Paper 8b

NHS Ayrshire & Arran

Healthcare Governance Committee
Monday 14 September 2020
9.30am, MS Teams

Present: Ms Linda Semple (Chair)

Non-Executives:
Mrs Margaret Anderson
Mr Adrian Carragher
Cllr Joe Cullinane
Mrs Jean Ford
Miss Lisa Tennant

Board Advisor/Ex-Officio:
Mr John Burns, Chief Executive (attended part of meeting)
Prof Hazel Borland, Nurse Director
Dr Crawford McGuffie, Medical Director

In attendance: Ms Katie Bryant, Risk Manager
Ms Tracy Dalrymple, Assistant General Manager Cancer, Haematology, Head & Neck Services, University Hospital Crosshouse
Dr Phil Korsah, Associate Medical Director
Mr William Lauder, General Manager, Ayrshire Central Hospital, Senior Manager Inpatient (Mental Health) and Forensic Services
Ms Jacqueline Seenan, Principal Pharmacist, Prescribing Development and Education
Mrs Angela Shevlin, Associate Nurse Director (Acute Services)
Ms Emma Stirling, Associate Director for AHPs
Mr David Thomson, Associate Nurse Director and Lead Nurse, NAHSCP
Ms Jenny Wilson, Interim Deputy Nurse Director, Assistant Director, Quality Improvement
Mrs Angela O'Mahony, Committee Secretary (minutes)

1.   Apologies for absence

Apologies were noted from Mrs Lesley Bowie, Mrs Joanne Edwards, Mrs Lynne McNiven and Dr Joy Tomlinson.

2.   Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

3.   Draft Minute of the Meeting held on 3 August 2020

The Minute of the meeting held on 3 August 2020 was approved as an accurate record of the discussion.

Approved by Committee on 2 November 2020

4. Action Log

4.1 The action log had previously been circulated to members and all progress against actions was noted.

4.2 **Healthcare Governance Committee Terms of Reference (ToR)**

Prof Borland advised that the ToR had been updated to reflect the Healthcare Governance audit carried out in August 2019 and following feedback received from Committee members. An element had been added relating to COVID-19 and further detail was provided under Duties, to reflect the Committee's governance architecture and reporting arrangements. Some changes had also been made to ensure a consistent approach across governance committee ToRs, following guidance received from the Head of Corporate Governance.

Committee members considered and endorsed the revised ToR for onward submission to the NHS Board for approval.

4.3 **Healthcare Governance Committee work plan 2020**

The Nurse Director presented the work plan 2020 which had been updated to reflect changes to the meeting schedule in response to COVID-19. The plan would continue to change to reflect emerging priorities.

The Committee considered the HGC work plan 2020. Committee members agreed that Care Home Governance reporting should be provided at every other Committee meeting until at least March 2021. **HB** Committee members requested an assurance report on the Organ Donation Committee's progress in preparation for the changes to **CMcG** organ donation legislation will be provided at the next meeting on 2 November 2020.

The Committee requested an assurance report on the clinical prioritisation approach being taken, particularly for Acute care, to **HB/CMcG** manage waiting lists and deliver services. The Nurse Director and Medical Director will consider further out with the meeting and provide an assurance report at the next meeting on 2 November 2020.

The Nurse Director advised in response to a question from a **HB** Committee member that she will consider the level of detail provided in the work plan, specifically relating to reports for onward submission to the NHS Board and the Scottish Government, and update the plan as appropriate.

Committee members endorsed the work plan and requested that this be provided under matters arising at each Committee meeting going forward.

5. Patient Experience

5.1 **Person Centred Visiting**

The Interim Deputy Nurse Director and Assistant Director, Quality Improvement, Ms Jenny Wilson, presented a themed report on Person Centred Visiting.

Ms Wilson outlined the phased approach to visiting currently being introduced across the organisation in line with Scottish Government guidance. NHS Ayrshire & Arran was in Phase Two of the Visiting Route Map. Phase Three was currently on hold. The report set out current visiting arrangements and plans moving towards Phase Four.

Ms Wilson highlighted the actions taken and good progress made to implement Scottish Government guidance, including use of digital solutions to support visiting. Ms Wilson gave assurance that there were clear guidelines to manage patients with suspected COVID-19 which had remained in place throughout the pandemic.

Committee members discussed the report. Ms Wilson gave assurance in response to a question from a Committee member that Wi-fi capacity in hospitals had been greatly increased and there were effective reporting mechanisms in place should a ward area experience Wi-fi issues.

