

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 27 September 2022 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Mr J. Encombe, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member; Mr P. Knight, Non Executive Board Member; Mr P. Murray, Non Executive Board Member.

In attendance: Ms J. Balkan, Talent Management and Succession Programme (shadowing); Ms M. Barrow, Chief Officer, Midlothian Health and Social Care Partnership; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Mr J. Connaghan, Board Chairman; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Dr K. Dee, Deputy Director of Public Health; Mr M. Dolan, Head of SMART Services (item 30.3); Ms B. Flynn, Deputy Chief Nurse (patient story); Mr S. Garden, Director of Pharmacy; Ms T. Gillies, Medical Director; Ms Y. Lawton, Interim Head of Health, West Lothian Health and Social Care Partnership; Ms J. Long, Director of Primary Care; Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Ms J. Morrison, Head of Patient Experience; Dr R. Millar, Consultant in Public Health (item 33.4); Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Mr C. Stirling, Site Director, Western General Hospital (item 32.1); Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms F. Wilson, Head of Health, West Lothian Health and Social Care Partnership; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Councillor S. Akhtar, Non Executive Board Member; Mr J. Crombie, Deputy Chief Executive; Ms G. McAuley, Nurse Director, Acute Services; Dr D. Milne, Director of Public Health and Health Policy; Mr A. Short, Director of Women's and Children's Services.

Chair's Welcome and Introductions

The Chair welcomed members to the meeting and members introduced themselves.

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared.

27. Patient story

- 27.1 The chair welcomed Ms Flynn to the meeting and she described the pathway of a patient which had been investigated as part of an Initial Case Review after concerns were raised. The patient was diagnosed with colorectal cancer and was discharged from the acute hospital on an end of life care pathway. The Initial Case Review identified a number of concerns with communication and documentation between the acute hospital and community nursing teams and care agency staffing which meant that the hospital acquired pressure ulcer was not identified or reported to community

teams until it reached grade 4. Once the pressure ulcer had been identified, the patient was admitted to a community hospital and improved. Once the Initial Case Review was completed there would be further actions for improvement and this would be shared with other teams.

- 27.2 One aspect highlighted was the documentation and sharing of patient information between acute hospital and community nursing teams. Mr Murray asked about the potential for the National Care Service to mitigate the risks arising from different systems. It was noted that although there were no shared documentation systems between health and the care agencies, agreements were in place between all organisations involved in a patient's care to share information. These systems were only effective if the relevant, proportionate information was documented by the professionals involved. In response to a question about the short term solutions Ms Flynn advised that one of the actions from the Review was to consider how discharge summaries and other documentation could be improved and how communication between community nursing and care agency worked.
- 27.3 Ms Proctor advised that a second problem in this case was whether the staff responsible for the day to day care of the patient recognised were able to recognise the problem and understand that they should communicate this to the nursing team. Work was ongoing with the care agency to review appropriate training.
- 27.4 There was discussion about whether a single responsible person could oversee the various interventions a patient might have. Patients being cared for at home were under the care of their GP, and some elderly or vulnerable patients may also have a social worker, but it was noted that many people being cared for in the community had other interventions and did not see the GP regularly.

28. Minutes from Previous Meeting (19 July 2022)

28.1 Healthcare Governance Committee Terms of Reference

- 28.1.2 It was agreed that Ms Gillies, Ms Bennett and Mr Thompson would revise the Terms of Reference and bring them back for approval at either the next meeting in November 2022 or at the meeting in January 2023. **TG / JB / DT**

28.2 Minutes from Previous Meeting (19 July 2022)

- 28.2.1 The minutes from the meeting held on 19 July 2022 were approved as a correct record. An addition to the 'patient story' item was agreed, to reflect the fact that there was discussion about the issues raised and operational actions were agreed. It was noted that specific details about these actions should not be included in the public minutes as this was identifiable information relating to an individual family. Ms Gillies advised that all the actions agreed had been followed up and that she and Mr Short had been in touch with the parents to update them; the letter had been circulated around the Committee.
- 28.2.2 The updated cumulative action note from the meeting had been previously circulated.
- 28.3 **Management and Assurance Reporting of NHS Lothian Hosted Services**

