

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 26 September 2023 by video conference.

Present: Mr A. Fleming, Non Executive Board Member (chair); Ms E. Gordon, Non Executive Board Member; Mr P. Knight, Non Executive Board Member.

In attendance: Ms L. Berry, Chief Allied Health Professional, East Lothian Health and Social Care Partnership; Ms H. Cameron, Chief Allied Health Professional; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr S. Garden, Director of Pharmacy; Ms S. Gibbs, Quality and Safety Assurance Lead; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Dr R. Green, Clinical Director, Midlothian Health and Social Care Partnership; Dr J. Hardman, Clinical Director, East Lothian Health and Social Care Partnership; Ms K. Howe, Senior Project Manager, Sustainability and Value Team (observing); Ms J. Long, Director of Primary Care; Ms L. Lynskey, Management Trainee (observing); Ms A. Lindsay, Edinburgh Health and Social Care Partnership; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms J. Macrae, Chief Nurse, Edinburgh Health and Social Care Partnership; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms M. Vernon-Stroud, Team Lead, Patient Experience Team; Ms A. White, Chief Officer, Chief Officer, 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: Mr C. Campbell, Chief Executive; Ms M. Carr, Chief Officer, Acute Services; Cllr H. Cartmill, Non Executive Director; Mr J. Crombie, Deputy Chief Executive; Ms D. Milne, Director of Public Health and Health Policy; Mr P. Murray, Non Executive Director; Ms L. Rumbles, Partnership Representative; Dr C. Whitworth, Medical Director, Acute.

Chair's Welcome and Introductions

In the absence of the Committee Chair, Members formally nominated Mr Fleming as chair of this meeting.

Mr Fleming 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.

29. Patient story

- 29.1 The chair welcomed Ms Vernon-Stroud to the meeting, and she presented the patient story. This was the first of a planned series of patient feedback videos, consisting of filmed statements from the charge nurse and the patient. Ms Morrison advised that

the plan for future feedback videos was to better link the patient and staff experience and improvements made as a result.

- 29.2 The patient had undergone a routine varicose vein operation and the wound had become infected due to a faulty dressing. The patient was admitted at the Emergency Department and then to the Burns Unit at St John's Hospital, and then was looked after at home by community nursing. The patient gave positive feedback about care at the Burns unit and by community nursing teams and noted how important it was to be able to leave the house and meet family while the wound was healing.
- 29.3 It was noted that the tissue viability clinic in Midlothian attended by the patient was a pilot service. A working group was working on establishing similar services in the other Health and Social Care Partnerships.

30. Committee Business

30.1 Minutes from Previous Meeting (18 July 2023)

- 30.1.1 The minutes from the meeting held on 18 July 2023 were approved as a correct record.
- 30.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

31. Matters Arising

31.1 Healthcare Improvement Scotland Follow Up Inspection – Royal Infirmary of Edinburgh

- 31.2 Ms McAuley reported that Healthcare Improvement Scotland had carried out a two day review at the Royal Infirmary, following the previous inspection. The focus of the review was on the Emergency Department, and the team also visited some other departments. Initial informal feedback had been positive and the team witnessed significant progress on some of the actions from the report. A couple of areas for further improvement had been highlighted, but there would be no further escalation.

- 31.3 Ms McAuley would report back to the Committee once the formal report and feedback discussion had been received.

GMcA

31.4 Assurance Reporting

- 31.4.1 Ms Gillies advised that she would work with Jill Gillies, new Associate Director for Quality, to develop a template and guidance to improve standardisation of assurance reporting to the Committee, to ensure the focus was on outcomes for patients in relation to safe, effective and person centred care standards, rather than on processes and process measures.