Prof Borland highlighted that the COVID-19 restrictions introduced in Glasgow and Lanarkshire meant that patients' visitors were being asked where they lived and should this be in a designated lockdown area they would no longer be able to visit. Prof Borland gave assurance that every effort was being made to ensure that patients could stay as connected as possible to their loved ones.

Outcome: **Committee members noted the phased approach to visiting currently being introduced in line with Scottish Government guidance and local progress towards the implementation of Person Centred Visiting in Phase Four.**

Committee members requested that, once completed, the Equality Impact Assessment should be presented at a future Committee meeting. JW

5.2 **Patient Experience Quarter 1 (Q1) report**

The Interim Deputy Nurse Director and Assistant Director, Quality Improvement, Ms Jenny Wilson, presented the Patient Experience Q1 report.

Ms Wilson highlighted that the number of Stage 1 concerns and complaints in Q1 had remained static. There was reduced compliance in responding to Stage 1 concerns and complaints and this performance will be monitored. Stage 2 complaints had reduced in Q1 and there had been a significant reduction compared to the same quarter last year, which was mainly attributed to COVID-19. While compliance with the target for responding to Stage 2 complaints had improved significantly compared to last year, a reduction had

been measured in Q1, due to the number of complex complaints and those suspended during the COVID-19 pandemic. Ms Wilson gave assurance that focused work was taking place working with complaint coordinators to resolve out of time complaints and it was expected that the position would improve in future quarters.

Committee members were advised that two complaints had progressed to significant adverse event reviews. Scottish Public Services Ombudsman (SPSO) referrals had reduced significantly from 10 in the previous quarter to one this quarter and while this was welcomed, it may be as a result of cases not being progressed due to the SPSO working reduced hours during the pandemic.

Ms Wilson highlighted themes identified from complaints and advised that an in-depth report would be provided at the next Committee meeting.

Ms Wilson highlighted the positive work taking place to improve end of life patient experience supported by the Quality Improvement team, as well as work to review arrangements for recording and sharing patient feedback. The number of Care Opinion posts had reduced for a second quarter, which was being attributed to COVID-19, and the position will be closely monitored.

Committee members discussed complaint outcomes, specifically relating to partly or fully upheld complaints. The Nurse Director explained that complaints were often complex in nature and based on the complainant's perception of their experience. There was no clear criteria for dealing with complaints nationally and the decision to uphold or partly uphold complaints was based on a subjective judgement. Further detail on this process will be provided in the next Patient Experience report.

> **Outcome:** **Committee members noted the Patient Experience Q1 report and compliance with the complaint handling process.**

5.3 **The Ayrshire Mental Health Conversation; Priorities and Outcomes 2019-2027**

The Associate Nurse Director and Lead Nurse NAHSCP, Mr David Thomson, presented an update on activity undertaken to progress and support the outcomes and priorities of the Ayrshire Mental Health Conversation (AMHC): Priorities and Outcomes for 2019-2027.

Mr Thomson provided an overview of the work undertaken against the seven priority areas identified for Ayrshire and Arran. The report reflected the high levels of innovation and adaptability shown by individuals and teams as part of the strategic response to COVID-19, to ensure continuity of essential services to vulnerable patients. While the COVID-19 pandemic had impacted on some areas, the report outlined the significant activity being taken forward across Mental Health services following a partnership approach working with local communities.

Committee members acknowledged the diverse range of activity being taken forward within Mental Health. Mr Thomson gave assurance in response to a question from a Committee member that a pan-Ayrshire Oversight Group had been established with strategic oversight of AMHC, to ensure a Once for Scotland and Once for Ayrshire response where appropriate. Mr Thompson explained that there was a need for flexibility across areas to respond to different needs, underpinned by statutory services to ensure a consistent approach.

Outcome: **Committee members noted the activity undertaken in support of the overall priorities and outcomes identified within the Ayrshire Mental Health Conversation; Priorities and Outcomes 2019-2027.**

6. **Patient Safety**

6.1 **Mental Welfare Commission (MWC): local assessment against published reports in 2019-20**

The Associate Nurse Director and Lead Nurse NAHSCP, Mr David Thomson, introduced the local assessment of progress against MWC published reports in 2019-20.

Committee members were advised that there had been six announced MWC visits and one unannounced MWC visit to Ayrshire and Arran (including two non-NHS premises) in 2019-20. The MWC visits had focused in particular on the care and treatment received by those with autism and complex care needs and the care and treatment delivered in Scotland's mental health rehabilitation wards. Mr Thomson gave assurance that overall positive feedback had been received following MCW visits.

