

Approved by Committee on 28 February 2022



Healthcare Governance Committee
Monday 10 January 2022 at 9.30am
MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Michael Breen

Ms Sheila Cowan

Mrs Jean Ford

Board Advisor/Ex-Officio:

Prof Hazel Borland, Interim Chief Executive

Mrs Lesley Bowie, Board Chair

Dr Crawford McGuffie, Medical Director

Ms Jenny Wilson, Interim Nurse Director

In attendance: Mr Hugh Currie, Assistant Director, Occupational Health, Safety and Risk Management
 Ms Laura Harvey, Quality Improvement Lead
 Ms Sharon Leitch, Senior Nurse, Infection Control
 Ms Jen Pennycook, Chief Nurse, Excellence in Care
 Ms Emma Stirling, Associate Director for AHPs
 Mr Bob Wilson, Infection Control Manager
 Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Update from Interim Chief Executive, Prof Hazel Borland

The Interim Chief Executive, Prof Hazel Borland, provided an update on the current severe pressures across the health and care system and the measures being taken to manage the situation and mitigate the impact on the quality and safety of care being provided. The position continued to be extremely challenging, with increasing staff absence, mainly due to positive COVID-19 cases.

Prof Borland advised that the Emergency Management Team had been focusing most recently on workforce challenges. Activity was ongoing to reassign members of staff from non-essential and non-critical services to support their colleagues across the system. Military colleagues had joined the Board for induction at the weekend and were from today working to support Emergency Departments and Combined Assessment Units at both Acute hospital sites.

Prof Borland reported that NHSAA was working very closely with strategic partners, with weekly Local Resilience Partnership (LRP) meetings taking place since just before Christmas. Other public services such as Local Authorities, Fire and Police were experiencing similar challenges as a result of staff sickness absence due to COVID-19.

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The Committee was advised that current modelling suggested that the peak of the current COVID-19 wave was expected around 24 January 2022. Prof Borland gave assurance that the Board was doing everything possible to plan for this. New self-isolation guidance had been implemented retrospectively to allow as many staff as possible to return to work, which should help the staffing situation over the next week.

The Interim Nurse Director, Ms Jenny Wilson, underlined the challenges for staff who were working hard to deliver the best possible quality of care. Ms Wilson and Dr McGuffie were visiting clinical areas and providing strong support for staff to identify the core fundamentals of care that need to be delivered, and how to manage patients differently to allow the registered workforce to maximise their skills. Dr McGuffie reiterated the supportive approach being adopted and recognised the incredible resilience and dedication of staff working under difficult circumstances.

The Board Chair gave assurance that the Scottish Government was being kept regularly updated and feedback, support and suggestions were being sought in terms of different ways to manage the situation. The Board Chair and Interim Chief Executive continued to have weekly meetings with the Cabinet Secretary and to highlight the need for consistent national messaging about the challenges being faced. The Board Chair would update Non-Executive Board Members on the current situation at their briefing on 13 January 2022.

Prof Borland advised that she had updated Board Members on system pressures at recent Board meetings and she will work with the new Chief Executive to prepare a briefing for Board on 31 January 2022.

Committee members discussed and were reassured by the mitigations put in place to manage the current difficult situation and provide the best possible patient care.

2. Apologies for absence

Apologies were noted from Mr Adrian Carragher, Cllr Joe Cullinane, Mrs Joanne Edwards and Mrs Lynne McNiven.

3. Declaration of any Conflicts of Interest

There were no conflicts of interest declared.

4. Draft Minute of the Meeting held on 1 November 2021

The Minute of the meeting held on 1 November 2021 was approved as an accurate record of the discussion.

5. Matters arising

5.1 The action log had previously been circulated to members and the

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following updates were provided:

Item 10.4 (01/11/2021), Primary Care Quality and Safety

Assurance Group – Dr McGuffie reported that a process was ongoing to reinstate the group as detailed in the action log. Prof Borland requested that this be added to the work plan for 2022 to receive an update on progress. Action complete.

