

**Healthcare Governance Committee**  
**Monday 29 July 2024 at 9.30am**  
**Room 1, Eglinton House, Ailsa Hospital, Ayr**

Present: Non-Executives:  
Mrs Joyce White (interim Chair)  
Dr Tom Hopkins  
Mr Neil McAleese

Board Advisor/Ex-Officio:  
Ms Linda Semple, interim Board Chair  
Ms Claire Burden, Chief Executive  
Dr Crawford McGuffie, Medical Director  
Ms Jennifer Wilson, Nurse Director

In attendance: Ms Sally Amor, Consultant in Public Health item 5.5  
Ms Toni Catt, Library and Knowledge Services Manager item 5.11  
Ms Tracey Cooper, interim Director, Infection Prevention and Control items 5.7, 5.8 and 6.1  
Mr Darren Fullarton, Associate Nurse Director and Lead Nurse, North Ayrshire Health and Social Care Partnership item 5.10  
Ms Danielle Gilmour, Lead Clinical Trials Nurse item 5.17  
Ms Laura Harvey, Quality Improvement Lead, Patient Experience items 5.13 to 5.15  
Ms Jincy Jerry, Director, Infection Prevention and Control  
Ms Geraldine Jordan, Director of Clinical and Care Governance  
Ms Roisin Kavanagh, Director of Pharmacy items 5.2 and 5.3  
Ms Theresa Lyttle, Associate Nurse Director, Public Protection item 5.16  
Dr Alistair Meikle, Consultant in Intensive Care/Anaesthesia item 5.11  
Ms Karen McCormick, Chief Nurse, Nurse Directorate items 5.1, 5.12 and 6.2  
Mr Alistair Reid, Director for Allied Health Professions item 5.4  
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Welcome and apologies for absence**

1.1 Committee members welcomed the new interim Committee Chair, Mrs Joyce White.

The agenda was re-ordered slightly to allow colleagues attending to present their papers together.

**1.2 Apologies for absence**

Apologies were noted from Cllr Marie Burns, Mrs Jean Ford, Mrs Lynne McNiven and Ms Ruth McMurdo.

**2. Declaration of Interests**

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- 2.1 The interim Board Chair, Ms Linda Semple, declared an interest in relation to item 5.20, Unplanned Activity Annual Report, as a Non-Executive member of the Golden Jubilee University National Hospital.

### **3. Draft Minute of the Meeting held on 3 June 2024**

- 3.1 The Minute of the meeting held on 3 June 2024 was approved as an accurate record of the discussion, subject to some minor changes being made.

### **4. Matters arising**

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

- 4.2 The Committee noted the draft workplan for 2024-2025.

#### **4.3 Patient Experience – Complaints update report**

Committee members received a detailed update as requested at the last meeting, on current complaint performance, including narrative related to out of time complaints over 40 working days within Acute services and the Health and Social Care Partnerships (HSCPs), with improvement trajectories. Members received assurance that the team was focused and working hard to reduce the backlog of complaints, with plans in place to enable closure of out of time complaints.

The Nurse Director, Ms Jennifer Wilson, gave further assurance that she had commissioned the Director of Clinical and Care Governance to undertake a review of the entire complaints process to identify opportunities for improvement. An improvement plan would be developed to include all complaint activity within Acute and the HSCPs, and this would be presented at a future Committee meeting.

### **5. Annual Assurance Reports**

- 5.1 **Acute Services Clinical Governance (ASCG) Annual Report -** Members noted the assurance report and progress made.

Members discussed the focused improvement work taking place, for example in relation to Pressure Ulcer (PU) prevention, as well as areas of challenge.

Committee members noted the challenges in being able to release the acute workforce for training and professional development due to service pressures. Members were advised that work continued as part of the requirements of the Health and Care (Staffing) (Scotland) Act (HCSA) legislation to understand what protected learning time is required for the workforce to address this.

