**Approved by Committee on 29 July 2024**

# Healthcare Governance Committee
## Monday 3 June 2024 at 9.30am
## MS Teams meeting

Present:

Non-Executives:
Ms Linda Semple (Chair)
Cllr Marie Burns
Mrs Jean Ford
Dr Tom Hopkins
Mr Neil McAleese

Board Advisor/Ex-Officio:
Ms Claire Burden, Chief Executive
Ms Geraldine Jordan, Director of Clinical Care Governance
Dr Crawford McGuffie, Medical Director
Ms Ruth McMurdo, Deputy Nurse Director
Mrs Lynne McNiven, Director of Public Health
Mr Alistair Reid, Director of AHPs
Ms Jennifer Wilson, Nurse Director

In attendance:
Mrs Vicki Campbell, Head of Primary and Urgent Care item 6.4
Ms Tracey Cooper, Interim Director of Infection Prevention and Control items 6.1 and 6.2
Ms Laura Harvey, QI Lead, Patient Experience items 5.1 and 5.2
Ms Jennifer Reid, Senior Programme Manager, Vaccination, Public Health item 9.1
Ms Attica Wheeler, Associate Nurse Director, Head of Midwifery, Women and Children's Services item 6.3
Mrs Angela O'Mahony, Committee Secretary (minutes)

**1. Apologies for absence**

1.1 Apologies were noted from Mrs Lesley Bowie.

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

2.1 There were no conflicts of interest declared.

**3. Draft Minute of the Meeting held on 22 April 2024**

3.1 The Minute of the meeting held on 22 April 2024 was approved as an accurate record of the discussion.

**4. Matters arising**

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

- **Item 7.5, National Cervical audit** – update added to work plan for September 2024.

- **Health and Care Governance Framework** – SAHSCP governance framework not yet available.

4.2 The Committee noted the draft HGC work plan for 2024/25.

## 5. Patient Experience

### 5.1 Patient Experience quarter 4 report

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, provided the Patient Experience quarter 4 report and compliance with the complaint handling process.

Ms Harvey advised that complaints received in quarter 4 were similar to previous quarters. Stage 1 complaint handling performance had been maintained, with over 88% of complaints closed within the target timeframe.

Stage 2 performance had dropped from 78% to 54% at the end of quarter 4. While this was disappointing given the progress made during the recent recovery project, the team was working closely with service colleagues to reduce delays and improve complaint handling performance. A number of actions had been agreed, such as identifying other team members to support drafting responses, including the QI Lead.

Ms Harvey advised that a deep dive had recently been carried out to look at the full position in relation to complaints received in the last 12 months, including complaints paused or closed. She explained that due to the way that the system extracted data, for a small number of complaints this had been taken from the re-opening date rather than the original opening date and previous reports had not reflected the true number of out of time complaints. For the majority of these complaints, the delays encountered were out with the Complaints team's control. Ms Harvey reassured Members that priority would be given to making contact with complainants and responding to out of time complaints.

Committee members were advised that complaint outcomes were largely unchanged. Whilst there had been a slight drop in the number of Scottish Public Services Ombudsman (SPSO) referrals and investigations remained low, the SPSO was experiencing significant delays and it was possible that the position may change in the future.

Complaint themes were unchanged from the previous quarter. The majority of feedback came from Care Opinion (CO) and inpatient surveys. There were 150 stories told using CO, which were viewed 15,981 times. 91% of these posts could be considered as mildly critical to positive.

Committee members discussed the report and were encouraged by the relatively high level of complainant satisfaction. Members commended the Complaints team for improvements made to the complaint handling process in recent years.

Ms Harvey advised in reply to a query from a member that there were a small number of out of time complaints over 100 days and these had now been responded to. Members requested an accurate complaints position be circulated to the Committee. **GJ**

Members were informed that following SPSO advice, the planned target for responding to complex complaints was now 40 working days and this would be noted in future reports.

