

Healthcare Governance Committee

9.30am, Monday 1 August 2022

MS Teams meeting

Present: Ms Linda Semple (Chair)

Non-Executives:

Mr Michael Breen

Cllr Marie Burns

Mr Adrian Carragher (Vice Chair)

Ms Sheila Cowan

Mrs Jean Ford – attended part of meeting

Board Advisor/Ex-Officio:

Mrs Lesley Bowie, Board Chair

Ms Claire Burden, Chief Executive

Mrs Joanne Edwards, Director for Acute Services

Dr Crawford McGuffie, Medical Director

Ms Ruth McMurdo, Interim Deputy Nurse Director

Mrs Lynne McNiven, Director of Public Health

In attendance: Mr Fraser Bell, Assistant Director (Programmes), Infrastructure and Support Services

Mr Darren Fullarton, Associate Nurse Director, Lead Nurse, NAHSCP

Ms Julie Hannah, Associate Nurse Director, Acute Services

Ms Laura Harvey, QI Lead for Patient Experience

Ms Roisin Kavanagh, Director of Pharmacy

Ms Sharon Leitch, Interim Associate Nurse Director, Infection Prevention and Control

Dr Ruth Mellor, Consultant in Public Health

Ms Marina McLaughlin, Nurse Consultant for Child Protection

Ms Jen Pennycook, Chief Nurse, Excellence in Care

Ms Diane Smith, Improvement and Development Manager for Screening, Public Health

Ms Mhairi Strawhorn, Health Promotion Practitioner, Public Health

Ms Attica Wheeler, Associate Nurse Director, Head of Midwifery, Women and Children's Services

Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Apologies for absence

Apologies were noted from Ms Jennifer Wilson 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 6 June 2022

Approved by Committee on 20 September 2022

The minute of the meeting held on 6 June 2022 was approved as an accurate record of the discussion. To note that Mrs Jean Ford attended part of the meeting.

4. Matters arising

- 4.1 The action log had previously been circulated to members and the following updates were provided:

Item 6.5 (06/06/2022), Litigation Report – The Medical Director, Dr Crawford McGuffie, had met with the Litigation Manager and was satisfied that there was a robust process in place to support staff. Dr McGuffie would discuss the process with Ms McMurdo. Action complete.

All other actions had either been completed or a date had been scheduled for the discussion.

- 4.2 **HGC work plan 2022-23** – The Committee noted the work plan.

5. Annual Reports

- 5.1 **Safer Management of Controlled Drugs Annual Report 2021** - The Director of Pharmacy, Ms Roisin Kavanagh, presented the report to update on the work of the Controlled Drug Accountable Officer (CDAO) and associated CD team during 2021.

Committee members received assurance that the storage, prescribing and supply of CDs across all settings of use in NHSAA continued to be monitored and supported by the CDAO and the CD team. Reported incidents across all setting were reviewed on a monthly basis with any learning shared as appropriate.

Ms Kavanagh advised in response to a question from a Committee member that she would arrange for data to be provided on the number of community pharmacy incidents and those in a hospital setting. Mr Breen gave assurance, as Audit and Risk Committee (ARC) Chair, that ARC had discussed a report in this area and had in general been assured by the controls in place, with some improvement actions identified.

Committee members discussed and were reassured by the process in place and improvements being made to quickly return areas identified as unsatisfactory to good.

- 5.2 **Older People in Acute Hospital Steering Group Annual Report** – The Associate Nurse Director for Acute Services, Ms Julie Hannah, provided a summary of highlights of the continued improvement work within Acute Services and plans for the next 12 months.

Committee members were advised that the Group had continued to evolve following the review carried out last year and this had both clarified and renewed the Group's focus moving forward.

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Ms Hannah recognised that this had been a challenging time for staff. A number of the Group's activities had been suspended due to the COVID pandemic. However, both meetings and activity had resumed with streamlined reporting arrangements in place. The group had met on two occasions in this new format over the reporting period, with two smaller focus group meetings held to configure and agree the new structure. The report outlined future developments and areas of focus over the coming 12 month period.

