annual graduated reduction targets to measure progress towards achieving the national target, with a 5% reduction in year one. Mr Wilson explained that the verified quarterly rate for July to September 2019 indicated that Board was slightly above trajectory but it was hoped to get below this before the year end.

Committee members were advised that in 2019 urinary catheters were the most common source of HCA ECB, accounting for 25% of infections, and this had been identified as a priority area for intervention. A multi-disciplinary Urinary Catheter Improvement Group had been set up, including a patient representative, chaired by the Assistant Director, Quality Improvement. The Group's aim was to identify and coordinate interventions across primary and secondary care to reduce the use of urinary catheters and improve the management of catheters whilst inserted. Ms Wilson gave assurance that the group was making good progress in identifying improvement interventions and the QI team was supporting clinical staff in taking forward improvement activity, guidance was being developed on AthenA and a Learnpro module on catheter use would become part of education and training for nursing and medical staff.

Professor Borland highlighted that in view of the current COVID-19 activity supported by the Infection Control team and Public Health, she would meet Mr Wilson later in the week to discuss priorities and activities which may need to be ceased following a risk based approach to focus on providing the COVID-19 support needed. Committee members fully supported this approach to reprioritise workload, including reports to Committee in the coming months, to prioritise COVID-19 activity.

Outcome: Committee members noted the current position against the national Healthcare Associated Infection Standards and the national meticillin resistant Staphylococcus aureus admission clinical risk assessment key performance indicator.

Committee members discussed and noted the detailed analysis of performance against the Escherichia coli bacteraemia (ECB) national standard and supported the approach being adopted to reduce and manage urinary catheter use.

6.2 Theatre Safety Improvement report

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The Associate Medical Director, Dr Phil Hodkinson, presented a report detailing improvement approaches, interventions and systems put in place to improve theatre safety and ensure a standardised approach to patient safety at both Acute hospital sites.

Dr Hodkinson explained that a short life working group had been established to take forward theatre safety improvement activity and ensure a standardised approach to patient safety at both Acute hospital sites. Improvement work had been ongoing over the last 12 months, including cultural work with the theatre team and development of a theatre safety checklist, and this work was well embedded at both Acute hospital sites and had been rolled out more widely for medical processes. A policy document on site marking had been developed and this awaited sign-off. Committee members discussed theatre safety improvement activity and were encouraged by the consistent approach being adopted at both Acute hospital sites, compliance in completion of the theatre safety checklist, and plans to extend the checklist to include medical processes.

Dr Hodkinson provided details of theatre related adverse events reported at both sites during the period 1 January to 31 December 2019, including common themes identified, and gave assurance that there were robust patient safety processes in both theatre suites and adverse event reporting, review and learning. Dr Hodkinson gave further assurance, in response to a question from a committee member, that adverse events accounted for a very small percentage of all surgery undertaken. Dr Hodkinson anticipated a further significant reduction in serious adverse events as theatre safety improvements continued to embed across both Acute sites.

Outcome: Committee members noted the report and were assured of the robust and consistent approach to theatre safety improvement activity across sites. Committee members agreed that future theatre safety reports be devolved to the Acute Services Governance Groups at both Acute hospital sites.

6.3 Scottish Public Services Ombudsman (SPSO) closure reports

In the absence of the Director for Acute Services, the Nurse Director, Prof Hazel Borland, presented a report on SPSO cases that had been closed by the Ombudsman during the period April 2019 to February 2020.

Prof Borland advised that during the reporting period a total of 14 cases were reviewed with final decision letters received from the Ombudsman in relation to complaints made about Acute Services. Three of these cases were fully upheld, three were partially upheld, six were not upheld and two cases were ongoing.

Prof Borland advised that the majority of SPSO cases dated back to 2017, which demonstrated the length of time taken to complete the complaint and Ombudsman referral process. Prof Borland gave assurance in response to a question from a member that robust

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processes were in place to follow up improvement actions and ensure they were embedded, with assurance reporting provided through Acute Services Clinical Governance Group. Ms Wilson reiterated that Board was adopting a robust approach to follow-up complaints and SPSO cases and ensure organisational learning.

Committee members discussed the report and were assured that Board was responding appropriately to SPSO feedback and that there was a robust process in place for organisational learning as a result of complaints and SPSO cases.

Outcome: Committee members noted progress to successfully implement the recommendations provided by the Ombudsman in relation to SPSO cases closed for Acute Services from April 2019 to February 2020 and approved the closure of the action plans.

Committee members suggested that an assurance statement be added to the report in regard to organisational learning and to highlight when improvement actions could be addressed through ongoing routine training.

