

Approved by Committee on 11 January 2021

Healthcare Governance Committee
Monday 2 November 2020 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mrs Margaret Anderson

Mr Adrian Carragher

Councillor Joe Cullinane (attended part of meeting)

Mrs Jean Ford

Miss Lisa Tennant

Board Advisor/Ex-Officio:

Mr John Burns, Chief Executive (attended part of meeting)

Mrs Lesley Bowie, Board Chair

Ms Jenny Wilson, Interim Deputy Nurse Director and Assistant Director,
Quality Improvement

Mrs Joanne Edwards, Director for Acute Services (attended part of meeting)

In attendance: Mr Hugh Currie, Assistant Director for Occupational Health, Safety and Risk Management
Mr Roger Currie, Consultant Oral/Maxillofacial Surgery
Dr Phil Korsah, Associate Medical Director
Dr John Freestone, Associate Medical Director, Primary Care
Dr Chloe Keane, Infection Prevention and Control Doctor/Consultant Microbiologist
Dr Alistair Meikle, Consultant in Critical Care and Anaesthesia, Clinical Lead for Organ Donation
Ms Ruth McMurdo, Interim Associate Nurse Director, Care Home Support and Assurance
Ms Emma Stirling, Associate Director for Allied Health Professions
Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

Apologies were received from Prof Hazel Borland, Dr Crawford McGuffie, 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 14 September 2020

The minute of the meeting held on 14 September 2020 was approved as an accurate record of the discussion subject to the following changes being made:

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Item 4.3, Healthcare Governance Committee work plan 2020, paragraph two, second sentence should begin “Committee members requested”.

Item 7.2.1, Changes to Standards and Guidelines Management Process – final sentence - change to “Dr McGuffie and Prof Borland will discuss future reporting arrangements for individual standards and guidelines out with ...”. To add an additional outcome as follows: “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.”

4. Matters arising

4.1 Action Log 2020

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

Committee members were advised that action item 3, OPIH Steering Group had been completed and the group’s updated terms of reference would be provided at the next meeting for information. The Committee requested that target completion dates be provided for action items one, two, four and ten.

JE

JT/LMcN,
HB, CMcG

4.2 Committee Work Plan

Committee members considered the Committee’s work plan. Ms Semple explained that there was a need for an agile approach in progressing the work plan in response to service pressures and notable changes will be reported to the Committee going forward.

5. Patient Experience

5.1 Patient Experience Themed Report – Communication

The Interim Deputy Nurse Director and Assistant Director for Quality Improvement, Ms Jenny Wilson, presented a themed patient experience report on communication.

Ms Wilson provided details of complaints received during 2019-20 that were classified as relating to communication, with a number of categories or sub-themes, as well as less common themes, as set out in the report. Ms Wilson highlighted the complaints improvement activity currently being taken forward specifically relating to attitude and behaviour and described the robust process in place for considering whether or not complaints should be upheld.

Ms Wilson informed Committee members that complaints handling will be a key part of the scrutiny and assurance work to be undertaken by the Risk and Resilience Scrutiny and Assurance Group (RARSAG) going forward, including monitoring progress against improvement plans.

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Committee members were advised that further thematic analysis of complaint themes was planned. Ms Wilson confirmed in response to a question from a Committee member that equalities and protected characteristics would also be considered in developing learning and improvement plans.

Ms Wilson explained in response to a question from a Committee member that should a patient highlight a concern, staff would often take time to speak to the individual to understand their concern and provide reassurance. Ms Wilson advised that she was happy to explore the specific incident highlighted out with the meeting.

Outcome: Committee members discussed the Patient Experience themed report on Communication and how learning and improvement was being progressed in response to identified issues.

Committee members requested that the outputs from further thematic reports be presented to the Committee for information.

HB/JW

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Infection Prevention and Control Doctor, Dr Chloe Keane, presented the current position available against the national HCAI Standards for Clostridium difficile infection (CDI), Staphylococcus aureus bacteraemias (SABs) and Escherichia coli bacteraemias (ECBs).

