

**Healthcare Governance Committee**  
**Monday 1 November 2021 at 9.30am**  
**MS Teams meeting**

Present: Ms Linda Semple (Chair) – attended part of meeting

Non-Executives:

Mr Adrian Carragher (Vice Chair) – attended part of meeting  
Ms Sheila Cowan  
Councillor Joe Cullinane  
Mrs Jean Ford

Board Advisor/Ex-Officio:

Prof Hazel Borland, Interim Chief Executive  
Mrs Lesley Bowie, Board Chair (Acting Chair from item 9.3)  
Mrs Joanne Edwards, Director for Acute Services  
Dr Crawford McGuffie, Medical Director  
Mrs Lynne McNiven, Director of Public Health  
Ms Jenny Wilson, Interim Nurse Director

In attendance: Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk Management  
Dr Phil Hodgkinson, Associate Medical Director  
Ms Margaret Morgan, Clinical Midwife Manager  
Dr Hugh Neill, Director of Medical Education  
Ms Laura Parker, Business Manager, Nurse Directorate  
Ms Jen Pennycook, Chief Nurse, Excellence in Care  
Ms Karen Smith, Transfusion Practitioner  
Mr Bob Wilson, Infection Control Manager  
Mrs Angela O'Mahony, Committee Secretary (minutes)

The Committee Chair, Ms Linda Semple, welcomed everyone to the meeting. The Committee agreed that as neither Ms Semple nor the Vice Chair, Mr Adrian Carragher were able to attend the full meeting due to other commitments, Mrs Lesley Bowie take over as Acting Chair when required.

**1. Apologies for absence**

Apologies were noted from Mr Michael Breen and Ms Emma Stirling.

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

There were no conflicts of interest declared.

**3. Draft minute of the meeting held on 13 September 2021**

The Minute of the meeting held on 13 September 2021 was approved as an accurate record of the discussion.

**4. Matters arising**

- 4.1 **Item 6.1 (07.06.2021), HCAI report, CDI activity** – Ms Wilson advised that subject to ongoing system pressures, an update will be provided at the next meeting on 10 January 2022.

**Item 6.1 (11.01.2021), HAI, Analysis of QEUH Oversight Board Interim report** – Ms Wilson advised that the Board had set up a group to undertake a mapping exercise to consider the findings of the QEUH report and any issues that may be relevant to NHSAA. The group will meet for the first time next week. Ms Wilson expected that this work would take around four to six months to complete.

- 4.2 **Committee work plan** – The Committee noted the updates to the work plan.

**5. Patient Experience**

**5.1 Patient Experience Themed Report**

The Interim Nurse Director, Ms Jenny Wilson, presented the themed report on Clinical Treatment. This report was the fourth in a series of five reports covering key complaint themes and learning and improvements that had been identified as a result.

Ms Wilson provided detailed complaint data relating to clinical treatment from September 2020 to September 2021 for each of the Health and Social Care Partnerships (HSCPs) and Acute services, and sub-themes identified for Prison, Mental Health Service, Primary Care and Acute Services complaints. Ms Wilson gave assurance that, as reported at the last Committee meeting, there was a robust process in place to decide if a complaint should be upheld, partially upheld or not upheld.

Ms Wilson explained, in response to a question from a Committee member about complaint trends over the last year, that overall there had been an increase in stage 1 complaints and a decrease in stage 2 complaints, often due to targeted intervention at stage 1 which resulted in fewer complaints moving to stage 2.

Committee members discussed the Redirections policy that had recently been agreed by the Scottish Government for implementation across all NHS Boards. While this Once for Scotland approach was welcomed, Committee members highlighted that there could be potential impact on complaint activity.

Ms Wilson gave assurance, in response to a question from a Committee member, that only a small number of complaints related to discharge of elderly, frail patients at night without escort, and these complaints were robustly investigated by teams and apologies given where appropriate.

**Outcome: The Committee discussed the themed report**

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on Clinical Treatment, sub themes identified  
and the improved opportunities for learning  
and change as a result.**

**5.2 Rape and Sexual Assault (RSA) Chief Medical Officer (CMO)  
Taskforce Update**

The Nurse Directorate Business Manager, Ms Laura Parker and the Clinical Midwife Manager, Ms Margaret Morgan, provided an update on local activity relating to the RSA CMO Taskforce and the 10 CMO Asks to comply with the Forensic Medical Services (FMS) (Victims of Sexual Offences) (Scotland) Bill scheduled for enactment in April 2022.

