

Approved by Committee on 14 September 2020



**Healthcare Governance Committee**  
**Monday 3 August 2020 at 9.30am**  
**MS Teams meeting**

Present: Ms Linda Semple (Chair)

Non-Executives:

Mrs Margaret Anderson  
 Councillor Joe Cullinane  
 Mrs Jean Ford

Board Advisor/Ex-Officio:

Mrs Lesley Bowie, Board Chair  
 Mr John Burns, Chief Executive (attended part of meeting)  
 Prof Hazel Borland, Nurse Director  
 Mrs Joanne Edwards, Director for Acute Services  
 Dr Crawford McGuffie, Medical Director  
 Dr Joy Tomlinson, interim Director of Public Health (joint)

In attendance: Ms Karen Bell, Head of Research and Development  
 Ms Katie Bryant, Risk Manager  
 Ms Lorraine Fleming, Health Improvement Officer, Public Health  
 Ms Sharon Hardie, Health Improvement Lead, Public Health  
 Ms Roisin Kavanagh, Director of Pharmacy  
 Mr William Murray, Specialist Nurse, Organ Donation  
 Dr Regina McDevitt, Pregnancy and Newborn Screening Coordinator, Public Health  
 Ms Marina McLaughlin, Nurse Consultant for Child Protection  
 Ms Ruth McMurdo, Interim Associate Nurse Director, Care Home Support and Assurance  
 Ms Karen Smith, SNBTS Practitioner  
 Mr Bob Wilson, Infection Control Manager  
 Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Apologies for absence**

Apologies were received from Mr Adrian Carragher, Miss Lisa Tennant, Ms Emma Stirling and Ms Jenny Wilson.

**2. Declaration of any Conflicts of Interest**

Ms Semple declared an interesting in regard to paper 15, Unplanned Activity Annual Report, item 2.3.10, TAVI procedure, as a Non-Executive Board Member of the Golden Jubilee National Hospital.

**3. Draft Minute of the Meeting held on 29 June 2020**

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The minute of the meeting held on 29 June 2020 was approved as an accurate record of the discussion, subject to the following change being made:

Item 5.1.2, second last sentence – change “inclusion” to development.

### **4. Matters Arising**

- 4.1** Committee members received updates on the action log. It was agreed that several actions should be closed once a date had been agreed for a report to come to the Committee.

The Nurse Director, Prof Hazel Borland, highlighted the following items:

Item 6.2 – The Duty of Candour report had been published on NHS Ayrshire & Arran’s website and sent to Healthcare Improvement Scotland.

Item 7.3 – The Committee’s Terms of Reference were being reviewed and would be circulated to members for comments and onward submission to the NHS Board on 17 August 2020 for approval.

### **5. Patient Experience**

#### **5.1 Patient Stories Annual Report**

- 5.1.1** The Nurse Director, Prof Hazel Borland, presented the Patient Stories Annual Report which provided a summary of all patient stories presented at NHS Board meetings in 2019/20.

Prof Borland advised that there had been five patient stories presented to the Board, which were used for educational purposes and to share learning and improvement across a range of teams.

Committee members discussed how learning was being shared across the organisation. Prof Borland explained that the Patient Stories database was currently used as a learning tool by the Quality Improvement team and consideration was being given to sharing the resource more widely with staff.

**Outcome: Committee members noted the Patient Stories Annual Report 2019/20.**

### **6. Patient Safety**

#### **6.1 Healthcare Associated Infection (HAI) report**

The Infection Control Manager, Mr Bob Wilson, presented the HAI report.

Committee members received an update on the year-end position against each national HCAI standard for the year ending March 2020. The verified rolling annual rate for Clostridium difficile infection (CDI)

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for year ending March 2020 was 16.8, an increase of 16% on the previous year, primarily due to a rise across the July to December quarters. Cases had been investigated but there were no linkages identified. Mr Wilson advised that for the April to June 2020 quarter there were 12 CDI cases, however, it was difficult to judge performance due to the impact of Covid-19 on occupied bed days and the effect this would have on CDI rates during 2020/21.