Dr Keane reported that the Board was not currently meeting the HCAI targets and it would be very challenging to achieve these within the set timescales, in particular the ECB target. ECBs carried a considerable risk of mortality with various causes, some of which were potentially preventable, with urinary catheter infection the most common source. However, due to the current COVID-19 crisis, the improvement activity being taken forward by the Urinary Catheter Improvement Group had been paused.

Dr Keane gave assurance that despite the increased workload due to COVID-19, the number of unknown source ECBs did not increase significantly in Q1 of 2020-21. Committee members were advised that due to the impact of COVID-19 on total occupied bed days it was not possible to give a projection of the year end HCAI rates for September 2020, however, the position should become clearer in early 2021.

Dr Keane informed Committee members that there were eight healthcare associated CDI infections during the period April to June 2020 however these cases were not linked. Dr Keane highlighted that during the first peak of COVID-19 there had been a number of SAB cases in the ICU at University Hospital Crosshouse. Following investigation, improvements had been identified and successfully

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implemented and infection rates had reduced significantly.

Dr Keane presented a detailed analysis of ECBs with an unknown point of entry in 2019-20, following a significant rise compared to the previous year. Further to an audit of unknown source ECBs carried out in 2018, a similar retrospective audit was carried out for 2019-20 but this had not highlighted any common factors, with 48% of cases having a genuinely unknown source.

Dr Keane explained that as part of local surveillance activity going forward, additional data will now be recorded for all unknown source ECBs to differentiate between genuine unknowns and those with multiple possible sources. Committee members supported this approach and suggested that this data could also be included in national surveillance activity. Dr Keane will put this suggestion to Public Health Scotland.

CK

Committee members considered the significant pressures facing the Infection Prevention and Control Team (IPCT) in the context of the COVID-19 crisis and current performance against the challenging national HCAI targets. Ms Wilson advised in response to a question from a Committee member that the potential to review HCAI performance reporting had been raised at national level and a response was awaited. Ms Wilson gave assurance that there were plans to increase the level of resource in the IPCT team and a recruitment process was ongoing and interviews had taken place.

Outcome: Committee members considered and noted the update on current performance against the national HCAI standards with a specific focus on E.coli bacteraemias.

6.2 Scottish Patient Safety Programme (SPSP) – Primary Care

The Associate Medical Director for Primary Care, Dr John Freestone, presented an overview report in relation to SPSP activity within Primary Care, an enhanced service designed to support GP practices to reflect on and improve the safety of practice systems.

Dr Freestone explained that through the enhanced service practices were expected to undertake three monthly audit of high-risk medication prescribing and monitoring and completion of a practice safety checklist. The programme had been well received in Primary Care and was being discussed by GP practice teams and at GP cluster level.

Committee members were advised that due to the re-prioritisation of resources in the context of the COVID-19 pandemic and other priorities, much of the programme's work had been paused.

Dr Freestone gave assurance that although the programme was on hold, most of these processes had been adopted and were already running in practices, which had their own internal governance arrangements in place. Dr Freestone informed Committee members that the programme was due for review, however, due to the impact

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of COVID-19 the reflective analysis had been paused until there was approval to proceed.

Outcome: Committee members considered and noted the position in terms of the SPSP Primary Care programme and the reduced activity in the context of COVID-19.

Committee members supported the recommendation to continue to keep the SPSP Primary Care programme on hold until teams were in a position to re-start activity.

6.3 Duty of Candour annual review

The Interim Deputy Nurse Director and Assistant Director for Quality Improvement, Ms Jenny Wilson, presented the Scottish Government's review of first year submissions of Duty of Candour annual reports for 2018-19, to identify best practice and improvement areas.

Ms Wilson advised that following analysis and external research done in relation to how data had been collected, NHS Ayrshire & Arran's report had been highlighted as exemplar. The Scottish Government review had commended NHS Ayrshire & Arran and two other NHS Scotland Boards for the detail provided in their annual reports.

