Approved by Committee on 4 November 2024

Healthcare Governance Committee
Monday 9 September 2024 at 9.30am
MS Teams meeting

Present:

Non-Executives:
Mrs Joyce White (Interim Chair)
Cllr Marie Burns
Mrs Jean Ford – left after item 8.4
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
Mr Alistair Reid, Director of AHPs
Ms Jennifer Wilson, Nurse Director

In attendance:
Dr Esther Aspinall, Consultant in Public Health Medicine items 8.3+8.4
Ms Caroline Cameron, Director, NAHSCP item 8.6
Mr Robert Campbell, Chief Nurse, SAHSCP item 8.7
Ms Eilidh Clark, Pharmacist, University Hospital Crosshouse item 6.4
Ms Bobbie Coughtrie, Screening Improvement and Development Manager items 8.1+8.2
Mr Tim Eltringham, Director SAHSCP item 8.7
Ms Alexa Foster, Clinical Midwifery Manager items 6.3+7.2
Mr Andy Gillies, Head of Spiritual Care item 7.3
Ms Rachael Graham, Planning Coordinator, SAHSCP item 8.7
Ms Laura Harvey, QI Lead, Patient Experience items 5.1+5.2
Ms Jincy Jerry, Director of Infection Prevention and Control items 6.1+6.2
Ms Lynsay Lawless, Associate Director of Pharmacy item 6.4
Dr Alexia Pellowe, Clinical Director, EAHSCP item 8.5
Dr Wendy van Riet, Director of Psychological Services item 5.3
Mrs Diane Smith, Improvement and Development Manager for Screening item 8.4
Mrs Angela O'Mahony, Committee Secretary (minutes)

The Interim Chair, Mrs Joyce White, welcomed everyone to the meeting, in particular, Ms Jincy Jerry who was attending her first meeting in her new role as Director of Infection Prevention and Control. Members requested that Mrs Vicki Campbell, who had recently taken on the role of Director of Acute Services, be invited to attend future meetings.

1. Apologies for absence

1.1 Apologies were noted from Ms Linda Semple and Mrs Lynne McNiven.

2. Declaration of any Conflicts of Interest

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on 29 July 2024

3.1 The Minute of the meeting held on 29 July 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 all progress against actions was noted. The following updates were provided:

- **Item 5.12 (29/07/24), OPAH Standards** – Ms Wilson advised that an update would be circulated to members for information. Action complete.
- **Item 10.2 (03/06/24), Significant Adverse Event Review (SAER)** - Members noted that an assurance report on progress with Mental Health SAER recovery work would be presented at the next Committee meeting on 4 November 2024.
- **Item 8.3 (24/04/23), Health and Care Governance Framework** – The South Ayrshire HSCP Governance Handbook was circulated to members on 28 August 2024. Action complete.

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

5. Patient Experience

5.1 Patient Experience themed report

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented the first in a new series of papers exploring complaint themes based on data from complaints in 2023/24. This report related to communication/attitudes and behaviours.

Ms Harvey advised that there were 504 complaints received this year raising communication/attitudes and behaviours, down around 20% from the previous year. The main themes identified were set out in the report. Themes were similar to last year, although there had been a decrease in numbers for some areas, such as end of life conversations, which indicated that some improvements were being made in this area.

Members were advised that 70% of these complaints related to verbal communication, including difficult interactions with staff, as well as rushed conversations, particularly in relation to medical staff. There were some reports of patients feeling chastised by staff and unhelpful telephone conversations, particularly among nursing staff and medical secretaries. Members emphasised that it was important for all Board staff to recognise the need to reflect the

organisation's culture and values.

Ms Harvey provided assurance in reply to a question from a member that priority was being given to working with service colleagues to put in processes to ensure they evidence improvements made as a result of complaints. As Quality Improvement Lead, she would have oversight of this work to ensure learning and improvement could be shared across the organisation.

