

Approved by Committee on 3 August 2020



Healthcare Governance Committee
Monday 29 June 2020, 1pm
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mrs Margaret Anderson
 Mr Adrian Carragher
 Councillor Joe Cullinane
 Mrs Jean Ford
 Miss Lisa Tennant

Board Advisor/Ex-Officio:

Mr John Burns, Chief Executive
 Prof Hazel Borland, Nurse Director
 Mrs Lesley Bowie, Chair NHS A&A
 Dr Crawford McGuffie, Medical Director
 Mrs Joanne Edwards, Director for Acute Services

In attendance: Ms Katie Bryant, Risk Manager
 Ms Emma Stirling, Associate Director for AHPs
 Ms Jennifer Wilson, Assistant Director, Quality Improvement
 Mr Robert Wilson, Infection Control Manager
 Ms Pauline Sharp, Committee Secretary (minutes)

1. Apologies for absence

1.1 Apologies were received from Lynne McNiven.

2. Declaration of any Conflicts of Interest

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on insert date

3.1 The Minute of the meeting held on 9 March 2020 was approved as an accurate record of discussions.

4. Action Log

4.1 The action log had previously been circulated to members and all progress was noted. Ms Semple confirmed a number of items were now considered business as usual, therefore, could be closed. Mrs Edwards advised she would bring an update on Item 9 SPSO closure reports and learning summaries to a future HGC meeting.

4.2 HGC Work Plan 2020-21

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The Nursing Director, Prof Borland provided an overview of the HGC Work Plan with timelines prior to the impact of COVID-19. Both the 4 May and 8 June 2020 meetings had been cancelled, therefore, this had a knock-on impact on HGC business and a decision had been made to prioritise items on a risk basis. Where timelines could not be pushed back these had been included on the current agenda with other items included on future agendas as detailed in the Work Plan to ensure no agenda was overwhelmed and also assurance that all items were sighted on.

Mrs Ford enquired if any delay might have an impact on governance and regulatory requirements. Prof Borland assured the Committee she had prioritised all pieces of work to ensure all regulatory requirements would be met and gave the example of the Duty of Candour report. Members were encouraged to contact Prof Borland if they considered any items required to be dealt with sooner and that she would be guided by colleagues. The Committee considered the HGC Work Plan provided a pragmatic solution in the current working environment.

Outcome: Committee members noted the HGC Work Plan 2020 and supported the approach to future timelines impacted by COVID-19

5. Patient Experience

5.1 Patient Experience Report

- 5.1.1 The Assistant Director, Quality Improvement, Ms Jenny Wilson presented the Patient Experience Report for Q4 January to March 2020 and the NHS Board's continued compliance with the complaint handling process.

Ms Wilson noted by March 2020 that COVID-19 had started to impact on complaints and Paper 3 detailed how the Complaints Team had worked differently with the caveat some data may be due to COVID-19 activity. A significant amount of work had been progressed and demonstrated improvements in complaint handling responses, meeting of deadlines and closing of existing complaints and Ms Wilson was determined to build on this. Any extension of deadlines due to COVID-19 were now back to normal.

Ms Wilson provided an overview detailing for Stage 1 complaints performance against the 5-10 working days target had improved each quarter and for Q4 was 92% compared to 70% for the same quarters in 2018-2019. Stage 2 complaint handling (resolved within 20 days) from a starting point of 25% Q1 of 2018-2019, 78% compliance had been achieved for Q4 2020 and Ms Wilson was confident of meeting 85% within the next year. Scottish Public Services Ombudsman (SPSO) referrals had increased from 5-10 and this would be in closely monitored especially those that relate to complaints handling process. Work was being progressed on how best to approach learning and improvement from complaints including the use of Learning Summaries

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for Complaints and SPSO findings. NHS A&A use of Care Opinion and their national rating of Care Opinion users underscored the importance of learning placed by NHS A&A.