- 28.3.1 Ms Bennett presented the previously circulated paper. Ms Bennett advised that there were a number of reporting routes from hosted services including the Health and Social Care Partnerships annual reports to the Healthcare Governance Committee, Staff Governance Committee and Finance and Resources Committee. The annual reports received by the Healthcare Governance Committee was focussed on the Committee's remit of person centred, safe and effective care.
- 28.3.2 Mr Connaghan described the delegation of hosted services to Health and Social Care Partnerships and the requirement for the partnership to deliver to the required standard of the Health Board. In response to a question from Mr Encombe about reviewing best practice and sharing learning across Hosted Services, and a concern around hosted services not featuring on the corporate risk register, Mr Campbell noted that the mechanism for providing assurance where standards were not being met in specific areas were the same for hosted services as with all other areas. The governance responsibility was with NHS Lothian, but the services were managed by the Health and Social Care Partnerships. If there were any concerns about a specific area then a further report would be requested.
- 28.3.3 The legal framework within which the Integration Joint Boards were created allowed some services to be delegated to a particular Health and Social Care Partnership to manage. These were usually smaller services where it did not make sense to divide them into separate services for each Health and Social Care Partnership, so they were hosted by one partnership and provided a service for the whole area. The hosting of individual services by a specific partnership could be changed as required.
- 28.3.4 It was noted that there was no requirement for hosted services to be on the Corporate Risk Register unless the host was unable to mitigate any operational risks identified.

29. Emerging Issues

29.1 Automated Prescription Locker Boxes

- 29.1.1 Ms Gillies presented the previously circulated paper. The legal advice received by NHS Lothian on the locker boxes was different to that received by the community pharmacies. The solicitors on each side were working to come to an agreement. The Scottish Government was aware of these issues.
- 29.1.2 Ms Gillies advised that the Scottish Government had changed the regulations but this would now not be in line with MHRA regulations, and this had not yet been resolved.
- 29.1.3 The Director of Pharmacy would continue to monitor this position and would report back to the Committee with any developments. **SG**

30. Health and Social Care Partnerships Annual Reports

30.1 East Lothian Health and Social Care Partnership Annual Report

- 30.1.1 Ms Wilson gave a presentation. The report had been previously circulated. The committee commended East Lothian's systems and processes in delivering safe, effective and person centred care.

- 30.1.2 There was discussion about the mechanisms for feedback and complaints processes. Ms Cowan confirmed that there was a 50:50 split in the number of complaints which were upheld and further advised that Care Opinion was also used as a forum for receiving feedback from patients and information was used to inform improvements and themes were shared across the partnership. This would be included in future reporting.
- 30.1.3 The improvements in delayed discharges were recognised, East Lothian was now the best performing Partnership in Scotland.
- 30.1.4 Ms Cowan described the internal assurance processes of the Lothian Accreditation & Care Assurance Standards (LACAS) tool and the progress being made in improving standards and the development of tools for OPD and Endoscopy settings.
- 30.1.5 Members accepted the recommendations laid out in the paper.
- 30.2 Edinburgh Health and Social Care Partnership Annual Report
- 30.2.1 Ms Proctor gave a presentation. The report had been previously circulated. Mr Murray highlighted the innovative work done with the governance group and the Integration Joint Board.
- 30.2.2 In response to a request about primary care data, it was noted that GP practices were independent contractors and therefore NHS Lothian did not have detailed activity data. Ms Long advised that other measures including the services provided by GP practices were available. It was noted that in both West Lothian and Midlothian the clinical directors were working with GP practices on reporting on the 12 indicators, including patient centred, safe effective care.
- 30.2.3 Ms Proctor advised that the plan was that the first phase of the bed based review would be completed within the next 12 months. Following this work would move to mental health beds and then planning for housing to be built that would meet 'home for life' standards.
- 30.2.4 The chair sought assurance on the impact of the delayed discharges on patient outcomes for people remaining in hospital beyond their optimum discharge date. Ms Proctor stated that the Health and Social Care Partnership, while focussing on improving performance in this area, had not itself undertaken specific work in this area. Ms Gillies advised that other research illustrated that there was an adverse impact.
- 30.2.5 Ms Proctor advised that the Partnership was working with the Scottish Government and NHS Lothian on improvements on delayed discharges and acknowledged that delayed discharges were a longstanding issue in Edinburgh but improvement trajectories had been set. Mr Campbell advised that although the improvement trajectory set had been achieved, this was itself not enough to ensure the safety of the acute system over winter and significant challenges remained. One of the outcomes of delayed discharge was the safety concerns in the hospital setting due to the impact of reducing access to beds for other patients.

30.2.6 Ms Proctor noted that the challenges are in social care capacity, not healthcare provision, however whilst the committee were cognisant of the workforce pressures in that sector the impact of delayed discharge on the ability of the system to provide safe, effective, person centred care across the health system was noted.

30.2.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall and recognised the good work in many areas of the Partnership, but agreed to accept only limited assurance in relation to the impact of the delayed discharge position as the risk of an adverse outcome for those patients who were unable to be discharged from hospital with a package of care or to a care home was recognised and remaining in hospital affected the provision of effective and person centred care when care in a homely environment was required..