The Director of Clinical and Care Governance, Ms Geraldine Jordan, advised in reply to a query from a member that she would ask the team to review the risk information provided in Appendix 2 of the

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report to ensure a consistent approach in relation to current and target risk scoring, likelihood and consequence. An update would be circulated to members following the meeting.

In response to a question from a member, Ms Jordan advised that the SCG group's terms of reference and membership were being reviewed to ensure they clearly reflected core members and those co-opted on to the group. **GJ**

### 5.2 **Controlled Drug Accountable Officer (CDAO) Annual Report –** Members noted the assurance report and progress made.

In response to a question from a member, Ms Kavanagh advised that national benchmarking data was not currently provided for controlled drug incidents. However, there was potential for some benchmarking data to be provided through the CDAO network and she would consider this for a future report to the Committee.

Ms Kavanagh advised in reply to a query from a member that Healthcare Improvement Scotland (HIS) asked Boards to complete a self-assessment about how CDs are managed. HIS was aware and content that the CDAO report was provided to the Board's Healthcare Governance Committee for assurance.

### 5.3 **Area Drug and Therapeutics Committee (ADTC) Annual Report -** Members noted the assurance report and progress made.

Members discussed the importance of engaging with the public regarding value-based health and care in relation to medicines and prescribing. Work is ongoing through the Board's Engagement Team to get a patient representative on the ADTC to promote engagement with service users and the public. A public consultation was ongoing about medicines of low clinical value and if changes are brought in, engagement would need to take place with patients.

Ms Kavanagh advised in reply to a query from a member that she would circulate information about NHSAA's antidepressant prescribing and how this compares to the rest of Scotland. **RK**

### 5.4 **Area Nutrition Steering Group Annual Report -** Members noted the assurance report and progress made.

The Director of AHPs, Mr Alistair Reid, advised in reply to a query from a member that the team had previously carried out surveys to get patient feedback on the food experience in hospital. Members suggested that engagement could take place with young people to seek their feedback on hospital food, perhaps working in partnership with the Health and Social Care Partnerships, educational establishments and local government.

### 5.5 **Gender Based Violence Annual Report -** Members noted the assurance report and progress made.

Members acknowledged the important prevention activity being

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progressed locally through the NHS GBV action plan 2021-2026, linked to national work, including the Multi-Agency Risk Assessment Conference (MARAC) approach, Child Protection and Routine Enquiry. Members looked forward to receiving future updates on this work.

- 5.6 **Hospital Standardised Mortality Ratio Annual Report** – Members noted the assurance report and positive progress made since the HSMR process began.

The Medical Director, Dr Crawford McGuffie, provided clarification in relation to service areas that were excluded from the HSMR process.

Members underlined the need to work together with the Health and Social Care Partnerships around end of life conversations taking place in community settings.

- 5.7 **Infection Prevention and Control Team Annual Report** – Members noted the assurance report, progress made and future plans.

- 5.8 **Prevention and Control of Infection Committee Annual Report** – Members noted the assurance report, progress made and future plans.

The Chief Executive, Ms Claire Burden, recognised the significant work being done by the team. Committee members thanked the interim Director of Infection Prevention and Control, Ms Tracey Cooper, for her contribution and improvements made during her time as interim Director.

- 5.9 **Library and Knowledge Services Annual Report** – Members noted the assurance report and were encouraged by the range of work being done by the team. The interim Board Chair, Ms Linda Semple, encouraged Non-Executive colleagues to use the Library resources.

- 5.10 **Mental Welfare Commission Annual Assurance Report** – Members noted the assurance report and progress made.

Members received an update on MWC visits, including eight announced visits and one unannounced visit. Members noted the collaborative approach adopted by MWC in undertaking these visits and the positive feedback received, as well as recommendations made and improvement actions being taken forward.