5.3 Adult Support and Protection (ASP) Annual Report 2021-2022 – On behalf of the ASP Lead, the Chief Nurse for Public Protection, Ms Marina McLaughlin, provided a detailed report on ASP activities and achievements over the last year.

Ms McLaughlin highlighted the impact of ASP within NHSAA as well as partner agencies. There were a number of key national ASP documents which would influence the direction of travel for ASP-related activities, as detailed in the report. In addition, a joint ASP inspection programme had been progressing and an interim overview report was published in May 2022. Each Partnership had local improvement plans in place and specific actions were being progressed by NHSAA, as well as on a multi-agency basis.

Ms McLaughlin outlined planning work for Ayrshire Multi-Agency Risk Assessment Conference (MARAC) in preparation for the go live for referrals from 1 August 2022.

A Care Home ASP Advisor was appointed in January 2022 and this role was contributing significantly to partnership working in support of vulnerable care home residents and other key stakeholders.

Next steps included work to consider implementation of adult inter-agency referral discussion and support to improve professional attendance at referral discussions.

Ms McLaughlin highlighted national work to develop a NHS Public Protection Accountability and Assurance framework to cover all Protection Services, with the framework expected in August 2022.

5.4 Child Protection (CP) Annual Report 2021-2022 – The Chief Nurse for Public Protection, Ms Marina McLaughlin, presented the annual report.

Ms McLaughlin reiterated that NHSAA was moving towards a Public Protection Model, including CP, ASP and MARAC. This model would increase capacity, strengthen governance and help reduce risk and build resilience across the organisation.

Ms McLaughlin highlighted challenges related to the increased level and complexity of CP activity. The report set out the positive changes and improvements made to strengthen CP systems and processes both within NHSAA and in collaboration with multi-agency partners over the last year. All NHSAA CP guidance was also under review to

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reflect changes and align to national Guidance on Child Protection in Scotland published in 2021.

Ms McLaughlin advised that the number of Interagency Referral Discussions (IRD) had decreased and there had been an increase in the number of children discussed at IRD during the reporting period. The IRD process was being reviewed at both local and national level. Ms McLaughlin advised in response to a question from a Committee member that she would check the data provided on IRD referrals and re-issue the paper to Committee members.

MMcL

The CPHT had supported 3 Significant Case Reviews (SCR) and one Significant Adverse Event Review during the reporting period, with two SCRs concluded and identified improvement measures initiated in response to findings.

Ms McLaughlin highlighted that the Care Inspectorate had published a positive report following the joint inspection of services for children and young people at risk of harm in North Ayrshire.

- 5.5 **Gender Based Violence Annual Report** – The Health Improvement Officer, Ms Mhairi Strawhorn, provided the annual report to demonstrate the continued efforts to tackle violence against women and girls through implementation of the GBV Action Plan 2021-2026.

Ms Strawhorn acknowledged the strong commitment of many staff groups across the organisation to address GBV in spite of the difficulties faced during year due to the COVID-19 pandemic and staff being assigned to other roles.

Routine Enquiry (RE) remained a core part of staff roles and it was important to ensure that staff had the knowledge and skills to ask about abuse and support victims, and seek support themselves if needed. RE training had continued to be offered across priority settings using virtual platforms although attendance levels had been impacted by service pressures.

Ms Strawhorn outlined the key principles of the Safe & Together Model to keep children who had experienced domestic abuse safe and together with their non-abusive parent, supporting non-abusive parents' protective efforts and ensuring perpetrators were held accountable for their abuse. NHSAA Health Visiting teams had attended the initial training on the Safe & Together Model.

Ms Strawhorn reported that the Women's Health Plan was published in August 2021 with the aim to improve outcomes and health services for all women and girls in Scotland. The plan recognised the impact of domestic abuse and wider inequalities on a woman's health. There was a specific ambition to encourage NHS Boards to engage with the Equally Safe at Work employer accreditation programme.