Mr Wilson advised, in relation to Staphylococcus aureus Bacteraemia (SAB), that the Board's verified rolling annual rate for the year ending March 2020 was 17.1. There were 34 SAB cases recorded in the first quarter of 2020/21 across settings. The point of entry was not known for 44% of SABs. Mr Wilson advised that it was not possible to project performance against the target due to fluctuating occupied bed day numbers and the target will be challenging to meet due to uncertainties relating to Covid-19.

Committee members received an update on performance against the Escherichia coli Bacteraemia (ECB) standard. The Board's verified annual HCA rate for the year ending March 2020 was 43.7, slightly above the proposed year one reduction target of 43.4. It would be challenging to achieve the required 10% reduction by the year end to meet the next stage of the target. As previously reported, the primary cause of ECB was urinary catheters. The urinary catheter improvement programme had been paused to enable a focused response to the Covid-19 pandemic and once the programme re-started the position should improve.

Mr Wilson explained that as previously reported, it had not been possible at this time to agree an annual IPCT programme due to the Covid-19 pandemic. An IPCT recovery plan had been developed and was considered at the last Infection Prevention and Control Committee. The plan set out key areas of activity and the impact of Covid-19, priority work that would continue and activity planned, following a risk based approach.

**Outcome: Committee members noted the Board's current performance against the national healthcare associated infection standards and the IPCT COVID-19 Recovery Plan.**

## 7. Annual Reports

### 7.1 Accountable Officer for Controlled Drugs Annual Report

The Director of Pharmacy, Ms Roisin Kavanagh, presented the Safer Management of Controlled Drugs Annual Report for 2019-20.

Ms Kavanagh gave assurance that monitoring activity had continued as normal throughout the year and no major incidents had been identified. Committee members were advised that where issues had been identified, staff were provided with additional support and education to improve practice as required.

## 7.2 Area Drug and Therapeutics Committee Annual Report

The Director of Pharmacy, Ms Roisin Kavanagh, presented the Area Drug and Therapeutics Committee (ADTC) Annual Report for 2019-20.

Ms Kavanagh highlighted key priority areas for 2020-21 relating to the local managed entry process for new medicines, to support development of a regional West of Scotland adult therapeutics handbook and collaborative work to develop a Single National Formulary for Scotland. Ms Kavanagh clarified, in response to a question from a Committee member, that the Committee's remit in regard to cost effectiveness had been picked up by the Realistic Medicine Effective Prescribing Group and she would ensure that this was reflected in future annual reports.

## 7.3 Older People in Hospital Steering Group Annual Report

The Director for Acute Services, Mrs Joanne Edwards, presented the Older People in Hospital (OPIH) Steering Group Annual Report for 2019-20.

Committee members were advised that there had been a significant review of the Steering Group's terms of reference and membership since the last report and a revised purpose to include adults with support and protection.

Mrs Edwards outlined activities of interest to the Steering Group during 2019-20. There had been nine OPIH local inspections over the year with agreed actions being taken forward by the senior charge nurse and monitored by the Steering Group. Mrs Edwards highlighted the unannounced inspection by Healthcare Improvement Scotland at University Hospital Ayr in September 2019, with a final report published in December 2019. A detailed action plan had been agreed and a new process established following this visit to monitor completion of OPIH action plans. Mrs Edwards gave assurance that while this good progress had been suspended due to Covid-19, monitoring work had re-commenced with the aim to get the action plan back on track, closed and to begin the reporting process by October 2020.

Mrs Edwards highlighted that the Care Assurance Tool had been updated with support and input from the Quality Improvement Team. Significant work had taken place to review higher level supervision practices within Acute hospital settings and testing arrangements had been put in place which would be reviewed during August 2020.

Committee members discussed the report. The Chief Executive advised that notwithstanding COVID-19 challenges, OPIH self-assessment should be a key priority as part of routine processes to ensure continuous learning in delivering services to older people. The Committee supported this approach. Committee members discussed the Steering Group's membership and it was agreed that

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this was too large and should be reviewed as a priority to provide a strong leadership position.

### **7.4 Acute Governance Group Annual Report**

The Director for Acute Services, Mrs Joanne Edwards, presented the Acute Governance Group Annual Report for 2019-20.

