

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 28 November 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 Director; Ms L. Rumbles, Partnership Representative.

In attendance: Ms S. Bagnall, Talent Management Programme (observing); Mr D. Boyd, Talent Management Programme (observing); Ms T. Burrows, Talent Management Programme (observing); Ms H. Cameron, Chief Allied Health Professional; Ms M. Carr, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms G. Cunningham, Service Director, Outpatients and Associated Services (item 59.2); Mr S. Donaldson, Talent Management Programme (observing); Ms H. Faulds, Talent Management Programme (observing); Mr S. Garden, Director of Pharmacy; Mr G. Garvie, Talent Management Programme (observing); Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms L. Inglis, Talent Management Programme (observing); Ms L. Lynskey, Management Trainee (observing); Mr S. Malzer, Public Involvement Manager (item 57.1); Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms C. McArthur, Talent Management Programme (observing); Ms C. McCulloch, Talent Management Programme (observing); Ms A. MacDonald, Executive Nurse Director; Mr J. MacDonald-Liddell, Talent Management Programme (observing); Mr J. McKay, Talent Management Programme (observing); Ms J. McNulty, Associate Nurse Director; Ms D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Dr F. Ogilvie, Consultant in Public Health (59.3); Ms M. Perez-Botella, Director of Midwifery (item 58.1); Ms B. Pillath, Committee Administrator (minutes); Ms S. Preston, Talent Management Programme (observing); Mr A. Short, Service Director, Women's and Children's (item 58.1); Ms M. Stewart, Senior Public Health Trainee (observing); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms F. Tynan, Talent Management Programme (observing); Ms M. Vernon-Stroud, Team Lead, Patient Experience Team; Ms F. Wilson, Chief Officer, East Lothian Health and Social Care Partnership; Dr C. Whitworth, Medical Director, Acute Services; Mr B. Winterton, Talent Management Programme (observing); 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 J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services.

Chair's Welcome and Introductions

Ms Ireland 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.

53. Patient story

- 53.1 Members were shown a patient story of a man who had been admitted to the Emergency Department. The man described that when he was in the department he felt safe as he was assessed by clinical staff including a consultant cardiologist. He explained that it was very busy when he was there and spent some hours lying on a trolley which he found to be uncomfortable. He shared things that gone well and made suggestions of improvement. Members then heard from clinical staff from the Emergency Department about the changes and improvements they had made in the recent months. This included staff being made responsible for ensuring all patients having access to food and water as well as ensuring the fundamentals of patient care were be implemented. By having someone identified at the beginning of each shift made sure that these actions were taken to ensure that patients were made as comfortable as possible during their time in the Emergency Department.

54. Committee Business

54.1 Minutes from Previous Meeting (19 October 2023)

- 54.1.1 The minutes from the meeting held on 19 October 2023 were approved as a correct record.
- 54.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

55. Matters Arising

55.1 Prescription Locker Boxes

- 55.1.1 Mr Garden presented the previously circulated paper. He advised that there had been a ruling in favour of the Board's position, that the prescription lockers were lawful and since the paper had been written, the Court of Session had awarded costs in full to NHS Lothian. The Scottish Government had agreed to put in place practical guidance for Boards, to sit alongside the regulations, on installation and running of prescription locker boxes. Mr Garden confirmed that the Directors of Pharmacy across Scotland were engaged in this workstream.
- 55.1.2 Members accepted the recommendations laid out in the paper.

56. Acute Services Assurance Report

- 56.1 Ms Carr presented the previously circulated paper and Dr Whitworth gave a presentation. Specific improvements were highlighted in the re-shaping of the Acute Clinical Management Group, the inclusion of the NEWS scoring on TRAK and a reduction in falls rate. The development of enhanced care through Meaningful Activity Centres and arrangements for fundamentals of care in the Emergency Department were also noted. However, the Hospital Standardised Mortality Rates data for the Royal Infirmary of Edinburgh was illustrating a worsening position and that although there had been improvement in 13 of the 14 LACAS standards there were 50 wards remaining on Bronze level.
- 56.2 In response to a question about improving risk mitigation, Ms Carr advised that the governance structure in place supported escalation of risk, and the Performance

Management Group had oversight on any resources and support requested in specific areas.