The Committee discussed the report and acknowledged the significant progress made, including the opening of The Willows, the sexual assault response co-ordination service, on 7 June 2021. Committee

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members recognised the close connections between ASP, CP and GBV and the need for a cohesive, multi-agency approach, working together to support women.

- 5.6 **Duty of Candour (DOC) Annual Report** – On behalf of the Nurse Director, the Medical Director, Dr Crawford McGuffie, provided the annual report on DOC, prior to submission to Healthcare Improvement Scotland. The report had been discussed in detail at the Risk and Resilience Scrutiny and Assurance Group meeting on 22 July 2022.

Dr McGuffie reported that there had been an upward trend in confirmed instances where DOC legislation applied since 2019-2020.

Dr McGuffie suggested that this upward trend was partly due to increased reporting of acquired skin pressure ulcers, ongoing learning in terms of interpretation of how duty of candour legislation was being enacted and due to the COVID-19 pandemic, and resource limitations over the period.

Dr McGuffie highlighted ongoing national discussion around how DOC legislation was interpreted in relation to nosocomial deaths.

The Committee was assured that there was appropriate governance in place for the application of DOC and that where the legislation was applicable, robust reviews had taken place with appropriate action plans scrutinised by local Directorate Governance groups, with multidisciplinary attendees.

- 5.7 **Hospital Standardised Mortality Ratio (HSMR) Annual Report** – The Medical Director, Dr Crawford McGuffie, outlined the background to NHS Scotland's launch of HSMR in 2009. HSMR was a statistical model based on a coding system, adjusted to reflect a range of factors, used to drive improvement.

The Committee was advised that during 2021-2022, 82 case notes of patients who had died within NHSAA Acute Hospitals were fully reviewed by a multi-professional group, with the aim to identify quality of care and highlight any areas for improvement. The report outlined key themes highlighted from the review process and recommendations for improving patient care.

Dr McGuffie explained that while comparison of HSMR data at national level may be useful, it was mainly used to drive improvement at individual hospital level. Dr McGuffie advised in response to a question from a Committee member that a national learning network was established several years ago to share learning from HSMR across NHS Boards. However, the pandemic had had an impact on the network's activities.

- 5.8 **Libraries Annual Report** – The Chief Nurse, Excellence in Care, Ms Jen Pennycook, presented the annual report which was set out in the context of the COVID-19 pandemic and subsequent health and safety adaptations to the service.

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Ms Pennycook advised that as clinical services had remained under pressure during the year, this had continued to impact on library activity, particularly in relation to staff continuing professional development. Book loans had increased during the year but had not yet returned to pre-pandemic levels. Library Services were trying to work differently using electronic devices and interacting with people online via MS Teams. Following a number of staff changes due to retirement, new teams were in place and following new and innovative ways of working. Librarians were keen to support staff wellbeing, for example, quiet areas in libraries.

Future plans included a “one book one Board” book club for NHSAA. Focused work would take place next year on Managed Clinical Networks to support engagement and encourage participation. The Librarians were also playing a key role in taking forward work to develop a Nurse Directorate newsletter.

The Committee recognised and thanked the Library team for the important work they had done and innovative approaches adopted over the last two years in support of staff right across the organisation and looked forward to hearing more about the new areas of work planned. The Committee Chair suggested that the Committee should receive a mid-year progress update.

JW/JP

- 5.9 **Mental Welfare Commission (MWC) Annual Assurance Report –** The Associate Nurse Director and Lead Nurse for NAHSCP, Mr Darren Fullarton, presented the annual assurance report on MWC visits that had taken place over the last year. Mr Fullarton explained that MWC visit reports focused on four strategic priorities and five main areas of work, as described in the report.

Mr Fullarton advised that there were seven announced visits during the reporting period. The annual report provided a summary of outcomes, recommendations and actions being taken and areas of good practice. There had been overall positive feedback from MWC on the seven visits, with only two areas provided with recommendations, and action plans were in place to address improvements in these areas. Progress was being reported through clinical care governance frameworks within services, with the HSCP Clinical Care Governance Group having overall oversight.