The Director of Clinical and Care Governance, Ms Geraldine Jordan, advised that as previously reported to members, an end-to-end review of the Complaints process was ongoing to identify any learning and improvement, looking at the experience of patients, staff and managers and the quality of actions being taken. This would include taking on board any learning from other parts of Scotland. Members were fully supportive of the focused improvement work taking place.

Outcome: Committee members noted the themed report on communication/attitudes and behaviours and resulting improvement and learning.

5.2 **Patient Experience Quarter 1 report**

The Quality Improvement Lead for Patient Experience, Ms Laura Harvey, presented a report on organisational activity in relation to patient, carer and family feedback and complaints in Quarter 1, and the Board's compliance with the complaint handling process.

Ms Harvey reported that the number of stage 1 complaints received was similar to previous quarters, however, performance in responding to complaints had reduced from 85% to 80%. Priority was being given to improving this performance. The number of Stage 2 complaints was similar to the previous quarter and complaint handling performance was unchanged.

Ms Harvey reported that while the number of significantly out of time complaints had reduced as a result of the recovery project, there were still a number of complaints over 40 or 60 days, as outlined in the report. Unfortunately, it would not be possible to meet the improvement target trajectory previously set to address all out of time complaints by 13 September 2024. Members underlined the need to prioritise closure of out of time complaints, working with colleagues in Acute services and the three HSCPs.

Ms Harvey reported that complaint outcomes remained similar to previous quarters. Scottish Public Services Ombudsman (SPSO) activity remained low and there were no SPSO investigations in Quarter 1. Complaint themes were as outlined in the report, with no new themes emerging. There had been a slight increase in complaints related to attitudes and behaviours in Quarter 1. Improvement work was ongoing to increase compliance with quality improvement plans. There was a continued increase in local feedback. Care Opinion (CO) feedback continued to rise, with 150

stories in Quarter 1, and 91% rated as positive to mildly critical.

Committee members discussed the report and were encouraged by the 90% complainant satisfaction feedback received related to how their complaint was dealt with, particularly given the difficult challenges and pressures currently facing staff. Members recognised that improvements had been made to the Board's complaint handling process over several years, including to improve the quality of complaint responses being sent.

The Nurse Director, Ms Jennifer Wilson, reiterated that an end-to-end review of the complaints process was ongoing and a detailed improvement plan would be presented at a future Committee meeting. She highlighted that the three Ayrshire HSCP Clinical and Care Governance reports to be discussed later in the meeting would also provide evidence and assurance on their complaint handling process.

Outcome: Committee members noted organisational activity in relation to patient, carer and family feedback and complaints in Quarter 1, and noted compliance with the complaint handling process.

5.3 **Mental Health and Wellbeing (MHWB) Strategy annual update**

The Director of Psychological Services, Dr Wendy van Riet, provided an update on local activity to review and benchmark local outcomes and priorities against the new national MHWB strategy and delivery plan, through self-assessment and activity across the short-term outcomes set out in the Strategy Outcomes framework.

Dr van Riet advised that the HSCP Strategic Leadership Group would have a leadership and oversight role in terms of the MHWB strategy and all other strategies and specifications being progressed.

Members were advised that an update report to the Scottish Government on progress towards the delivery plan, including medium and longer term outcomes, was expected in 2025. In reply to a question from a member, Dr van Riet acknowledged that the Board's difficult financial challenges may impact on delivery of projects in the delivery plan.

The Committee welcomed the positive, pan-Ayrshire approach being adopted to implement the strategy's delivery plan. Members discussed the difficult financial challenges facing the organisation, set against a backdrop of increasing Mental Health challenges in the local community. Members requested that the report due in 2025 should provide red, amber, green (RAG) ratings to enable the Committee to understand areas of financial challenge and what could and could not be delivered to meet the mental health needs of the local population.

Outcome: Committee members noted the update on the

mapping of local priorities and outcomes as set out in the Ayrshire Mental Health Conversation against the national MHWB Strategy and Core Mental Health Standards, and supported proposed next steps.