- 5.1.2 Mr Burns welcomed the continued learning from Learning Summaries but requested a paper specifically looking at what is being done to address any recurring themes, attitudes or behaviours. This would allow the HGC to challenge the system to do better, deliver significant improvements and strengthen NHS A&A Learning Summaries even more. Committee members supported this approach and acknowledged in light of the current climate there would naturally be an increase in the amount of correspondence around waiting times. Optimism was expressed that there would be a national message shortly about managing expectations. The Committee also welcomed the development of a timeline breakdown for complaints ensuring each was dealt with timeously and did not slip. A balance of learning from Learning Summaries but also an emphasis on promoting and thanking good practice was stressed as important.

Outcome: Committee members noted the Patient Experience Q4 report and requested detail on how attitudes were being proactively addressed.

6. Patient Safety

6.1 Healthcare Associated Infection (HAI) report

- 6.1.1 The Infection Control Manager, Mr Bob Wilson, provided the current position against the national Healthcare Associated Infection (HCAI) although the paper focused mainly on the impact of COVID-19 Pandemic on the Infection Prevention and Control Team (IPCT).

Mr Wilson noted NHS A&A verified position on HCAI for the year ending December 2019 but due to the COVID-19 impact on occupied bed days it was not possible to give a projection for year-end March 2020. This should be available July 2020. Mr Wilson had advised Prof Borland that he was not in a position to provide a work plan for the coming year and she had escalated this to Mr Burns in March 2020. Also work on infections relating to urinary catheters had not been undertaken due to the impact of COVID-19 and would be picked up going forward.

- 6.1.2 The Appendix to the paper did not detail all the IPCT team activity but gave a description of the different stages and the overall impact on the Teams business as usual. Their work began in mid-January when considerable time was allocated to working and planning pathways with teams in priority areas most likely to receive suspected cases to ensure everything including testing was in place. They supported Ward 2B when the initial suspected cases were admitted via a lobby ventilated isolation room. Much of their routine activity had to be de-escalated but Mr Wilson had liaised with Prof Borland regularly to ensure they did not lose sight of core activity eg potential risks around MRSA and water safety. Additional support had been allocated to the Team to support their increased workload.

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Since the first confirmed case in the second week of March the IPCT had been involved in an increasing workload involving, supply and quality of PPE, increase in inpatients last week in March through to third week in April, outbreaks in inpatient areas. Learning will come to a future Committee meeting.

Going forward Mr Wilson advised they were increasing their remobilisation plans, although still not in a position to return to normal. They were restarting their Audit programme but this was subject to short term disruption due to ongoing COVID-19 related issues. Healthcare Improvement Scotland were reintroducing their visits from the week beginning 6 July 2020.

Committee members discussed the importance of this impact being well documented and available for the NHS Board. Assurance was provided that Non-Executive members had been kept up-to-date with the emphasis now on the way forward into 2021.

Ms Semple on behalf of the HGC thanked Mr Wilson and his team for their hard work and resilience shown during the COVID-19 pandemic. She would note this at the next NHS Board and that the HGC had been assured the IPCT had prioritised their work and not lost sight of their duty in maintaining HCAI standards.

Outcome: Committee Members noted the current position against the national Healthcare Associated Infection Standards and the impact of COVID-19 on the Infection Prevention Control Team core activity.

6.2 Duty of Candour year-end report

The Nurse Director, Prof Borland introduced the second Duty of Candour report and advised the previous report had received positive feedback from Scottish Government. Ms Bryant presented the key points of the 2019/20 report noting the slight drop from the previous year of 75 to 73 in the instances where duty of candour applied. She also detailed the amount of work her team have undertaken in co-operation with the Nurse Director's team regarding Pressure Sores and Falls. Although this had been a learning curve the experience had been positive and beneficial ensuring future consistency when duty of candour would be applied. The Committee were asked if they were properly assured by the report and were supportive of it going to Scottish Government and being published on NHS A&A External Website.

Mrs Ford noted she had a number of points of interest which she would like clarified but would send Prof Borland an email.

Outcome: Committee members discussed the Duty of Candour year-end report and supported its submission to Healthcare Improvement Scotland and it being published publically.