- 56.3 More information about which areas were currently covered by LACAS standards and where it was still to be fully implemented was requested for the next report in order to take assurance from the audit results. Ms McNulty advised that more areas would be using the standard in the next 6 months, the standards were ambitious and that the standards recorded by those using LACAS were expected to improve over the next few years.
- 56.4 Ms Carr agreed to consider whether healthcare governance standards in NHS Lothian matched what was best practice in the UK.
- 56.5 The opportunities for workforce skill mix across the Acute and Partnerships were explored and Ms Carr agreed to consider how pharmacists could be included in skill mix reviews and workforce planning. Pharmacists would also be prescribers by 2026.
- 56.6 It was noted that two services had received only limited assurance in the review of Physiology Services and an update would be provided separately to the committee in six months on progress with the actions from the physiology review. Ms Carr advised that the adult and children's audiology services both submitted action plans to the Clinical Management Group and had been asked for a further update following feedback. **TG**
- 56.7 Members agreed that whilst the majority of care delivered across acute services was safe, effective and person centred there were specific aspects of care detailed at items 56.2 and 56.5 in the paper) where this could not be assured. Members agreed to accept moderate assurance that there were governance structures in place in acute services and accepted the recommendations laid out in the paper. There were a number of annual reports and audit papers also included on the agenda which gave further evidence to support the assurance level. The committee acknowledged the limited assurance provided for the 4 hours emergency access risk and the hospital bed occupancy risk, as well as the risks outlined in paragraph 12.3 of the paper, all of which had risk mitigation plans in place and were regularly reviewed but may still have an impact on services provision. Further monitoring was required on the two services with limited assurance from the physiology review, as stated above.
- 56.8 It was noted that the level of assurance provided for the annual assurance papers from the services referred to the governance structures in place. The risks that were escalated to the corporate risk register were given independent assurance levels aligned to the risk mitigation plans. This would be worked out more clearly in the new assurance framework.
- 56.9 Ms T. Gillies advised that work was in progress on the assurance framework, which would help understanding of which areas were at what level of assurance and where action was taking place. It was also looking at how the remit of the Committee was covered in annual assurance reports from each area. This should help make it clear where there were gaps in reporting. Non executive members asked to be included in the review process. **TG**

56.2 4 Hours Emergency Access Risk Mitigation Plan

- 56.2.1 Ms Wilson presented the previously circulated paper. The first phase of the improvement work at the Royal Infirmary Emergency Department was due to be completed by 18 December 2023. This included monitoring and tracking of data. The next step would be to identify key priorities and high impact areas for improvement. An action plan was in place with action owners and timescales recorded.
- 56.2.2 A concern was raised that there appeared to be separate governance structures for improvement processes and for unscheduled care processes and that these needed to be considered together to ensure the improvement impact required. Ms Wilson advised that the governance process was being worked on with the programme director and the strategic planning director and that this detail would be included in the next update. **MC**
- 56.2.3 Ms Carr advised that the earlier risk mitigation plan had been superseded. There had been initial improvement on longer waits, but this had not been maintained. The external review that had been done since had provided recommendations. Some actions which were still relevant from previous work had been brought into the new plan, but actions which had not resulted in improvement or which were not considered to have a high impact had been dropped. The new mitigation had been accepted by the Emergency Access Programme Board and Acute management was working with the teams to ensure engagement.
- 56.2.4 Members accepted the recommendations laid out in the paper and accepted limited assurance.

56.3 Hospital Bed Occupancy Risk Mitigation Plan

- 56.3.1 Ms Carr presented the previously circulated paper. It was noted that new funding for increasing Hospital at Home services to reduce hospital admissions was non recurrent. On this basis initiatives are being taken forward so that an impact could be demonstrated. Ms Wilson advised that this was being discussed with Healthcare Improvement Scotland.
- 56.3.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

57. Person Centred Care

57.1 Involving People Update

- 57.1.1 The chair welcomed Mr Malzer to the meeting and he presented the previously circulated paper. Mr Malzer advised on the progress that had been made by the Corporate Management Team in delivering the Patient Engagement strategy, noting the requirement to ensure information about patient experience was included in both assurance and planning all levels. The new template proposed for reporting patient engagement that had taken place was included as appendix 3 in the paper. This was welcomed by the committee for inclusion in future assurance annual reports by services.

57.1.2 Mr Malzer advised that his role was to support engagement work and ensure that staff were aware of the legislation around patient engagement and confident in their roles regarding this. An engagement hub was being developed which would lead workforce development and where teams would go for advice. Processes were already in place for engagement at different stages in capital development, but this needed to be ensured in all other areas of major change.

57.1.3 Ms Morrison advised that through the patient experience strategy the aim was to be more receptive to patient experience and for reports to evidence that engagement had taken place.

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

57.2 Spiritual Care and Bereavement Annual Report

57.2.1 Ms MacDonald presented the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted limited assurance in relation to the current governance processes and moderate assurance that the action plan laid out would improve governance and enhance the service. Members agreed to receive a further update on progress in 6 months' time.

AMcD

58. **Safe Care**

58.1 Women's Services Interim Assurance Report

58.1.1 The chair welcomed Ms Perez-Botella to the meeting and she and Mr Short presented the previously circulated paper. Ms T. Gillies noted that that a clear governance structure was needed in order to provide evidence of improvement and reduction of avoidable harm in maternity services. An assurance framework was being developed which would help understanding of how change could be measured.

58.1.2 Workforce was a risk, there was a high turn over of staff and although there had been over-recruitment of newly qualified midwives, this had not increased the number of staff. Work on upskilling band 5 staff on basic maternity skills was underway and implementation of a daily rating of priority and risk areas was in progress. A communications strategy had been developed to improve staff awareness of risk, and leadership walkrounds would discuss directly with teams what they could do to reduce harm. Better monitoring of workforce levels and skill mix had begun.

58.1.3 In response to a question about patient experience being taken into account in improvement planning, Ms Perez-Botella advised that the team was working with families who had been involved in incidents in the service, particularly in improving communication. Patient opinion and other patient feedback data used was reported in the annual report.