AO

Item 6.1 (07/06/2021), Healthcare Associated Infection Report –

Details of some of the improvement activity taking place was provided in the HCAI report on the agenda for this meeting. Action complete.

Item 6.1, HCAI, Analysis of Queen Elizabeth University Hospital NHS Greater Glasgow & Clyde Oversight Board Interim Report –

As this item had been added to the Committee's work plan for April 2022, the action was complete.

Prof Borland highlighted that following the Committee's consideration of the series of Patient Experienced themed reports, a collective paper should be presented to the NHS Board in March 2022.

JW

- 5.2 Committee members noted the updates to the Committee's work plan for 2021-2022 and acknowledged that activity for the final quarter will be significantly impacted due to the current extreme service pressures. The Committee noted the proposed work plan for 2022-2023.

6. Patient Experience

6.1 Patient Experience Quarter 2 report

The Quality Improvement Lead, Ms Laura Harvey, presented the Patient Experience Q2 report.

The Committee received a detailed update on complaint handling performance. There had been a significant increase in complaint activity during the reporting period and an increase in the complexity of complaints. There had been a drop in performance in resolving Stage 1 complaints and concerns and Stage 2 complaints due to the significant pressures currently facing the healthcare system. The team continued to work hard with operational colleagues to support complaint handling. The report set out the actions being taken to improve complaint handling performance.

The Committee was advised that complaint themes remained similar to previous quarters. There had been an increase in COVID-19 related complaints. The next report will provide details of Vaccination complaints and themes identified which were recorded separately as many of these came through the enquiries route.

Ms Wilson highlighted that following the four themed Patient Experience reports previously reported to the Committee, a final report will be provided to the Committee and NHS Board summarising learning and improvement as a result of complaints.

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Ms Harvey advised that as previously reported to the Committee, an extreme team had been commissioned to look at more innovative ways to ensure spread of learning and improvement from complaints across the organisation. The team had not yet met due to current system pressures and a meeting was planned in February 2022.

Committee members supported the decision to retire the Owl feedback system and focus on the use of Care Opinion which would simplify feedback arrangements.

Ms Harvey gave assurance, in response to a question, that there were robust systems and processes in place for reporting risk and adverse events arising from complaints, with plans in place to further refine and include themed reporting.

The Committee discussed the current system pressures. Prof Borland underlined that whilst the Complaints team was doing everything possible to support operational colleagues, complaint handling performance will be significantly impacted in the coming months. Prof Borland gave assurance that priority will be given to triage of clinically urgent complaints and to progress adverse events arising from complaints to ensure learning.

Outcome: Committee members discussed the Patient Experience Q2 report and noted compliance with the complaint handling process.

7. Patient Safety

7.1 Healthcare Associated Infection (HCAI) report

The Infection Control Manager, Mr Bob Wilson, provided an update on the current position against the national HCAI Standards for the year ending June 2021.

Mr Wilson advised that there had been a decrease in the Clostridium difficile infection rate compared to the previous quarter. The verified rolling annual rate had risen slightly compared to the previous quarter. However, this was not due to hospital outbreaks and the level was now starting to level off as a result of decreasing rates over the last six months.

The Committee was advised that while there had been an increase in Staphylococcus aureus Bacteraemias during the quarter, this remained at the base line. Provisional data for the quarter ending September 2021 indicated a further reduction. The Board's annual rate continued to decline for year ending June 2021 and this was projected to continue when verified data for year ending September 2021 was published.

Mr Wilson reported that e-Coli Bacteraemias (ECB) rates had increased during the quarter but these remained at the base line. The rolling annual rate had increased but this was significantly below the

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peak seen in July to September 2020.

The Interim Nurse Director, Ms Jenny Wilson, gave assurance that despite the impact of COVID-19, the Board had maintained robust infection prevention and control measures and oversight arrangements across the HCAI Standards. While every effort was being made to improve performance, improvement activity had been significantly impacted due to the current service pressures and to allow the organisational response to COVID-19. Ms Wilson advised that Director oversight arrangements had been reinstated to support infection prevention and control decision making within clinical teams following a balanced, risk based approach.

