

#HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 24 January 2023 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); 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. Bennett, Associate Director for Quality Improvement and Safety; Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms J. Corcoran, Chief Nurse for Clinical Education; Mr M. Dolan, Head of SMART Services (item 59.1); Mr S. Garden, Director of Pharmacy; Ms T. Gillies, Medical Director; Ms J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services (item 58.1); Mr P. McLoughlin, Strategic Programme Manager (item 59.1); Dr D. Milne, Director of Public Health and Health Policy; Ms B. Pillath, Committee Administrator (minutes); Ms L. Rumbles, Partnership Representative; Mr A. Short, Service Director, Women's and Children's Services; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Ms C. Swift, Head of Quality Improvement and Patient Safety; Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership (item 59.1); Ms A. White, Chief Officer West Lothian Health and Social Care Partnership; Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Cllr H. Cartmill, Non Executive Board Member; Mr J. Connaghan, Board Chair; Mr J. Encombe, Non Executive Board Member; Ms J. Morrison, Head of Patient Experience; Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership.

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.

55. Patient story

- 55.1 A patient story had not been prepared for this meeting. It was agreed that a timetable for who would provide these for the 2023/24 workplan would be drawn up. The patient story should be words from the patient's own point of view rather than clinical analysis of a patient's experience.

56. Minutes from Previous Meeting (29 November 2022)

- 41.1 The minutes from the meeting held on 29 November 2022 were approved as a correct record.

57. Matters Arising

57.1 Revised Healthcare Governance Committee Terms of Reference

- 57.1.1 The Terms of Reference would be reviewed to update references to the structures the Healthcare Governance Committee was part of and how the remit would fit in with other Governance Committees.

58. Assurance Focus

58.1 Mental Health Services Assurance Report

- 58.1.1 The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. In response to a question about patient advocacy, Ms McKigen advised that the Patient Council provided collective advocacy for patients and would highlight themes and concerns. All patients were also given details regarding organisations that would provide advocacy.
 - 58.1.2 Ms McKigen advised that more than 50% of the complaints received for the service were in relation to waiting times, but that this would reduce as the position was improving. A number of complaints related to staff attitude and work was being done to improve this including work with senior charge nurses on addressing individual concerns using PDP conversations. Carer's champions had also been introduced to support carers which gave them a single point of contact in the ward.
 - 58.1.3 The high rate of completed PDP appraisals was noted. This had been improved from a 30% completion rate with a focussed piece of work that recognised that PDPs the importance of PDP conversations in a busy clinical area.
 - 58.1.4 In response to a question about the impact of high occupancy levels on the provision of safe care, Ms McKigen advised that risk mitigation was in place but that the Scotland wide recruitment difficulties meant that staff vacancies continued. Therapies staff helped to support nursing staff in some tasks for instance patient passes. It was noted that most of the services in REAS were outpatients and therefore not affected by occupancy levels. There had been no increase in adverse events reported regarding patient safety.
 - 58.1.5 Improvement work was taking place to ensure patient discharges were patient centred and feedback from the Patient Council had been integrated in the approach. Patients were now prepared for discharge earlier to ensure they were ready and understood the process.
 - 58.1.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- ### **58.2 Out of Area Placements Team Annual Report**
- 58.2.1 Ms McKinley presented the previously circulated paper. In response to a question about whether there was a similar process for physical health services commissioned

out of area, Ms Gillies advised that the process was different because physical health services did not require the long lengths of stay involved in mental health services.

- 58.2.2 Ms McKinley advised that there had been no recent concerns raised about out of area private providers and noted that patients were reviewed by NHS Lothian clinicians in person monthly.
- 58.2.3 There was discussion as to whether there was significant assurance on the process in place for out of area placement, however it was agreed that as NHS Lothian was not sighted on all the risks as care was provided away from its own facilities that significant assurance could not be taken. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

59. Person Centred Care

59.1 SMART Service Strategic Improvement Plan

- 59.1.1 The chair welcomed Mr Dolan to the meeting and he presented the previously circulated paper. Further discussion was needed as to whether the changes made to medical devices to make them bespoke for patients met the definition of manufacturing devices and therefore the standards for this must be met, as presented in the paper.
- 59.1.2 It was noted that there was a risk that the full capital investment requested for the strategic improvement plan may not be provided and decisions on priorities would have to be made. This would also be necessary for the future as even the full capital investment would not be enough long term as the population increased.
- 59.1.3 A further update would be brought to the Committee once the improvement plan had been brought to the East Region Programme Board and the Corporate Management Team. The report should focus on the remit of the Healthcare Governance Committee of outcomes for patients and safe, effective, person centred care rather than operational and financial considerations which were covered by other processes.