Mr Fullarton explained in response to a question from a Committee member that visits to two private facilities were included in the report as they were located within the same geographical area and the Board had oversight of rehabilitation, in particular for restricted patients, and could link in to seek assurance in relation to work ongoing. However, responsibility for follow up on actions arising from visits sat within the private provider’s governance framework

Committee members welcomed and took assurance from these positive reports, and the complimentary feedback received as part of the review process and consultation with staff, patients and families, including on the positive interaction between staff and patients.

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- 5.10 **Patient Experience Annual Report** – The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the annual report. 2021-2022 had been a busy and challenging year which had seen an increase in complaint activity. The Complaint team was working very hard to support complainants as well as service colleagues in complaint handling due to ongoing clinical pressures. While performance had dropped slightly against some key performance indicators (KPIs), the Board had made some progress, for example, Scottish Public Services Ombudsman (SPSO) activity had reduced significantly this year, an excellent measure of complainant satisfaction with the Board's complaint handling process.

Ms Harvey advised that complaint response times had fallen due to challenges and pressures experienced over the last year. The timeframe for responding to some complex complaints had been extended to 40 working days due to the challenges faced, with complainants kept informed throughout. The report outlined improvement work planned to improve complaint handling performance.

There had been an increase in Care Opinion activity over the last year, with a significant improvement in response rates. Volunteer activity was flourishing and there were 124 active volunteers covering 10 roles, including a new Emergency Department volunteer. Committee members emphasised the important role of volunteers to the organisation.

Committee members acknowledged the impact that service pressures and challenges had had on complaint handling performance. While it was recognised that progress was required, Committee members commended the team for the significant improvements made to patient experience activity over the last few years.

- 5.11 **Patient Stories Annual Report** - The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the annual report. Six stories were presented to the Board over the last 12 months covering a range of subjects which were used for learning and improvement across a number of services.

Committee members underlined the importance of having a balanced approach between positive stories and those where things had not gone so well, to identify any learning and evidence improvements made. Ms Harvey explained that it had been felt important to focus on positive stories during the last year given the challenges faced and she advised that a mix of stories was now being used.

- 5.12 **Abdominal Aortic Aneurysm Annual Report** – The Director of Public Health, Mrs Lynne McNiven, presented the annual report.

Mrs McNiven advised that the programme was recovering well following suspension of all national population screening programmes during 2020 due to the COVID-19 pandemic. NHSAA had exceeded the essential threshold for the majority of KPIs for the local AAA Screening Programme, as well as the desirable threshold for the

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majority of indicators. The number of men that had been identified as AAA positive was similar to the Scottish average.

Mrs McNiven advised that while there was very good uptake of screening, the Board was keen to work with more deprived and vulnerable populations to increase access to screening, and the impact will be monitored closely over the next year and beyond. Efforts were being made to increase the number of screening appointments available to try to ensure that all men could be screened as soon as possible after reaching 65 years old.

Committee members discussed the report and were encouraged by the programme's recovery and the level of uptake for AAA screening. Mrs McNiven advised in response to a question from a Committee member that she will provide an assurance report at a future meeting on the improvement work being done to ensure consistent implementation of national guidance on quality assurance of AAA screening scans. **LMcN**

- 5.13 **Cervical Screening Annual Report** – The Director of Public Health, Mrs Lynne McNiven, highlighted the impact of the COVID-19 pandemic on service delivery and development, including a national pause to the programme in 2020.

Mrs McNiven advised that work was ongoing to increase screening uptake, engaging closely with Primary Care colleagues to offer screening in different settings and ensure that people could access services safely. This was particularly important for more deprived sectors of the population least likely to access this screening and who were most vulnerable and at risk.