Ms Wilson informed Committee members that the review had identified some key learning from other NHS Boards. RARSAG had met on 29 October 2020 to discuss the review and it was agreed to take forward several improvement areas. Ms Wilson highlighted the agreed action to improve communication and the support provided to independent contractor groups to complete Duty of Candour documentation. Committee members received assurance that the Board currently provided Duty of Candour role specific and mandatory e-learning training as part of an individual's core duties.

Outcome: Committee members noted the Duty of Candour annual review report and key areas of learning to be taken forward.

Committee members were encouraged by the positive feedback received from the Scottish Government on NHS Ayrshire & Arran's report and assured that there were appropriate governance arrangements in place for the application of Duty of Candour.

6.4 Clinical Prioritisation approach

The Associate Medical Director, Dr Phil Korsah, and the Consultant in Oral Maxillofacial Surgery, Mr Roger Currie, provided a detailed update on the clinically led prioritisation process being adopted across NHS Ayrshire & Arran to re-mobilise Acute services theatre activity. Mr Currie gave assurance that re-mobilisation was being

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taken forward in a fair and equitable way, following live guidance provided by the Royal Colleges and the Federation of Surgical Specialty Associations. In addition, the Board was participating in the Regional Prioritisation Group to agree mutual aid to other NHS Scotland Boards.

Mr Currie reported that while the Board had made very good progress to re-mobilise Acute theatre activity up to the end of October 2020, there was a need to pause the process for the time being due to the current spike in COVID-19 cases.

Outcome: Committee members discussed the update and were assured that the clinical prioritisation process in place to re-mobilise Acute services theatre activity in Ayrshire and Arran was robust, appropriate and fit for purpose.

6.5 Organ Donation update

The Clinical Lead for Organ Donation, Dr Alistair Meikle, provided an assurance report on the Board's preparations in readiness for the new Human Tissue (Authorisation) (Scotland) Act 2019 legislation and the move to deemed authorisation for organ and tissue donation for transplantation, to be implemented from 26 March 2021.

Dr Meikle provided assurance to Committee members that a training plan and e-learning tool had been developed in conjunction with NHS Education Scotland and a key priority was to roll this out before March 2021, in particular to give enhanced awareness to key NHS staff working in critical care and emergency care areas. Dr Meikle highlighted the challenges in providing education and training for nursing staff due to the large number of staff involved and he outlined plans to identify champions to undertake training and disseminate to colleagues.

Dr Meikle clarified in response to a question from a Committee member that the Board's role was to identify potential organ donors, with all organs retrieved throughout the UK coordinated through national centres for transplantation across the country.

Committee members discussed the potential religious and cultural issues which may be encountered in the implementation of the new opt-out legislation. Dr Meikle gave assurance that the way in which families were approached in relation to organ donation had not changed and followed a structured approach with a debrief provided afterwards to promote wellbeing. Staff were aware that mentorship and wellbeing hubs were available. Committee members suggested that it would be useful to have Staff Care input to the training being provided.

Outcome: Committee members considered and noted the actions of the Organ Donation Committee in readiness for the new Human Tissue (Authorisation) (Scotland) Act 2019 legislation to

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be implemented from 26 March 2021.**

7. Quality Improvement

7.1 Excellence in Care

The Interim Deputy Nurse Director and Assistant Director for Quality Improvement, Ms Jenny Wilson, provided an assurance report on the re-start of Excellence in Care (EiC) activity, following a pause from March to June 2020 to enable staff to be deployed in response to the COVID-19 crisis.

Committee members were advised that while EiC work had now re-commenced and progress was being made, there was limited local progress in some areas, such as the digital aspect due to Business Intelligence colleagues continuing to support COVID-19 related work. In addition, the EiC mapping table required to be updated to reflect ward changes during the COVID-19 crisis to allow submission of accurate data to Public Health Scotland.