**Outcome: Committee members noted organisational activity in relation to patient, carer and family feedback and complaints in quarter 4. Members noted compliance with the complaint handling process.**

5.2 **Scottish Public Services Ombudsman (SPSO) closure and assurance report**

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the SPSO closure and assurance report.

Ms Harvey provided a summary of SPSO cases that were partially or fully upheld that met SPSO criteria for closure following submission of supporting narrative and evidence between April 2023 and March 2024, with accompanying completed action plan.

Members were advised that over the last 12 months, there had been significant delays experienced in awaiting feedback from the Ombudsman due to their workload.

Since April 2023, five cases had been investigated and a final decision letter issued. All five of these cases related to University Hospital Crosshouse, with three cases involving Surgical Services, one case involving Emergency Care and one case involving Imaging. All five cases had upheld aspects and themes identified were as set out in the report. Four of these cases also upheld decisions related to the handling of the patient's complaint. Ms Harvey assured members that learning had been shared with all staff directly involved and a number of improvements made as a result of these cases.

Committee members discussed the SPSO cases presented for closure and noted the linkages with issues, such as length of hospital stay and food fluid and nutrition, which were regularly discussed at Committee meetings, and quality improvement work being taken forward in these areas.

**Outcome: Committee members noted the SPSO closure report and annual assurance report summarising all referrals to SPSO that were partially or fully upheld in 2023/24.**

**6. Patient Safety**

6.1 **Healthcare Associated Infection (HCAI) report**

The interim Director of Infection Prevention and Control, Ms Tracey Cooper, presented the HCAI summary report.

Ms Cooper advised that the Board's current verified position in relation to HCAI Standards was discussed in detail at the last Committee meeting and the position remained unchanged. Nationally verified data for quarter 4 was due for release in July 2024 and would be reported at a future meeting.

Committee members received a detailed update on outbreaks. For respiratory outbreaks, there had been a reduction in the number of COVID-19 outbreaks in quarter 4. The report provided details of key learning identified as a result of non-respiratory outbreaks. Ms Cooper advised that a considerable number of these outbreaks related to environmental organisms and she highlighted some of the actions being taken and learning identified.

In response to a question from a member, Ms Cooper gave assurance that while domestic services were doing a good job in cleaning the environment, there could be issues due to ageing equipment being used. Facilities had set up a cross-site group to look at cleaning equipment and shared learning and improvement, for example, replacement of cleaning buckets. The Nurse Director, Ms Jennifer Wilson, confirmed in reply to a question from a member that leaking roofs had now been fixed and a clear process was in place for the Estates team to empty buckets in the event of future roof leaks to avoid contamination risk.

Committee members requested a detailed update on improvement actions following outbreaks related to environmental organisms. Ms Wilson would consider future reporting in relation to these outbreaks and report back to the Committee.

Ms Cooper provided a summary of Healthcare Infection Incident Assessment Tool (HIIAT) outbreaks or incidents. There were three incidents rated as Red at some point during the management of the incident. The most common reason for an outbreak being reported as a Red HIIAT involved a patient death associated with the outbreak where the infection was a possible contributory factor recorded on the death certificate.

Ms Cooper advised in reply to a query from a member that she would consider how data was presented in relation to HCAI Standards out with the meeting to ensure a consistent approach.

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

6.2 **Infection Prevention and Control Team (IPCT) work programme**

The interim Director of Infection Prevention and Control, Ms Tracey

Cooper, presented the IPC annual improvement plan summary 2024/25 and IPCT interim annual planned work programme 2024/25.

Ms Cooper set out the new approach which aligned with the evolving assurance approach being adopted by the Prevention and Control of Infection Committee (PCOIC), taking a wider view of improvement actions across the Board, most notably via the development of Directorate reports to the PCOIC. In line with this new approach, the report provided a short organisation-level IPC annual improvement plan summary setting out key intent, focus and some specific organisational objectives around IPCT. PCOIC would scrutinise progress of the improvement plan and a summary would be provided in next year's annual report.

The Committee Chair, Ms Linda Semple, advised that the new Director of Infection Prevention and Control would take up post in July 2024. Ms Semple thanked Ms Cooper for her service to the Committee.

