

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 18 July 2023 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Ms J. Clark, Partnership Representative; Mr A. Fleming, Non Executive Board Member; Mr P. Knight, Non Executive Board Member; Mr P. Murray, Non Executive Board Member; Ms L. Rumbles, Partnership Representative.

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms S. Blair, Dementia Nurse Consultant; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Chief Allied Health Professional; Ms M. Carr, Chief Officer, Acute Services; Mr A. Cogan, Non Executive Board Member (observing); Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr A. Davie, Medical Physicist; Ms K. Dee, Deputy Director of Public Health and Health Policy; Ms A. Dixon, General Manager, Royal Edinburgh Hospital and Associated Services (item 21.2); Ms S. Gibbs, Quality and Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms J. Haenow; Ms J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Mr S. McBurney, Associate Director of Pharmacy; Ms A. MacDonald, Executive Nurse Director; Ms L. Mackenzie; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Ms A. Milburn, Interim General Manager, Women's and Children's Services (item 19.1); Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms L. Reilly, Deputy Associate Nurse Director, Royal Hospital for Children and Young People (item 19.1); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute; Ms C. Wyllie, Director of Public Protection; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Mr C. Campbell, Chief Executive; Mr S. Garden, Director of Pharmacy; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director.

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.

The Chair noted that this would be Ms J Bennett's last meeting and offered, on behalf of the Healthcare Governance Committee thanks for all her services and wished her well in her retirement.

16. Patient story

- 16.1 The chair welcomed Ms Reilly to the meeting and she read out feedback received on Care Opinion from the parent of a child with autism who was treated for appendicitis

at the Royal Hospital for Children and Young People. The parent praised for their communication and person centred care but also suggested improvement was needed for staff awareness of the specific needs of children with autism. The senior charge nurse had responded to the feedback on Care Opinion agreeing to take on the suggestions made including autism training for staff.

17. Committee Business

17.1 Minutes from Previous Meeting (23 May 2023)

- 17.1.1 The minutes from the meeting held on 23 May 2023 were approved as a correct record.
- 17.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

17.2 Revised Committee Terms of Reference

- 17.2.1 Mr Thompson presented the previously circulated paper. Changes had been made to rationalise the list of regular attendees, with others required to attend only for specific items. It was agreed that the Director of Pharmacy would be added as a regular attendee as in the previous version of the Terms of Reference.
- 17.2.2 Ms Dee agreed to provide a sentence at 2.2 about achieving equality and diversity aims, taking into account that this was a governance rather than an operational group. It was also agreed to check the revisions against the revised Blue Print for Good Governance.
- 17.2.3 Mr Thompson would make the changes outlined to be signed off on behalf of the Committee by the chair, before submitting to the Board in August 2023 for formal approval. **DT**

18. Matters Arising

18.1 SMART Services assurance gap – outcome of discussion

- 18.1.1 Ms Gillies presented the previously circulated paper. It was noted that the programme of improvement work agreed was overseen by the East Region Programme Board, but that NHS Lothian was responsible for the delivery of the service hosted in NHS Lothian for patients across all three Boards.
- 18.1.2 It was also the responsibility of NHS Lothian to discuss the impact of funding decisions made by the other Boards in the region. Even if funding decisions meant patients from different Boards had different waiting times, once the patients were in the service they would receive the same level of care.

18.2 Royal Edinburgh Hospital 36 Hour Closure to Admissions

- 18.2.1 Ms Gillies gave a verbal update. Following a recent temporary closure to admissions at the Royal Edinburgh Hospital Management actions had been put in place to prevent future over-crowding. Contingencies would be put in place so that patients

who required admission could always be admitted, using West Lothian mental health beds, expediting discharges with community support and seeking mutual aid from other Boards. An update on progress would be provided in the next Mental Health Assurance Report to the Committee.

- 18.2.2 In response to questions it was noted that the Health and Social Care Partnerships also had a role in mental health support and preventing the need for admissions, including the Intensive Home Treatment service and home care packages.

18.3 Oncology Support to NHS Highlands

- 18.3.1 Ms Gillies gave a verbal update. NHS Lothian had agreed to provide ongoing support in NHS Highlands Oncology for the next year. This highlighted the precarious position of oncology workforce in Scotland. A service plan was in place and this should have no impact on service delivery in NHS Lothian.

18.4 Junior Doctors Industrial Action

- 18.4.1 Ms Gillies advised that the planned junior doctors strike action for the previous week had been cancelled following a revised offer from the British Medical Association which would be voted on. Work had been completed on contingency planning.

18.5 Healthcare Associated Infection

- 18.5.1 Ms MacDonald advised that there had been two instances of *legionella* found in water systems, one at the Western General Hospital and one at a health centre in Midlothian. There had been no patient cases of infection. Water sampling and monitoring were being managed by an Incident Management Team and a Problem Assessment Group.