6. Patient Safety

6.1 Healthcare Associated Infection (HCAI) report

The new Director of Infection Prevention and Control, Ms Jincy Jerry, advised that the Board's current verified position related to HCAI Standards was reported in detail at the last Committee meeting and this remained unchanged, with nationally verified data for Quarter 1 awaited.

Ms Jerry reassured members that focused work was ongoing through improvement groups to reduce Clostridium difficile infection, Escherichia coli Bacteraemia and Staphylococcus aureus Bacteraemia infection.

Members received a summary of COVID-19 and other respiratory outbreaks during Quarter 1, with the majority of these outbreaks now closed. The report also provided an update on non-respiratory outbreaks, will all but one of these now closed. The report set out the key actions being taken in response to these outbreaks to promote shared learning and optimise patient care.

Members discussed the HCAI report and were encouraged by specific improvement work planned to reduce HCAI rates. Ms Jerry advised in reply to a question from a member that improvement work was also planned to increase auditing practices and improve HAI surveillance data to support the Board to monitor infections. Once available, surveillance data would be provided in future HCAI reports.

Outcome: Committee members noted the Board's current performance against the national HCAI Standards. Members noted the incidents and outbreaks dealt with during Quarter 1 and the summary of key learning and actions to improve performance.

6.2 Healthcare Associate Infection (HCAI) report – Learning taken as result of outbreak in Combined Assessment Unit (CAU) at University Hospital Ayr (UHA)

The Director of Infection Prevention and Control, Ms Jincy Jerry, presented an assurance report on learning and actions taken as a result of an outbreak in CAU UHA in September 2023.

Ms Jerry highlighted that specific issues had been raised related to cleaning, maintenance and adherence to guidelines. The Infection Prevention and Control Team (IPCT) had provided support to the CAU through education and audit, with most of the issues resolved

at the time and the outbreak was now closed. A follow-up audit in August 2024 had highlighted similar concerns about care of the environment. The Senior Charge Nurse had developed and was implementing an improvement action plan with support from IPCT to achieve further improvements where required. Progress would be monitored through the Prevention and Control of Infection Committee.

Ms Jerry provided assurance in response to a question from a member that any key learning or improvement identified through audit that required immediate attention would be implemented immediately across areas as required. In reply to a query from a member, Ms Jerry reiterated that the outbreak was due to improper IPC management and contamination of the care environment.

Committee members noted with concern that there continued to be issues in complying with "bare below the elbow" uniform policy. The Nurse Director, Ms Jennifer Wilson, advised that the IPCT planned to lead an improvement programme in this area which was a key priority for the team. The Medical Director, Dr Crawford McGuffie, suggested that the team could perhaps link in with the Professional Committees and Area Clinical Forum to promote the policy widely among clinical professionals working in Acute and the HSCPs.

Ms Jerry explained in reply to a question from a member that the adverse event and duty of candour process provided the opportunity for learning to be identified, discussed and shared with the family involved so they were aware of how the Board had used this to support organisational learning and improvement.

Outcome: Committee members noted the assurance report to update on learning and actions taken as a result of an outbreak in CAU UHA.

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

Ms Alexa Foster, Clinical Midwifery Manager, presented a report on quality and safety activity in Paediatric services. The report set out progress of the acute and community nursing service and demonstrated alignment to Nursing, Midwifery and Allied Health professionals (NMAHP) initiatives.