Mrs Edwards reported the positive progress made by the Group in adverse event review, completion of action plans and spread of learning. 71 learning summaries were commissioned during 2019-20 and 42 remain overdue. Mrs Edwards had contacted key individuals to encourage completion of learning summaries and enable shared learning.

Committee members discussed the report and acknowledged challenges and priority areas for 2020-21. Mrs Edwards gave assurance, in response to a question from a Committee member, that the Group had reviewed its role, remit and membership and refocused priorities and reports being received to take cognisance of issues across Acute services. The Committee would continue to monitor the Group's activities through minutes of meetings reported during the year.

### **7.5 Complaints Annual Report**

The Nurse Director, Prof Hazel Borland, presented the Patient Experience Annual Report 2019-20.

Prof Borland highlighted that the paper previously circulated to Committee members did not include the appendices and a corrected version had now been circulated. Ms Semple requested that Committee members review the full paper and provide any comments to Prof Borland by close on 3 August 2020.

Prof Borland gave assurance that the Board continued to make improvements in handling feedback and complaints, with improved compliance against target timescales. There had been a significant reduction in Scottish Public Services Ombudsman activity, an excellent measure of complainant satisfaction with the Board's complaint handling process. The report provided examples of feedback, improvement and learning and identified key outcomes for 2020-21.

Committee members commended the Board's continued progress in handling feedback and complaints and were content for the annual report to be submitted to the NHS Board on 17 August 2020.

### **7.6 Child Protection Health Team and Safeguarding Children and Performance Improvement Group Annual Report**

The Nurse Consultant for Child Protection, Ms Marina McLaughlin, presented the Child Protection Annual Report for 2019-20.

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Ms McLaughlin reported that this had been a very productive year for the Child Protection Health Team and Safeguarding Group with an increase in all areas of activity, with the exception of child protection advice and support. Ms McLaughlin provided reassurance that this reduced activity may be as a result of an increase in Child Protection Supervision available for staff during the reporting period.

Ms McLaughlin highlighted key activities during the year including work to revise, update and implement the Ayrshire Working Model for Inter-agency Referral Discussion. Other improvement activity related to strengthening Safeguarding in Primary Care, Emergency Departments and Paediatric Services, Mental Health Services and during Pregnancy. CPHT was currently supporting one Initial Case Review and two Significant Case Reviews and while work was currently in abeyance due to COVID-19, improvement activity identified was being taken forward as far as possible in the current circumstances.

Prof Borland gave assurance that the Board recognised that child protection and adult support and protection activity has the potential to increase moving out of lockdown and the need for increased resources to undertake this work was reflected in the Board's Mobilisation Plan.

### **7.7 Prevention and Control of Infection Committee Annual Report**

The Infection Control Manager, Mr Bob Wilson, presented the Prevention and Control of Infection Committee Annual Report for 2019-20.

Committee members were advised that the Committee continued to scrutinise and receive assurance across a range of issues in relation to healthcare associated infection. The meeting scheduled for March 2020 was cancelled to allow members to focus on the organisational response to the COVID-19 pandemic.

### **7.8 Libraries Annual Report**

The Nurse Director, Prof Hazel Borland, presented the Libraries Annual report for 2019-20. The report set out key achievements during the year and the significant activity undertaken by the Library teams to support clinical staff to make informed decisions on patient care and service improvement.

### **7.9 Organ Donation Annual Report**

The Specialist Nurse for Organ Donation, Mr William Murray, presented a report outlining the activities of the Organ Donation Committee during 2019-20.

Mr Murray reported that NHS Ayrshire & Arran's organ donation activity continued to perform well and had demonstrated sustained excellence in the national NHS Blood and Transplant Annual Report.

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During 2019-20 the Board had seven proceeding donors which resulted in 14 patients receiving an organ transplant.

Committee members were advised that the COVID-19 pandemic had impacted on organ donation during the first part of 2020 as patients presenting with an unknown COVID-19 status could not go forward for organ donation. Significant efforts were being made by staff and Labs to ensure rapid COVID-19 testing was taking place.