The General Manager, Ayrshire Central Hospital, Senior Manager Inpatient (Mental Health) and Forensic Services, Mr William Lauder, provided an overview of outcomes and recommendations and overarching themes identified following MWC visits and progress in taking forward required actions.

Committee members acknowledged the complex, wide ranging activity being taken forward across Mental Health Services and were encouraged by the positive feedback received following MWC visits. Committee members thanked staff for their significant efforts, particularly given the COVID-19 challenges faced in recent months.

Committee members noted the link between the thematic report's overall recommendations and the Committee's previous discussions on arrangements for the implementation of SIGN 145, Assessment, diagnosis and interventions for Autism Spectrum Disorder. Committee members were assured that an Autism Programme Coordinator was currently in post and by the ASD learning and development activity being progressed.

Outcome: **Committee members noted and were encouraged by the positive feedback received following Mental Welfare Commission visits in 2019-20.**

Committee members were assured by the processes in place to address Mental Welfare Commission recommendations and implement learning identified.

6.2 **Scottish Patient Safety Programme (SPSP) – Overview, recovery plan and reporting schedule**

The Nurse Director, Prof Hazel Borland, introduced a report of progress in relation to core SPSP measures within Acute Services, Mental Health Services and Women and Children's Services.

Prof Borland advised that due to re-prioritisation of resources to focus on COVID-19 activity, much of the SPSP work in Acute and some areas of Mental Health Services required to be paused. The assurance report provided an overview of progress to date, recovery plans and the reporting schedule.

The Interim Deputy Nurse Director and Assistant Director, Quality Improvement (QI), Ms Jenny Wilson, highlighted key elements from each of the three SPSP programmes. For SPSP Acute, there had remained a requirement to report on adverse events such as falls and pressure ulcers (PU). There had been a slight reduction in falls at University Hospital Crosshouse and a slight increase in falls at University Hospital Ayr since February 2020. PUs remained high across both sites and the QI team was working with Lead Nurses at both hospitals to provide support to priority areas, such as ICU, with performance data being reported to the Acute Governance Groups and Improvement Groups at both sites.

Ms Wilson advised that the SPSP Mental Health and Improving Observation Practice had been paused due to COVID-19 and had re-started in August 2020. The Medicines Improvement Project at Ward 9 of Woodland View had also re-started. Within the SPSP Women and Children's Services, much of this patient safety activity had continued throughout the COVID-19 crisis, with plans to develop QI capability and capacity.

Committee members discussed the report and were reassured by the performance across areas that had continued to report during the COVID-19 emergency situation.

Outcome: **Committee members noted the Scottish Patient Safety Programme performance overview report. Committee members noted the reduced activity in the context of COVID-19 and plans to re-start this important patient safety activity.**

6.3 **Healthcare Associated Infection (HAI report)**

In the absence of the Infection Control Manager, the Nurse Director, Prof Hazel Borland, presented an update report on the latest national infection control guidance related to COVID-19 published on 21 August 2020.

Prof Borland advised that the aim of this national guidance was to enable re-mobilisation of services through establishment of three distinct patient pathways, High, Medium and Low, to replace the current Red, Green and Super Green pathways. Committee members were advised that the most significant development was a relaxation of airborne precautions for aerosol generating procedures for Low Risk pathway areas. All Scottish Boards had been asked to go live with implementation from 7 September 2020. Implementation arrangements were being monitored locally through the Emergency Management Team and Mobilisation meetings.

Prof Borland highlighted the challenges and complexities of implementing pathways, including PPE requirements, and gave assurance that the Infection Prevention and Control Team was supporting clinical colleagues to implement pathways safely and effectively. Prof Borland emphasised the need for national public messaging to reassure patients about changes to COVID-19 risk pathways and PPE requirements.

> **Outcome:** **Committee members noted the report on the updated national infection control guidance related to COVID-19.**
>
> **Committee members requested that detail be provided in future HAI reports on progress to implement COVID-19 guidance for re-mobilisation of services in health and social care settings, including any re-escalation plans.**

6.4   **Antimicrobial Stewardship**

The Associate Medical Director, Dr Phil Korsah, presented a report outlining NHS Ayrshire & Arran's position in relation to Antimicrobial Stewardship.

Dr Korsah advised that antimicrobial work had been paused for the last few months due to the COVID-19 emergency and work had re-started at both Acute hospitals in August 2020. The Board was still above the Scottish average for antimicrobial use in primary and secondary care. There continued to be a reduction in overall use of antimicrobials at UHA over the summer months, however, the COVID-19 pandemic made comparison with previous years difficult.