The Committee discussed the significant challenges faced due to COVID-19 and the need for manual data collection for important EiC measures. Committee members were reassured that this issue was being considered by the EiC programme at national level and sought an update on progress at the next meeting.

Outcome: Committee members noted the current position and supported local plans for the re-mobilisation of Excellence in Care activity.

Committee members requested an update on the progress of Excellence in Care re-mobilisation activity, including data collection arrangements, at the next Committee meeting.

HB/JW

8. Governance

8.1 Ethical Decision Making Group

In the absence of the Medical Director, the Area Clinical Forum Chair, Mr Adrian Carragher, provided an update on the progress of the NHS Ayrshire & Arran Ethics Advice and Support Group (EASG). The group was established under the Scottish Government framework to provide useful, pragmatic and timely ethical advice and support in the context of the COVID-19 crisis.

Mr Carragher outlined the EASG's membership, remit and reporting arrangements. The group had broad representation and its remit covered a wide range of areas. EASG determinations were considered to be advice and not clinically binding.

Mr Carragher highlighted the activity undertaken by the group, the areas that had worked well and potential areas for learning and improvement, as detailed in the report.

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The Committee considered potential areas for improvement. Committee members expressed concern that a national group was not yet in place as it would have an important role to ensure a consistent national approach in the provision of ethical advice and guidance to NHS Boards during the COVID-19 crisis and beyond.

Outcome: Committee members discussed the progress of the Ethics and Advice Support group and supported the group's role as a valuable asset to complex decision making in NHS Ayrshire & Arran.

8.2 Care Home Governance update

The Interim Associate Nurse Director, Care Home Support and Assurance, Ms Ruth McMurdo, presented an assurance report on the enhanced professional clinical and care oversight arrangements and support being provided to care homes across Ayrshire and Arran during the pandemic.

Committee members received assurance that the work to support the Care Home sector across Ayrshire and Arran continued to progress well. Ms McMurdo reported that care homes were very busy with a number of outbreaks currently being managed and supported.

Ms McMurdo advised that Care Home oversight groups continued to meet daily during the week, with weekend meetings arranged if required. All initial assurance visits had taken place and further supportive visits were planned to all Older People Care Homes before the end of the calendar year.

Committee members received details of the support being provided to care homes, including activity to promote wellbeing among care home staff and managers and training being provided, with focused work planned to encourage uptake of training in identified areas. Professional Forums continued to meet regularly in each Health and Social Care Partnership (HSCP) to share concerns, areas of good practice and support required, with positive feedback received from care home managers. Monthly meetings were being held with care home representatives in each HSCP which had been very useful in building connections and relationships.

Ms McMurdo highlighted the significant workforce issues across the system due to COVID-19 and the need for staff to self-isolate. This was creating challenges for the Board in providing support to care homes that had already exhausted their workforce options. The process developed to establish Rapid Response Teams had been actioned and learning from the testing process was being shared and had been implemented in EAHSCP.

Ms Wilson informed Committee members that the Nurse Director's accountabilities in relation to Care Homes had been extended through to June 2021. Ms Wilson advised that Nurse Director accountabilities in relation to care at home were being clarified at

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national level and changes to the legal framework were expected in the coming months.

Ms McMurdo explained in response to a question from a Committee member about an outbreak of COVID-19 among staff in a care home, that the care home concerned had used their own bank staff to cover staff absence, supported by the HSCP. Ms McMurdo gave assurance that PPE safety officer training had been rolled out across Acute services and this training was also being rolled out across care homes. Ms McMurdo gave assurance that the training included PPE and social distancing guidelines for staff while in clinical and staff areas.

Ms Wilson advised that a report will be presented to EMT in the near future to consider workforce challenges and the need to follow public health guidance to reduce the risk of spreading the virus and avoid staff having to self-isolate.

Ms Wilson advised in response to a question from a Committee member that clarification was awaited from the Scottish Government about whether funding for additional workforce resources to support care home activity would be providing on a recurring basis.

