

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 26 March 2024 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Mr A. Cogan, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member; Mr P. Knight, Non Executive Board Member.

In attendance: Dr L. Bream, Associate Medical Director for Quality and Safety (item 78.1); Mr C. Campbell, Chief Executive; Ms M. Carr, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Dr Ashley Goodfellow, Deputy Director of Public Health; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Hutchison, Equality, Diversity, Inclusion and Human Rights Lead (item 78.2); Dr N. Lone, Senior Clinical Lecturer, Critical Care (item 78.1); Ms A. MacDonald, Executive Nurse Director; Ms L. McMillan, Complaints and Feedback Team Manager; Ms N. Millar, Nurse Consultant in Public Health (item 79.3); Ms D. Milne, Director of Public Health and Health Policy; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Ms C. Wyllie, Director of Public Protection (item 78.2); Mr P. Wynne, Director of Community Nursing.

Apologies: Ms S. Gibbs, Quality and Safety Assurance Lead; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms J. Morrison, Head of Patient Experience; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

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.

77. Committee Business

77.1 Minutes from Previous Meeting (23 January 2024)

77.1.1 The minutes from the meeting held on 23 January 2024 were approved as a correct record.

77.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

77.2 Assurance Framework for Safe Care

- 77.2.1 Ms T. Gillies gave a verbal update. Some non executive members had been involved in discussions and there was a plan to put in place an assurance framework for the Safe Care measures of the Committee's remit starting in the year 2024/25, with Person Centred and Effective Care measures to be added in the following year. Safe Care had a clear set of measures and a staged approach would allow any learning to be taken into account when the other measures were added the following year. Many of the areas on the Committee's remit had measures in place already, but these were not currently presented in a consistent and structured way. The aim of the framework would be to ensure consistency of coverage which would make any known gaps in assurance explicit for the Committee.
- 77.2.2 The framework would also describe the operational arrangements in place to for the Senior Management Team's onward assurance to Healthcare Governance Committee.
- 77.3 Preparing for the Healthcare Governance Committee Annual Report and Assurance Need Statement
- 77.3.1 Ms J. Gillies presented the previously circulated paper and draft Annual Report. Areas where limited assurance had been accepted throughout the year had been highlighted in the paper and a decision was needed on whether any of these should be presented as weaknesses in the Committee's Annual Report to the Audit and Risk Committee. It was agreed that areas with acceptable mitigation plans in place which did not need to be included were Respiratory MCN, Scottish Patient Safety Programme with the exception of Tissue Viability, and the Information Asset Register.
- 77.3.2 Areas of limited assurance which were material included Women's Services, Tissue Viability and the Edinburgh Health and Social Care Partnership risk relating to delayed discharges. Some further information would be available at the May 2024 meeting on some of these areas but it was agreed to update the draft Annual Report based on this with the chair of the Committee and circulate to non-executive members of the Committee in advance of the next meeting for any further comments.
- TG / JG**
- 77.3.3 There was discussion on whether the Emergency Access risk should be included in the areas of limited assurance, but agreed that the risk would be captured through the Corporate Risk Register, the committee had accepted the mitigation plans were in place and that other areas of unscheduled care were in the same position.
- 77.3.4 Members accepted the recommendations laid out in the paper. The final draft Annual Report would be submitted at the next meeting for approval.

78. Emerging Issues

78.1 Scottish Patient Safety Ombudsman Case

- 78.1.1 Ms MacDonald advised that a case had been in the media following the publication of the SPSO report into a complaint about elderly patient's care delivered in January to April 2021. A full report would be brought to the next meeting. Initial feedback from the Scottish Patient Safety Ombudsman was that they had been impressed with actions taken to improve care since the complaint had been made.

79. Person Centred Care

79.1 Complaints Development and Improvement Plan

79.1.1 Ms McMillan presented the previously circulated paper. The action plan following the internal audit report was on track and would report fully to the next Audit and Risk Committee.

79.1.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance. They agreed to move to an annual reporting cycle in September each year. **BP**

79.2 Equality and Human Rights Annual Performance Report

79.2.1 The chair welcomed Ms Hutchison to the meeting and she presented the previously circulated paper. She described the assurance processes in place for meeting the Boards equalities and human rights requirements. Some of the requirements were reporting, where compliance could be demonstrated.

79.2.2 Work was being done to improve compliance on carrying out equalities impact assessments on any new policy or service change. In 2022/23 work had been done on improving awareness and training on this across the organisation. As part of the improvement plan for 2024/25 a new process would be put in place which made it clear in which circumstances an impact assessment would be required and tracked decisions made. This information would then be included in the next Annual Report. The improvement plan would also be discussed at the Corporate Management Team meeting in the next few weeks.

79.2.3 Ms T. Gillies noted that this was one of the areas where measures would be included in the assurance framework for Person Centred Care planned for the year 2025/26.

79.2.4 Ms Hutchison advised that Integration Joint Boards were responsible for carrying out their own equality impact assessments but that best practice was shared between partners.

79.2.5 Members accepted the recommendations laid out in the paper and agreed that the Annual Report could be published on NHS Lothian's website.