Ms Foster provided an update on improvement activity in the following areas:

- Benchmarking following the introduction of the United Nations Convention on the rights of the child (UNCRC) (Incorporation) (Scotland) Act 2024 in July 2024
- Adverse events
- Scottish Patient Safety Programme for Paediatrics:
- Paediatric Early Warning Score and escalation
- Children's Asthma Nurse temporary integrated care role
- Children's Hospital @ Home Service

- Well-Child Complex Discharge Nurse role
- Child Death Overview Process Nurse
- Facilitation of learning - outcomes from scoping exercise

The Nurse Director, Ms Jennifer Wilson, advised that while the report focused on SPSP activity, the Paediatrics team was keen to showcase the range of improvement work being done across the wider system, to give assurance in relation to quality and safety. Ms Wilson advised in reply to a question from a member that the Child Protection (CP) team had achieved 100% compliance with level 1 CP training, the team had taken the decision to ensure that all its staff should complete level 3 CP training, given that they see some of the most vulnerable patients in Ayrshire and Arran. However, it would take some time for all staff to complete this training and an improvement trajectory was in place.

Committee members welcomed the improvements made through the Children's Hospital@Home service, including reduced average length of stay for children in hospital. Ms Wilson advised that this part of the service had been developed locally using a local funding model through Acute, the HSCPs and Children's services. Performance would be reported through Women and Children's governance structures.

Ms Wilson clarified that the Board continued to have a CDOP nurse and robust CDOP processes in place across Acute services and the HSCPs. However, the on-call element of the service had been removed.

In response to a question from a member, Ms Wilson advised that drug errors were common in healthcare systems and could be due to a variety of reasons. Improvement work was focusing on core reasons for drug errors. For example, staff giving out medication would now wear an apron to ensure they are not interrupted during ward rounds. In addition, intensive work was being done with students and newly qualified staff who have had a very different training experience as a result of the COVID-19 pandemic. Datix reporting was completed as a result of drug errors which would enable learning to be applied across the system.

Outcome: Committee members noted the assurance report on performance and QI activity in Paediatric services through SPSP and EiC.

6.4 **Antimicrobial Stewardship assurance report**

The Associate Director of Pharmacy, Ms Lynsay Lawless, introduced and invited Ms Eilidh Clark, Pharmacist at University Hospital Crosshouse, to provide an update on antimicrobial prescribing.

NHSAA was currently meeting all Scottish Government antimicrobial prescribing targets for the defined time period. Multidisciplinary and cross-sector interventions, particularly in the area of 4C prescribing,

had led to sustained improvements in prescribing practice. The Antimicrobial Management Group (AMG) improvement plan 2024/25 set out improvement work to be progressed in Primary Care and Secondary Care.

Scottish Government had launched new national prescribing targets on 8 May 2024, as set out in the report, with a move to a more holistic approach, working in collaboration with healthcare in humans and animals and environmental health. AMG was looking at actions for the next five years to meet the new national prescribing targets.

Ms Clark advised in reply to questions from Members that while successful work had been done in Primary Care to reduce 4C prescribing, there was a need to continue the collaborative approach and put support mechanisms in place to further reduce antimicrobial prescribing volume. Previously only Board-level data was available for Acute antimicrobial prescribing. However, more in-depth information was now available at individual hospital level. Ms Clark explained that there could be particular drivers for antimicrobial prescribing which were specialty or prescriber driven. She advised that AMG had good links with clinicians and there had been review of empirical guidelines which should lead to reduced antimicrobial prescribing.

Ms Clark added that another area of challenge related to transitions of care as the Board did not currently have an Outpatient Parenteral Antimicrobial Therapy (OPAT) service. The Medical Director, Dr Crawford McGuffie, advised that a business case was currently being developed which should address this area of challenge.

Ms Clark confirmed that there were plans to organise a launch event to publicise the new national prescribing targets for 2024/29, including for all medical education training sessions.

Outcome: Committee members noted the current position in NHSAA related to antimicrobial prescribing.

7. Quality Improvement

7.1 Food, Fluid and Nutrition Health and Safety Executive (FFN HSE) visit action plan

The Director of AHPs, Mr Alistair Reid, provided an update on progress against the FFN HSE visit action plan. This followed the death of a patient under the Board's care following a choking incident.

Mr Reid highlighted key areas of focus in taking forward the improvement action plan, as detailed in the report. He advised that while there had been significant progress made, there continued to be an element of variation and therefore an element of ongoing risk which required continued focus.

