

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 1.00pm on Tuesday 27 July 2021 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 C. Hirst, Non Executive Board Member; Mr D. Stavert, Patient and Public Representative.

In attendance: Dr C. Baptie, Clinical Lead, Community Mental Health Team (observing); Mr J. Connaghan, appointed Board Chair; Mr J. Crombie, Deputy Chief Executive; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Ms M. Hughes, West Lothian Health and Social Care Partnership; Ms G. McAuley, Nurse Director, Acute Services; Professor A. McMahon, Executive Nurse Director; Ms T. McKigen, Service Director, Royal Edinburgh Hospital (item 18.1); Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse; Professor A. Timoney, Director of Pharmacy.

Apologies: Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; 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.

13. Minutes from Previous Meeting (25 May 2021)

- 13.1 The minutes from the meeting held on 25 May 2021 were approved as a correct record.
- 13.2 The updated cumulative action note had been previously circulated.

14. Patient Story

- 14.1 Mr Stavert read out feedback from a patient with sight difficulties who found communication with the podiatry department by email helpful. Mr Stavert noted that the patient group suggested that staff and patients should be made more aware of the possibility of email communication.
- 14.2 Ms Gillies advised that clinical information was not normally sent to patients by email due to security of confidential information but in the small number of cases in which this was required there was a process for approval by the Caldicott Guardian.

Separately, there was an online log in system available which patients could use access to see test results and copies of letters.

15. Matters arising

15.1 Committee assurance

- 15.1.1 Ms Ireland reported that she had agreed with Ms Gillies, Professor McMahon and Ms Bennett that a Healthcare Governance Committee workshop would be held in September or October 2021 to discuss assurance and communication with other governance committees, Integration Joint Boards, and management assurance structures, as well as the structure of the 2022 Committee workplan. It was agreed that the patient and public representatives would be included in the workshop.
- 15.1.2 There was also a sperate meeting planned in September with Alan Payne and all the Governance Committee chairs to discuss a review of the whole governance structure.

15.2 Exit from the European Union

- 15.2.1 Ms Gillies gave a verbal update. There had been no adverse effect of the European Union exit to clinical governance. The Staff Governance Committee would consider workforce and staffing issues.
- 15.2.2 Professor McMahon advised that the staffing problems being experienced by the Board currently were due to the need for staff who were contacts of a covid positive case to self isolate. In addition to this there was usually a 5% nursing vacancy rate throughout the year. Staff had reported skills mix risks for delivery of service and had been asked to datix any staff shortage concerns which would be monitored along with any adverse events. To cover shortages staff were being moved to wards to ensure two registered nurses on each ward. A more detailed written update would be provided at the next Board meeting.

16. Children's Services Programme Board

- 16.1 Professor McMahon presented the previously circulated paper noting that it gave information on the children's services which the Programme Board had examined and given assurance on, many of which did not currently report to the Healthcare Governance Committee.
- 16.2 The aim of the Programme Board had been to ensure oversight over the complicated children's services reporting structure and members agreed that significant progress had been made on this over the last year. It was suggested that children's services reporting could be in several reports at consecutive meetings, each for a different strand of the service, on the model of CAMHS current reporting to the Healthcare Governance Committee.
- 16.3 Tracey Gillies suggested that the next step would be to identify what measures would be used to provide assurance in the different areas of the service and what assurance other groups were already receiving.

- 16.4 Members accepted the recommendations laid out in the paper with an amendment to recommendation 2.2 to accept moderate assurance that there was a Programme Board in place to provide assurance on healthcare governance arrangements for children's services. Members also agreed that recommendation 2.3, which asked that the Committee advised on required assurance reporting, would be discussed at the Committee workshop planned for September or October 2021.

17. Safe Care

17.1 Healthcare Associated Infection Update

- 17.1.1 Professor McMahon presented the previously circulated paper which included the regular report as well as the Infection Prevention and Control Team annual report which would also be reported to the Board at the next meeting.
- 17.1.2 Members recognised the continuous hard work of the Infection Prevention and Control Team in providing clear advice on the implementation of Scottish Government guidance which clinical colleagues had found extremely helpful.
- 17.1.3 In response to a question about infections related to catheterisation, Professor McMahon advised that compliance with standard infection control precautions were key. A high turnover of staff meant that continuous training was required which was challenging when services were under other pressures. The numbers of infections were low and were within the range expected for *Staphylococcus aureus* Bacteraemia and *Clostridium difficile*, and slightly above range for *E. coli* infections.
- 17.1.4 Regarding the mandatory surgical site surveillance, Professor McMahon advised that the Scottish Government had asked for this to be stopped to free capacity for other priorities. The surveillance was a monitoring for infections arising following caesarean section and hip replacement procedures. This was external assurance which provided benchmarking with other Boards. Internal assurance continued, including investigations when a surgical site infection was identified or any concerns were raised.
- 17.1.5 Members accepted the recommendations laid out in the paper.