Ms Parker advised that as previously report to the Committee, five of the CMO Asks were either fully compliant or were relevant to NHS Greater Glasgow and Clyde (NHSGGC). Ms Parker outlined progress against the remaining five CMO Asks and the areas that were still outstanding. The Committee received a detailed update on actions being taken forward through the RSA improvement plan.

Ms Parker advised, in response to a question from a Committee Member on self-referral arrangements, that there were plans for a single telephony service through NHS24, with calls then directed to regional centres, and this number would be promoted through the national campaign. In the meantime, Ayrshire and Arran residents were able to self-refer to the Archway centre in Glasgow.

The Interim Chief Executive, Prof Borland, acknowledged the excellent progress against the CMO Asks and thanked the team for the significant efforts to develop this important service despite the pandemic. The Willows Centre had opened on 7 June 2021. NHSAA was fully participating in the regional West of Scotland model and was well placed to implement the full pathway, including self-referral arrangements, from April 2022.

**Outcome: Committee members noted and were encouraged by the progress made against HIS Indicators and CMO Asks, and the work completed and underway to prepare for the enactment of the FMS Act and national Self-Referral Service.**

**6. Patient Safety**

**6.1 Healthcare Associated Infection report**

The Infection Control Manager, Mr Bob Wilson, presented the HCAI report and the current position against the national HCAI Standards.

The Committee received a detailed update on the management of an increase in *Pseudomonas aeruginosa* in Intensive Care Unit (ICU) settings between April 2020 and July 2021 and actions taken to manage the situation. The report had been discussed at the Corporate Management Team and with the Infection Prevention and

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Control Team (IPCT).

Mr Wilson explained that the increase was seen in the context of the changes made as part of the emergency response to the COVID-19 pandemic, including change of use of clinical areas as temporary ICUs, with increased ICU staffing drawn from a number of areas, as well as changes to PPE use and infection control practice, following national guidelines. The ICU patient population had also changed during the pandemic, with patients having more complex conditions that required longer ICU stays. Mr Wilson advised that similar environmental organisms had been identified across NHS Scotland Boards for similar reasons.

The Committee was assured that the Board had effective infection control policies and procedures in place and support from the IPCT to manage the situation appropriately, with all areas affected having been investigated. The Problem Assessment Group established in August 2021 to discuss the situation had agreed that the water supply was not the source and patient to patient transmission had been ruled out. Increased cleaning measures had been put in place in addition to those already required. Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland had been involved and had provided appropriate advice throughout. Case numbers had returned to normal levels from September 2021 and the data exceedance incident was closed in October 2021.

Mr Wilson highlighted possible plans to introduce a *Pseudomonas aeruginosa* patient screening protocol prior to patients being admitted to ICU, to help inform assessment of any future incidents, however, this was not currently possible due to system pressures. Mr Wilson advised, in response to a question from a Committee member, that *Pseudomonas aeruginosa* cases were currently identified either through symptomatic testing or as part of wider patient screening.

**Outcome: The Committee discussed the report on the Board's current performance against the national HCAI standards and the update on the management of an increase in *Pseudomonas aeruginosa* in ICU settings.**

## 6.2 Emergency Department (ED) Waiting Times

The Medical Director, Dr Crawford McGuffie, introduced the report on ED Waiting Times and invited the Associate Medical Director, Dr Phil Hodkinson to present the report.

Dr Hodkinson outlined the background to the improvement work being done to reduce the number of 12-hour waiting times. An improvement team had been established to take forward this activity and a work plan developed. The dataset was being reviewed weekly to ensure that progress was monitored and any changes to direction recognised and responded to accordingly. Dr Hodkinson advised that similar issues were being experienced across NHS Scotland Boards.

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Dr Hodkinson highlighted areas of risk or concern in delivering the improvement action plan and advised that while significant improvement had been made up to October 2021, the position had deteriorated in recent weeks due to current severe system pressures which made it challenging to progress improvement work.

Dr Hodkinson advised that while Scottish Government input to the improvement activity taking place was welcomed and the interface work being done was beneficial, it would not create the required bed capacity to address the current challenges being faced.

Dr Hodkinson gave assurance that improvement work would continue where possible given the current system pressures. In addition, there were plans to discuss and seek peer support from other Board areas experiencing similar challenges.

Dr Hodkinson explained, in response to a question from a Committee member, that while the national Redirections policy discussed earlier in the meeting was welcomed, ED was already performing well in redirecting people to more appropriate services, and the policy would not address the situation should patients require hospital admission. Dr Hodkinson highlighted the improvement activity taking place to establish a robust hospital at home pathway for older, frail individuals to allow them to remain at home and reduce hospital attendances.

