

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 17 August 2020
Title:	Healthcare Governance Annual Report 2019-2020
Responsible Director:	Professor Hazel Borland, Nurse Director
Report Author:	Kate Macdonald, Nurse Directorate Business Manager and Jennifer Wilson, Assistant Nurse Director-Quality Improvement and Deputy Nurse Director (interim)

1. Purpose

This is presented to the Board for: Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s): Safe, Effective and Person Centred

2. Report summary

2.1 Situation

The Healthcare Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit. The draft Healthcare Governance Committee report for 2019-2020 was considered and approved at the Healthcare Governance Committee meeting on 29 June 2020.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

2.3 Assessment

Due to temporary changes to corporate governance arrangements to support our emergency response to Covid-19, which paused Governance Committee business, the Annual Reporting timetable for Governance Committee reports is behind schedule. Committees would normally consider and approve reports in March or April each year, for discussion at a May Board meeting, and subsequent submission to June Audit committee.

At the NHS Board meeting on 25 May 2020 Members agreed an approach to resume the normal timetable of governance committee meetings and committee business and hence the annual report has now been progressed.

The Healthcare Governance assurance report details the membership of the Healthcare Governance Committee and provides information on the activities of the Committee in the past year.

Key Messages

- The Committee regularly reviewed corporate level healthcare governance risks and identified cross-cutting healthcare governance issues.
- The Committee considered inequalities in participation in national population screening programmes in Ayrshire and Arran and received assurance that significant work was ongoing.
- The Committee received a number of Assurance and Closure Reports, relating to Inspections including Older People in Healthcare and Health Environment Inspectorate. The Committee was assured that any Recommendations identified were being implemented and monitored to completion through the Directorates.
- The Committee endorsed the Board's Quality Strategy *Excellence for Ayrshire*, which described our commitment to deliver quality improvement and high quality care that will enable and support delivery of our strategic objectives, and our ambition for health and care service transformation.
- The Committee received a progress report, detailing the previous 18 months project work on the establishment of a Rape & Sexual Assault Forensic Service for Ayrshire & Arran. The Service is part of a national programme of work, led by the Chief Medical Officers Taskforce, Scottish Government.
- The Committee was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance.

2.3.1 Quality/patient care

Ensuring good governance in monitoring delivery of programmes across Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation and enhances joint working across the NHS Board and Ayrshire Integration Boards.

2.3.3 Financial

There are no financial implications

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The annual report was approved by the Healthcare Governance Committee at the meeting on 29 June 2020.

2.4 Recommendation

Board Members are asked to receive the report and note the progress of the Healthcare Governance Committee in 2019/20.

3. List of appendices

- Appendix 1 – Healthcare Governance Committee Annual Report 2019/20

NHS Ayrshire & Arran Healthcare Governance Committee

Annual Report for 2019/20

1. Summary

- 1.1 The remit of the Healthcare Governance Committee is to provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

The main topics covered during 2019/20 reporting period were categorised under Quality Improvement, Patient Experience, Patient Safety, Risk, Internal Audit, Corporate Governance and Annual Reporting.

1.2 Key Messages

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- The Committee endorsed the Board's Quality Strategy *Excellence for Ayrshire*, which described our commitment to deliver quality improvement and high quality care that will enable and support delivery of our strategic objectives, and our ambition for health and care service transformation.
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- The Committee was provided with regular reports on the trends, themes and quality improvements arising from healthcare governance.

2. Remit

- 2.1 The Committee's Terms of Reference are detailed at Appendix 1 to this report.

3. Membership

- 3.1 The Committee's membership during the reporting period was as follows:

Ms Linda Semple, Non-Executive Board Member (Chair)

Mr Adrian Carragher, Non-Executive Board Member (Vice Chair) (joined and took on role of HGC Vice Chair on 16/09/19)
 Mrs Margaret Anderson, Non-Executive Board Member
 Cllr Joe Cullinane, Non-Executive Board Member
 Mrs Jean Ford, Non-Executive Board Member (joined on 07/05/19)
 Dr Janet McKay, Non-Executive Board Member (left on 17/08/19)
 Miss Lisa Tennant, Non-Executive Board Member

Ex-officio Members:

Dr Martin Cheyne, Chairman (left on 31/12/19)
 Mrs Lesley Bowie, Acting Chair (joined 01/01/20)
 Mr John Burns, Chief Executive
 Professor Hazel Borland, Nurse Director
 Dr Alison Graham, joint Medical Director
 Dr Crawford McGuffie, joint Medical Director
 Mrs Joanne Edwards, Director for Acute Services

4. Meeting

- 4.1 The Committee met on seven occasions between 1 April 2019 and 31 March 2020.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (x indicates attended).