TG / JG

32. Emerging Issues

32.1 Hospital Standardised Mortality Ratio (HSMR) Report

- 32.1.1 Ms Gillies presented the previously circulated paper. A further paper would be submitted to the meeting in January 2024 with an update on progress. **TG**

33. Health and Social Care Partnerships Assurance Reports

33.1 East Lothian Health and Social Care Partnership

- 33.1.1 A paper had been previously circulated, and Ms Wilson gave a presentation. Regarding work to reduce the number of patients requiring a place in a care home or end of life care, it was noted that all options would be considered for the best support of patients.
- 33.1.2 The team was working with partners on a range of measures and performance data around service provision for population growth in East Lothian.
- 33.1.3 More than the commissioned bed base for mental health inpatients was being used; Ms Wilson advised that redesign options were being considered to reduce this.
- 33.1.4 Ms Cowan advised that there had been 53 complaints across the service in the past year with 75% responded to within the required 20 days. This was a reduction from 80% compliance the previous were. The reduction was due to more complex complaints covering multiple services. The fortnightly Patient Safety and Experience Action Group reviewed all adverse events along with a representative from the relevant service with improvement actions agreed. The group also had oversight of any themes and a report was submitted to all managers and to the monthly senior nursing group.
- 33.1.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

33.2 Riverside Medical Practice Review

- 33.2.1 Ms Long presented the previously circulated paper. Ms Long advised that lessons learned from the experience with this practice would inform negotiation of future similar contracts which should be transparent and have oversight arrangements agreed.
- 33.2.2 The contract with the Riverside Practice had not yet been resolved and the service level agreement was being reviewed.
- 33.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance. Further updates would be part of the General Practice and East Lothian Health and Social Care Partnership annual reporting, with any problems arising escalated as required.

33.3 Edinburgh Health and Social Care Partnership

- 33.3.1 A paper had been previously circulated and Mr Massaro-Mallinson gave a presentation. Ms Macrae advised that all complaints and adverse events for health and social work were considered at monthly Patient Safety and Experience Action Group meetings. LACAS standards were used in inpatient services and resource was being sought to also roll this out to mental health and community services. It was requested that LACAS, adverse events and complaints data and themes be included in the next annual report.
- 33.3.2 Mr Massaro-Mallinson advised that the Edinburgh Health and Social Care Partnership hosted services reported quarterly through the senior management team and improvement measures were considered at these meetings. Specific service reports were also given to the executive team. Information on hosted services would be reported to the Healthcare Governance Committee as part of the Health and Social Care Partnerships Annual Reports.
- 33.3.3 Progress had been made on the improvement actions following the Healthcare Improvement Scotland Adult Support and Protection inspection and an update would be taken to the Integration Joint Board in November 2023. The report would be brought to the Healthcare Governance Committee at the November 2023 or January 2024 meeting. **MM-M**
- 33.3.4 Members accepted the recommendations late out in the paper but accepted limited assurance – refer to discussion in the next item.

33.4 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan (Risk 3726: Hospital Bed Occupancy)

- 33.4.1 Mr Massaro-Mallinson presented the previously circulated paper. The funding for the interim care home beds was coming to an end. The Scottish Government had previously advised that further funding should be allocated by the Integration Joint Board. The Chair of the Integration Joint Board had made a request for funding to continue, but a response had not yet been received. In the meantime, no patients had been admitted to the interim beds since early September in order to reduce the number used.
- 33.4.2 The team was committed to carrying out improvement work at the front door. Key Performance Indicators were being used for 48 hour and 72 hour waiting times across all the partnerships and the plan in place showed that patient flow could be increased with a reduction to occupied bed days. Work was being done on long delays and over 8,000 bed days had been saved at the Western General Hospital and 4,556 at the Royal Infirmary between March and July 2023. A discharge to assess service was also being tested.
- 33.4.3 As part of winter planning, admissions from care homes to the Emergency Departments would be triaged, as it was known that a high percentage of admissions could be cared for in the care home.
- 33.4.4 Ms Gillies suggested that although it was clear that improvement activity was taking place, more narrative was needed to connect the bed occupancy risk and the

mitigations in place with the overall Edinburgh HSCP assurance report, making it clear what the risks were for safe, effective and person centred care and where resources would be focussed, and where the oversight was. Mr Massaro-Mallinson advised that several priorities were outlined in the improvement plan and that work was being done across the system on bed modelling.