**Outcome: Committee members noted the IPC annual improvement plan summary 2024/25 and IPCT interim annual planned work programme 2024/25.**

**Committee members requested an interim report on progress with the improvement plan at the Committee meeting on 4 November 2024, as well as an assurance update in each HCAI report going forward.**

6.3 **Quality and Safety report – Maternity services**

The Nurse Director, Ms Jennifer Wilson, provided an overview of progress in relation to the core Scottish Patient Safety Programme (SPSP) measures and Excellence in Care (EiC) measures which apply to Maternity services.

**Reduce stillbirth rates** – NHSAA continued to demonstrate sustained improvement against the national stillbirth rate. However, since January 2022, there had been four intra-uterine deaths reported within the unit. This also included any termination of pregnancy due to fetal anomaly. All deaths had been looked into individually. None of the cases were linked to care provision when reviewed and were found to be unavoidable.

Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) data was published on 14 March 2024 which showed a sustained reduction in perinatal mortality since 2017. In 2022, there were two stillbirths and no neonatal deaths which gave the Board the lowest perinatal mortality rate since MBRRACE started in 2013.

**Maternal deterioration (MEWS)** – On average, compliance with the MEWS bundle from December 2022 to December 2023 was 96%, exceeding the 95% target. This data was reviewed monthly and

broken down by area. Ms Wilson reassured in reply to a query from a member that any dips in compliance were responded to in an agile way with the team, there was discussion with the Clinical Midwifery Manager and Senior Charge Nurse responsible and any support required for the team was put in place. A short briefing on MEWS would be circulated to members for assurance. **JW**

**Skin to skin contact** – data from January 2021 to December 2022 showed improvement with an average of 97% of women commencing skin-to-skin contact with their baby within the recommended one hour timeframe since the birth. Since January 2023, the average was showing a reduction to 77%. While skin-to-skin contact was still taking place routinely, following the move to the BadgerNet system, it could be difficult to record this data appropriately. The position was currently being looked into and a response to give assurance would be provided for the next Committee meeting.

**Postpartum Haemorrhage (PPH)** – Historically, the Board collected outcome data on severe PPH greater than 2.5 litres, along with process measures related to use of Tranexamic acid to control blood loss, use of a post-event checklist and measurement of cumulative blood loss. Local data demonstrated continuous improvement. The SPSP team had changed the measure to the rate of PPH greater than 1.5 litres and updated data would be available for the next reporting period.

Committee members discussed the report and were encouraged by the progress being made. Ms Wilson confirmed in reply to a query from a member that national benchmarking data in relation to SPSP measures would be provided in future reports.

Ms Wilson clarified in response to a question form a member that while data on caesarean births was not included as a new measure in the reporting toolkit, this would be discussed at local level

**JW**

**Outcome:** **To discuss the assurance report on quality and safety activity in Maternity services as part of the Scottish Patient Safety Programme and Excellence in Care programme of work.**

6.4 **Dental services**

The Head of Primary and Urgent Care, Mrs Vicki Campbell, provided a presentation to give members oversight of access to Dental services, outlining areas of highest risk, mitigating actions being taken and focused work taking place in the short, medium and longer term across Dental services.

Access:

- General increase in the number of General Dental Practitioners (GDPs) accepting patients, although a waiting list to be seen.
- Ongoing challenges in North Ayrshire (NA). Recent detailed

discussion at NA Integration Joint Board about how to engage with the community and understand where some of the challenges lie. Focus on recruitment and ongoing engagement with practices in NA, with variance in access for adult care being an issue.

