

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 25 January 2022 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Ms J. Clark, Partnership Representative; Dr P. Donald, Non Executive Board Member; Mr J. Encombe, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms S. Mackie, Patient and Public Representative; Ms T. Miller, Employee Director; Mr D. Stavert, Patient and Public Representative.

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms J. Campbell, Chief Officer Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr M. Dolan, Head of SMART Services, Consultant Clinical Scientist (item 58.1); Ms T. Gillies, Medical Director; Ms G. McAuley, Nurse Director Acute Services; Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Professor A. Timoney, Director of Pharmacy; Mr P. Wynne, Interim Executive Nurse Director; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Dr J. Long, Director of Primary Care.

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.

51. Minutes from Previous Meeting (16 November 2021)

- 51.1 The minutes from the meeting held on 16 November 2021 were approved as a correct record.
- 51.2 The updated cumulative action note had been previously circulated.

52. Patient Story

- 52.1 Ms Mackie read out feedback submitted on Care Opinion from a patient who had been admitted to hospital with covid and had spent 110 days in intensive care at the Western General Hospital as well as time in wards 42 and 52. The feedback was positive and thanked staff at all levels including cleaners, nurses and doctors for their care and commitment during the whole period, commenting that intensive care staff had found time to visit the patient on ward 42 once she had been moved. The patient was also being treated for pulmonary fibrosis as a result of the intensive care stay.
- 52.2 Members noted how this highlighted the commitment of all staff to caring for patients.

- 52.3 Ms Gillies advised that well developed support was available for patients with physical and psychological needs as a result of a long stay in intensive care including a respiratory care home team to support patients with pulmonary fibrosis.
- 52.4 In addition, work was starting with Chest, Heart and Stroke Scotland on support for patients with long covid. This was based on a mobile application used to monitor symptoms and access appropriate support. This was currently a trial with 5 patients per week with capacity limited by resources at Chest, Heart and Stroke. In future this could be available more widely and the model could also be used for other conditions. An update and demonstration would be brought to the next meeting. **TG**
- 52.5 Professor Timoney advised that the SIGN had also developed prescribing guidelines for long covid and was now gathering evidence to expand this to cover children's prescribing.
- 53. Matters Arising**
- 53.1 Patient non attendance at appointments
- 53.1.2 Ms Campbell advised that work on understanding demographics and drivers for non attendance was complex and was in progress. The programme board was also working on some actions to improve communication with patients and being more flexible in ensuring appointments suited patients. A full quality improvement process was being considered for this work. An update would be brought to the Committee at the next meeting including timescales and deliverable actions. **JCa**
- 53.2 Electronic communication for patients with sight difficulties
- 53.2.1 Ms Campbell advised that all patients had the option to opt in for electronic communications if they struggled to read letters due to sight difficulties. This had been in place for some time but the take up was low.
- 53.2.2 It was not currently possible to print letters from TRAK in a larger font but this had been raised and was on the list for TRAK upgrades.
- 53.3 Healthcare Governance Committee Workshop
- 53.3.1 The notes from the workshop held on 20 January 2022 would be circulated along with the recommendations agreed. This would be discussed further at the next meeting. **FI**
- 53.4 Paediatric Audiology
- 53.4.1 Ms Gillies presented the previously circulated paper. Following further press coverage on the report in the previous week there had been 15 calls to the helpline, 4 of which were from patients directly affected who had received a letter, and the others were from those with concerns having heard about the report. Each enquiry was being followed up individually.
- 53.4.2 An extra column in the actions table in the paper showed the read across of actions taken from the recommendations in the three reports. Ms Campbell was meeting with the team regularly to work through the actions. All urgent actions were now completed

and work was in progress on those to be done within 12 weeks. The Quality Improvement Team was also working on governance aspects including education and learning from complaints and incidents.

- 53.4.3 A national review group for Audiology was being set up and it was noted that NHS Lothian could helpfully contribute to this to benefit audiology services and patients across Scotland.
- 53.4.4 The importance of staff learning and education in dealing with patient complaints or disagreements in ensuring that legitimate concerns were listened to and acted upon was noted. This was part of staff working in a stable environment with recognised boundaries which would make them confident in investigating concerns.
- 53.4.4 Members commended the framework laid out and noted that the patient voice was central. The accepted the recommendations laid out in the paper. Progress on the action plan would be reviewed at each Healthcare Governance Committee meeting until the actions were complete.