The Chief Executive assured members that progress against the improvement plan was being discussed regularly at RARSAG and Corporate Management Team. She thanked Mr Reid for his clinical leadership in coordinating this improvement work on a pan-Ayrshire basis working within existing resources and structures, in liaison with Social Care partners in the community. The Chief Executive reiterated that this work remained an important priority for the Board and had been highlighted as an ongoing area of risk and cost pressure for the organisation.

Outcome: Committee members noted the assurance report and progress with the action plan.

7.2 **Miscarriage Care and Facilities Scoping exercise**

Ms Alexa Foster, Clinical Midwifery Manager, highlighted the findings from the National Overview Report into Miscarriage Care and Facilities in Scotland, commissioned by Scottish Government in 2023. The report gave assurance on local provision for women experiencing miscarriage of their pregnancies. This work was linked into the Scottish Patient Safety Programme Perinatal work stream.

Ms Foster advised that in NHSAA there was a dedicated Early Pregnancy Assessment Unit (EPAS) led by a foetal specialist midwife and consultant obstetrician. The service currently runs six days per week from 8am to 6pm, with plans to extend this to seven day working.

Members were advised that NHSAA was compliant with 37 out of 38 of the report's recommendations. Ms Foster explained in reply to a question from a member that currently it was cost prohibitive to implement the recommendation related to 3D pelvic ultrasound scan. The Nurse Director, Ms Jennifer Wilson, added that this was a gold standard guideline and the Board was not always able to meet such guidelines in full. Teams were required to take into account a number of factors in decision-making around which guidelines to implement, including cost of equipment, infrastructure, resources and training required.

Outcome: Committee members noted the update on the Miscarriage Care and Facilities scoping exercise and ongoing reporting arrangements through other governance routes.

7.3 **NHSAA Framework for Spiritual Wellbeing 2024-2029**

The Head of Spiritual Care, Staff Care and Person-Centred Care, Mr Andy Gillies, presented the NHSAA Framework for Spiritual Wellbeing 2024-2029 and proposals for launch of the strategy for spiritual care and wellbeing.

Mr Gillies advised that NHSAA was currently providing high quality spiritual care services but there had been no framework to underpin

this work. The Scottish Government framework outlined key deliverables, a number of which were aimed at health boards but also included social care and professional leadership for spiritual care in Scotland.

An iterative approach had been adopted in developing the local framework which would align to the national framework, including links to community and social care where possible, working within existing financial and human resources. Mr Gillies highlighted the work done to support diversity, including development of a network to provide wellbeing support for international recruits, over and above the practical support already being provided by the Board.

Committee members discussed and recognised the importance of the local framework to support people's spiritual wellbeing, particularly following the COVID-19 pandemic. The Chief Executive explained in response to a comment from a member that the NHSAA People and Workforce strategies included a strong chapter on the Board's cultural ambitions. It was important to set these ambitions in tangible and deliverable areas of work. The framework was a pillar of the wider Culture work taking place, including provision of ongoing support for international recruits. Mr Gillies advised in reply to a question from a member that spiritual care interventions could be provided by a spiritual care nurse or chaplain, as well as low level support from a range of other staff following a collaborative approach. He confirmed that a focused education toolkit would be developed for use by staff providing spiritual wellbeing support.

Outcome: Committee members endorsed the framework for onward submission to the NHS Board meeting on 7 October 2024 for approval.

7.4 **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)**

The Medical Director, Dr Crawford McGuffie, provided a progress report on the adoption of ReSPECT.

ReSPECT created clinical recommendations for future emergency care, based on the person's values and priorities, alongside a shared understanding of the person's health and outlook. This would ensure that should an emergency arise, people would receive the right care, in the right place at the right time.

Members received a detailed update on this successful work, key project milestones in completion of the test phase and early steps moving into the next phase. Around 90 ReSPECT plans had been completed by 21 active users. Patient feedback to date had been positive, highlighting "listening with care and compassion" and "going the extra mile to understand" as valued features of ReSPECT.