- Board constantly reviewing NHS24 data. The number of patients presenting in the out of hours (OOH) period had decreased over the last 12 months which indicated that the position was improving or people were seeking help less.
- The OOH service was open from 9am to 3pm on Saturday and Sunday. There had been a slight increase in patients presenting at Emergency Departments, with the majority of patients being non-registered, indicating that registered patients continued to have their needs met during practices' regular opening hours. The OOH service was under review and the Board was working with NHS24 to ensure any unmet need was being captured.
- The move to annual dental check-ups would create capacity, however, it would take some time to see the full benefits.
- Public Dental Service (PDS) waiting list continued to increase, similar to the position reported in previous years, with the highest risk related to Paediatrics which had seen the greatest shift, as well as Prison, driven by clinical accommodation issues. The waiting time for access was around 31 weeks and the number of people on active treatment plans was 599. The biggest delay was while waiting for assessment and once this had been done there was a further 10 week wait for treatment. When local dentists referred people to PDS, they had the opportunity to include urgency to get earlier access but this had a knock-on impact on overall waiting times. Focused work taking place to upskill local community services with a view to this treatment being provided in the community.

Risk:

- Quality of care - risk due to emergency only cycle and impact on quality of treatment journey, negative impact on workforce as not able to do the job trained to do. Risk of workforce burnout.
- Patient safety - risk related to the deterioration of patients' oral health.
- Safeguarding - children being seen via PDS provides the opportunity to pick up any child protection concerns. Shorter consultations could have a negative impact in terms of the ability to pick up both child and adult protection concerns.

Mitigating Actions:

- Criteria for paediatric sedation – testing alternative models in the community, such as paediatric group assessment, to cluster and maximise throughput. Also taking on additional theatre capacity at UHC to provide general anaesthesia given the negative impact of treatment delay on children's care plans.
- Tooth brushing and oral health education recommenced in schools over the last 12 months.
- Work taking place to look at extending PDS workforce.
- Monthly meetings with Scottish Government, with shared learning

nationally and clear focus on oral health prevention approach.
- Priority being given to training and workforce planning.
- Positive work being done by Dental Care Practitioners and plans underway to improve skills mix. Need for reform.
- To ensure long term sustainability, need to look at national solutions, including overseas recruitment. Board linked into national discussion about overall contract review.
- Immediate operational risks being reported in parallel to understand the needs of the population in Ayrshire and Arran.

Future vision:
- Three workshops held between December 2023 and February 2024 to discuss Dental services, with broad representation to get a greater understanding of population need, current status of all Dental services in Ayrshire and Arran and to determine future delivery model.
- To support patients to manage their oral health for better outcomes.
- Investment in development of workforce.
- Development of delivery plans following completion of health needs assessment. Ambition for 2024-2025 to see what staff could do using current premises and resources.

Committee members discussed the update and recognised with concern the impact that pressures on Dental services had on other areas, such as increased GP visits and people presenting at ED with dental emergencies, as well as poor oral health. Members also acknowledged that insufficient NHS provision could exacerbate cost of living pressures, as people may have to pay for private Dental services if they are unable to access NHS treatment.

The Medical Director, Dr Crawford McGuffie, commended Mrs Campbell and the team for the work being done to identify gaps in service provision and develop a vision and strategy for Dental services which should be finalised in the coming months.

**Outcome: Committee members noted the update on provision of Dental services in Ayrshire and Arran and looked forward to a further update in six months' time.**

6.5 **Litigation report**

The Medical Director, Dr Crawford McGuffie, provided an overview of litigation activity and associated system learning arising as a result of litigation cases.

Dr McGuffie highlighted active claims broken down into fatal accident inquiries, clinical claims, employer's liability claims, public liability claims and criminal prosecution, as detailed at appendix 1 of the report. He emphasised that staff required to be supported during litigation investigations to ensure their health and wellbeing.

Dr McGuffie advised that data over the last five years indicated a decreasing trend for clinical claims which was positive. He explained that litigation activity could take place up to three years after the event so it was possible that the number of cases could rise over time. Members were advised of themes that had arisen over the last five years, as detailed in the report.

Committee members discussed the report and were encouraged that the number of clinical claims indicated a decreasing trend and staff claims appeared stable. Members noted the national work taking place in relation to older mesh claims.

Dr McGuffie advised in response to a question from a member that significant work had taken place over the last couple of decades to mitigate the risk of needlestick injury. He reassured members that the number of needlestick injury cases was stable.

