

Approved by Committee on 3 June 2024

Healthcare Governance Committee

Monday 22 April 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
 Dr Crawford McGuffie, Medical Director
 Ms Jennifer Wilson, Nurse Director

In attendance: Mr Darren Fullarton, Associate Nurse Director/Lead Nurse North Ayrshire Health and Social Care Partnership
 Ms Laura Harvey, QI Lead Patient Experience
 Ms Geraldine Jordan, Director of Clinical and Care Governance
 Ms Attica Wheeler, Associate Nurse Director and Head of Midwifery, Women and Children's Services
 Ms Claire Mavin, Head of Clinical and Care Governance (observer)
 Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome / Apologies for absence

- 1.1 The Committee Chair, Ms Linda Semple, welcomed everyone to the meeting, in particular, Ms Claire Mavin, new Head of Clinical and Care Governance, who was joining to observe the meeting as part of her induction. The agenda was re-ordered slightly to allow colleagues presenting papers to join.
- 1.2 Apologies were noted from Mrs Lesley Bowie, Mrs Lynne McNiven and Mr Alistair Reid.

2. Declaration of any Conflicts of Interest

- 2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 4 March 2024

- 3.1 The Minute of the meeting held on 4 March 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:

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- **Item 5.1 (04/03/24), Patient Experience Q3 report** – The Medical Director, Dr Crawford McGuffie, advised that the service was sighted on the challenge and taking appropriate mitigating actions. NHS Greater Glasgow & Clyde was still meeting the terms of the service level agreement, with regular meetings taking place with the Board's Head of Access, Ms Debbie Kirk, to ensure this remains the case. He had discussed the position earlier in the day with Ms Kirk and she was optimistic about the direction of travel.
- **Item 9.3 (11/09/23), EAHSCP Health and Care Governance annual report** – Detailed information about complaints concerning Primary Care and access to General Practice was circulated to members on 18/04/23. Action complete.
- **Item 5.1 (31/07/23), Annual reports format** – Discussion was ongoing about how to deliver annual reports in a more efficient way in the future, for example, via a short presentation to highlight key messages.
- **Item 8.3 (24/04/23), Health and Care Governance Framework** – The Nurse Director updated that the South Ayrshire governance framework should be ready for the next meeting. Ms Semple would discuss further with Mr Eltringham outwith the meeting.

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4.2 The Committee noted the draft HGC work plan for 2024-2025.

5. Patient Experience

5.1 Patient Experience Improvement update

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, provided a detailed update on four improvement projects currently being progressed by the Patient Experience team:

- **Realistic Medicine (RM)** – three new decision-making questions will be added to the inpatient survey and discharge lounge discharge summary to provide evidence in relation to shared decision-making in a patient's healthcare journey, with quarterly reports planned.
- **The United Nations Convention on the Rights of the Child (UNCRC)** – the team has been working with Public Health to make a number of changes across the patient experience remit to ensure the child's voice is captured at every opportunity when gathering feedback, for example, should a parent or family member be in hospital, to share the child's experience.
- **Ayrshire College Healthcare Volunteering Partnership** –

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from January to May 2024, there will be over 100 healthcare students in wards as volunteers as part of their course work. It was planned to have a similar number each semester, mainly working in Acute services, talking to patients and assisting staff as per the role's description. Feedback to date had been positive from volunteers, patients and staff. A Youth Development Programme for Volunteering was being developed and progress would also be shared with the Committee in future papers.

- **Review of Patient Information leaflets (PIL)** - the report set out work being taken forward by the team to undertake a full review of the current PIL position and process to ensure leaflets are up-to-date, evidence based and fit for purpose. A standardised approach would be taken using agreed templates that provide a cost effective solution to all locally produced information. QR codes would also be provided in leaflets where appropriate.

Ms Harvey advised in reply to a query from a member about RM that while the team had only been asked to include questions about shared decision-making, it would be possible to include additional questions related to the wider RM programme. Ms Harvey advised that consideration was being given to including questions from other project work underway to capture feedback through the inpatient survey and discharge survey. Members suggested that questions related to decision-making that led to an alternative treatment decision could be included in the Outpatient survey that was planned.