30.3 SMART Centre Update

30.3.1 Ms Proctor presented the previously circulated paper.

30.3.2 In response to questions it was confirmed that there was carer and user involvement in the consortium to ensure the patient voice was heard in the review of the service.

30.3.3 Mr Dolan advised that the service had achieved an improvement in waiting time from 12 months to 5 months but that there were currently 14,000 people who now had wheelchairs older than the manufacturers recommended lifespan and there was no maintenance programme funding. All the other regions in Scotland were in a similar position. The chair asked Mr Dolan about the operational actions to manage this large number of patients waiting on updated equipment and clarified that this was recorded on the local risk register. In reference to further questioning about the mitigations being applied locally Mr Dolan referenced the work of strategic planning in developing the proposal for improvement which aimed to reduce the waiting time to 4 weeks over the next 18 months and to increase funding so that the equipment needed could be purchased as recommended by the external report. The plan would be taken to the East Region Board in December 2022. In further discussion challenging the service responsibility alongside the remit of strategic planning Mr Dolan stated that operationally if a patient was seen in the clinic due to discomfort with their wheelchair then this would be replaced.

30.3.4 Members accepted the recommendations laid out in the paper. A paper was requested for the next meeting showing the risk stratification in the service which ensured that patients at significant risk were prioritised for appointments and equipment. The Strategic Improvement Plan for the service would also be submitted at the meeting in January 2023 following approval at East Region Board. **JP**

30.4 Midlothian Health and Social Care Partnership Annual Report

30.4.1 Ms Stratton gave a presentation. The report had been previously circulated. As a member of the Midlothian Integration Joint Board, Mr Encombe commended the open and reflective culture of the leadership team.

30.4.2 The feedback from the palliative care project using the British Institute of Human Rights monitoring framework had been positive and more work would be done on

how to appropriately feedback the results to those who participated, staff and families, and to share these more widely. The possibility of delivery of training on a human rights based approach in care homes would also be considered.

- 30.4.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

30.5 West Lothian Health and Social Care Partnership

- 30.5.1 Ms Yule and Ms Lawton gave a presentation. The report had been previously circulated.
- 30.5.2 There were a number of positive examples highlighted by the committee and a suggestion made around sharing these across the Partnerships.
- 30.5.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

31. Person Centred Culture

31.1 Complaints Development and Improvement Programme

- 31.1.1 Ms Morrison presented the previously circulated paper.
- 31.1.2 The committee acknowledged and accepted the revised timeline set out in the action plan.
- 31.1.3 In response to a comment from Mr Encombe Ms Morrison acknowledged the need to consider the potential barriers to the implementation of the patient experience strategy as part of the consultation.
- 31.1.4 Members accepted the recommendations laid out in the Complaints Development and Improvement Plan and accepted moderate assurance.

31.2 Patient Experience Annual Report

- 31.2.1 Ms Morrison presented the Patient Experience Annual Report, setting out performance against the 9 key performance indicators detailed in the national Complaints Handling Procedure.
- 31.2.2 Members noted the themes in the annual report. It was reported that the difficulty for patients in contacting the waiting list office due to the high volume of calls was partly to do with the treatment time guarantee letters information patients of the statutory waiting times which the Scottish Government required Boards to send to all patients on a treatment time guarantee waiting list. These letters caused confusion as these waiting times were not currently being met.
- 31.2.3 Another issue was a website set up by the Scottish Government whereby patients could calculate their waiting time by speciality according to average waiting times in the previous period. As urgent backlog cases were currently being treated following covid restrictions this data was giving a false impression as the urgent cases had a

shorter waiting time than routine cases. Also, NHS Lothian uses the 90th percentile to show waiting times data, indicating the time by which 90% of patients had received treatment, but the website used and average, which did not represent the longer waits

31.2.4 The two issues above were adding confusion and providing misleading information to patients and there had been discussion with the Scottish Government on both of these.

31.2.5 The committee approved the annual report for submission to the Scottish Government.

31.3 Data Loch Person Centred Work Update

31.3.1 Ms Gillies presented the previously circulated paper. She noted that a list of people who had asked to use the data was currently held, but that they were currently going through the security and governance requirements before getting access.

31.3.2 It was noted that excluding use of the data by commercial companies could cause opportunities for innovation to be missed and that a transparent process for those using the data was required.

31.3.3 Members clarified that they would wish future reports to describe commercial use and access to the data.

31.3.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

32. **Safe Care**

32.1 High Risk Breast Screening Programme – update on recommendations

32.1.1 The chair welcomed Mr Stirling to the meeting and he presented the previously circulated paper. Affected women in other Scottish health boards had been followed up. Work was ongoing to contact women who had moved to other parts of the UK. There was no information on these women at the moment, so they may not need to be recalled, but this would be established.