**Outcome: Committee members noted the six monthly overview report of litigation activity and service improvements arising from litigation cases.**

## 7. Quality Improvement

### 7.1 Quality Strategy

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an update on progress in taking forward the Quality Strategy. The Committee had previously agreed that the current strategy should be extended to include the period 2023/25 and an implementation plan had been developed to support further delivery of the strategy.

Ms Jordan advised that a multidisciplinary group had been established to review commitments and ambitions in the strategy and develop an implementation plan. Following focused work, 39 deliverables had been identified in the plan, with similar actions grouped together. As detailed in Appendix 1 of the report, 77% of these deliverables were at delivery stage and 15% were part-delivered and work continued with relevant leads. Three deliverables were pending an update from the project lead. Ms Jordan updated that responses had now been provided from project leads and these would be included in the next iteration of the plan.

Appendix 2 of the report provided a high level summary of work being done to spotlight innovation and improvement, which included building QI capacity and capability, and the Right Decision Service. Ms Jordan highlighted the reducing falls rate in Acute services, with a 13% reduction in all falls in Acute which was particularly encouraging given service pressures. This improvement work had recently been showcased at a national conference. Other QI work being progressed related to Volunteering and Realistic Medicine.

Ms Jordan advised that early planning had begun on the next iteration of the strategy building on progress already made, with a

continued focus on implementation. The next report to the Committee in six months' time would spotlight innovation being progressed through the implementation plan.

Ms Jordan advised in reply to a query from a member that work continued to develop strong clinical and care governance structures and processes for assurance and learning, and she expected that formation of the Clinical and Governance Support Unit would move from part to full delivery in the next 12 months. She provided assurance in reply to a query from a member that a key deliverable in the implementation plan was to publicise to staff how to interact with the unit and a communication plan was being developed. The Area Clinical Forum Chair, Dr Tom Hopkins, invited Ms Jordan to join a future Area Clinical Forum to raise awareness across healthcare professions.

Committee members discussed and were encouraged by the positive progress made to date, including the number of staff who had completed the QI programme, with positive results beginning to be seen across the system. The Committee Chair, Ms Linda Semple, suggested that the QI slides provided with the report be shared with Board Members and she would consider out with the meeting how progress with QI activity could be shared appropriately with the Board. **LS/JW**

**Outcome: Committee members noted the Quality strategy describing the Board's commitment to deliver quality improvement and high quality care to enable and support delivery of strategic objectives. Members looked forward to receiving a further assurance update in six months' time.**

7.2 **Quality and Safety Walkround plan**

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided the annual update on Quality and Safety Walkrounds covering the period 1 May 2023 to 1 May 2024.

Ms Jordan advised that 85 Walkrounds were planned during the reporting period and 42 had actually taken place, which was 49% of those planned. The main reason for cancellation in 70% of these walkrounds was the inability of Directors to lead. 81% of walkrounds over the last 12 months were in clinical areas. 83% of those walkrounds took place with Directors present and 71% with Non-Executives present. Eleven areas of good practice were identified through Walkrounds and 25 actions agreed. Of these actions, 21 had been closed, with four ongoing actions from recent walkrounds.

A yearly MS Teams survey had been sent to Directors during April and May 2024, to get their perspective on how to improve the process and avoid cancellations, with a 53% response rate at the time of reporting. Feedback was detailed at Appendix 2 of the report, including details of some of the actions proposed.

Members were advised that there would be a review of Quality and Safety Walkrounds against other walkrounds taking place with a view to reducing duplication and to ensure actions were being captured appropriately and information was accurate.

Committee members commented that these Walkrounds were extremely valuable as they allowed Non-Executives to hear about issues at ward level which were then discussed at Governance Committees and the Board in terms of improvement actions being taken in response.

In reply to a question from a Member, Ms Jennifer Wilson, underlined that these Walkrounds were important as they provided visible leadership from Directors, as well as identifying areas for learning and improvement. Ms Wilson advised that she would be keen to hear feedback from teams on how beneficial they found these Walkrounds. She acknowledged that there was some duplication as the Senior Executive team visited teams twice each week. She supported the proposal that Directors carry out eight walkrounds each year and highlighted the need for flexibility in terms of days/dates to fit diaries.