The Nurse Director, Ms Jennifer Wilson, highlighted that as part of work related to the new Mental Health Nursing Workforce Strategy, there was a need to plan Nursing, Midwifery and Allied Health Professions (NMAHP) workforce and build in AHP capacity. Ms Wilson would discuss this further with the Director of AHPs and AHP Lead for North Ayrshire Health and Social Care Partnership outwith the meeting.

- 5.11 **Organ Donation Annual Report** – Members noted the assurance report and the positive action and promotional work taking place to

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encourage organ donation.

### 5.12 **Older People in Acute Hospital Standards six monthly update report**

Committee members received a six monthly update on the work of the Older People in Acute Hospital (OPAH) Steering Group as requested, specifically the progress in reviewing the OPAH Standards.

The Nurse Director, Ms Jennifer Wilson, advised that HIS was preparing to review OPAH Standards. She suggested that future reports should include detailed progress updates broken down to hospital level, with target completion timescales, to demonstrate how the Standards are being applied and improvements made.

The Chief Nurse, Ms Karen McCormick, advised in reply to a query from a member that for Standard 15, Patient pathway and flow, 15.2, while arrangements were in place and work was ongoing in Acute to get to the right place, delays continued. She would consider if the completion status for this criteria should be changed. In reply to a question from a member, Ms Wilson would consider if more narrative should be provided for Standard 15.4, related to adherence to patient transfer policies, particularly during periods of pressure. Ms Wilson would provide a short assurance update on this area under matters arising at the next meeting.

JW

Committee members noted the update and looked forward to receiving a further report in six months' time, including detailed information for each hospital site.

### 5.13 **Patient Experience Annual Report** - Members noted the annual report for onward submission to the NHS Board.

Members were encouraged by the work being done to attract volunteers who were being mobilised across NHS Ayrshire & Arran.

### 5.14 **Patient Experience - Complainant Satisfaction Annual Report** – Members noted the annual report and progress made.

### 5.15 **Healthcare Stories Annual Report** - Members noted the annual report and progress made. The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, advised that should a patient story involve care provided outwith NHS Ayrshire & Arran, the story would have to be approved by the NHS Board providing the service.

### 5.16 **Public Protection Annual Report** – Members noted the annual report and progress made.

The Associate Director, Public Protection, Ms Theresa Lyttle, advised in reply to a query from a member that staff who required to undertake level 3 Child Protection (CP) training for their role would now be offered online or face-to-face training as part of their

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induction. For Adult Support and Protection (ASP), the team would launch level 3 ASP training later this year. Ms Lyttle reassured members that uptake of mandatory CP and ASP training was a key area of focus and this would be monitored and reported through future service reports. She advised in reply to a query from a member that the impact of the adoption of the UN Convention on the Rights of the Child would be incorporated into level 3 CP training.

The interim Chair, Mrs Joyce White, highlighted the significantly reduced number of Interagency Referral Discussions (IRDs) taking place in South Ayrshire HSCP compared to the other two HSCPs. She advised that discussion would take place at the Chief Officers' Group to consider the reasons for this.

### **5.17 Research, Development and Innovation Annual Report - Members noted the assurance report, achievements and ongoing challenges.**

The Medical Director, Dr Crawford McGuffie, highlighted that there had been challenges to support RDI activity due to fiscal, system and workforce pressures. The RDI Committee's focus was to ensure research and innovation activity supports remobilisation activity, the Caring for Ayrshire programme and the innovation focus aligned with West of Scotland priorities.

Members were advised that a new RDI strategy was developed during the year. Temporary research/innovation space had been secured. There had been a change of leadership in the team, with a new Head of RDI having just taken up post.

The Nurse Director, Ms Jennifer Wilson, added that the Nursing, Midwifery and Allied Health Professions strategy had a focus on promoting research and development activity to deliver strategic goals and she looked forward to developing this work further with the RDI team.