Dr Hodkinson confirmed, in response to a question from a Committee member, that re-admission rates for older, frail patients were higher since the pandemic for a number of reasons, including worsening of the patient's condition, another underlying condition or unforeseen event, infection which could not be managed safely at home, or as they waited for social care to be put in place. Committee members recognised that this was a whole system issue and discussion was ongoing with partners in relation to social care provision.

The Interim Chief Executive, Prof Hazel Borland, updated in relation to the current extreme system pressures that on 28 October 2021, NHSAA had implemented its full capacity protocol at both Acute hospital sites. The Director for Acute Services and Health and Social Care Partnership colleagues were working closely together to focus on ensuring that patients were receiving the right care in the right place, and to try to significantly reduce delays in transfer of care. However, there continued to be difficult challenges in relation to hospital occupancy and unscheduled care as evidenced across the system and through increased 12-hour waits. Prof Borland advised that the Scottish Government was aware of the extreme pressures being faced, with a number of other Boards in a similar position. The Committee received assurance that colleagues across the system were working very hard to de-escalate the position.

**Outcome:** The Committee discussed the assurance report on improvement work to reduce the number of 12-hour ED waiting times.

## 6.3 Litigation Report

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The Medical Director, Dr Crawford McGuffie, presented the biannual update report on litigation activity.

Dr McGuffie highlighted data relating to active claims, themes identified and service improvements that had arisen from litigation cases once a claim had been settled/closed. Dr McGuffie gave assurance that more individualised quarterly reports had been considered by the Associate Medical Directors and Clinical Director Governance meetings and the Health, Safety and Wellbeing Committee.

**Outcome: The Committee endorsed the contents of the report and the activities being undertaken in relation to litigation.**

### 6.4 Public Protection Governance and Accountability Framework

The Interim Nurse Director, Ms Jenny Wilson, introduced the report and invited the Nurse Consultant for Child Protection, Ms Marina McLaughlin to present the report.

Ms McLaughlin outlined the background and strategic context to the proposal to remodel leadership across NHSAA Child and Adult Protection Services within a Public Protection model with a robust Accountability and Governance Framework. The proposal had previously been discussed at a Corporate Management Team meeting which had supported the request for additional resource within the Child Protection Health Team to support delivery of the new framework.

Ms McLaughlin advised that Ayrshire Chief Executives had approved the implementation of a Multi-Agency Risk Conference (MARAC) process in July 2021, to be delivered via a service level agreement with a pan-Ayrshire MARAC coordination team hosted by NHSAA.

**Outcome: The Committee approved the proposal for restructuring leadership for Child and Adult Protection services, and approved plans for the development of a robust Public Protection governance accountability and reporting framework. The proposal will be presented to the NHS Board on 29 November 2021 for awareness.**

**The Committee noted progress to implement the new MARAC service within NHSAA.**

## 7. Quality Improvement

### 7.1 Excellence in Care (EiC)

The Chief Nurse, EiC, Ms Jen Pennycook, outlined the position in relation to EiC measures locally over the last year. The report highlighted the impact of the COVID-19 pandemic on progress and plans to remobilise, align with other national programmes and recover

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EiC activity throughout the organisation.

Ms Pennycook reported that Healthcare Improvement Scotland (HIS) had reviewed current measures and developed a measure implementation prioritisation list.

The Committee was advised of areas of risk in taking forward EIC activity, in particular, challenges relating to data capture and the impact of the current significant system pressures in progressing improvement work.

Ms Pennycook highlighted successful Falls improvement and PU prevention activity and future work planned. The multi-disciplinary Falls Group and PU Group had been remobilised to progress improvement work. The Board was keen to celebrate successful areas of work and share this information with ward staff.

Ms Pennycook outlined next steps for the EiC work programme once the pandemic had eased, including remobilisation of the EiC Steering Group and to work with Business Intelligence colleagues to further develop dashboards.

Ms Pennycook highlighted the shared quality improvement (QI) focus of EiC and the Scottish Patient Safety Programme (Acute). There were plans at national level to bring this work together and align data definitions to reduce the burden of data collection on clinical areas, and allow teams to focus on quality of care.

The Interim Nurse Director, Ms Jenny Wilson, recognised the current difficult challenges and thanked colleagues for the progress and improvements made, particularly as most of the QI team had been working in clinical practice in recent months. Ms Wilson reiterated the importance of reducing the data collection burden on clinical staff to allow a focus on quality of care. Ms Wilson highlighted the positive benefits of the Falls Coordinator being in post and the improvement work taking place, with plans to use continuous improvement fund resources to replicate this approach for PU work in clinical areas.