TG

54. Emerging Issues

54.1 Delayed discharge and patient flow

- 54.1.1 Ms Gillies advised that the challenges around patient flow and delayed discharge continued to be a real concern, and noted the risk to patient experience and planning due to placement at a distance from home.

54.2 Breast Screening

- 54.2.1 There had been media coverage of an administration error that had meant some women had not been offered routine breast screening appointments. Dr Milne advised that all women identified as being affected in Lothian had been offered appointments on the following two Saturdays or were able to arrange one during the week to suit them. A helpline had been set up and 12 calls had been made, one of which needed clinician input.
- 54.2.2 In addition to the women identified in Lothian, there were a further 60 women who had moved out of Scotland to the rest of the UK, and 67 women who had moved elsewhere in Scotland. Work was in progress to identify their needs.
- 54.2.3 Work had started on setting out principles which would determine whether women had suffered harm from the delay. The Scottish Government had also asked all Boards to review their processes.

55. Mental Health Delegated Services

- 55.1 The Chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. This paper had been considered by the patient and public representatives' group. Ms McKigen advised that the delayed discharges in the service were having a huge impact and solutions were being sought in all possible areas to improve patient flow – housing, care at home and care homes. Ms Proctor reported that 35% of care homes in Edinburgh were currently closed due to covid outbreaks or

staffing issues, limiting the number of patients that could be discharged there. Care home places where mental health support was available were also limited and work was ongoing to improve this. There were also staffing shortages with packages of care currently. There were good relations with the housing department at the City of Edinburgh Council and opportunities for supported accommodation where there were new housing developments in Edinburgh were being considered.

- 55.2 It was noted that the mental health services in West Lothian were managed by West Lothian Health and Social Care Partnership and not by REAS; information on this service was provided to the Committee as part of the West Lothian Health and Social Care Partnership Annual Report.
- 55.3 Ms McKigen agreed to add more information to the impact on equalities section in the next report, noting that there was national work ongoing with the Mental Welfare Commission.
- 55.4 Ms McKigen advised that there was regular contact with the patient council on running of REAS services, and that this was one an active group, for instance one of the first sites in Scotland to run human rights training sessions for staff, patients and members of the public.
- 55.5 In response to a question from a Committee member about how the Committee could be assured that any of problems in the service were identified and considered in sufficient depth, Ms Gillies advised that this was part of constructive dialogue with the senior management team and that individual reports could be seen in the context of other reports and processes, for instance adverse events reviews. The executive team brought up any emerging issues as they arose. The Scottish Patient Safety Programme Annual Report also reported on the mental health programme which included comparators with other boards and national groups.
- 55.6 Ms McKigen advised that the reporting of adverse events was encourage and that weekly meetings were held to decide the level of review required, including review outwith the team, and this was done with the involvement of the quality team.
- 55.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

56. Person Centred Culture

56.1 Patient Experience and Feedback

- 56.1.1 Ms Morrison presented the previously circulated paper. She noted that the strategy included proactive patient feedback as well as complaints.
- 56.1.2 It had previously been agreed that reporting on the patient experience standards would be split between three reports at different meetings but members agreed this should be reconsidered as a single report would provide a more rounded view. Patient experience also reported to the Planning, Performance and Development Committee.
- 56.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

57. Safe Care

57.1 Healthcare Associated Infection Update, including covid outbreak mitigation

- 57.1.1 Ms Gillies presented the previously circulated. She noted that incidence of infections was slightly higher than the target; this may reflect the high level of occupancy on all sites.
- 57.1.2 It was noted that the corporate risk on covid had changed as many of the areas were now stable, and the risks were associated with several other risks on the risk register. Ms Bennett suggested that all reports should be seen in the context of the covid risk. It was agreed that the level of assurance given on this paper would not change if the covid risk were separated from it.
- 57.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

57.2 Health and Safety – Clinical Governance and Performance Annual Report

- 57.2.1 Ms Gillies presented the previously circulated paper. It was noted that a paper had been submitted to the Staff Governance Committee regarding the fire safety risk. Mr Crombie advised that good progress had been made on mitigation of the risk including surveys and analysis linked to clear actions and timescales. This would be updated to the Staff Governance Committee.
- 57.2.2 Members accepted the recommendations laid out in the paper and accepted limited assurance for fire safety and moderate assurance for all other areas.