### **5.18 Duty of Candour Annual Report - Members noted the assurance report and progress made.**

Members supported the proposal for an addendum to the report to be submitted to the Committee at the meeting on 4 November 2024 to update on the areas where the Duty of Candour process had not been fully completed.

**GJ**

### **5.19 Risk Management Annual Report – Members noted the assurance report and progress made.**

The Head of Clinical Care and Governance, Ms Geraldine Jordan, highlighted that under current arrangements significant adverse event reviews (SAERs) should be completed within 90 days of being commissioned. The Board was working with the national team to develop guidance to deliver a more pragmatic approach. Committee members welcomed this work given the complexity of some of these cases and the need to deliver quality reporting.

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Ms Jordan advised in reply to a query from a member that she would ask the team to review SAER data for North Ayrshire HSCP to identify the reasons for the significantly higher number of SAERs compared to East and South Ayrshire HSCP.

Ms Jordan advised that the Board's risk management process was currently undergoing an internal audit. The Chief Executive, Ms Claire Burden, welcomed the internal audit process taking place. She thanked the Risk team for the work being done to ensure that effective controls and measures are put in place, recognising the Risk team's important role in relation to the Acute and Mental Health recovery plan.

- 5.20 **UNPAC Annual Report** - Members noted the assurance report and progress made. Committee members discussed the position should a patient's treatment mainstream from UNPAC activity to planned care and how this would be reflected in budgets. Mrs White would discuss in more detail with the Medical Director outwith the meeting and circulate an update to members.

**JW/CMcG**

## 6. Patient Safety

### 6.1 Healthcare Associated Infection (HCAI) report

The interim Director of Infection Prevention and Control, Ms Tracey Cooper, presented the current position up to 31 March 2024 against the national HCAI Standards for infection reductions in *Clostridioides difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB) .

Ms Cooper advised that the Board did not meet the key targets for 2023/24. There had been a decrease in CDI cases compared to last year. SAB cases had remained at a similar level to last year. There had been an increase in healthcare associated ECB cases compared to last year. As previously reported, the ECB improvement group was taking forward focused work to improve the position.

Members also received a summary of outbreaks up to June 2024 and key learning and improvement actions being taken in response to improve patient care. Ms Cooper highlighted respiratory outbreak activity. The Board had dealt with 25 COVID outbreaks in quarter one of 2024/25 which presented operational challenges. The report also provided details of non-respiratory outbreaks. Key learning from outbreaks was detailed in the report.

Ms Wilson advised in reply to a query from a member that staff are no longer required to test for COVID. However, should staff feel unwell with a respiratory infection they should stay off work. She explained that following an outbreak in a ward and due to concerns for the patient group, staff testing had taken place. For ongoing due diligence, testing had continued beyond the outbreak for this particular ward.

Ms Wilson reiterated thanks to Ms Tracey Cooper for the leadership

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she had provided during her time as interim Director. The Committee welcomed the new Director of Infection Prevention and Control, Ms Jincy Jerry.

**Outcome: Committee members noted current performance against the national HCAI Standards, as well as incidents and outbreaks dealt with up to June 2024 and learning and action being taken.**

### 6.2 Quality and Safety report – Acute services

Ms Karen McCormick, Chief Nurse, Nurse Directorate, provided an update on quality and safety activity in Acute services through the Scottish Patient Safety Programme and Excellence in Care programme. Members received a detailed update on performance against the following key measures:

- Falls
- Falls with harm
- Pressure Ulcers (PU)
- Cardiac Arrest
- Food, Fluid and Nutrition

Committee members received assurance that quality and safety remains a priority in the midst of the complex challenges and pressures facing the organisation.

Ms McCormick advised in reply to a query from a member that while there was variation in PU levels across sites, following investigation of cases there were no specific causes identified.

The Director of Clinical and Care Governance, Ms Geraldine Jordan, added that deep dive work was ongoing and an Acute workshop would take place in August 2024 involving key stakeholders to better understand PU data. Ms Jordan explained that patients could have complex health needs and frailty, and it was not always possible to avoid PU cases. She was working with the team to identify opportunities to improve the position, including through staff education and training, however, as previously stated, this was a complex area.