7. Governance

7.1 Care Homes Governance Framework

- 7.1.1 Prof Borland provided background on the change to Nurse Directors' accountability to provide nursing leadership, support and guidance within the Care Homes and Care at Home sector from 17 May 2020. Also from 18 May 2020 Scottish Government had required NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for Care Homes. These changes had previously been discussed at the Integrated Governance Committee. Paper 6 detailed what had been done to implement this and build on the existing incredibly strong foundations of integrated care and good working practice.

The Framework detailed the NHS support to be provided to Care Homes recognising that Care Homes may require more clinical input at this time and ensure these needs were met. The Chief Nursing Officer (CNO) had provided a Workforce Professional Judgement Tool for Care Home Managers to help them judge and manage staffing levels. The Nursing Workforce Co-ordinator had offered additional support to Care Homes in the use of the tool if required. The framework was approved by the Emergency Management Team (EMT) on 27 May 2020 and submitted to CNO for her assurance.

Among the many actions to support care provision in Care Homes Prof Borland highlighted the establishment of an Enhanced Learning Care Homes group which meets weekly. The establishment of Care Home Oversight Groups within each of the three Health and Social Care Partnerships (HSCP) supported by representatives on behalf of the Nurse Director, Medical Director, Director of Public Health, HSCP Director and Chief Social Work Officer which meet each day including Saturday and Sunday. An Interim Associate Nurse Director for Care Home Support and Assurance has been appointed until end September 2020 in the first instance, recognising that the new accountability is until end November 2020. Each Care Home is expected to have their own business continuity plan. Support and assurance visits were established and undertaken by a senior Nurse and senior Social Worker with each adult Care Homes, except two, having had a physical visit at this time. A professional expert advice group had been established to look at training resources and what was available from NHS Education for Scotland (NES).

- 7.1.2 From a Care at Home perspective Prof Borland had reviewed her new accountability and written to Mr Burns, Chief Executive formally to detail her role. She considered her accountability was to ensure community nursing teams and community AHP gave the right support to Care at Home teams, to collaborate and support in any way NHS A&A could but that it was not to get involved operationally. Mr Burns and Non-Executive members had agreed and supported this view. Subsequently the Chief Nursing Officer had also provided a clarifying statement which was in line with this. Prof Borland asked if the HGC were in agreement.

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The Committee agreed and congratulated Prof Borland for pulling an overarching plan of action to support Care Homes and the Care at Home system together so quickly and noted the very positive feedback fortnightly through the Integration Joint Boards (IJBs). Committee members requested future reports on progress and also any exceptions to ensure the HGC governance role could be fulfilled. Mrs Anderson welcomed the good working relationships with Nursing Homes and wished this to continue. Mr Burns noted there had been very strong working relationships from the beginning of the COVID-19 pandemic and considered this would be a culture change going into the future and which could be built on when and if there was any future review of the care sector.

Prof Borland to bring a report to the HGC in August on work done and progress which would include some of the resulting impact. She reminded the Committee that this variation in her accountability was until 30 November 2020 and that she was committed to continuing the effective working relationships and practices already established.

Outcome: Committee members noted the change in accountability for the Nurse Director and agreed that reports on the governance framework and associated activity will report to the HGC starting August 2020 with the possibility of an annual report.

Committee members supported the Nursing Director's accountability as detailed relating to Care at Home.

7.2 Integrated Governance Committee Update

The Committee noted the approved minutes of the IGC held on 21 April and 15 May 2020 with Ms Semple providing a brief update of the 11 June 2020 meeting.

7.3 Healthcare Governance Committee Annual Report 2019/2020

The Nurse Director, Prof Borland provided an overview describing the Annual Report as an assurance report detailing work and key messages the HGC had dealt with or had been sighted on over the year. Section 6 detailed the HGC priorities for 2021 including the specification for all Governance Committees requiring they support COVID governance arrangements as the NHS moves towards Phase 3 and recovery. The HGC had a particular role in this and would receive associated topics on a regular basis. The Annual Report contained the current Terms of Reference (TOR) but Prof Borland would be submitting to the HGC August meeting a revised TOR changed in response to an internal audit of governance committees and reflecting their responsibility moving forward in the coming year.