- 33.4.5 Due to concerns about the overall service provision and the bed occupancy risk, it was agreed that limited assurance would be accepted for Edinburgh Health and Social Care Partnership. Members accepted the significant challenge to the service and commended the work of the team in carrying out actions to mitigate the risk and make improvements.
- 33.4.6 Members accepted the recommendations laid out in the Risk Mitigation Plan paper. A further update would be requested for the meeting in January 2024. **MM-M**
- 33.5 SMART Centre assurance update
- 33.5.1 Ms Tait presented the previously circulated paper. Members accepted the recommendations laid out in the paper. Further reporting would be part of the Edinburgh Health and Social Care Partnership annual assurance report, with escalation of any problems in carrying out the improvement plan set out.
- 33.6 Midlothian Health and Social Care Partnership
- 33.6.1 A paper had been previously circulated, and Dr Green gave a presentation. It was noted that the original business case for the hospital electronic prescribing system (HEPMA) did not include the Midlothian Community Hospital. As implementation of the system had now been closed, a second business case was required extend the system to this hospital. There was a similar position with the other community hospitals, which meant there was a risk when patients were transferred from acute to community hospitals. This was being discussed.
- 33.6.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 33.7 West Lothian Health and Social Care Partnership
- 33.7.1 A paper had been previously circulated, and Ms Yule gave a presentation. LACAS standards had been implemented in some areas. The lowest scoring area was management; this was regarding rostering and work was ongoing to improve this.
- 33.7.2 There had been three Mental Welfare Commission inspections in the past year. There had been a positive report following the visit to the mental health inpatient care unit. Following the visit to ward 3, older adults and dementia ward, there had been recommendations around the shared admissions for mental health and dementia, although there was a limit to what could be done to improve this due to the layout of the area. There had also been a visit to ward 17 but the report was not yet out. It was agreed that the outcomes from Mental Welfare Commission reports including themes and improvement actions would be included in future annual reports.

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

34. Effective Care

34.1 General Practice Sustainability (Risk 3829: Sustainability of model of general practice)

- 34.1.1 Ms Long gave a verbal update as a risk mitigation paper had been presented to the Committee in May 2023. She noted that the risk remained high and there was limited assurance on the risk mitigation plan due to risks outwith NHS Lothian's control including population increase, funding constraints, workforce shortages and aging premises. It was noted that additional funding had recently been announced by the Scottish Government to cover population increase, in the form of a General Medical Services contract uplift.

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

- 34.2.1 Ms Long presented the previously circulated paper. It was noted that the increase in adverse events reported in 2022-23 had been due to an outage of the Adastra patient management software which had lasted longer than expected.
- 34.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34.3 Oral Health Services Annual Report

- 34.3.1 Ms Long presented the previously circulated paper. It was noted that concerns had been raised among dental practitioners about the statement of dental remuneration and that there may be a risk of dental practices ceasing to register more NHS patients or moving to private practice. Ms Long advised that dental practices had not yet moved away from the contracts but that a resilience plan was being worked on including using the public dental service to ensure access.
- 34.3.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

35. Exception Reporting Only – reports provided

35.1 Care Homes Annual Report

- 35.1.1 In response to a question about data collected by care homes, Ms MacDonald advised that the Care Academy worked in collaboration with both private and council care homes on improving records keeping and data submission to the Scottish Government. Each care home completed a national data submission tool which NHS Lothian had access to.

36. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 36.1 Clinical Management Group, 9 May 2023, 13 June 2023, 11 July 2023;
- 36.2 Area Drug and Therapeutics Committee, 2 June 2023;
- 36.3 Organ Donation Sub Group, 4 May 2023;
- 36.4 Policy Approval Group, 7 March 2023.

37. Reflection on the Meeting

- 37.1 It was agreed that the following two items would be raised at the Committee Chairs' updates section of the next Board meeting: the Healthcare Improvement Scotland follow up inspection at the Royal Infirmary; and that limited assurance was accepted for Edinburgh Health and Social Care Partnership due to concerns about bed occupancy risk, and that the size of the challenge was noted.

38. Date of Next Meeting

- 38.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 28 November 2023** by video conference.

39. Further Meeting Dates

- 39.1 Meeting dates for 2024 were to be confirmed.