Outcome: Members noted the update on the progress of four Patient Experience improvement projects currently being taken forward.

5.2 Sexual Assault Response Coordination (SARC)

The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, provided an update on SARC.

The service was delivered by the NHS Greater Glasgow & Clyde (NHSGGC) specialist team on a rota basis using NHS Ayrshire & Arran (NHSAA) accommodation known as 'The Willows' and 'The Acorn suite' for paediatric services. The provision supports the local population in their own locality and avoids their having to travel to another board area during what is an anxious and challenging time.

Ms Wheeler advised that considerable work was involved in setting up the service, including development of terms of reference and pathway guidelines working with NHSGGC. The number of people being seen locally was still low due to a number of factors, ranging from availability of the out of hours Peripatetic Team to service user's choice. This was being discussed and trends reviewed at the West of Scotland Operational Group at which NHSAA provided input. Police Scotland was also involved in these meetings and took the

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opportunity to review any trends locally to consider possible prevention approaches. The Board was involved from a sexual health perspective to support individuals in terms of the forensic and trauma element, as well as to support contact tracing for sexual health diseases.

The Nurse Director, Ms Jennifer Wilson, commended the team for the considerable work done to set up the SARC service, with excellent facilities being provided for the local population to use. Ms Wilson proposed that now that the service was established, ongoing reporting should be delegated to paediatric and gynaecology governance routes. She reassured members that availability of the Peripartetic Team in Ayrshire for people who wish to be seen locally would continue to be monitored through internal governance structures. She anticipated that as the team continued to grow and expand this would become less of an issue.

Ms Wheeler advised in reply to a query from a member that she would provide West of Scotland data on the number of people being seen at NHSGGC as well as through the local route to give context.

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Outcome: Committee members noted the update on SARC and approved ongoing monitoring and reporting through paediatric and gynaecology governance routes.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The Nurse Director, Ms Jennifer Wilson, presented a report on the Board's current performance with the national HCAI Standards.

- Clostridium difficile infection (CDI) – the target for 2023-2024 was 13.0 per 100,000 total occupied bed days (TOBDs). The quarterly rate at end December 2023 was 12.1 (14 cases) and infection levels were showing a reducing trend. NHSAA was well within the confidence interval compared to other Board areas.
- Staphylococcus aureus bacteraemia (SAB) – the target for 2023-2024 was 12.4 per 100,000 TOBDs. The quarterly rate at end December 2023 was 15.6 (18 cases), a decrease from 19.9 (23 cases) in the previous quarter. NHSAA was well within the confidence interval compared to other Board areas. Members received assurance that all hospital acquired SAB cases were reviewed by the Infection Prevention and Control Team and findings discussed with the Consultant Microbiologist. Following focused activity and improvement work, device related SABs within Renal Units were beginning to show positive results.
- E coli bacteraemia – the target for 2023-2024 was 34.3 per 100,000 TOBDs. The quarterly rate at end December 2023 was 52.8 (61 cases), an increase from 41.5 (48 cases) in the previous quarter. The Board was an outlier compared to other

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Board areas and an improvement plan was in place.

Ms Wilson explained that while there had been a reduction in hepatobiliary system related cases, there had been an increase in cases related to pyelonephritis and lower urinary tract infection. The Board was working with Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland to try to improve the position. As previously discussed, for community acquired ECB cases, there were limited healthcare actions that could be taken, with much of this work focused around public health messaging.

Members received a detailed update on outbreaks dealt with during quarter 4, including COVID-19 and respiratory outbreaks during quarter 3, and learning and actions being taken as a result of outbreaks. Ms Wilson highlighted that COVID-19 continued to have an impact in hospital settings which resulted in some wards having to be closed. This impacted on the Board's ability to manage urgent care, particularly due to respiratory tract infection.

Ms Wilson provided an in-depth update on non-respiratory outbreaks and incidents, and key learning and improvement actions being taken as a result of outbreaks, as detailed in the report.