The Medical Director, Dr Crawford McGuffie, supported Ms Wilson's comments and underlined that Walkrounds were one of the most important visits that Directors undertook in terms of clinical visibility and to look, hear, see and listen to colleagues.

The Chief Executive, Ms Claire Burden, concurred with the points made above and agreed to take forward discussion on scheduling of these Walkrounds and commitment from Directors out with the meeting. **CB**

Ms Jordan advised in reply to a query from a Member that she would seek an update on the action identified on 19 February 2024 about completion of training needs analysis for emergency non-invasive ventilation. **GJ**

**Outcome: Committee members noted the annual update on quality and safety walkrounds and supported the proposed actions as detailed in section 2.3.**

7.3 **Scottish Intercollegiate Guidelines Network (SIGN) Guidelines**

The Medical Director, Dr Crawford McGuffie, provided a biannual update on the progress made in the implementation and evaluation of SIGN external guidelines. The report provided a summary status of progress against eight guidelines, with fuller details at Appendix 1. Dr McGuffie advised that the risks and mitigations when not implementing a SIGN recommendation were identified in the monitoring tool and summary described at Appendix 1.

Members received assurance that the Board had a reliable process in place for checking, accountability and assurance and the report demonstrated overall progress with implementation of guidelines.

**Outcome: Committee members noted the six monthly report on progress made in the implementation and evaluation of SIGN external guidelines.**

## 8. Corporate Governance

### 8.1 Care Home Governance report

The Deputy Nurse Director, Ms Ruth McMurdo, provided an update on the work of the Care Home Professional Support Team (CHPST) over the last six months. The report gave assurance of work planned over the next 12 months to ensure the team meet the newly agreed objectives from Scottish Government.

Ms McMurdo highlighted the following areas:

- Scottish Government had confirmed funding for the current year in May 2024. The letter confirming funding had set objectives for the team to meet in 2024/25 to improve the health and wellbeing of people in care homes following the framework for adults living in care homes. The aim was to create a network of health and social care multi-disciplinary teams working together with care home staff to provide and facilitate the provision of direct healthcare in more homely settings and specialist education and support.
- Appendix 1 of the report provided an update on the work of the CHPST team from 1 November 2023 to 30 April 2024.
- Appendix 2 of the report outlined work planned for 2024/25 to meet objectives and future plans.
- CHPST has been a multi-disciplinary team since it was established. Details of team members were provided at Appendix 1, item 3.5.1. Consideration was being given to the addition of a Speech and Language Therapist to the team in terms of food, fluid and nutrition.
- The Team continued to work closely with the Health and Social Care Partnerships through Collaborative Care Home Groups. The team also reported monthly to the Care Home Professional Leads Group, which included Associate Nurse Directors and the Director for AHPs. The team also worked closely with the Care Commission.
- The report highlighted some of the improvement projects being undertaken with Care Homes, including a test of change with a mobile x-ray unit to reduce the need to attend ED for x-ray for upper limb injury, as well as improvement work to reduce hospital admission for patients with urinary symptoms. Improvement work was also taking place in relation to falls. Education was taking place about the use of RESTORE 2 to recognise physical deterioration in individuals. The team was supporting a test of change to introduce the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for care home residents.

Committee members discussed the report and acknowledged the

significant changes made over the last few years and important collaborative work and support being provided by the CHPST. Ms McMurdo confirmed in reply to a query from a member that the team engaged with Primary Care and the Scottish Ambulance Service in relation to Call Before Convey.

Committee members considered governance reporting arrangements for this work. The Nurse Director, Ms Jennifer Wilson, advised that in terms of governance and accountability, assurance reporting was through Healthcare Governance Committee, with Care Inspectorate reporting taking place through the Integration Joint Boards (IJBs). Members noted that the Partnership Clinical Care Governance Groups also provided reports to the IJBs.