Dr Korsah highlighted local progress to achieve the two national antimicrobial prescribing quality indicators, secondary care measures. Further progress was required to reduce the use of IV antimicrobial agents. NHS Ayrshire & Arran was above the target for WHO Access List Antimicrobials in Acute hospitals. The Board had the lowest use of protected antimicrobial agents amongst comparable Boards.

Dr Korsah advised in relation to the use of 4Cs that following focused activity, the level of co-amoxiclav prescribing was reducing and lower than the Scottish average. The use of cephalosporins was increasing and a focused action plan was being developed to try to improve the positon.

The Principal Pharmacist, Prescribing Development and Education, Ms Jacqueline Seenan, advised that for primary care, total antimicrobial prescribing in NHS Ayrshire & Arran had not changed rank in the most recent quarter. Ms Seenan provided a detailed update on antimicrobial prescribing across the Health and Social Care Partnerships (HSCP) in Q3 2019-20 compared to the same period in 2018-19. The position had deteriorated in South Ayrshire (SA) and North Ayrshire (NA), with targeted improvement work taking place to reduce antimicrobial prescribing volume. East Ayrshire had the lowest level of antimicrobial prescribing and showed a slightly improved position.

Ms Seenan highlighted the successful improvement activity in SAHSCP to reduce prescribing of broad spectrum antibiotics, with plans to roll this work out to NAHSCP.

Committee members received an update on the Board's progress against the national Antimicrobial Prescribing Indicators, Primary Care measure. Ms Seenan gave assurance that with the improvement work planned, the Board was on target to meet the 10% reduction in antimicrobial use in primary care (excluding dental) required by 2022.

Committee members received assurance that the Antimicrobial Management Group and Antimicrobial Management Team continued to monitor high use trends and an improvement action plan was in place for primary and secondary care for 2020-21, as detailed in the report.

Ms Seenan advised in response to a question from a Committee member that the Board had taken part in a Point Prevalence Survey led by NHS Greater Glasgow and Clyde on prescribing practices during the COVID-19 emergency and this had indicated that antimicrobial prescribing in NHS Ayrshire & Arran was slightly lower than other Boards. Ms Seenan gave assurance that there were plans to engage with patients about the need to reduce antimicrobial prescribing and this would also be done as part of the European Antibiotic Awareness Day in November 2020. Dr Korsah highlighted that pharmacists working in primary care were a very useful resource to maintain appropriate antimicrobial prescribing and flag areas of deviation from acceptable use.

Outcome: **Committee members noted the Antimicrobial Stewardship report and current efforts to improve Antimicrobial Prescribing.**

7. **Quality Improvement**

7.1   **Governance of Cancer Quality Performance Indicators (QPIs)**

The Assistant General Manager Cancer, Haematology, Head and Neck Services, Ms Tracy Dalrymple, outlined the governance and reporting process around audit of Cancer QPIs to give assurance that all tumour types were performing against the national QPIs and that action were being taken to address any exceptions.

Ms Dalrymple highlighted that while action plans had been progressed, the national data collection and audit process had been significantly delayed due to the COVID-19 crisis. For local governance processes, the Clinical Director, Dr Peter MacLean, and Ms Dalrymple planned to meet lead clinicians for each Cancer type to discuss services issues, challenges, staffing and QI plans for each service.

Committee members discussed future reporting arrangements and requested that an annual assurance report be provided to the Committee on the governance process for quality of care elements of Cancer QPIs.

Outcome: Committee members noted the assurance report on the governance and reporting process for Cancer Quality Performance Indicators and looked forward to receiving an annual assurance report going forward.

7.2   **Changes to Standards and Guidelines Management Process**

The Medical Director, Dr Crawford McGuffie, presented a report outlining changes to the Standards and Guidelines management process to strengthen strategic oversight of both processes.

Dr McGuffie highlighted that following a review of the Standards and Guidelines work streams, a Virtual Commissioning Group (VCG) had been set up to commission work. The VCG would meet at least four times a year to review progress across both work streams and allow issues to be identified and reported in a timely manner, facilitating early intervention by senior Medical, Nursing, AHP and QI Directors as appropriate.

Committee members were assured by the approach being taken to ensure robust management of Standards and Guidelines and strengthen strategic oversight of the process. Committee members considered future reporting requirements. Dr McGuffie and **CMcG/HB** Prof Borland will discuss future reporting arrangements for individual standards and guidelines out with the meeting and provide proposals for consideration at a future meeting.