Dr McGuffie highlighted that while this work was being done within

existing financial resources, dedicated resource would be required to expand ReSPECT further in line with demand. Specific requests for further resource would be considered through the ReSPECT steering group.

Outcome: Committee members noted the assurance update on progress in adoption of ReSPECT and supported future plans to progress this project.

8. Annual Assurance Reports

8.1 Abdominal Aortic Aneurysm (AAA) Screening annual report

Ms Bobbie Coughtrie, Screening Improvement and Development Manager, presented the AAA Screening annual report 2022/23.

In 2022/23, 99.9% of eligible Ayrshire and Arran men were invited for screening, exceeding the 90% threshold. The AAA screening programme's uptake was 82.2%, surpassing the Scottish average of 70.7%. Targeted work was taking place to increase uptake in the most deprived areas which was significantly lower than in the least deprived areas. The Board's quality assurance pass rate improved from 4.3% in 2019 to 1.5% in 2023, aligning with the national average of 1.0%, following an internal review and audit, indicating no increased risk to participants.

The report set out areas of challenge facing the programme both at national and local level, including workforce challenges within Vascular services and challenges in meeting the national target for completed treatment of large aneurysms, as well as work taking place to mitigate these challenges.

Outcome: Committee members noted the annual report on delivery of the local AAA screening programme and ongoing work to mitigate areas of challenge.

8.2 Bowel Screening annual report

Ms Bobbie Coughtrie, Screening Improvement and Development Manager, presented the Bowel Screening annual report 2021/23.

The update rate for Bowel screening in Ayrshire and Arran of 65.5% was similar to the Scottish level at 66.1%. Uptake had increased significantly following the launch of the new FIT bowel screening test in November 2017.

The report detailed activity in relation to completion of colonoscopies, removal of pre-cancerous lesions and screen detected colorectal cancers in 2021/23. Screen-positive rates were higher than the national average which led to greater demand for endoscopy. Local capacity had been increased accordingly to manage this demand. The majority of colorectal cancers were identified at an early stage and were therefore less invasive and carried a better prognosis with treatment.

Targeted promotional work was planned to improve bowel screening uptake in some groups, specifically for men living in the most deprived areas and individuals with learning disabilities. A progress update would be provided in the next annual report.

Outcome: Committee members noted the annual report on delivery of the local Bowel screening programme and commended the work being done to improve uptake in certain groups.

8.3 **Cervical Screening annual report**

Dr Esther Aspinall, Consultant in Public Health Medicine, presented the Cervical Screening annual report for 2023/24.

The uptake rate for cervical screening in NHSAA in 2021/22 was 71.3% compared to 68.7% Scotland wide. Uptake of screening was highest in the least deprived areas and fell with increasing deprivation levels across all age ranges.

The NICA audit was now well established in NHSAA with data submitted to time. There were challenges related to routine colposcopy waiting times and a short life working group had been formed to address waiting times.

The report set out the significant programme of work undertaken to address screening inequalities and improve uptake of cervical screening going forward.

Outcome: Committee members noted the annual report on delivery of the local Cervical screening programme. Members looked forward to receiving an assurance report on completion of the Cervical Screening Exclusion audit at the next meeting on 4 November 2024.

8.4 **Diabetic Eye Screening (DES) annual report**

Mrs Diane Smith, Improvement and Development Manager for Screening, DES Programme, presented the DES screening annual report 2023/24.

Diabetes continued to present a serious health challenge for NHSAA and the number of people with a diabetes diagnosis in 2022 had risen by 724 compared to the previous year.

A programme of work continued to pursue additional Health Board provision, including mobile screening to address inequalities and increase resilience, with 2,400 newly diagnosed people seen in in-house clinics in the last year. Work continued to develop the hybrid model to improve resilience and increase uptake. A fortnightly mobile service set up in Dalmellington was working well and uptake had increased by 25%. Further outreach work was taking place in

Girvan and Millport.