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7. Quality Improvement

7.1 Guidelines Assurance report for SIGN 145, Autism Spectrum Disorder

The joint Medical Director, Dr Crawford McGuffie, invited the Head of Psychology Specialty for Child and Learning Disabilities, Dr Ken MacMahon, to provide an update on the implementation of SIGN Guideline 145, Assessment, diagnosis and interventions for autism spectrum disorders.

Dr Ken MacMahon explained that SIGN 145 was a complex guideline which cut across a number of different specialties covering the patient lifespan. Dr MacMahon gave assurance that NHS Ayrshire & Arran had met the majority of recommendations within the guideline, however, there had been challenges in bringing this work together. Increased awareness of autism had resulted in increased demand and significant pressures to assess and diagnose children and adults across Scotland and the UK. There were specific challenges relating to workforce and gaps in timely diagnosis due to service pressures, including for multi-disciplinary assessment, due to insufficient capacity within some professions eg Allied Health Professions (AHPs), to deliver aspects of the guideline relating to assessment and post-diagnostic support.

Committee members discussed the workforce and capacity challenges facing AHPs, in particular Speech and Language Therapists. The Associate Director for AHPs, Ms Emma Stirling, highlighted the complex funding structure in place for Speech and Language Therapy (SLT), with some services funded by Health and others by Local Authorities, with financial pressures having an impact on funding available. Ms Stirling gave assurance that at this time SLT services

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were prioritising and focusing on areas of high clinical risk, such as dysphagia. Ms Stirling recognised that this did impact on other areas, for example, where communication skills were a significant factor. AHP Leads were very aware of the workforce resource and capacity pressures facing AHPs and the significant impact on services and workforce and resource issues have been highlighted at Director level in the organisation. Prof Borland highlighted that risks relating to AHP services have been added to the Strategic Risk Register.

Committee members discussed other potential areas of risk due to delays in implementing SIGN 145. Dr MacMahon highlighted the risk to the individual should there be delays in assessment, intervention and therapy, for example, links to education, which may mean that the individual is unable to maximise their potential

Dr MacMahon advised that Scottish Government will be issuing a national service specification for Neurodevelopmental Assessment and once issued the organisation will consider what it will be required to deliver.

Dr McGuffie highlighted that a revised process has been developed to improve strategic oversight of the SIGN guideline process, with details to be reported at the next HGC meeting.

Outcome: Committee members discussed the final update on the implementation of SIGN 145, Assessment, diagnosis and interventions for autism spectrum disorders and were assured by progress to date to implement this complex guideline.

Committee members agreed that future reporting be devolved to internal governance structures.

Committee members looked forward to receiving details of the revised process to manage and report progress in the implementation of SIGN guidelines at the next meeting.

7.2 Healthcare Environment Inspectorate (HEI) Action Plans

Prof Borland advised that consideration was being given to future Acute governance and reporting of HEI action plans to give assurance that explicit and timely reporting of follow up actions is being taken and this will be reflected in future reports to the Committee.

Ms Wilson gave assurance that there was a robust approach in place to develop the latest Older People in Acute Hospital report and smart actions were being monitored regularly at senior leadership team level and progress reported through the Lead Nurse. A report would come to the Committee once available.

Outcome: Committee members noted the update.

8. Governance

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8.1 Annual Reports

8.1.1 Annual Immunisation report 2018-19

In the absence of the interim Director of Public Health, Prof Borland presented a report on the performance and delivery of national Immunisation Programmes in NHS Ayrshire & Arran during 2018-19.

Prof Borland highlighted that responsibility for pertussis immunisation of pregnant women was successfully transferred from GP practices to Maternity Services in autumn 2018.

Prof Borland highlighted changes to delivery of existing immunisation programmes through the Vaccine Transformation Programme, part of the new “Ambitious for Ayrshire” implementation of the 2018 General Medical Services contract.

Outcome: Committee members noted the Annual Immunisation report 2018-19.

8.1.2 Childhood and Seasonal Influenza report 2018-19

In the absence of the interim Director of Public Health, Prof Borland presented the Childhood and Seasonal Influenza report 2018-19.

Committee discussed the report and while there was concern at the reduction in childhood immunisation and HPV uptake rates in areas of high deprivation, members commended staff for the work being done to mitigate the position. Committee members were encouraged by the good uptake of the Influenza vaccine among healthcare workers during 2018-19.

Outcome: Committee members noted the Childhood and Seasonal Influenza report 2018-19

8.1.3 Healthcare Governance Committee Terms of Reference

Prof Borland advised that the Committee’s Terms of Reference had been reviewed and updated in response to recent work done by Scottish Government on a Once for Scotland approach to governance and recommendations from a recent internal audit of Healthcare Governance Committee.

Outcome: Committee members approved the updated Healthcare Governance Committee Terms of Reference.