JP

60. Safe Care

60.1 Patient Safety Annual Report

- 60.1.1 Ms Bennett presented the previously circulated paper. She advised that the median falls rate in Scotland overall was 7.8 and that NHS Lothian's rate was 9.1. NHS Lothian's rate was not reducing but was also higher than the Scottish mean. A work programme was in place and a falls champion had been appointed. Trends were monitored on a ward by ward basis and other interventions had been implemented.
- 60.1.2 It was noted that NHS Lothian had a history of reporting all falls incidents on Datix which may mean the statistics are higher than other Boards, but also meant that all incidents were investigated and the impact improvement interventions could be measured.

- 60.1.3 Ms Bennett advised that priorities for primary care improvement projects were identified following discussions with cluster leads and the medical director for primary care. Although the decision on which areas to focus on was qualitative and based on the experience of clinicians, there must be baseline data and an evidence base for patient safety improvement.
- 60.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall, with limited assurance on pressure ulcer reduction.
- 60.2 Healthcare Associated Infection
- 60.2.1 Ms MacDonald presented the previously circulated paper. There was ongoing discussion about how the risk would be represented on the Corporate Risk Register.
- 60.2.2 Members accepted the recommendations laid out in the paper.
- 60.3 Public Protection Update
- 60.3.1 Ms MacDonald presented the previously circulated paper. It was noted that the data provided was dated July 2022, this was due to the collation and quality assurance process.
- 60.3.2 It was suggested that the development areas laid out in the Annual Report on page 20 could be more focussed on outcomes. Ms MacDonald would discuss this with the team.
- 60.3.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

61. Effective Care

- 61.1 Paediatric Audiology Review Final Report
- 61.1.1 Ms Gillies presented the previously circulated paper. Ms Gillies noted that the numbers of children affected given in the British Audiology Association follow up report were misleading – of the 92 cases mentioned in the report 6 cases were identified as having deafness not diagnosed. The other cases had problems with patient management. It was suggested that the British Audiology Association could be asked to amend the report so that the numbers were correct and it could then be published along with the contextualisation given in the circulated paper.
- 61.1.2 A business case was in progress for a quality control system to be used nationally; this was in response to the original BAA report highlighting that the quality control system in Scotland was less robust than in England. This was in relation to national systems rather than NHS Lothian's failings.
- 61.1.3 Ms Gillies advised that of those families seeking litigation there were a variety of claims due to different individual circumstances.

61.1.4 The full paper to go to the Board would be submitted to the next meeting, including the updated action plan, a stakeholder engagement plan for publication of the report and updated figures. **TG**

61.1.5 Members accepted the recommendations laid out in the paper.

61.2 Annual Quality Report

61.2.1 Ms Bennett presented the previously circulated paper. She advised that the implementation of the quality process was reliable but there was a need to strengthen quality planning and quality control including continually using data to monitor clinical outcomes for all services. There were also some data constraints which needed to be worked on.

61.2.2 Ms Bennett advised that work on quality improvement with GP quality clusters was in progress and was developing. They were now using quality control data to ensure improvement focus was in the right areas and forum discussions took place with outside experts joining discussions. Ms Gillies noted that the cluster leads had been established by the Scottish Government as part of the GP contracts and were resourced but not directed by the Health Board. Work was focussed on influencing the quality clusters to use data to consider improvements that would impact all the clusters, and sharing improvement examples to build interest.

61.2.3 It was noted that due to the independent contractor GP model there would continue to be limitations on oversight of data. Ms Bennett advised that GP practice self assessments showed the different positions in different areas.

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

62. Exception Reporting Only – reports provided

Members noted the following previously circulated papers:

- 62.1 Breast Cancer Screening Annual Report;
- 62.2 Tissue Viability Annual Report;
- 62.3 Edinburgh Transplant Service Annual Report;

63. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 63.1 Clinical Management Group, 8 November 2022;
- 63.2 Area Drug and Therapeutics Committee, 7 October 2022;
- 63.3 Organ Donation Sub Group, 17 November 2022;
- 63.4 Policy Approval Group, 6 September 2022.

64. Corporate Risk Register

64.1 Ms Bennett presented the previously circulated paper. She advised that risks on the corporate risk register were overseen by the Quality Improvement Team who met

with risk owners of each risk every two months and risks were then updated at the Corporate Management Team and then at the Board. Any concerns were also discussed at the Strategic Planning and Performance Committee. Many of the risks were also monitored continuously by the relevant programme boards. Any concerns about risks not on the corporate risk register could be raised at the Corporate Management Team which would recommend to the Board that a new risk be added. Annual reports and more regular updates relevant to risks were also brought to this Committee which could request more oversight if there were any concerns.

64.2 Members accepted the recommendations laid out in the paper.

65. Reflection on the Meeting

65.1 There were no specific items to be highlighted at the Board or to another Board Committee.

66. Date of Next Meeting

66.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 14 March 2023** by video conference.

67. Further Meeting Dates

67.1 Further meetings in 2023 would take place at 13.00-16.00 on the following dates:

- 23 May 2023;
- 18 July 2023;
- 26 September 2023;
- 28 November 2023.