Work was underway to use the text reminder function for Health Board DES clinics which should improve uptake and reduce did not attends. Consolidation of all screening call/recall offices in Ayrshire and Arran was also underway which should add to longer term sustainability of services. DES screeners/graders were being supported to complete the Pearson's education module to meet national accreditation arrangements.

The programme team would continue to monitor the national key performance indicators and take steps to improve uptake and the patient pathway as required.

Outcome: Committee members noted the annual report on delivery of the DES screening programme.

Members were reassured by the collaborative improvement approach being adopted to reduce inequalities and improve uptake across the Public Health screening programmes.

8.5 **East Ayrshire Health and Social Care Partnership (EA HSCP) Clinical and Care Governance annual report**

On behalf of the Director, EA HSCP, the Clinical Director, EA HSCP, Dr Alexia Pellowe, presented the report outlining clinical and care governance activity in 2023/24 and key priorities for 2024/25.

Members received a presentation summarising key areas of work progressed during the year, areas of challenge, mitigating actions being taken and future plans.

Committee members discussed the prison population at HMP Kilmarnock which had extended to 640 from 592 following Scottish Prison Service taking over control, and the potential negative impact on prisoners. Members requested that a report be provided at a future meeting on specific quality of care issues in the context of the extended prison population, covering the year following SPS taking control of HMP Kilmarnock. **CMcA**

Committee members were encouraged by the positive work taking place in relation to Technology Enabled Care, specifically through the East Ayrshire Smart Hub. Committee members requested that a summary of the work being done, including areas of learning for other parts of the system, be shared with members outwith the meeting. **CMcA**

8.6 **North Ayrshire Health and Social Care Partnership (NA HSCP) Clinical and Care Governance annual report**

The Director of NA HSCP, Ms Caroline Cameron, presented the report outlining clinical and care governance activity in 2023/24 and key priorities for 2024/25.

Members received a presentation summarising key areas of work progressed during the year, areas of challenge, mitigating actions being taken and future plans.

The Nurse Director, Ms Jennifer Wilson, noted that in relation to activity on significant adverse event reviews in Mental Health services, an assurance report was scheduled for the HGC meeting on 4 November 2024 to outline the current position, mitigations in place and improvements planned. She recognised the impact on staff and families awaiting conclusion of SAER reports and emphasised the importance of identifying and sharing learning and improvement across the three HSCPs as appropriate.

8.7 **South Ayrshire Health and Social Care Partnership (SA HSCP) Clinical and Care Governance annual report**

The Director of SA HSCP, Mr Tim Eltringham, introduced the report and invited Mr Robert Campbell, Chief Nurse and Ms Rachael Graham, Planning and Performance Coordinator, SAHSCP to present.

Members received a presentation summarising key areas of work progressed during the year, areas of challenge, mitigating actions being taken and future plans.

The Committee discussed the three Ayrshire HSCP Clinical and Care Governance annual reports. Members received assurance that there are robust clinical governance structures in place across the three HSCPs.

Committee members noted the wide ranging and complex work being done by the three Ayrshire HSCPs and the difficult financial and workforce challenges faced, with increasing demand for services and reduced capacity. Members were encouraged by the positive engagement and quality improvement work being done across the HSCPs to improve outcomes for citizens across Ayrshire.

Outcome: Committee members noted the East Ayrshire, North Ayrshire and South Ayrshire HSCP Clinical and Care Governance annual reports.

9. Risk

9.1 **Strategic Risk Register quarter 1 report**

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided an overview of risks assigned to HGC.

There was one risk reviewed during this time period, risk ID 767 - ED overcrowding, and following review the risk level remained unchanged. The report provided details of mitigations and further controls underway with the aim to reduce this very high risk. There were no proposed risks for escalation or termination.