8.2 Minutes

8.2.1 Area Drug and Therapeutics Committee

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Committee members noted the approved minutes of the meeting held on 12 November 2019.

8.2.2 Control of Infection Committee

Prof Borland gave assurance that the action requested by the Chief Executive in relation to the HAI report from January 2020 had been taken forward. Hand hygiene metrics had been included in the HAI report to Board on 3 February and would also be included in the HAI report to Board on 30 March in relation to an outbreak of Influenza.

Committee members noted the draft minute of the meeting held on 16 January 2020. Prof Borland highlighted discussion relating to a cleaning audit at HMP Kilmarnock and gave assurance that Board was aware of the challenges and there was ongoing discussion at Board and national level to bring clinical accommodation up to the required standards.

8.2.3 Primary Care Quality and Safety Assurance Group

Committee members noted the approved minute of the meeting held on 7 January 2020.

9. Risk

9.1 Strategic Risk Register

The Risk Manager, Ms Katie Bryant, presented an update report on work currently being done to support the Risk Management Strategy and the Healthcare Governance Committee Strategic Risk Register, which had been considered at the Risk and Resilience Scrutiny and Assurance Group (RRG) on 27 February 2020.

Ms Bryant reported, in relation to Objective one, Culture, that an Adverse Event Review Group (AERG) workshop had taken place in December 2019 to review the current management of adverse events against the Healthcare Improvement Scotland (HIS) framework. Outcomes from the workshop will be presented to RRG in April 2020 and an action plan developed to continue to progress improvements in the management of adverse events.

Ms Bryant advised that NHS Ayrshire & Arran's Risk Management Strategy and objectives were reviewed by RRG on 27 February. New objectives were proposed and would be reported to the Committee once finalised by RRG in April 2020.

Committee members were advised that Risk ID 574, relating to lack of medical staff, had been downgraded from strategic to operational due to an increase in the robustness of staffing and the position would continue to be monitored regularly. There were two emerging risks relating to Adult and Children's Speech and Language Therapy services and risk templates would be considered at RRG in April 2020.

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Ms Bryant highlighted that RRG had approved the proposal for a deep dive of two or three risks at RRG meetings on a cyclical basis, to enable detailed consideration and give assurance in regard to actions being taken forward.

Outcome: Committee members discussed and approved the Healthcare Governance Committee Strategic Risk Register and were assured by organisational work taking place to manage strategic risk.

9.2 Revised NHS Ayrshire & Arran Adverse Event Policy

Ms Bryant presented NHS Ayrshire & Arran's Adverse Event Policy which had been reviewed following an interim update of the HIS adverse event framework, to reflect implementation of a new national notification system for Category 1 significant adverse event reviews from 1 January 2020. The local policy included details of Being Open work piloted in Maternity Services in conjunction with NHS Lothian.

Outcome: Committee members noted the review of NHS Ayrshire & Arran's Adverse Event Policy which had been approved by the Risk and Resilience Scrutiny and Assurance Group on 27 February 2020.

9.3 Significant Adverse Event Analysis and Review (SAER) Action Plans

Ms Bryant presented a report on progress in the completion of SAER action plans and associated learning summaries.

Ms Bryant reported that actions relating to seven SAERs and associated learning summaries had been fully completed as detailed in Appendix 1 to the report. Ms Bryant advised that the report's format was being reviewed and the next report to RRG and Committee would be in the updated format, to give the Committee further assurance in regard to improvement actions being taken.

Committee members discussed the new process for Boards to notify Category 1 SAERs to HIS on a monthly basis. Prof Borland advised that Committee would continue to receive quarterly AERG reports. The Chief Executive gave assurance that NHS Ayrshire & Arran was the only Scottish Board able to demonstrate compliance with every aspect of the recent national audit of SAERs. Committee members commended that Board's adverse event framework included Being Open work in Maternity Services, which demonstrated that the organisation was taking a robust and serious approach to the management of adverse events.

9.4 Risk issues to report to Risk and Resilience Scrutiny and Assurance Group

There were no new areas of risk to report.

10. Key issues to report to NHS Board

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Committee members agreed that the following key areas be reported to the NHS Board meeting on 30 March 2020:

- Theatre safety update
- HAI themed report on ECB
- SIGN 145, Assessment, Diagnosis and Intervention for Autism Spectrum Disorders
- Significant Adverse Event Report action plans and Significant Adverse Event Policy review

11. Any Other Competent Business

12. Date and Time of Next Meeting

Monday 4 May 2020 at 9.30am, Room 2, Training Centre, Ayrshire Central Hospital, Irvine – meeting cancelled due to COVID-19. Extraordinary meeting later scheduled for Monday 29 June 2020 at 1pm, MS Teams.

Signed **Date**