17.2 Public Protection Update

- 17.2.1 Professor McMahon presented the previously circulated paper. The number of referrals were being monitored as an increase due to covid and lockdown might be expected. A slight increase was recorded in the last quarter but this was not yet a concern. It was agreed that referral numbers would be included in future reports. **AMcM**
- 17.2.2 Members noted that there had been no gender based violence practitioner in post for the past two years. Professor McMahon advised that a midwife who was an expert in gender based violence was covering some of this work but that funding was being sought to fill this important post.
- 17.2.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

17.3 Ockenden Maternity Services Report

- 17.3.1 Ms Gillies presented the previously circulated paper regarding NHS Lothian's response to the interim report on Maternity Services at Shrewsbury Hospital Trust. Ms Gillies advised that external assurance was available on maternity services in the MBRACE-UK report. Internal assurance routes included regular reporting on adverse events and investigation linking to national improvements.
- 17.3.2 Members welcomed the inclusion of patient and staff feedback in the report as a means of identifying possible improvements.
- 17.3.3 Members accepted the recommendations laid out in the report and accepted moderate assurance. Regarding recommendation 2.2, a more structured review would be brought back which would map care in NHS Lothian against the recommendations in the Ockenden report before assurance could be taken.

TG

17.4 Cervical Cancer Screening Annual Report

- 17.4.1 Dr Milne presented the previously circulated paper. This paper had been considered by the patient and public representatives' group. Mr Stavert noted that regarding the data showing that there was a lower screening uptake both in younger women and in women living in more deprived areas the patient group had suggested a public awareness campaign would help increase uptake. Dr Milne advised that the focus for the coming year would be on inequalities. There was no clear idea why the uptake among younger women in Lothian was the lowest in Scotland at only 46% although possible reasons could include the high proportion of student and transient population in Edinburgh.
- 17.4.2 Dr Milne advised that regarding the national problem with sending out appointment letters which was reported in the media, an investigation was underway and a report was awaited.
- 17.4.3 Guidance on screening, including the age range of women offered screening, was set nationally and regularly reviewed according to the population groups where cervical cancer cases were identified.
- 17.4.4 In response to a question about GP capacity for screening Dr Milne advised that resources were now available to add additional GP spaces for screening. Ms Gillies noted that no concerns had been raised about GP screening capacity.
- 17.4.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

18. Effective Care

18.1 REAS Governance – Specialist Regional Services and CAMHS Psychological Services

- 18.1.1 The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. She noted that the new model for reducing the waiting list would be trialled in the north team first as they had a 46% increase in urgent referrals which may

be a result of longer waits. The feedback from the trial would be reviewed by the children's boards with a link to GP practitioners.

18.1.2 It was noted that CAMHS was seeing a 19% increase in referrals in the last year and there had also been an increase in eating disorders referrals in both adults and children. It was not known whether this would stabilise when schools and other services returned to normal post covid restrictions.

18.1.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

18.2 Patient non attendance at appointments

18.2.1 Ms Gillies gave a verbal update. Work was ongoing nationally on making access standards clear and improving public expectations of services. For instance it was not currently clear what the patients' waiting time status was if they declined a digital appointment.

18.2.2 Investigation needed to be done to find out how patients find out about their appointments and what the process was if they needed to change them, and whether this system could be improved. More details were also needed about reasons for patients not attending. Mr Gordon noted that constituents had trouble with digital systems for receiving appointments and did not always understand what the options were when they signed up to receive appointments that way.

18.2.3 Data gathering and analysis was in progress by Ms Campbell's team and a paper would be submitted to the Committee in due course. Mr Stavert noted the patient and public representatives' interest in this area and suggested they review this paper when available for their comments to the Committee.

JCa

18.3 Drug Related Deaths Annual Report

18.3.1 Dr Milne presented the previously circulated paper. Due to the recent reports in the media regarding drug related deaths in Scotland this item had been moved onto the main agenda. The report presented was on the data for 2019. The data for 2020 was due the following week and would be reported to the Committee at its meeting in November 2021. The trend for 2020 was similar to 2019 with a slight increase in drug related deaths in East and Midlothian and a slight decrease in Edinburgh.

DM

18.3.2 The annual report would also go to the Integration Joint Boards as the Drug and Alcohol Partnerships report there.

18.3.3 Members noted recommendations 2.7 and 2.8 in the paper which emphasised that further work was needed to understand drug use in the population and the effectiveness of interventions. Members accepted the recommendations laid out in the paper.

19. **Exception Reporting Only**

19.1 Voluntary Services Annual Report

- 19.1.1 Professor McMahon presented the previously circulated paper and highlighted the important work done by volunteers throughout the service. There were over 700 volunteers working across the services and some had been volunteering for many years. Mr Stavert suggested that information about the role of volunteers should be given a higher profile in the public domain.

19.2 Members noted the following previously circulated papers:

- 19.2.1 Edinburgh Transplant Service Annual Report;
19.2.2 Drug Related Deaths Annual Report.

20. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes

- 20.1 Health and Safety Committee, 19 May 2021;
20.2 Clinical Management Group, 13 April 2021; 11 May 2021; 8 June 2021;
20.3 Public Protection Action Group, 31 March 2021;
20.4 Policy Approval Group, 25 May 2021; 30 June 2021;
20.5 Organ Donation Sub Group, 15 June 2021.

21. Corporate Risk Register

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

22. Reflection on the Meeting

- 22.1 It was agreed that the planned assurance review workshop would be raised at the Board as an idea for other governance committees.
22.2 A paper on staff shortages was already planned for the private session of the next Board meeting.

23. Date of Next Meeting

- 23.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 7 September 2021** by video conference.

24. Further Meeting Dates

- 24.1 Meetings would take place at **1.00pm** on the following dates in 2021:
- 9 November 2021.

Signed by the Chair

Original kept to file