57.3 Patient Safety Annual Report

- 57.3.1 Ms Gillies presented the previously circulated paper. Ms Bennett noted that the safety programme had continued throughout the covid restrictions and improvements had continued. This paper had been considered by the patient and public representatives' group. Ms Mackie noted the good work in neonatal services which would improve patient experience and outcomes.
- 57.3.2 It was noted that the incidences of falls and pressure ulcers had increased in recent months and was suggested that this was a reflection of the pressures on the system. Ms McAuley advised that that use of supplementary staffing, the number of patients with acute delirium, reduced patient visiting as well as increased activity in the system all contributed to an increase in falls. The Clinical Management Group was planning to focus on falls work that year.
- 57.3.3 It was noted that improving medicines processes resulting in delay at discharge was part of continuous improvement work in the discharge process. Ms Gillies noted that there was not yet a measurement framework for medicines in the patient safety programme and that it took years for frameworks to become embedded. More complex preparations for patients treated at home has added to the complexity of medicines at discharge. The development of the hospital electronic prescribing system (HEPMA) over the next few years may improve this process.

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

57.4 Delayed Discharge Outcomes

57.4.1 Ms Gillies presented the previously circulated paper. It was suggested that a complimentary piece of work would be research on palliative care and the number of people who had to come into hospital rather than be supported to die in their own homes. Ms Gillies advised that the Palliative Care Collaborative report was on the agenda in the exception reporting and would help with this work.

57.4.2 Members accepted the recommendations laid out in the paper.

58. **Effective Care**

58.1 SMART Centre – update on recommendations

58.1.1 The chair welcomed Mr Dolan to the meeting and he presented the previously circulated paper. The new plan would allow demographics work to be done which would determine what the service needed to provide and the funding required for this, including addressing long waiting times and the backlog of cases. The team were also looking at using a performance framework to indicate the quality of service being delivered.

58.1.2 Mr Dolan advised that there was an active patient representatives' groups which had been involved in planning.

58.1.3 Members accepted the recommendations laid out in the paper. There would be a further progress update at the meeting in May 2022.

JP

58.2 External Providers Update

58.2.1 Ms Campbell presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

59. **Exception Reporting Only**

Members noted the following previously circulated papers:

- 59.1 Organ Donation Annual Report;
- 59.2 Palliative Care Collaborative Annual Report;
- 59.3 MBACE-UK Perinatal Deaths Annual Report;
- 59.4 Clinical Policy and Documentation Annual Report;
- 59.5 Resilience Annual Report.

60. **Other Minutes: Exception Reporting Only**

Members noted the following previously circulated minutes:

- 60.1 Health and Safety Committee, 24 November 2021;

- 60.2 Clinical Management Group, 12 October 2021;
- 60.3 Public Protection Action Group, 15 September 2021;
- 60.4 Policy Approval Group, 14 December 2021.

61. Corporate Risk Register

- 61.1 Ms Bennett presented the previously circulated paper. She advised that the process for agreeing risk levels was that the Corporate Management Team made recommendations on risk to the Board. Their recommendations were informed by the risk levels agreed at governance committees. The Board would delegate the management of individual risks to the relevant governance committee and there was a dialogue between the Corporate Management Team and the governance committees.

62. Reflection on the Meeting

- 62.1 It was agreed that the following items from the discussion would be raised at the next Board meeting: an update on the breast screening administrative error; and work on delayed discharge outcomes. **FI**
- 62.2 It was agreed that the training and development element of the outcome of the paediatric audiology review including the need for staff to be confident in situations of conflict, would be raised at the Staff Governance Committee. **FI**

63. Date of Next Meeting

- 63.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 22 March 2022** by video conference.

64. Further Meeting Dates

- 64.1 Further meetings in 2022 would take place at 13:00 on the following dates:
 - 24 May 2022;
 - 19 July 2022;
 - 27 September 2022;
 - 29 November 2022.