Outcome: Committee members noted the updated process to streamline and strengthen the management of Standards and Guidelines and for strategic oversight of both processes.

Committee members agreed that the Committee should receive an overview report on progress to implement standards and guidelines on a six monthly basis going forward.

8. Governance

8.1 Annual Reports

8.1.1 Adverse Event Review Group (AERG) Annual Report

In the absence of the Assistant Director for Occupational Health, Safety and Risk Management, the Risk Manager, Ms Katie Bryant, presented the AERG Annual Report.

Ms Bryant explained that the report was based on feedback from Directorate AERGs and gave assurance in regard to the management of adverse events (AEs) by AERGs, in line with the AE policy. The report was presented to the Risk and Resilience Scrutiny and Assurance Group on 13 August 2020.

Ms Bryant advised that a number of areas of good practice had been highlighted and key areas for improvement identified, which will be taken forward through AERGs. Committee members received assurance that the Directorate AERGs were working well and there was an effective process in place to escalate any issues if required.

Outcome: **Committee members noted the Adverse Event Review Group Annual Report.**

8.2 Minutes

8.2.1 Area Drug and Therapeutics Committee

Committee members noted the approved notes of the meeting held on 22 May 2020 and the draft notes of the meeting held on 16 July 2020.

8.2.2 Acute Services Clinical Governance Group

Committee members noted the draft minute of the meeting held on 27 August 2020.

8.2.3 Control of Infection Committee

Committee members noted the approved notes of the meeting held on 22 May 2020 and the draft notes of the meeting held on 16 July 2020.

8.2.4 Primary Care Quality and Safety Assurance Group

There were no minutes available.

8.2.5 Research and Development Committee

Committee members noted the draft minute of the meeting held on 6 March 2020.

9.   Risk

9.1   **Strategic Risk Register**

In the absence of the Assistant Director for Occupational Health, Safety and Risk Management, the Risk Manager, Ms Katie Bryant, presented the Strategic Risk Register report. The report was presented to RRSAG on 13 August 2020.

Ms Bryant highlighted that the report was presented in a slightly different format following feedback received from Committee members.

Committee members were advised that for Healthcare Governance Committee there were three high risks being treated. There were no risks identified for escalation or downgrading. RRSAG had identified three emerging risks and following robust discussion all three risks were approved as operational risks and further development work would take place which would be monitored and the risks escalated if required.

Outcome: Committee members noted the Strategic Risk Register report and were assured by the work being done to manage Healthcare Governance Committee strategic risks.

9.2   **Significant Adverse Event Analysis and Reviews (SAERs) Progress Update Q1**

In the absence of the Assistant Director for Occupational Health, Safety and Risk Management, the Risk Manager, Ms Katie Bryant, presented the SAER Q1 performance report.

Ms Bryant highlighted that seven SAERs from the last reporting period were closed after review at HGC in June 2020. For the reporting period June 2020 to July 2020, a further sixteen reviews were completed. Ms Bryant advised that all reports and action plans for 2017/18 had now been completed with final documents were provided in the report.

Committee members were advised that the National Notification system had been paused in March 2020 due to the COVID-19 crisis and had since re-started. Ms Bryant reported that NHS Ayrshire & Arran had a nil return for June 2020 as no SAERs were commissioned during this period, however, eight Category 1 AEs were commissioned in July 2020, consistent with the level of reporting from other Boards.

Ms Bryant highlighted improvement actions identified by RRSAG to improve performance relating to timely completion of reviews and associated action plans and outlined work being done to progress this

improvement activity.

Committee members were encouraged the significant progress made by the Board in the management of SAERs and supported the improvement actions being taken forward. Committee members thanked all staff involved for the significant work done to deliver a robust SAER process.

> **Outcome:** **Committee members noted the good progress in the completion of SAER action plans and were assured that there were appropriate governance and scrutiny arrangements in place for SAERs.**

9.3 **Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group**

There were no risk issues to report.

10. Points to feed back to NHS Board

10.1 Committee members agreed that the following key areas should be reported to the next NHS Board meeting:

- Mental Welfare Commission: local assessment against published reports in 2019-20
- Changes to standards and guidelines management process
- Adverse Event Review Group annual review

11. Any Other Competent Business

11.1 There was no other business.

12. Date and Time of Next Meeting
 Monday 2 November 2020 at 9.30am, MS Teams

Signed ………………………………………. Date ……………………………………