32.1.2 74 women had not responded to contacts made. Dr Dee advised that the standards from the breast screening process were used and all opportunities for contact with these women had now been exhausted as set out in a previous paper at this Committee. The attendance rate had been high at over 70%.

32.1.3 Members accepted the recommendations laid out in the paper.

32.2 Paediatric Audiology update

32.2.1 Ms Gillies presented the previously circulated paper. It was noted that it was difficult to draw overall themes from the meetings with families affected as experiences had been very specific and many of the children had significant additional needs.

- 32.2.2 In order to improve the cultural issues in the relationship between patient and professional raised as part of the report, Ms Gillies advised that peer support for staff had now been introduced with specialists in Glasgow. There would now also be a national review which would bring greater awareness of the issues raised within the specialty.
- 32.2.3 Ms Gillies would bring a paper to the Committee in January 2023 updating progress on the physiological services measurement framework quality control work that was ongoing to ensure what other services would also benefit from the outcome of the Paediatric Audiology report and that any concerns in these areas were addressed. The paper would also include information about opportunities for additional external assessment. **TG**
- 32.2.4 The improvement plan for Paediatric Audiology was on track and the full report would come to the Healthcare Governance Committee and to the Board. A verbal update at the next meeting was also requested. **TG**
- 32.2.5 Members accepted the recommendations laid out in the paper.

32.3 Drug Related Death Annual Report

- 32.3.1 Dr Dee presented the previously circulated paper. It was agreed that this report would continue to be submitted to the Healthcare Governance Committee each year and then to the Board due to the high profile of this issue.
- 32.3.2 Members accepted the recommendations laid out in the paper.

33. **Effective Care**

33.1 Actions to reduce Did Not Attend rates, including equalities data

- 33.1.1 Ms Campbell presented the previously circulated paper. It was noted that the timescale of implementation of the improvement plan was November 2024, but that the implementation would be phased with full performance and project plans introduced by service.
- 33.1.2 Members accepted the recommendations laid out in the paper. A further update would be brought to the Committee in March 2023. **JCa / DM**

33.2 Oral Health Service Annual Report

- 33.2.1 Ms Long presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

33.3 General Practice Out of Hours Service Annual Report (LUCS)

- 33.3.1 Ms Long presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

33.4 Bowel Cancer Screening Annual Report

- 33.4.1 The chair welcomed Dr Millar to the meeting and she presented the previously circulated paper. Ms Gillies noted that in England there was a twice yearly quality screening of colonoscopists on the number of polyps detected. A similar review was not in place in Scotland but there was a move to introduce this nationally. Training for colonoscopists was being supported.
- 33.4.2 Ms Gillies advised that screening was one of three streams of work in colonoscopy along with symptomatic patients and surveillance of known high risk patients.
- 33.4.3 Dr Millar agreed to ask for deprivation data to be added to the national colonoscopy screening uptake data.
- 33.4.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34. Exception Reporting Only – reports provided

34.1 Duty of Candour Annual Report

- 34.1.2 Members approved the report for publication.

34.2 Members noted the following previously circulated papers:

- 34.2.1 Cervical Cancer Screening Annual Report;
- 34.2.2 Sexual Health and Blood Borne Virus Programme Board Annual Report;
- 34.2.3 Care Home Annual Report;

35. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 35.1 Clinical Management Group, 14 May 2022, 9 August 2022;
- 35.2 Area Drug and Therapeutics Committee, 10 June 2022;
- 35.3 Organ Donation Sub Group, 18 August 2022;
- 35.4 Public Protection Action Group, 6 June 2022.

36. Corporate Risk Register

- 36.1 Ms Bennett presented the previously circulated paper. Members accepted the recommendations laid out.

37. Reflection on the Meeting

- 37.1 Ms Ireland agreed to highlight the following items in the Committee chairs' updates at the next Board meeting: Paediatric Audiology and the physiological services measurement framework; limited assurance taken regarding the safety concerns around delayed discharges in Edinburgh Health and Social Care Partnership; Drug Related Deaths Annual Report.

FI

- 37.2 Ms Ireland also agreed to highlight the workforce and recruitment issues affecting healthcare governance to the Staff Governance Committee. There were already various streams of work ongoing to mitigate these concerns. **FI**

38. Date of Next Meeting

- 38.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 29 November 2022** by video conference.

39. Further Meeting Dates

- 39.1 Meetings in 2023 would take place at 13.00-16.00 on the following dates:
- 24 January 2023;
 - 14 March 2023;
 - 23 May 2023;
 - 18 July 2023;
 - 26 September 2023;
 - 28 November 2023.

Signed by Chair 29.11.2022