Mr Murray highlighted that proposed changes in organ donation legislation as outlined in the Human Tissue (Authorisation)(Scotland) Act were due to be rolled out in early 2021 and a key priority for the Organ Donation Committee in 2020-21 will be to develop a local training plan for submission to the Scottish Government.

### **7.10 Research and Development Committee Annual Report**

The Head of Research and Development, Dr Karen Bell, presented a report outlining the activities of the Research and Development Committee (RDC) during 2019-20.

Dr Bell highlighted that the Committee had successfully revitalised its membership and focus during the year with the aim to identify strategic opportunities to energise and develop research activities.

Committee members were advised that in mid to late March 2020, all non-COVID-19 research activity was halted with only COVID-19 trials and essential treatment trials commencing and or continuing. There were currently 252 patients on trial either through data studies or interventions which was a significant achievement in a short timescale. Key priorities for 2020-21 will include supporting delivery of COVID-19 studies and opening new studies as appropriate, as well as restarting existing non-COVID-19 studies and developing other research and innovation activity.

Dr McGuffie gave assurance, in response to a question from a Committee member, that the Committee will further review and refresh its core membership and consider different approaches to maximise attendance at meetings.

**CMcG**

### **7.11 UNPAC Annual Report**

The Risk Manager, Ms Katie Bryant, presented the Acute Unplanned Activity (UNPACs) Annual Report for 2019-20, setting out details of Acute Services UNPAC funding requests and the outcome of the application process.

Ms Bryant advised that the UNPAC referral rate was similar to the previous year. There was an underspend of £360,337, a decrease of £1.156 million compared to 2018-19. Ms Bryant highlighted that 30% of UNPAC expenditure was attributed to Transfemoral Transcatheter aortic valve implantation (TAVI) and consideration was being given to development of a service level agreement for this planned and regular

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procedure. There had been a reduction in spend for brain injury rehabilitation.

Committee members were advised that there were no appeals lodged relating to the UNPAC decision-making process which was positive.

Dr McGuffie highlighted that following staff retirement, UNPAC activity had moved to the Risk Management team and this had provided the opportunity for greater generic understanding of the UNPAC process.

### **7.12 Scottish National Blood Transfusion Service Transfusion Team (SNBTS TT) Annual Report**

The SNBTS Transfusion Practitioner, Ms Karen Smith, presented the SNBTS TT Annual Report for 2019-20.

Ms Smith advised that this was the first national annual report from the new SNBTS TT which was now delivering a regionalised service in Scotland. A key priority was to deliver a programme to support and improve clinical transfusion practice and provide access to education for all staff involved in the transfusion process across NHS Scotland.

Ms Smith reported that national and local contingency plans had been put in place in response to COVID-19 for emergency blood management arrangements and these plans will be reviewed in October 2020. There was a good national stock of Convalescent Plasma and the service was involved the recovery arm of this trial.

Ms Smith highlighted key priorities for 2020-21, including a focus on enhanced haemovigilance to promote a consistent approach to transfusion incident management across NHS Scotland. There were also plans to update the local Blood Transfusion policy.

### **7.13a Pregnancy and Newborn Screening Annual Report**

The interim Director of Public Health (joint), Dr Joy Tomlinson, introduced the Pregnancy and Newborn Screening (PNBS) Annual Report for 2019-20. The PNBS programme had remained active during the COVID-19 lockdown although it had impacted on some aspects of programme delivery.

The PNBS Coordinator, Dr Regina McDevitt, reported that screening uptake rates were high and the six PNBS programmes continued to deliver against an increased number of national key performance indicators (KPIs) introduced in 2019 which was challenging. Another key area of challenge for the programme was data quality and management and a number of improvement actions had been identified which will continue to be progressed in 2020-21.

Committee members discussed the likely impact of COVID-19 on PNBS performance and requested that an update on performance against KPIs, in particular for lower performing areas, be presented to the Committee in six months' time. **JT**



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Dr Tomlinson advised that all Adult screening programmes had been suspended in response to the COVID-19 emergency situation and they had now moved to phase two, prioritising high risk individuals. The Board's Mobilisation Plan recently submitted to the Scottish Government included future plans for all Adult screening programmes. Dr Tomlinson suggested that these plans could be discussed at a future Committee meeting.