There had been an outbreak of *Stenotrophomonas maltophilia* at University Hospital Crosshouse. Members were advised that there was an outbreak of Extended-Spectrum Beta-Lactamase (ESBL) *Klebsiella pneumoniae* at Biggart involving a total of 11 patients across ward areas. The Board was working with ARHAI Scotland to look at possible theories and to apply learning, with incident management teams held to discuss each case.

Ms Wilson highlighted an outbreak of *Aspergillus* infection at UHC. There had been capital and estates work in progress in the ward and there were plans to move this ward to a closed ward area to allow all building work to take place to reduce the risk of *Aspergillus*. ARHAI Scotland was supportive of this approach along with clinical teams and there were plans to move the ward in the next few weeks.

The report provided details of Healthcare Infection Incident Assessment Tool (HIIAT) incidents reported to ARHAI Scotland from January to March 2024, with three red, three amber and 19 green incidents reported.

Outcome: Committee members noted the Board's current performance with the national HCAI standards and the anticipated level of challenge in achieving them. Members noted the incidents and outbreaks dealt with during Quarter 4 and the summary of key learning and actions taken, noting that some remain active outbreaks, with management and learning continuing.

6.2 Quality and Safety report – Mental Health services

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The Associate Nurse Director and Lead Nurse for North Ayrshire HSCP, Mr Darren Fullarton, provided an update on performance with the following core measures of the Scottish Patient Safety Programme (SPSP) and Excellence in Care (EiC).

SPSP

- Rates of incidents of physical violence
- Rates of incidents of restraint
- Rates of incidents of self-harm

Mr Fullarton advised that as previously reported, there was currently no requirement for the Board to report nationally on SPSP core measures which meant that it was not possible to provide national benchmarking. At local level, the team continued to meet monthly to review all collated data for core measures which indicated that the position was stable with no areas of concern.

Excellence in Care

- In-Patient Falls Rate
- In-Patient Pressure Ulcer Rate
- Food, Fluid and Nutrition
- Establishment Variance
- Supplementary Staffing
- Predictable Absence
- Quality Management Practice Learning Environment (QMPLE)

Mr Fullarton reported that as part of EiC the core mental health assurance tool was being revised to more accurately describe performance within Mental Health services. The inpatient falls risk assessment tool and care planning was under review as this was not currently compliant with national standards. The timescale for completion of this work would be included in the next quality and safety report. Members received assurance that a range of quality improvement work had been taking place related to falls and care planning which demonstrated a significant shift in the way falls are managed, particularly for older adult mental health areas.

Mr Fullarton advised in response to a query from a member that the Committee would receive a report evaluating the soft launch of the new mental health assessment hub at Woodland View Hospital at a future meeting, with ongoing review of this work to be reported in future quality and safety reports.

The Director of Clinical and Care Governance, Ms Geraldine Jordan, updated that discussion was ongoing at national level to develop core SPSP Mental Health standards across Scotland and a new self-assessment tool was being tested at three Boards which would inform the next stage of this national work. Ms Jordan reassured in reply to a query from a member that the Head of Clinical and Care Governance, Ms Claire Mavin, would work with Mr Fullarton to consider future reporting to provide assurance of performance in relation to core quality and safety indicators within Mental Health services.

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

6.3 Quality and Safety

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an assurance report on quality and safety, following a request from members, in the context of the Board's difficult financial position and system pressures.

Ms Jordan outlined key initiatives supported by local and national improvement and assurance programmes to promote quality and safety, including Excellence in Care; Scottish Patient Safety Programme (Acute Adult); Healthcare Improvement Scotland inspections; infection prevention and control; hospital standardised mortality ratio; complaints and Care Opinion.

Members discussed the report and emphasised the need to be able to triangulate what happens to people using the healthcare system in terms of patient care, outcomes and patient experience to evidence quality and safety for patients and staff, and that the system is working effectively.

Ms Jordan advised that she would bring an assurance report to the next meeting on progress to implement the Quality strategy. This would include proposals for other high impact areas to be included in the next iteration of the strategy, on which consultation would take place after summer 2024.

Ms Jordan planned to review the range of reporting provided to the Committee with the aim to develop a set of indicators to provide at-a-glance assurance in terms of quality and safety across the healthcare system. This would also draw on early work being done through Healthcare Improvement Scotland to develop Scotland-wide quality and safety indicators. Members underlined that this review should include areas, such as Primary Care and prescribing, which are critical parts of the healthcare system but not reported directly to the Committee.