Member	Dates						
	29.04.19	10.06.19	05.08.19	16.09.19	12.11.19	06.01.20	09.03.20
Ms Linda Semple (Chair)	X		X	X	X	X	X
Mr Adrian Carragher (joined and Vice Chair from 16/09/19)				X	X	X	X
Mrs Margaret Anderson	X	X	X	X	X	X	
Cllr Joe Cullinane		X		X			X
Ms Jean Ford			X	X	X	X	
Dr Janet McKay (left 17/08/19)		X	X				

Miss Lisa Tennant	X	X	X				
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5. Committee Activities

5.1 The Committee has ensured that the structure and format of the agenda during 2019-2020 supported the key elements of healthcare governance and the efficient conduct of business. The Committee also regularly reviewed corporate level healthcare governance risks and identified crosscutting healthcare governance issues to be tabled at the Integrated Governance Committee. To support ongoing scrutiny the Committee received the minutes of the following governance groups on a recurring basis:

- Prevention and Control of Infection Committee
- Acute Services Clinical Governance Group
- Area Drug and Therapeutics Committee
- Research and Development Committee

5.2 Additionally the main purpose of the August meeting was focussed on scrutiny of the Annual Reports for:

- Accountable Officer for Controlled Drugs Annual Report
- Area Drug and Therapeutics Committee Annual Report
- Safer Management of Controlled Drugs Annual Report
- Child Protection Annual Report
- Gender Based Violence Annual Report
- Infection Prevention and Control Team and Prevention and Control of Infection Committee Annual Reports
- Libraries Annual Report
- Organ Donation Annual Report
- Patient Stories Annual Report
- Primary Care Quality and Safety Assurance Group
- Research and Development Annual Report
- UNPAC Annual Report

Additionally the following Annual Reports came to the Committee outwith the August meeting:

- Complaints and Feedback Annual Report
- Older People in Healthcare Steering Group
- Sharing Intelligence for Health and Care Group

5.3 Meetings have also considered a wide range of information in respect of Healthcare Associated Infection, findings and recommendations from the Scottish Public Services Ombudsman and inspection reports from the Care Inspectorate.

5.4 The Committee has been receiving regular updates in respect of issues identified during 2019-2020 in respect of the quality of patient care. This included the improvement work being taken forward in primary care, maternity services and mental health services.

5.5 During the year, clinicians have attended the meetings to advise and present on their work to deliver both national and local strategies and patient safety programmes locally.

The Committee were provided with regular reports on delivery of public health screening and relating governance, including the Breast Screening Programme Report 2016-2019, the Diabetic Retinopathy Screening Programme 2017/18, the Bowel Screening Biennial Report (2016-2018) and the Immunisation Programmes Report 2018-19. The Committee were assured by the delivery of actions to protect and improve the health of the citizens of Ayrshire and Arran.

- 5.6 The Committee were provided with regular reports on the trends, themes and quality improvements arising from feedback, complaints, adverse events and litigation. Areas reported on included NHS Ayrshire & Arran's Adverse Event Policy Interim Review, which provided assurance that the Board's Adverse Event Policy meets the requirements of the revised Healthcare Improvement Scotland Framework for the management of adverse events. Additionally reports were presented on the Being Open and Maternity and Neonatal Adverse Event Framework for Scotland Implementation Pilot and the Complaint Handling Improvement Project, which focussed on ensuring best practice in complaint handling and assurance that learning and improvement is progressed at each opportunity
- 5.7 The Committee was provided with regular reports on the management response and service improvement arising from internal audit of clinical services.

6. Priorities for 2020/21

- 6.1 Priorities for 2020/2021 remain in line with those from 2019/2020, with the addition of the following:

A key priority for the Committee through 2020-2021 will be to support Covid19 governance requirements as NHS Ayrshire & Arran moves from the emergency response stage to phase 2 mobilisation and towards recovery. The Integrated Governance Committee will continue to provide a robust governance route for Covid19 matters that cut across the organisation and other governance committees, without requiring changes to existing governance arrangements.

- 6.2 The Committee will continue to focus on receiving evidence of organisational learning and demonstrable improvements in respect of themes and issues that have featured across the various reports presented in 2020-2021. This will include a focus on assurance from Directorates and Partnerships in respect of the effective implementation of learning within services and across teams.
- 6.3 There is a requirement to ensure that systems are in place to understand the key contributory factors of key quality challenges arising from assurance processes and the Committee ensures plans are developed and implemented to address key strategic contributory factors.
- 6.4 There is a requirement to ensure that national improvement priorities/ programmes are delivered locally, providing the Committee with assurance of sustainable improvement at scale.
- 6.5 There continues to be a requirement for the Committee to drive the reform of services to achieve high quality integrated health and social care services that are sustainable for the future and in line with our Caring For Ayrshire ambition.

- 6.6 In line with the refreshed Ayrshire and Arran Health and Care Governance Framework, the Committee will receive an annual report and minutes from the three IJB Health and Care Governance Committees for governance and assurance purposes.
- 6.7 There is a requirement to review clinical and care governance arrangements connecting the Committee to the Integration Joint Board (IJB) mechanisms and structure.