Committee members commended the rapid work undertaken to develop a resilient care home professional oversight governance framework and the supportive and collaborative approach being taken, working within a complex sectoral relationship.

Outcome: Committee members noted the progress of the ongoing work to support Care Homes across Ayrshire and Arran.

8.3 Minutes

8.3.1 **Area Drug and Therapeutics Committee** – There were no minutes available.

8.3.2 **Acute Services Clinical Governance Steering Group** – There were no minutes available.

8.3.3 **Control of Infection Committee** – Committee members noted the approved notes of the meeting held on 17 September 2020.

8.3.4 **Primary Care Quality and Safety Assurance Group** – As this group had currently been stood down there were no minutes available.

8.3.5 **Research and Development Committee** – Committee members noted the draft minute of the meeting held on 3 September 2020.

9. Risk

9.1 Strategic Risk Register

The Assistant Director for Occupational Health, Safety and Risk

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Management, Mr Hugh Currie, presented a report of the risk management activity currently being undertaken and the latest version of the Strategic Risk Register for approval.

Mr Currie highlighted that due to the current COVID-19 situation, work on some objectives had reduced to enable focus on priority areas. COVID-19 risks were being actively managed on a weekly basis and progressed through EMT with onward reporting planned through the Integrated Governance Committee, Audit Committee and the NHS Board.

Committee members were advised that there were three risks allocated to the Healthcare Governance Committee. All of these risks had been reviewed during the period and there were no significant changes to content, grading or the control measures in place. Following the RASAG meeting on 29 October 2020, there were no further proposed risks for escalation or downgrading and no emerging risks identified affecting the Healthcare Governance Committee.

Outcome: Committee members noted the update on risk management activity and approved the Strategic Risk Register.

9.2 Significant Adverse Event Reviews (SAERs) Progress Update Q2

The Assistant Director for Occupational Health, Safety and Risk Management, Mr Hugh Currie, provided the Q2 SAER progress report.

Mr Currie highlighted action plans that had been completed and those overdue for completion, as detailed in the report. Mr Currie outlined plans to split RASAG business to consider performance and governance and learning and improvement at alternate meetings, and highlighted early plans to consider themed analysis from SAERs.

In the absence of the Director for Acute Services, Ms Semple reported that Acute services action plans due for completion by the end of October 2020 had now been completed and would be reported to a future Committee meeting.

Mr Currie gave assurance that focused work was taking place with Mental Health Services to progress action plans to completion. A test of change was currently taking place to adopt a more structured team approach to the SAER process, with plans to share outcomes and learning across HSCEPs. Mr Currie explained in response to a question from a Committee member that most completed suicides happened in the community. Mr Currie would raise at the Mental Health AERG the wording used in the summary of appendix 2 of the report to promote understanding and ensure a consistent approach.

Committee members acknowledged the improved position in recent years and plans for a test of change, however, there was concern at the delay in the completion of action plans given the impact on

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individuals and families involved. Mr Currie gave assurance that staff were working together to strive to complete action plans as quickly as possible.

Outcome: Committee members noted the report and were assured that there was appropriate governance in place for SAERs, and that action plans had been scrutinised by local Directorate governance groups with multidisciplinary attendees.

Committee members requested that future reports provide summary details of all open SAERs.

HC

9.3 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group

There were no risks to report to the Risk and Resilience Scrutiny and Assurance Group.

10. Points to feed back to NHS Board

Committee members agreed that the following key points should be reported to the NHS Board meeting on 30 November 2020:

- Clinical prioritisation process to re-mobilise Acute services theatre activity
- Organ donation - preparations in readiness for new legislation
- Scottish Government review of Duty of Candour annual reports
- Ethical decision making group progress
- Care Home Governance update

11. Any Other Competent Business

**12. Date and Time of Next Meeting
Monday 11 January 2021 at 9.30am, MS Teams**

Signed (Chair) Date