The Chief Executive advised in reply to a query from a member that for some patients, their hospital stay could be extended should a clinical decision be made that the patient required diagnostic input, with these patients listed and discussed at twice daily huddles.

Outcome: Committee Members noted the assurance report on key initiatives supported by local and national improvement and assurance programmes in the current fiscal climate.

6.4 Neonatal Services

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The Associate Nurse Director and Head of Midwifery, Women and Children's Services, Ms Attica Wheeler, provided an assurance report, in the context of the Lucy Letby verdict, on systems and processes in place for reporting, managing and escalating concerns raised by staff in the Neonatal unit (NNU) that could compromise patient safety.

Committee members were advised that while benchmarking had taken place to assess the current systems and processes in place within NHSAA's NNU, in terms of themes identified, this was relevant for all healthcare provision regardless of speciality.

Ms Wheeler provided assurance on the work being done related to clinical governance and national guidance; education and training; reporting and escalation assurance; and workforce. In reply to a query from a member, Ms Wheeler detailed compliance to date with mandatory Neonatal training and provided information about adverse events, as follows:

- Adverse events – there had been four neonatal deaths over the last 12 months. This included babies over 24 weeks' gestation whose deaths were also scrutinised. The Board was not an outlier compared to other Board areas.

Members discussed the report and were reassured by the good governance the Board had in place, including clinical and non-clinical escalation protocols and significant adverse event reporting arrangements.

Ms Wilson advised in reply to a query from a member that the Board had done wider work around internal governance processes in response to the letter from the Scottish Government about patient safety and learning from the Lucy Letby verdict and this would be shared with members. She provided assurance that NHSAA had strong adverse event reporting arrangements in place across the organisation, with regular adverse event reports scrutinised by the Committee.

Outcome: Committee members noted the assurance report on systems and processes in place for reporting, managing and escalating concerns raised by staff in the NNU that could compromise patient safety.

7. Corporate Governance

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

7.1.1 **Acute Services Clinical Governance Group** – Members noted the approved minutes of the meeting held on 31 January 2024.

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- 7.1.2 **Area Drug and Therapeutics Committee** –There were no minutes to report.
- 7.1.3 **Paediatric Clinical Governance Group** –There were no minutes to report.
- 7.1.4 **Prevention and Control of Infection Committee** – Members noted the approved minutes of the meeting held on 25 January 2024.
- 7.1.5 **Primary and Urgent Care Clinical Governance Group** – Members noted the approved minutes of the meeting held on 28 February 2024.

Dr McGuffie advised in reply to a query from a member that he would share information about the Holly Health intelligent health coaching platform. The Chief Executive also shared a link to the Holly Health website.

CMcG

- 7.1.6 **Research, Development and Innovation Committee** – Members noted the approved minutes of the meeting held on 13 March 2024.

8. Annual Reports

8.1 Healthcare Governance Committee annual report 2023-2024

The Committee Chair, Ms Linda Semple, presented the Committee's annual report which set out key achievements through the year in discharging its remit. The attendance section would be updated to reflect Dr Hopkins' attendance at meetings.

Outcome: Committee members approved the Committee's 2023-2024 annual report, self-assessment checklist, assurance mapping report and assurance of reporting to the NHS Board.

9. Risk

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

There were no issues to report to RARSAG.

10. Items to feed back to NHS Board

- 10.1 Committee members agreed that the following items be reported to the next NHS Board meeting on 21 May 2024:

- Quality and Safety report for Mental Health services
- Neonatal Services assurance report
- Quality and safety in context of Board's fiscal position – key initiatives supported by local and national improvement programmes
- HGC annual report approved

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- Patient experience – improvement projects ongoing, including over 100 Ayrshire College Healthcare student volunteers.

11. Any Other Competent Business

11.1 There was no other business.

**12. Date and Time of Next Meeting
Monday 3 June 2024 at 9.30am, MS Teams**

Signed by the Chair:



Date: 3 June 2024