19. **Children's Services Assurance Report**

- 19.1 The chair welcomed Ms Milburn to the meeting and she gave a presentation. She advised that there were currently over 160 quality improvement programmes being lead by clinical directors and clinical nurse managers. The Senior Management Team commissioned pieces of work according to priorities both in building capacity and making improvements in the service. In addition there were projects linked to clinical standards proposed by clinical teams. These also improved the ability of teams to recognise areas for improvement and implement improvement plans.
- 19.2 Some work was being done on children's pathways for older children where the line between children's and adult's services may be differently defined for different conditions, the first focus was on the oncology pathway. There would be an update on this in the next annual report.
- 19.3 Some themes in complaints received included waiting times, as well as some around staff attitude and behaviours. Work was ongoing to ensure staff were trained and aware but this had not yet translated into complaints numbers. Patient feedback was received on online surveys, social media and Care Opinion as well as complaints. More information on these would be included in the next report.

- 19.4 The medical rotas were highlighted as a risk recorded on the local risk register. This was related to anaesthetics and the Emergency Department, which only had consultant cover until midnight. The impact of the anaesthetics risk was that there was a waiting list of more than 52 weeks for low acuity patients, currently numbering 84.
- 19.5 The staffing position in St John's Children's ward was noted to be more robust than previously had been the case. Consultant appointments had been made on a pan Lothian basis.
- 19.6 Staff feedback on the new children's hospital was positive overall following the settling in period. A more formal feedback report could be included in the next report. The problem with poor mobile telephone signal in the building was with non NHS Lothian devices only as NHS Lothian devices automatically connected to the Wi-Fi system. The signal for personal devices was dependent on the provider.
- 19.7 The Chair noted that the presentation and papers focussed on processes and process measures and asked that future papers address the outcomes for patients in relation to the safe, effective and person centred care standards.
- 19.8 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

20. Person Centred Care

20.1 Patient Experience Strategy

- 20.1.1 Ms Morrison presented the previously circulated paper. This paper followed a discussion at the Board meeting about being more explicit about the ways in which the organisation received patient feedback.
- 20.1.2 Members agreed that this paper showed that the Patient Experience 5 year Strategic Plan was in place. It was noted that this was the first time the Board had agreed such a strategy and that it was important that the priorities for action within this should be worked through and given time to show results.
- 20.1.3 In response to questions about the aggregation of data across the organisation with respect to the national surveys it was noted that there was no national guidance and that Boards continued to be encouraged to use Care Opinion as the tool of choice.
- 20.1.4 Ms Morrison noted that Children's Services had done positive work on Care Opinion and encouraging patients and parents to use this as a method of feedback and supporting staff in responding to feedback on Care Opinion, which was different to responding to a formal complaint. There was still considerably more feedback through the formal complaints process than through Care Opinion.
- 20.1.5 Members accepted the recommendations laid out in the paper.

21. Safe Care

- 21.1 Edinburgh Health and Social Care Partnership Joint Inspection and Adult Support and Protection reports
- 21.1.1 Ms Wyllie presented the previously circulated paper on behalf of Edinburgh Health and Social Care Partnership. In response to the inspection report Ms Wyllie had convened an Improvement Group to work through the recommendations.
- 21.1.2 Members accepted the recommendations laid out in the paper.
- 21.2 Addiewell Prison inspection report and actions
- 21.2.1 Ms McKinley and Ms Dixon presented the previously circulated paper. The positive work done so far in response to the inspection report was noted. It was also noted that the pharmacy provider for the prison had ended its contract in 2022. A new tender and contract due to start would help to improve the overall position, although this was not directly related to the outcomes of the inspection report. It was expected that the inspection team would carry out a follow up review in September 2023, and they were also due to inspect Edinburgh Prison in October 2023.
- 21.2.2 Specific support was in place for prison healthcare staff including psychological and other support. There was an 89% retention rate of newly qualified staff across all of REAS, which was an improvement on the previous year.
- 21.2.3 In response to questions there was clarification from Ms Gillies that the inspection had been raised verbally as an emerging issue at a previous Healthcare Governance Committee meeting prior to the publication of the formal report.
- 21.2.4 It was agreed that a verbal update on the outcome of the follow up review would be given at the meeting in October 2023 and that the formal update including the outcome of the Edinburgh Prison inspection would be part of the annual assurance update in January 2024. **TMcK**
- 21.3 Healthcare Improvement Scotland Report – Royal Infirmary of Edinburgh (associated risk 5186 Four Hours Emergency Access Target)
- 21.3.1 Ms McAuley presented the previously circulated paper. The inspection covered the Royal Infirmary as a whole, but the majority of the recommendations made were associated with the Emergency Department.
- 21.3.2 Ms McAuley noted that the level 2 and level 3 assurance visits to the Royal Infirmary of Edinburgh Emergency Department had been stepped down. In response to questions about the sustainability of the improvements and in particular the alignment between performance against measures such as the 4, 8 and 12 hour delays in the Emergency Department which have known impact on patient outcomes it was suggested that the Healthcare Improvement Scotland interventions should be part of strategic responses to the concerns raised in the report. It was acknowledged that much of what was reported were symptoms of system wide problems of patient flow that could not all be solved within the Emergency Department alone.
- 21.3.3 The inspectorate found that fundamentals of care were not always met; members required evidence that the actions put in place had led to improvement. Ms