The Medical Director, Dr Crawford McGuffie, underlined the importance of the EiC work programme, including Falls and PU prevention activity and management of deteriorating patients, in terms of reduced mortality and to deliver the best possible patient outcomes.

**Outcome: The Committee discussed and noted the update report on the position of EiC within NHSAA.**

## 8. Audit

### 8.1 Medical Education report

The Medical Director, Dr Crawford McGuffie, introduced the report and invited the Director of Medical Education, Dr Hugh Neil, to present the report.

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Dr Neil provided a detailed update on medical education and training within NHSAA, highlighting specialties that had been identified as performing well in providing a supportive environment for trainees, and other areas where it had been identified that improvement was required.

Dr Neil highlighted the challenges being experienced due to increased unscheduled care pressures and COVID-19, as well as Consultant workforce recruitment challenges, and the impact this was having on trainee experience, particularly within the Medicine Speciality at both Acute hospital sites. Dr Neil added that similar issues were being experienced by other West of Scotland Boards.

Dr Neil reported that while significant improvements had been made to medical education and training within the Medicine specialty at University Hospital Ayr (UHA) over the past five years, and one condition of enhanced monitoring removed, as one or two areas had been unable to demonstrate sustained improvement, enhanced monitoring continued in these areas.

Dr Neil reported that following a NES quality management re-visit to Medicine at University Hospital Crosshouse (UHC) in June 2021, this had unfortunately resulted in training in this department being entered into the GMC enhanced monitoring process. A Training QI Group had been set up and an action plan developed to address the requirements outlined in the NES visit report.

Committee members discussed and welcomed the addition of smart measurements within the action plan for UHC to clearly evidence progress against the areas identified and allow the Board to work towards removal of enhanced monitoring.

Dr McGuffie gave assurance that the Board had robust Medical Education governance arrangements in place. The Board Chair had chaired the Medical Education Governance Group for several years and this had been highlighted as an area of good practice. Dr McGuffie reassured the Committee that the Board was taking the situation very seriously and providing a commensurate response.

**Outcome: The Committee discussed and noted the update report on Medical Education.**

## 9. Annual Reports

### 9.1 Hospital Standardised Mortality Ratio (HSMR) Annual Update

The Medical Director, Dr Crawford McGuffie, presented a report to update on the current position in relation to HSMR.

Dr McGuffie advised that HSMR methodology had been refined and updated nationally in 2019 to ensure its ongoing robustness and reliability. Dr McGuffie explained that monitoring hospital mortality had become a standard part of assessing the performance of



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hospitals and the quality of care.

Dr McGuffie highlighted the Board's HSMR data for the period April 2020 to March 2021, including both Acute and Community hospital sites, and advised that the rate for UHC and UHA was at a median level compared to other Scottish Boards.

Dr McGuffie gave assurance that the Board was committed to continuous improvement and outlined the proposed governance process for future review of HSMR to ensure that themes and learning will be shared widely across the organisation. The Chief Nurse, EiC, Ms Jenny Pennycook reiterated that the Board was keen to celebrate success as well as issues identified. There were plans from December 2021 to review patient records and identify successful work and themes to feed into wider quality improvement work.

The Committee recognised the critical importance of HSMR to identify system issues and improve patient outcomes. Committee members acknowledged the significant system pressures and challenges during the reporting period and were encouraged by the Board's HSMR performance compared to other Board areas.

**Outcome: The Committee discussed the HSMR update and endorsed the proposed governance structure and process for future review of HSMR to ensure that themes and learning will be shared widely across the organisation.**

### 9.2 Blood Transfusion Annual Report

The Medical Director, Dr Crawford McGuffie, introduced the report and invited the Blood Transfusion Practitioner, Ms Karen Smith, to present.

Ms Smith provided a comprehensive overview of the progress and achievements of the Scottish National Blood Transfusion Service (SNBTS) Team during 2020-2021. The report provided an update on the current Blood Transfusion status, including details of local compliance with the UK Blood Safety and Quality Regulations (2005) (UKBSQR 2005).

The Board Chair, Mrs Lesley Bowie, took on the role of Acting Chair for the remainder of the meeting.

### 9.3 Public Health Screening Reports:

The Director of Public Health, Mrs Lynne McNiven, presented a suite of reports to update on the progress to remobilise screening programmes across NHSAA. Mrs McNiven explained that the COVID-19 pandemic had had a significant impact on screening and all of these programmes, with the exception of the Pregnancy and Newborn Screening Programme, had been paused at key stages of the pandemic.