Outcome: Committee members welcomed the HGC Annual Report, approved its submission to the NHS Board

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and would await the update on the TOR which would come to the HGC August meeting.

8. Risk

8.1 Risk Management Activity Update

The Medical Director, Dr McGuffie Crawford provided an overview of the paper which detailed the progress of the Risk Management (governed by the Risk and Resilience Scrutiny and Assurance Group (RRSAG)) activity during the period of COVID-19. In April 2020 an update of the work of the Risk Management function specifically in relation to COVID-19 risks had been provided to the Integrated Governance Committee detailing the healthcare system capacity being exceeded risk. This risk was re-evaluated at RRSAG on 12 June. The issuing of time bar escalation emails ceased at the end of March 2020 with a recovery plan to restart from 1 July 2020. Over this period the utilisation of the digital infrastructure has proved to be more timely and efficient, therefore, as part of sustained learning is being considered moving forward. Healthcare Improvement Scotland (HIS) paused reporting of all Category 1 Significant Adverse Events but this was re-established from 6 June 2020.

Outcome: Committee members were assured on the work being done to manage the risks falling under the remit of the HGC.

8.2 Significant Adverse Events Update Report

The Medical Director, Dr McGuffie provided an update on the Significant Adverse Event and Analysis Review (SAER) Action Plan which previously it had been agreed to go to the RRSAG before coming to the HGC to provide a robust governance and assurance process of NHS A&A management of SAEs. Dr McGuffie highlighted 7 SAERs had been closed from November 2019 to February 2020 and a further 7 from March to May 2020. Table 1 detailed all reviews from 2017 to 2020 with a number of meetings having been held recently to escalate any outstanding Action Plans and allow these to be closed. Detail of these could be found in Appendix 4. Ten new SAEARs (4 for Acute Services and 6 Mental health) have been commissioned since the last reporting period.

Mrs Ford commended the extra contextual detail provided which helped to provide a full picture. Members noted Learning Summaries were found to be very useful by staff but considered that information on changes made should be contained in Learning Summaries and not just what learned. Ms Bryant informed the Committee that HIS were currently reviewing Learning Summaries with guidance and training on how to completed coming out. She noted that NHS A&A were considered to be a forerunner of using Learning Summaries, publishing them on Athena and also on the Community of Practice website.

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Outcome: Committee members welcomed the additional work undertaken, were assured appropriate governance was in place for the reviews and that action plans had been scrutinised by appropriate group.

8.3 Risk Issues to Report to the Risk and Resilience Scrutiny and Assurance Group

The Nurse Director, Prof Borland highlighted a couple of risks relating to Care at Home, advised processes were in hand to address these and the HGC would receive update through the Strategic Risk Register at a future meeting.

9. Points to feed back to NHS Board

Committee members agreed that the following key areas be reported to the NHS Board meeting on 17 August 2020:

1. HAI COVID paper - impact on team and work undertaken.
2. Patient feedback and complaints paper.
3. Extremely good use of Care Opinion
4. Detail on Care Homes framework and supportive visits.
5. Close loop on SAER work and how get assurance and reports.
6. Duty of Candour report reviewed and signed off.

10. Any Other Competent Business

Ms Semple reminded Committee members of the date of the next meeting and proposed, in light of the large amount of reports and papers on the agenda, that members read all papers and submit any questions in advance allowing her to pass these on to the presenter of the paper. She also proposed that each person presenting only speak for 5 minutes and incorporate a reply to the previously submitted questions. If any question required a more detailed reply this could be provided by email. Members of the Committee supported the proposal as a sensible way forward. Prof Borland noted a number of these reports related to Public Health and she would establish if they would be ready to come or could be safely delayed.

11. Date and Time of Next Meeting

Monday 3 August 2020 at 9.30 am, MS Teams Meeting

Signed **Date**