MacDonald advised that it had been a particular focus to ensure that this was done, and that evidence would be available but had not yet been collated. This could be provided to members. LACAS standards had not previously been implemented in the Emergency Department, but this was now being put in place which would give a source of outcome measures.

- 21.3.4 In response to concerns from members around the level of assurance being sought Ms Gillies noted that it was still within the 18 week response time allowed by Healthcare Improvement Scotland for the Board to provide an update to Healthcare Improvement Scotland therefore it was too early to be able to provide formal assurance to the Committee that the recommendations would be met, as there had not yet been enough time to see evidence that the actions agreed had been successful in making improvements. Ms McAuley noted that the paper did seek to give assurance that an action plan and processes were in place.
- 21.3.5 The Chair asked that the risk register entry and mitigation plan were formally brought to the next Healthcare Governance committee meeting to allow the committee to consider the assurance level. **MC**
- 21.3.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance that an action plan was in place only. A further update would be brought to the next meeting, specifically focussing on outcomes which would evidence that the processes in place would ensure safe, effective and person centred care. **MC**
- 21.4 Blood Transfusion Incident Review and Policy
- 21.4.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out in the paper. Further updates would be included in the annual Acute Assurance paper. **TG**
- 21.5 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan (associated risk 3726 Hospital Bed Occupancy)
- 21.5.1 Ms Gillies gave a verbal update. The management team was working on the indicators which the Chief Executive had asked to improve monitoring of patient flow. Due to the pressures in the team there had not been the capacity to provide a formal report at this meeting, but a formal update would be included in the risk mitigation reports as part of the Health and Social Care Partnership reporting at the next meeting.
- 21.5.2 Members noted the importance of this work and that there was management oversight on bed occupancy on a weekly basis.
- 21.6 Prescription Locker Boxes
- 21.6.1 Ms Gillies advised that the judicial review had not yet taken place, so the update was deferred.

22. Effective Care

22.1 Physiology Services update

- 22.1.1 Ms Bennett presented the previously circulated paper. It was noted that there was a move towards mandating professional registration by service leads, although this was not required by law. Historically this had been mandatory for some professions and voluntary for others.
- 22.1.2 Member welcomed this proactive piece of work and noted that it provided an example of good practice in identifying an area of risk and taking action to make improvements.
- 22.1.3 It was noted that there were 3 areas of continuing limited assurance.
- 22.1.4 The recommendations laid out in the paper were accepted. Further reporting would be part of the Acute Services Annual Assurance Report.

22.2 Bowel Cancer Screening

- 22.2.1 The previously circulated paper was introduced by the Chair. Members accepted the recommendations laid out and accepted moderate assurance.

22.3 Abdominal Aortic Aneurysm (AAA) Screening update

- 22.3.1 The previously circulated paper was introduced by the Chair. The percentage of men with an aneurysm treated within 8 weeks was a key performance indicator where performance was below the standard throughout Scotland, including in NHS Lothian. A national service had been suggested as Boards did not have capacity to meet this standard. The other standards were being met.
- 22.3.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

23. **Exception Reporting Only – reports provided**

Members noted the following previously circulated papers for information:

- 23.1 Litigation Annual Report;
- 23.2 Scottish Blood Transfusion Service Annual Update Report 2022/23

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

Members noted the following previously circulated minutes:

- 10.1 Clinical Management Group, 23 May 2023;
- 10.2 Area Drug and Therapeutics Committee, 14 April 2023;
- 10.3 Health and Safety Committee, 22 February 2023;
- 10.4 Public Protection Action Group, 13 February 2023.

25. **Corporate Risk Register**

- 25.1 Ms Bennett presented the previously circulated paper. It was noted that the risk updates in the paper were from March 2023. The delay was due to the process of the updates going to the Corporate Management Team meetings and then the Board. Risk mitigation update should be part of the assurance papers coming to the Committee rather than relying on the updates in the Corporate Risk Register. This also allowed the Committee to ask for further updates when required.

26. Reflection on the Meeting

- 26.1 The work on physiology services would be highlighted to the Board as an example of good practice in identifying a risk and putting in place actions for improvement.

27. Date of Next Meeting

- 27.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 26 September 2023** by video conference.

28. Further Meeting Dates

- 28.1 A further meeting in 2023 would take place at 13.00-16.00 on the following date:
- 28 November 2023.