Ms Wilson clarified in response to a question from a member that as Scottish Government provided this funding allocation directly it could not be used as a cash releasing efficiency saving. Ms Wilson advised that future funding had not yet been confirmed but it was hoped that funding would be available next year. This created challenges in terms of planning and sustainability of the team.

**Outcome: Committee members received the report and noted the progress of this work to date.**

8.2 **Minutes** – Committee members noted the minutes of the following meetings:

8.2.1 **Acute Services Clinical Governance Group** – Members noted the approved minutes of the meeting held on 13 March 2024.

8.2.2 **Area Drug and Therapeutics Committee** – Members noted the approved minutes of the meetings held on 15 January and 11 March 2024.

8.2.3 **Paediatric Clinical Governance Group** – Members noted the draft minutes of the meeting held on 12 April 2024.

8.2.4 **Prevention and Control of Infection Committee** – Members noted the draft minutes of the meeting held on 4 April 2024.

8.2.5 **Primary and Urgent Care Clinical Governance Group** – Members noted the draft minutes of the meeting held on 16 April 2024.

8.2.6 **Research, Development and Innovation Committee** –There were no minutes to report.

## 9. Annual Reports

### 9.1 Immunisation Annual Report

Ms Jennifer Reid, Senior Programme Manager, Public Health, presented the annual report detailing performance across the different immunisation programmes in 2022/23, as well as work being progressed to maintain and improve uptake rates.

Ms Reid highlighted the following areas:

Childhood Immunisation:

- Over the last 10 years, all countries in the UK had seen a decrease in uptake rates across the immunisation programme.
- The report's contents had been shared with the Childhood Immunisation Sub Group and work was ongoing with the NHSAA information team to identify possible target areas for further work.
- The latest data for 2023/24 showed an upturn, with Rotavirus immunisation at over 95%. Full data for 2023/24 was expected to be published later this month.
- There had been a decrease in uptake for the schools immunisation programme locally. The Schools team had initiated the establishment of a national working group for those working in school immunisation teams to enable shared learning and improve local uptake. Work was ongoing to strengthen links with Education both through the team and through regular Public Health meetings with Education to emphasise the importance of immunisation and how best to ensure this is delivered.

Adult Immunisation:

- The Adult Mass Vaccination Team had taken over responsibility for delivering the Shingles vaccine from January 2024, delivering first dose vaccination from January to April 2024. This had seen a 50% uptake in the routine cohort of 70 years and over, with validated Public Health Scotland (PHS) data awaited. The second dose vaccination was due to begin next week. Benchmarking would take place with other Boards and this would be reported back in a future update.
- COVID-19 spring vaccination programme was ongoing with mop-up vaccinations provided up to mid-July 2024. Plans had begun for the Winter COVID and Flu vaccination programmes.
- Pertussis vaccination for pregnant women – uptake in 2023/24 was 87.2% in pregnant women locally, the highest rate for Territorial Boards in Scotland. There was a significant focus on Pertussis vaccination due to the increased number of cases, with 2,500 cases reported this year. The main reasons for the increase appeared to be waning immunity, microbiological changes in circulating strains and better recording and reporting of cases. Work was ongoing with the Childhood Immunisation Team to ensure uptake was monitored and actions taken as required.
- PHS would publish a five-year National Strategy for Vaccination and Immunisation. Following publication, all Boards would develop a local strategy with action plan. This plan would be shared with the Committee in due course once.

Committee members discussed the update, noting that this covered the whole of the Board's Immunisation Programme.

Ms Reid advised in reply to a query from a member that the Board was working closely with the three Local Authorities to increase uptake of vaccination, such as HPV, through the schools immunisation programme, to ensure inclusivity and equality of uptake across all SIMD areas. She highlighted that one of the areas of focus for the team was to maximise the return rate for immunisation consent forms in some areas as this had an impact on uptake. Targeted work would take place with Partnership teams and an update would be provided in a future report. Ms Reid confirmed that targeted work was taking place in regard to HPV vaccination for harder to reach groups, such as the travelling community, to improve uptake and ensure an inclusive approach.