58.1.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. The next update would be as part of the annual Women's Services assurance report in May 2024.

58.2 Safe and Effective Cancer Care Annual Update

58.2.1 Ms T. Gillies presented the previously circulated paper. It was stated in the paper that meeting theatre capacity targets for endoscopy would be challenging due to nursing and operating department practitioner workforce as well as availability of appropriate theatre beds for the different types of endoscopy or colonoscopy procedures undertaken.

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

58.3 Lothian Stroke Services Annual Update

58.3.1 Ms T. Gillies presented the previously circulated paper. There was positive feedback on the provision of thrombectomy. It was noted that there was currently no thrombectomy service out of hours. Capital investment in a second angio suite and staff availability 24/7 would be required to provide this service. Thrombectomy was an urgent service but not as urgent as some other services in the department and staffing resources would be spread.

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

58.4 Management and Learning from Adverse Events

58.4.1 Ms J. Gillies presented the previously circulated paper. Work was being done across Scotland on standardised reporting, but it was important that this be linked with process changes made as a result of learning from incidents to make improvements.

58.4.2 In response to a question about ensuring a robust decision on violence and aggression categories, Ms T. Gillies advised that she and the Head of Health and Safety signed off all reviews and checked any inconsistencies. The assurance against the risk mitigation around violence and aggression was also considered in detail at the Staff Governance Committee.

58.4.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that systems were in place to ensure national reporting, and moderate assurance on processes for improving management of adverse events, reducing the backlog of cases and safety alerts.

58.5 Information Asset Register Update – Microsoft Access Database Review

58.5.1 Ms T. Gillies presented the previously circulated paper. The delays in the migration of systems was acknowledged, but the risk was low. Members accepted the recommendations laid out and accepted limited assurance.

59. **Effective Care**

59.1 Scottish National Audit Programme

59.1.1 Ms T. Gillies presented the previously circulated paper. The associated audit reports had also been circulated under exception reporting on the agenda. This was the first

time that all the National Audit Programme reports had been included on the agenda. It was agreed that the summary reports should be reported each year, but that any indication that NHS Lothian may be an outlier in any of the audits should be reported earlier.

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

59.2 External Providers Annual Report

- 59.2.1 The chair welcomed Ms Cunningham to the meeting and she presented the previously circulated report. Members accepted the recommendations laid out and accepted significant assurance.

59.3 Drug Related Deaths Annual Report

- 59.3.1 The chair welcomed Dr Ogilvie to the meeting and she presented the previously circulated paper, which would also be presented to the Board at its meeting in December 2023.
- 59.3.2 It was noted that there had been a reduction in the numbers of drug related deaths in Midlothian but that it was not clear if any different action was being taken in this area to cause this; the overall numbers in this area were low and therefore fluctuation had a higher percentage impact.
- 59.3.3 In relation to the link between drug related death and housing, it was noted that the majority of deaths recorded were people in stable accommodation, but that they may have previously been in unstable accommodation. This was being worked on as a risk factor particularly for young people.
- 59.3.4 Members accepted the recommendations laid out in the paper.

60. Exception Reporting Only – reports provided

Members noted the following previously circulated reports:

- 60.1 Scottish Trauma Audit Group Annual Report;
- 60.2 Scottish Cardiac Audit Programme;
- 60.3 Scottish Stroke Care Audit;
- 60.4 Scottish MS Register;
- 60.5 Scottish Intensive Care Society Audit Group;
- 60.6 Scottish Hip Fracture Audit;
- 60.7 Scottish Arthroplasty Project;
- 60.8 Scottish Renal Registry;
- 60.9 Scottish ECT Accreditation Network;
- 60.10 Cervical Cancer Screening Annual Report;
- 60.11 Organ Donation Annual Report;
- 60.12 Controlled Drug Governance Team Annual Report;
- 60.13 Tissue Viability Annual Report;
- 60.14 Health Protection Annual Report 2021-22.

61. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 61.1 Clinical Management Group, 10 October 2023;
- 61.3 Policy Approval Group, 6 June 2023.

62. Corporate Risk Register

- 62.1 Ms Gillies presented the previously circulated paper. There was discussion at a recent Strategic Planning and Performance Committee meeting about whether the standard of care was falling. The new assurance framework would help with how this could be monitored. The Healthcare Governance agreed to consider whether more in depth information should be returned on the areas of limited assurance before the next acute services annual report. It would be noted at the Board that the Committee was considering this question. **FI**

63. Reflection on the Meeting

- 63.1 The chair would note two items at the Board Committee Chairs' section on the agenda at the next Board meeting: the discussion on the 4 hours emergency access and hospital bed occupancy risk mitigation plans; and the plan to consider how assurance could be given on the overall standard of care.

64. Date of Next Meeting

- 64.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 23 January 2024** by video conference.

65. Further Meeting Dates

- 65.1 Meetings would take place on the following dates in 2024:
 - 26 March 2024;
 - 28 May 2024;
 - 23 July 2024;
 - 17 September 2024;
 - 22 October 2024;
 - 19 November 2024.