The interim Board Chair, Ms Linda Semple, highlighted that this topic has been discussed regularly at Committee meetings. While national PU data reporting had been stepped down, the Board had continued to collect PU data, as this was seen as a sentinel measure of patient care.

The Nurse Director, Ms Jennifer Wilson, advised in reply to a query from a member that she recognised system pressures could impact on patients before admission to hospital, for example, in awaiting ambulance pick-up. Ms Wilson reiterated that some PU cases were unavoidable due to frail people and those at end of life. She advised that the Board had invested in a PU Improvement Nurse who would be invited to attend the Committee meeting on 4 November 2024 to

JW



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describe the PU prevention work being done.

**Outcome:** Committee members noted the assurance report on quality and safety activity in Acute services as part of the Scottish Patient Safety Programme and Excellence in Care programme of work.

### 7. Risk

#### 7.1 Adverse Events – Emergency Department

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an update on a review undertaken in relation to the agreed level of review for escalated adverse events within the Emergency Department at University Hospital Crosshouse (UHC) covering the period 1 April 2022 to 31 March 2024.

Ms Jordan advised that the review assessed whether there was significant variation between the suggested level of review made by service and the agreed level of review by the Adverse Event Review Group (AERG).

Ms Jordan advised that the Adverse Event Review Group (AERG) was a multidisciplinary group and there was a robust process in place to support decision-making around SAERs. Should teams have concerns about the level of review agreed, they could ask the AERG to look at this again.

Committee members received assurance that following analysis of the 48 Adverse Event Decision Making SBAR reports (AE SBAR), for the majority of events, the suggested level of review was consistent with the agreed level of review. 85% of AE SBARs reviewed had the same final level of review as was suggested by the service. Of the 15% where the level of review differed, it was noted that two reviews potentially may have been reviewed at a higher level.

The Nurse Director and Medical Director would discuss the outcome of the review with the Acute AERG and provide feedback to the ED team.

**Outcome:** Committee members noted and took assurance from the results of the review.

#### 7.2 Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group

There were no issues to report to RARSAG.

### 8. Points to feed back to NHS Board

8.1 Committee members agreed that the following points be raised at the NHS Board meeting on 12 August 2024:

- Annual reports – suite of annual reports received.

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- Quality and Safety report, Acute services – focused pressure ulcer improvement work ongoing, as well as areas of challenge.
- Area Drug and Therapeutics Committee (ADTC) annual report – importance of engagement with public regarding value-based health and care in relation to medicines and prescribing. To note work ongoing to get patient representative on ADTC.
- Area Nutrition Steering Group annual report – To note good work being done. Suggestion for future involvement of young people to seek their feedback on hospital food.
- Hospital Standardised Mortality Ratio (HSMR) annual report – to note the positive progress made by Board since HSMR process began. To highlight the need to work together with HSCPs around end of life conversations taking place.
- Mental Welfare Commission (MWC) annual assurance report - to note MWC visits over last year, collaborative approach adopted and positive feedback received, as well as recommendations made and improvement actions being taken forward.
- Patient Experience annual report – positive progress in mobilising volunteers across the organisation.
- Organ Donation annual report – positive action and promotion work taking place to encourage organ donation.
- Duty of Candour (DoC) annual report – Committee to receive an addendum to update on areas where DoC process has not been fully completed.
- To note quality of reporting being provided on areas where the Board is performing well, as well as focused improvement work ongoing as a result of learning identified, demonstrating Board's proactive improvement approach.

### **9. Any Other Competent Business**

9.1 There was no other business.

### **10. Date and Time of Next Meeting Monday 9 September 2024 at 9.30am, MS Teams**

Signed by the interim Chair, Mrs Joyce White

Date: 9 September 2024