Ms Reid advised in reply to a comment from a member that she would amend the governance structure to state NHS Board rather than Corporate Management Team. She welcomed members' feedback on the excellent and timely service being provided by the new Public Health travel health service.

Ms Reid advised in reply to a query from a member that in 2020 there had been national discussion about patients having access to their own vaccination history online which could be shared with clinicians as required, however, this work had not progressed further and Ms Reid would raise this as an issue at national level and report back to the Committee in a future update.

**Outcome: Committee members noted the Immunisation annual report and performance across the different programmes in 2022/23, as well as work being progressed to maintain and improve uptake rates.**

## 10. Risk

### 10.1 Healthcare Governance Committee Strategic Risk Register Quarter 4 report

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided the latest version of the Strategic Risk Register for risks assigned to the Healthcare Governance Committee.

Ms Jordan advised that there was one very high risk and two high risks being treated. Two risks related to GP sustainability and provision of core Infection Prevention and Control service, had been reviewed during this reporting period and there were no changes to the risk grading. Appendix 2 of the report provided details for each current strategic risk. There were no risks proposed for escalation or termination.

Ms Jordan highlighted the two emerging risks discussed at the last meeting. One related to availability of community accommodation, particularly for Maternity services, and this was being worked through with the service. The other emerging risk related to sustainability of Dental services and it had been agreed that this should be considered at operational level in the first instance. Ms Jordan clarified that due

to reporting timescales, an update on risk ID767, ED crowding, would be provided in the next report.

**Outcome: Committee members discussed the report and took assurance from the work being done to manage strategic risks which fall under the Committee's remit**

10.2 **Significant Adverse Event Review (SAER) report**

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an update on the progress of all active SAERs and completed action plans for SAERs. The report and action plans had been discussed through Directorate Adverse Event Review Groups and at the Risk and Resilience Scrutiny and Assurance Group meeting on 19 April 2024.

Members were advised that during quarter 4 there were nine reviews completed and reported for closure, as detailed in the report's appendices, along with learning summaries. The report also provided a breakdown of the current position of action plans and reports and a summary of progress in taking forward 56 overdue reports. There were 35 overdue action plans. Ms Jordan reassured members that priority was being given to completing the most overdue reports from 2021/22. While data within the report indicated NHSAA was not an outlier compared to other Board areas, the Board was committed to carrying out timely review of SAERs as much as possible.

Ms Jordan reported that the Board was currently reviewing its Adverse Events policy and this work would be completed in October 2024, with an associated toolkit provided.

Committee members welcomed the report and the improvements being made in the management of most SAERs. However, members expressed concern at delays in the completion of historical Mental Health (MH) SAERs. The Committee had been reviewing progress of these SAERs for several years and had previously received updates outlining the reason for these delays and actions being taken to improve the position.

Ms Jordan advised that she had met with the Associate Nurse Director, Mr Darren Fullarton, to discuss MH SAERs and the challenges and capacity issues faced. She had been invited to join the MH AERG with a view to looking at the systems and processes in place and to identify any suggestions for improvement, such as training or mentoring, working with the service.

Ms Semple would discuss further with the Medical Director and Nurse Director out with the meeting. **LS/CMcG/ JW**

**Outcome: To discuss progress on all active SAERs and completed action plans for SAERs and accept assurance that appropriate governance is in place for these reviews and that action plans have been**

**scrutinised by local Directorate governance groups with multidisciplinary attendees.**

**The Committee Chair would discuss the position related to completion of historical MH SAERs with the Medical Director and Nurse Director out with the meeting.**

10.3 **Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)**

There were no issues to report to RARSAG.

**11. Points to feed back to NHS Board**

11.1 There would be no key items report as approved minutes of this meeting would be available for the next Board meeting on 12 August 2024.

**12. Any Other Competent Business**

12.1 There was no other business.

**13. Date and Time of Next Meeting**
**Monday 29 July 2024 at 9.30am, Meeting Room 1, Eglinton House, Ailsa Hospital, Ayr**