7. Chair's Comments

- 7.1 On behalf of the Committee, I would like to thank Dr Janet McKay for her work while on the Committee.
- 7.2 During this year, the Committee has focused on areas of known clinical risk, scrutinising the actions taken to deliver improvements and seeking assurances that there has been sustained focus on the implementation of improvement and learning. In particular, the Committee would like to note the work of Maternity Services in successfully responding to the Healthcare Improvement Scotland report, and to Public Health colleagues for producing a specific report, by request, into issues around health inequalities and screening programmes.
- 7.3 The Committee has identified the need to continue to review the systems in place to monitor all aspects of healthcare governance and be assured that issues are acted upon and escalated appropriately. This year, the Committee has continued to be reassured by reports that showed the robustness of the organisation's 'Pathway' from identifying an issue, instituting improvements, monitoring impact and the flows through governance processes via the HGC to the NHS Board, ensuring that the latter can provide appropriate, timely and comprehensive assurance as required.
- 7.4 The Committee will ensure in the coming year that internal assurance mechanisms for healthcare governance align with the new external Quality of Care Framework, 'Caring For Ayrshire', NHS Ayrshire & Arran's own 'Quality Strategy', and all other relevant policy drivers.

Ms Linda Semple
Chair – Healthcare Governance Committee

Healthcare Governance Committee Terms of Reference

1. Introduction

- 1.1 The Healthcare Governance Committee is identified as a Committee of the NHS Board. The approved Terms of Reference and information on the composition and frequency of the Committee shall be considered as an integral part of the Standing Orders. The Committee shall review the Terms of Reference on an annual basis and present to the NHS Board for approval.
- 1.2 The Committee shall be known as the Healthcare Governance Committee of the NHS Board and will be a Standing Committee of the Board. Committee meetings shall not be held in public and the associated meeting papers shall not be placed on the Board's website, unless the Board specifically elects otherwise.

2. Remit

- 2.1 To provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.

3. Committee Membership

- 3.1 The Committee shall be established by the NHS Board and be composed of six Non-Executive members, one of whom is the Chair of the Area Clinical Forum.
- 3.2 The NHS Board shall appoint the Chair and approve membership of the Committee
- 3.3 A Vice Chair will be proposed by the Healthcare Governance Committee Chair and agreed by Committee.
- 3.4 Committee membership will be reviewed annually or as required.

4. Quorum

- 4.1 Three Non-Executive members will constitute a quorum. Provided there is no Scottish Government instruction to the contrary, any Non-Executive Board Member may replace a Committee member who is also a Non-Executive Board Member, if such a replacement is necessary to achieve the quorum of the committee.

5. Attendance

- 5.1 The Nurse Director, Medical Director and the Director for Acute Services will attend in an *ex-officio* capacity to provide the Committee with advice and guidance. In addition, the Chief Executive, the Director of Public Health and the Health and Social Care Directors for each of the local authority areas will attend as appropriate.
- 5.2 The Committee may co-opt additional advisors as required
- 5.3 With the prior approval of the Chair, the Nurse Director, Medical Director, Director of Public Health and Chief Executive can provide deputies on an exceptional basis.

6. Frequency of Meetings

- 6.1 The Committee will normally meet bi-monthly but will meet at least five times per annum.
- 6.2 The Chair may, at any time, may convene additional meetings of the Committee.

7. Authority

- 7.1 The Committee is authorised to investigate any matters which fall within its Terms of Reference and obtain external professional advice.
- 7.2 The Committee may form sub-committees to support its functions.
- 7.3 The Committee is authorised to seek and obtain any information it requires from any employee whilst taking account of policy and legal rights and responsibilities.
- 7.4 The Committee will have the authority to require the attendance of any employee of NHS Ayrshire & Arran, as may be required.

8. Duties

The Committee shall be responsible for the oversight of healthcare governance within NHS Ayrshire & Arran. Specifically it will:

- 8.1 Consider and scrutinise the health and care system's performance in relation to its statutory duty for quality of care, screening and immunisation programmes, as well as ensure appropriate remedial action takes place where required.

- 8.2 Hold the relevant staff of NHS Ayrshire & Arran to account in respect of their performance in relation to the system's duty for quality of care.
- 8.3 Review action taken by the lead directors on recommendations made by the Committee or the NHS Ayrshire & Arran Board on healthcare governance matters.
- 8.4 Provide assurance to NHS Ayrshire & Arran Board on the operation of healthcare governance within the health and care system in compliance with relevant national standards, highlighting problems and action being taken where appropriate.
- 8.5 Receive minutes and annual reports from the sub-committees established by the NHS Healthcare Governance Committee in order to provide assurance and accountability.
- 8.6 Monitor and review risks falling within its remit.

9. Conduct of meetings

- 9.1 Meetings of the Committee will be called by the Chair. The Chair shall preside at every committee meeting. The Vice Chair shall preside if the Chair is absent.
- 9.2 The agenda and all available supporting papers will be sent to members at least three clear working days before the date of the meeting.

Version:	Date:	Summary of Changes:	Approved by
01.0	05/03/18	Addition of Vice chair arrangements	HGC 30/04/18
01.1	18/02/20	Review of Terms of Reference against new Board Model Standing Orders.	HGC 09/03/2020
01.2	03/08/20	Further amendments to reflect Standing Order changes	HGC by email 10/08/20 NHS Board