Mr Wilson advised, in response to a question from a Committee member, that there were no Norovirus or Flu outbreaks to report.

The Interim Chief Executive, Prof Hazel Borland, emphasised the need for sustainable resources to manage COVID-19 together with all other infection prevention and control activity, as this was fundamental to how the organisation cared for patients and their families. Prof Borland assured that she would raise this as appropriate in discussion at national level.

8. Governance

8.1 Healthcare Governance Committee Terms of Reference annual review

The Interim Nurse Director, Ms Jenny Wilson, presented the Committee's draft Terms of Reference in accordance with the annual review process. There were no changes made.

Outcome: The Committee endorsed the draft Terms of Reference for onward submission to the NHS Board for approval.

8.2 Governance – minutes to note

8.2.1 Acute Services Clinical Governance Group

There were no minutes available.

8.2.2 Area Drug and Therapeutics Committee

The Committee noted the approved minutes of the meeting held on 30 August 2021.

8.2.3 Prevention and Control of Infection Committee

The Committee noted the approved minutes of the meeting held on 23 September 2021.

8.2.4 Primary Care Quality and Safety Assurance Group

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There were no minutes available.

8.2.5 Research, Development and Innovation Committee

There were no minutes available.

9. Risk

9.1 Significant Adverse Event Review (SAER) progress report

The Assistant Director for Occupational Health, Safety and Risk Management, Mr Hugh Currie, provided an update on the progress of all active SAERs and completed action plans. The report had previously been scrutinised at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) on 28 October and 9 December 2021.

Mr Currie advised that during the reporting period seven SAERs were completed. Summary reports, action plans and recommendations were provided in the report with respective Learning Summaries.

Mr Currie assured the Committee that while there were challenges across the system due to COVID-19 which had impacted on SAER activity, there was robust governance in place and every effort was being made to improve the process and timescale for completion of SAERs, and implement learning and improvement. A recent improvement made was to shift ownership for SAERs to the relevant Director to appoint a Lead Reviewer to progress the SAER action plan and monitor progress to completion.

Mr Currie gave assurance, in response to a question from a Committee member, that should urgent changes be required as a result of an SAER, these would be acted upon immediately and would not have to wait until completion of the SAER process.

Committee members discussed the significant number of commissioned SAERs within Mental Health Services. Dr McGuffie highlighted the impact of the pandemic in terms of mental health issues and suicide. Dr McGuffie updated that he was working with Ms Wilson and Mr Currie to develop a new process to support Mental Health Services colleagues to manage SAERs. Prof Borland assured that there had been detailed discussion on these SAERs at the last RARSAG meeting and she had emphasised the importance of completion of long standing SAERs due to the impact on families and staff, and to understand and implement learning.

Prof Borland reiterated that while the pandemic and current service pressures were having an impact on SAER activity, progress was being made and key staff across the organisation were focused and working closely together to improve the SAER process.

Committee members recognised the progress being made to improve the SAER process and thanked the team involved for their ongoing work.

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Outcome: Committee members discussed 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.

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

There was nothing to report.

10. Points to feed back to NHS Board

10.1 The Committee agreed that the following points be reported to the NHS Board meeting on 31 January 2022:

- System pressures - Activity to manage and mitigate the impact on quality and safety of care
- Patient Experience Quarter 2 report – Impact of current system pressures on performance and priority to triage complaints of clinical importance and adverse events.
- Healthcare Associated Infection report – Improvement activity significantly impacted due to COVID-19. Director oversight arrangements reinstated for decision making relating to infection prevention and control
- Significant Adverse Event Review (SAER) update report – Committee reassured of the robust governance arrangements in place and progress being made to reduce timescale to complete SAERs in spite of COVID-19 pandemic.

11. Any Other Competent Business

11.1 There was no other business.

**12. Date and Time of Next Meeting
Monday 28 February 2022 at 9.30am, MS Teams**

Signed (Chair)



Date: 28 February 2022