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Mrs McNiven outlined areas of concern in terms of health inequalities and to ensure equality of access to screening programmes. The Committee was advised that consideration was being given to how screening programmes could be delivered more efficiently and effectively in the future to target and improve uptake among more vulnerable groups following a Caring for Ayrshire approach.

### **9.3.1 AAA Screening**

The Committee received a report outlining local AAA screening programme activity and delivery over a two year period, 2018-2019 and 2019-2020.

### **9.3.2 Bowel Screening**

The Committee received an update on bowel screening activity since screening resumed after October 2020.

### **9.3.3 Breast Screening**

The Committee received a report to highlight key points from the South West of Scotland Breast Screening Annual Report 2020-2021.

### **9.3.4 Cervical Screening**

The Committee received an overview report on delivery of the cervical screening programme in NHSAA in 2020-2021, and to update on any issues that may affect delivery in the future.

### **9.3.5 Diabetic Eye Screening (DES)**

The Committee received a report summarising key activities of the DES screening programme in 2020-2021 and highlighting the challenges to ensure all eligible patients are offered DES in NHSAA going forward.

### **9.3.6 Pregnancy and Newborn Screening (PNBS)**

The Committee received an overview report on delivery of the PNBS screening programme. Mrs McNiven reiterated that this programme had continued to be delivered throughout the pandemic and had continued to make good progress. Mrs McNiven advised that the number of key performance indicators (KPIs) had more than doubled and the Board was working with national colleagues to ensure that NHSAA was measuring and meeting those KPIs. A new Coordinator had been appointed and was working closely with the Ayrshire Maternity Unit and others to ensure a robust screening programme.

### **9.3.7 Start of Influenza (Flu) season report 2021-2022, Child & Adult**

The Committee received the start of Flu season report for 2021-2022 for children and adults. The 2021-2022 flu season was the largest Flu vaccination programme to date, with more than four million individuals eligible across Scotland this season, including new eligible groups as

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part of the expanded influenza programme.

The Committee acknowledged the significant work being done by Public Health and clinical teams to remobilise screening programmes in difficult circumstances, and emphasised that these programmes were an important strand of building healthy communities following the Caring for Ayrshire approach.

**Outcome: Committee members noted the annual reports and the progress being made.**

### **10. Governance – Minutes**

#### **10.1 Acute Services Clinical Governance Group**

The Committee noted the draft minutes of meeting held on 5 October 2021

#### **10.2 Area Drug and Therapeutics Committee**

The Committee noted the approved minutes of meeting held on 21 June 2021

#### **10.3 Prevention and Control of Infection Committee**

There were no minutes available.

#### **10.4 Primary Care Quality and Safety Assurance Group**

There were no minutes available. Dr McGuffie will ask about plans to reinstate Group meetings. **CMcG**

#### **10.5 Research, Development and Innovation Committee**

The Committee noted the approved minutes of the meeting held on 9 June 2021 and the draft minutes of the meeting held on 8 September 2021

### **11. Risk**

#### **11.1 Strategic Risk Register Q2 report**

The Assistant Director for Occupational Health, Safety and Risk Management, Mr Hugh Currie, presented a report on risk management activity and the Healthcare Governance (HGC) Strategic Risk Register for approval. The report had been discussed in detail at the Risk and Resilience Scrutiny and Assurance Group meeting on 28 October 2021.

Mr Currie reported that there were seven high risks being treated for HGC. The report outlined these risks and review dates that had been agreed over the next six months. The report detailed the current position of COVID-19 risks as at 25 October 2021, including risk assessment templates for each of the risks for HGC that were

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escalated to strategic. There were no emerging risks identified for this meeting.

Mr Currie confirmed in response to a question from a Committee member, that as part of remobilisation the COVID-19 Risk Register review process had been completed, with any remaining risks being closed or moved to either operational or strategic risk status as appropriate.

**Outcome: The Committee noted the risk management arrangements and approved the HGC Risk Register.**

### **11.2 Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group**

There were no issues to report.

### **12. Points to feed back to NHS Board**

12.1 Committee members agreed that the following points be raised at the NHS Board meeting on 29 November 2021:

- Patient Experience themed report on Clinical Treatment
- Rape and Sexual Assault CMO Taskforce assurance update
- HCAI report
- Public Health Screening reports

### **13. Any Other Competent Business**

#### **13.1 Healthcare Governance Committee meeting dates 2022-2023**

The Committee approved the proposed meeting dates for 2022-2023.

### **14. Date and Time of Next Meeting**

**Monday 10 January 2022 at 9.30am, MS Teams**

Signed (Chair)



Date: 10 January 2022