The Committee was advised that in line with new testing arrangements, NHSAA's test samples were processed by NHS Greater Glasgow & Clyde. A number of incidents were being managed, including contribution to a comprehensive and resource intensive national audit of individuals who had been excluded from cervical screening, which should begin in Autumn 2022. This will require additional resources and a funding proposal to manage this work has been submitted to the Scottish Government. Mrs McNiven advised in response to a question from a Committee member that she envisaged that staff recruitment and audit work may take until around Summer 2023 to complete. Committee members asked to be kept updated on the progress of the audit. **LMcN**

- 5.14 **Diabetic Eye Screening Annual Report** – The Screening Improvement and Development Manager, Ms Diane Smith, presented the annual report.

Ms Smith highlighted the serious health challenges that diabetes presented for NHSAA, with an increasing number of people being diagnosed with diabetes, and a crude population prevalence of 6.9% in 2020.

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Ms Smith outlined the hybrid DES screening model in NHSAA. The DES programme had worked hard over the last 18 months to recover from the COVID-19 pandemic and ensure that all patients had access to screening. Work was ongoing to increase availability of DES screening in areas with lack of provision following a hybrid approach. The report set out future planned developments to further improve the programme.

The programme was performing well compared to other Board areas. There was currently no local or national KPI data available for 2021-2022 due to the change in the national IT system in 2020, with data expected to be available later in 2022. However, local work suggested that uptake was slightly higher than in 2019-2020 when KPI data was last reported. An update report would be provided once data was available.

DS/LMcN

Ms Smith highlighted national changes made since January 2021, including a revised, two-yearly, screening interval for lower risk patients and the introduction of Optical Coherence Tomography (OCT). The national DES software used for call/recall, Vector, was replaced with a system called Optimize on 1 June 2020 during the phase when the programme was paused due to the pandemic, the third national DES screening software system to be introduced in the last 15 years.

Ms Smith advised in response to a question from a Committee member that it was envisaged that OCT would initially only be provided in hospital due to the high cost of the equipment although the position would continue to be monitored in terms of community provision.

5.15 **Pregnancy and Newborn Screening (PNBS) Annual Report 2021-2022** – The Consultant in Public Health, Dr Ruth Mellor, presented the annual report.

Dr Mellor provided an overview of delivery of the six programmes that comprise the PNBS programme across NHSAA and performance against the new KPIs developed in 2019. There were 40 national KPIs related to PNBS screening. NHSAA met the essential or desirable criteria for 33 of these. Of the remaining seven, two could not be met due to the alternative process in place in NHSAA and the other five were being looked into.

Dr Mellor outlined the wide range of improvement activity taking place as part of the PNBS Programme.

Committee members were encouraged by the high compliance in meeting PNBS screening KPIs over the last couple of years, particularly given the challenges faced due to the COVID-19 pandemic, and commended staff involved for this achievement.

Dr Mellor explained in response to a question from a Committee member that the two KPIs highlighted related to screening for audiological assessment followed different internal processes, with one having a four week and the other a six week target. In his role as Head of Audiology, Mr Carragher explained the benefits of undertaking

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diagnostic testing at six weeks rather than four weeks, although this did not fit with the current KPI. Workforce challenges also made this difficult and work was taking place to try to move closer to the four week target. The Committee requested that specific details be provided in the next report to outline the reasons should these targets not be met.

RM/LMcN

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

6. Patient Experience

6.1 Patient Experience – Complainant Satisfaction 2021-2022 report

The QI Lead for Patient Experience, Ms Laura Harvey, presented the annual report. The Complaint Handling Process Model set out nine KPIs that all Boards should meet. An important KPI related to measuring the satisfaction of people submitting a complaint.

Ms Harvey advised that during the reporting period, 110 complainants were contacted by telephone to answer a short questionnaire on their experience of submitting a complaint. Feedback was mainly positive but there was a slight drop in complainant satisfaction. As previously reported to the Committee, there had been an increase in overall complaint activity and a drop in complaint handling performance. The Complaints Team was supporting clinical teams in responding to complainants due to service pressures.