Committee members discussed risk ID 767, noting that this is due for review on 31 October 2024. Members looked forward to receiving a revised improvement action plan for risk ID767 at the next Committee meeting.

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

9.2 **Significant Adverse Event and Analysis Review (SAER) progress report**

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided a detailed progress update on the SAER action plan.

Members were advised that there were challenges related to overdue SAER reports and action plans, as described in the report, with focused work taking place to clear the backlog while managing current demand.

Ms Jordan would meet with each AERG group to consider what additional work could be done to improve the position. She had previously met with senior colleagues in Acute Services and would convene a short life working group to identify any efficiencies to improve the process.

One area of focus would be to support lead reviewers to improve the quality of reports being provided, to avoid any rework at a later stage. An improvement plan would be developed to be monitored through the RARSAG. Work had also begun to define and develop key performance indicators to show performance across the system.

Committee members discussed the report and emphasised the importance of closing overdue reports and actions plans in a timely manner. Ms Jordan advised in reply to a question from a member that while there was capacity within Acute services in terms of the number of individuals trained to carry out reviews, there was a need to support staff carrying out reviews, for example through job planning, and this would be discussed further at local level. Members supported the improvement work planned and the Committee would continue to monitor progress.

Outcome: Committee members noted the Q1 assurance report and received assurance that appropriate steps are being taken to address issues highlighted by data contained within the report.

9.3 **Adverse Event Review Group (AERG) annual assurance Report**

The Director of Clinical and Care Governance, Ms Geraldine Jordan, provided a high level summary of the work of the AERGs, including areas of good practice and opportunities for improvement.

The AERGs were spread across seven Directorates/Specialities. The Groups had continued to meet regularly to facilitate the Board's adverse event processes, with standardised ways of working via terms of reference and administrative standard operating procedures. The AERGs had a focused and professional approach, with good multi-disciplinary attendance at Group meetings. The quality of reports remained high despite the current challenges and pressures faced. There was opportunity identified to review support to reviewers for report writing.

Outcome: Committee members noted the AERG annual report 2023/24 and received assurance of the robust management of the Groups.

9.4 **Risk Issues to report to the Risk and Resilience Scrutiny and Assurance Group (RARSAG)**

There were no risk issues to report to RARSAG.

10. Corporate Governance

10.1 **Minutes**

10.1.1 **Acute Services Clinical Governance Group** – Members noted the approved minutes of the meetings held on 23 May and 25 June 2024.

10.1.2 **Area Drug and Therapeutics Committee** – Members noted the approved minutes of the meetings held on 13 May and 24 June 2024.

10.1.3 **Paediatric Clinical Governance Group** – Members noted the draft notes of the meeting held on 21 June 2024.

10.1.4 **Prevention and Control of Infection Committee** – Members noted the draft minute of the meeting held on 25 July 2024.

10.1.5 **Primary and Urgent Care Clinical Governance Group** – There were no minutes to report.

10.1.6 **Research, Development and Innovation Committee** – Members noted the draft minute of the meeting held on 12 June 2024.

11. Points to feed back to NHS Board

11.1 The Committee agreed that the following key items be raised at the NHS Board meeting on 7 October 2024:

- Patient Experience themed report
- Mental Health and Wellbeing Strategy
- HCAI reports
- Quality and Safety Paediatric report
- Food Fluid and Nutrition HSE visit action plan update

- Clinical and Care Governance annual reports from East Ayrshire, North Ayrshire and South Ayrshire HSCP
- NHSAA Framework for Spiritual Wellbeing 2024-2029
- Public Health screening programmes
- Strategic risk register Quarter 1 report and Significant Adverse Event Review Quarter 1 report.

12. Any Other Competent Business

12.1 **OPAH Standard 15.4 assurance update** – please see item 4, matters arising, above.

13. Date and Time of Next Meeting
Monday 4 November 2024 at 9.30am, MS Teams

Signed by the interim Chair, Mrs Joyce White Date: 4 November 2024