### 7.13b Gender Based Violence Annual Report

The Health Improvement Lead, Ms Sharon Hardie, presented the NHS Ayrshire & Arran Gender Based Violence (GBV) Steering Group Annual Report for 2019-20.

Ms Hardie reported that the Steering Group continued to make significant progress against the GBV Action Plan to deliver local and national policies. Good progress was being made in key areas such as delivery of Routine Enquiry (RE) in priority settings. The RE training programme had undergone review and had been updated with new resources and specific case studies for priority settings to identify cases coming forward. Training had been provided for RE champions in priority areas. Close engagement continued with specialist support services.

Committee members were advised that the GBV team had worked very closely with NHS colleagues and other partners to protect those at risk during the COVID-19 lockdown. In addition, a suite of resources was developed for staff and managers on how to respond should staff feel unsafe while working at home.

Ms Hardie highlighted key priorities for the final year of the Board's GBV Action Plan 2018-21, including plans to build on COSLA and Improvement service guidance produced during COVID-19, delivery of RE training following social distancing guidelines and planned engagement with senior managers to ensure robust and qualitative RE data, particularly for early years. In addition, the GBV team will continue to work very closely with the Health and Social Care Partnerships (HSCP) to scope and develop processes to support those individuals at very high risk of violence.

**Outcome: Committee members noted and thanked all staff involved for providing this wide range of Annual Reports, particularly given the impact of COVID-19.**

## 8. Care Home Governance Assurance Report

8.1 The interim Associate Nurse Director for Care Home Support and Assurance, Ms Ruth McMurdo, presented a detailed assurance report on Care Home Governance.

Ms McMurdo advised that the work detailed in the Care Home Professional Oversight Governance Framework had progressed well since 17 May 2020. Care Home Oversight Groups had been set up in each HSCP and had met daily since 17 May until recently when it

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was decided that meetings would take place Monday to Friday, with escalation plans in place if required. All care homes had now been visited. This work was being carried out in partnership with HSCPs and care providers, Scottish Care, the Joint Directors of Public Health (DPH) and other Director colleagues.

Ms McMurdo highlighted the pivotal role played by the Care Home Oversight Groups in prioritising and coordinating visits in each HSCP and providing follow-up support. The Groups also worked with DPH on COVID-19 testing plans and more recently in coordinating the assurance process for visiting care homes.

Committee members were advised that outcomes from Care Home visits had highlighted similar themes relating to personal protective equipment (PPE) supply, usage and guidance, social distancing, cleaning of equipment and laundry and waste management. Support was provided to Care Homes during the visit and also at any follow-up visits as required.

Ms McMurdo advised that an Expert Professional Advice Group had been set up and was meeting weekly. The Group had pulled together a training list for care home providers, including PPE safety officer training, which 17 care homes had taken up and found beneficial. In terms of workforce, all Ayrshire care homes were invited to register with the Nurse Bank and 30 out of 64 care homes had done this as part of their business continuity planning arrangements. Rapid response teams were being developed which could quickly be mobilised in care homes facing a crisis situation if required. The Group was also considering the support required by NHS staff should they be asked to work in a care home.

Prof Borland clarified, in response to a question from a Committee member, that the Framework included all residential and nursing homes across Ayrshire. Committee members were encouraged to hear that the three HSCPs had rolled out this support process to adult care homes and learning disability care home facilities.

**Outcome: Committee members were assured by the significant and rapid work done in response to the Cabinet Secretary's direction in May 2020 and commended all staff involved for their significant efforts.**

## 9. Risk

### 9.1 Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group

There were no areas of risk to report.

## 10. Points to feed back to NHS Board

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

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- Annual Reports
- HAI
- Care Home Governance

**11. Any Other Competent Business**

11.1 There was no other business.

**12. Date and Time of Next Meeting**

**Monday 14 September 2020 at 9.30am, MS Teams**

**Signed (Chair) ..... Date .....**