Ms Harvey reassured that despite the challenges faced, there were positive improvements being made, for example, improving the information provided to complainants whose complaint related to waiting times. An SPSO advisor had provided coaching for over 100 staff from a range of professions on how to handle difficult complaints. Feedback had been positive and more courses were planned.

Committee members acknowledged and commended the Patient Experience team for their enthusiasm and hard work to transform the quality of the Board's complaint handling response.

Outcome: Committee members discussed and noted the Complainant Satisfaction Annual Report 2021-2022.

7. Patient Safety

7.1 Healthcare Associated Infection (HCAI) report

The Interim Associate Nurse Director, Infection Prevention and Control, Ms Sharon Leitch, presented the report on the position against the national HCAI standards and indicators.

Ms Leitch advised that it was recognised nationally that the original targets to reduce HCA related to Clostridium difficile Infection (CDI), Staphylococcus aureus Bacteraemia (SAB) and Escherichia coli

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Bacteraemia (ECB) for the year ending March 2022 would not be met and these targets had been extended for a further year to March 2023.

Ms Leitch highlighted the work currently being carried out by the Antimicrobial Management Group (AMT) to improve prescribing, in particular for cephalosporin. It was anticipated that this work should have a positive impact on the Board's HCA CDI rates in the future.

The Committee discussed the extension of the HCA targets up to March 2023 and sought assurance that these were realistic and achievable. Ms Leitch advised that the COVID-19 pandemic and outbreak management continued to have a significant impact on the Infection Prevention and Control Team's (IPCT) activity and planned programme. Discussion was ongoing at national level, as other Boards were experiencing similar resource issues due to the specialist nature of IPCT activity.

Committee members agreed that there was a need for a consistent message nationally in relation to HCAI targets and whether these could be achieved. The Committee emphasised the importance of identifying any learning and improvement from other Boards that could be taken on board locally. Dr McGuffie will raise the issue at a national Medical Directors' meeting and report back to the Committee.

CMcG

Committee members suggested that consideration could be given to progress in relation to the improvement agenda across the Board's performance governance systems. The Committee Chair suggested that the discussion could take place at a future Performance Governance Committee meeting.

Outcome: The Committee discussed the Board's current performance against the national HCAI standards. The Medical Director, Dr Crawford McGuffie, will raise achievability of HCAI targets at a national Medical Directors' meeting and report back to the Committee.

Committee members recognised and commended the IPCT team for the significant work being done, particularly in response to the difficult challenges of the COVID-19 pandemic.

8. Quality Improvement

8.1 Child P Significant Case Review update

The Committee noted the update on progress against the review's actions.

8.2 Healthcare Improvement Scotland (HIS) visit to University Hospital Crosshouse (UHC), April 2021

The Associate Nurse Director, Acute Services, Ms Julie Hannah, provided an update on progress against the improvement action plan

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following the unannounced HIS visit to UHC in April 2021 and sought approval for closure of the action plan. Unfortunately there had been a delay in bringing the action plan closure report to the Committee due to re-prioritisation of resources and whole system COVID-19 pressures. The improvement action plan was reviewed by the Acute Services Governance Group on 8 July 2022.

Ms Hannah advised that given the impact of COVID-19, the inspections to acute hospitals were COVID-19 focused with adapted methodology, inspected against four existing HAI standards, as outlined in the report. The inspection report and NHSAA's improvement action plan were published by HIS in May 2021, with a further update to the action plan provided 18 weeks post-inspection. Following this, additional work was undertaken to close any remaining outstanding actions. The inspectors had noted several areas of good practice during their inspection as well as six areas for improvement, as detailed in the improvement action plan.

Committee members were advised that since the visit in April 2021, there had been a further visit to UHC in May 2022 to focus on safe delivery of care. The improvement action plan from the visit would be presented at a future Committee meeting.

JE/JH

Outcome: Committee members discussed the report and approved closure of the action plan. Committee members looked forward to receiving the report following the HIS visit to UHC in May 2022.

8.3 Acute Services Governance Structure

The Associate Nurse Director, Acute Services, Ms Julie Hannah, presented the Acute Services governance structure which had been redesigned to meet the requirements for single system working and post-COVID reform. The proposed structure had been discussed at the Acute Services Clinical Governance Group (ASCGG) meeting on 21 April 2022.

Ms Hannah advised that the new structure will provide sub group minutes and reports by exception when required to the ASCGG, in line with the NHS QIS Clinical Governance and Risk Management Standards. The ASCGG will have planned dates throughout 2022 and an agreed Rolling Programme, Terms of Reference and template for reporting. Sub groups will report to the ASCGG, which will meet every eight weeks, with additional Group meetings convened as required. The ASCGG will carry out a review of its effectiveness, role, function and membership in six months.

Outcome: Committee members noted the revised Acute Services Governance Structure.

8.4 Learning from the Independent Review of the Queen Elizabeth University Hospital (QEUH)

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The Assistant Director, Programmes, Mr Fraser Bell, presented a report demonstrating the current NHSAA position against the recommendations included in DL (2021) 25 – Recommendations from the Independent Review of the Queen Elizabeth University Hospital.

Mr Bell outlined the background to the Independent Review (“the review”) commissioned by the then Cabinet Secretary for Health and Sport, following the death of three patients at the QEUH between December 2018 and February 2019. The Scottish Government had issued a letter in August 2021 to remind Boards that they had responsibility to discharge and implement the recommendations contained within the review.

Within NHSAA, the Nurse Director convened a short life working group, with representation from Estates, Capital Planning and the IPCT to consider the recommendations from the review, conduct a benchmarking exercise, and implement any improvement actions that were identified. A report was prepared by Infrastructure and Support Services and presented to the Corporate Management Team in December 2020 to outline the primary impact on capital programmes for major builds. The report set out arrangements for scrutiny and governance around capital investment and built infrastructure within NHSAA. This would include approval of derogations where it was proposed through necessity or practicability to deviate from published guidance or technical specifications.

In addition, following publication of the review, a new central review body called NHS Assure was established to carry out review of projects as part of the Business Case approval process for the Scottish Government.

Committee members discussed the report and were reassured by the robust approach being adopted and the arrangements in place at local and national level to ensure that Boards are learning from previous experience and any issues highlighted, particularly in taking forward outputs from Caring for Ayrshire and any future new builds.

Outcome: Committee members discussed the report on the Board’s current position against the recommendations included in DL (2021) 25.

8.5 Ockenden Assurance Report

The Associate Nurse Director, and Head of Maternity, Women and Children’s Services, Ms Attica Wheeler, presented a report on the benchmarking of local Maternity Services against the Ockenden report and progress against the various actions. In March 2022, the final Ockenden report was published which superseded the initial report.

Ms Wheeler highlighted that considerable improvement activity and significant progress had been made following the HIS review of NHSAA Maternity Services in 2017.

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Committee members were advised that NHSAA had benchmarked itself against 81 recommendations, the Board was fully compliant in 72 areas, with the remaining nine cases partly met and in progress.

Committee members discussed the report and were reassured by the positive approach taken in benchmarking against the initial and final Ockenden report, as well as progress made against the recommendations.

Outcome: Committee members discussed the report benchmarking local Maternity Services and took assurance from progress against the various actions

9. Risk

9.1 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 points be reported to the NHS Board meeting on 15 August 2022:

- To note the suite of annual reports received and progress made.
- To acknowledge the overall positive feedback following MWC visits during the year.
- To note benchmarking activity undertaken related to the QEUH and Ockenden reports and the Board's exemplar response to these external reports.

11. Any Other Competent Business

11.1 There was no other business.

12. Date and Time of Next Meeting

Monday 12 September 2022 at 9.30am, MS Teams – update meeting cancelled and re-arranged with limited agenda on 20 September and 22 September 2022

Signed (Chair) Date