80. Safe Care

80.1 Hospital Standardised Mortality Report data review

80.1.1 Ms T. Gillies presented the previously circulated paper with Dr Bream and Dr Lone. This was the second of three papers to interrogate the HSMR data. There was discussion on the findings laid out in paragraph 7 of the report about the apparent increase in mortality was now shown to be consequent to the exclusion of data for short stay admissions being managed in the Emergency Department from the denominator in the calculation. The process arrangement was different in NHS Lothian to other Health Boards. The HSMR reporting model did not capture these differences and therefore its value in Board to Board comparison was limited. The

paper set out a case review to assure the Committee that despite the apparent increase in the HSMR in the Royal Infirmary of Edinburgh, no problems with care provision had been identified. A further paper with a review into the Stroke and sub arachnoid haemorrhage would be brought to the next meeting.

- 80.1.2 There was discussion on the locally devised methodology for the review and the national approach to HSMR. It was noted that having separate reporting models for different types of hospital would not be an appropriate solution in Scotland as there were not enough hospitals for comparison. Specialist units could only be compared with a small number of hospitals in the UK. Findings from the review had been fed back to Public Health Scotland with the question as to whether the reporting model remained appropriate when a health board included hospitals with very different specialties and patient base. Public Health Scotland noted the findings but would continue to report by hospital, although they agreed to review the model used. Dr Lone also had a meeting scheduled with the HSMR team to discuss the findings and concerns. If these was not successful then feedback could be taken forward in different ways on an organisational level.
- 80.1.3 Dr Lone and Dr Bream had developed the methodology used for the data review as there had been no resources available from Public Health Scotland for supporting this. The methodology had been written up and could be shared with other health boards to help them understand their HSMR data.
- 80.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance. They commended the excellent piece of work. The third stage of the review would be presented at the next meeting in May 2024.
- 80.2 Public Protection Update
- 80.2.1 The Chair welcomed Ms Wyllie to the meeting and she presented the previously circulated paper. Ms Wyllie advised that there was robust data on child protection. There was more work to do on adult protection, but a plan was in place to achieve this. Communication was ongoing with different parts of the organisation raising awareness about adult protection, including a quarterly newsletter for the whole of NHS Lothian. A risk register had been introduced following a recommendation from Internal Audit along with a process for reporting when an adult protection concern had been highlighted to another organisation.
- 80.2.2 Members accepted the recommendations laid out in the paper, agreed to move to a twice yearly reporting cycle and agreed that moderate assurance was appropriate.
- 80.3 Healthcare Associated Infection update
- 80.3.1 Ms MacDonald presented the previously circulated paper. Ms MacDonald agreed to bring more information at the next update to help interpret the chart included as appendix 1 in the paper. **AMcD**
- 80.3.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 80.4 Liaison Psychiatry Update

- 80.4.1 Ms T. Gillies presented the previously circulated paper. Members accepted the recommendations laid out. Further updates would be part of annual Mental Health assurance reporting to the Committee.

81. Effective Care

81.1 Diabetes Managed Clinical Network Annual Report

- 81.1.1 Ms T. Gillies presented the previously circulated paper, noting that the report represented a good example of working between acute and primary care and of effective use of data.
- 81.1.2 New technology was being used to monitor type 1 diabetes in some prioritised patients, but this could be of benefit to more patients if the resources were available to support this. Six monthly reviews would be carried out to ensure patients who had moved into the priority group would benefit from the new technology, with the next review in September 2024. The main cost was for consumables and replacement of equipment. Improving efficiencies in the service could help achieve further roll out in the future. There was also ongoing work on technology available for patients with type 2 diabetes, mainly in the community.
- 81.1.3 Ms Milne advised that from the public health perspective work help prevent diabetes included ensuring there were places available for exercise and access to nutritious food in the population.
- 81.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

81.2 Information Governance Annual Report

- 81.2.1 Ms T. Gillies presented the previously circulated paper. It was noted that the paper covered the remit of the Data Protection Officer rather than covering wider information governance in the organisation. More information would be included in the next annual report.
- 81.2.2 A significant achievement was noted in the positive feedback following a Network and Information System Regulation (NISR) audit.
- 81.2.3 It was noted that the Policy Annual report referenced a National Services Scotland server incident, where the server had unexpectedly gone off line meaning that NHS Lothian's Policy On Line could not be accessed on the internet for a period. This was not reported as an information governance incident as the information was backed up and could still be made available through business continuity contingency processes.
- 81.2.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

81.3 Immunisation Annual Report

- 81.3.1 Ms Milne presented the previously circulated paper with Ms Millar. Regarding the need to improve vaccination uptake among social care staff, Ms Millar advised that more awareness raising and education was needed among this group. Mr Wynne advised that leadership was important here with charge nurses and team leads showing an example, as well as easy access to vaccination clinics.
- 81.3.2 Members accepted the recommendations laid out in the paper. A level of assurance would be offered in the next annual report.
- 81.4 MBRACE-UK Perinatal Deaths Annual Report
- 81.4.1 Ms T. Gillies presented the previously circulated paper. The Healthcare Improvement Scotland Neonatal Mortality Review report would also be circulated to the Committee. It was agreed that pregnancy and neonatal reporting would be moved to the May meeting in future years to fit with the discussion on Women's Services. **BP**

82. Exception Reporting Only – reports provided

Members noted the following previously circulated reports:

- 82.1 Voluntary Services Annual Report;
82.2 Clinical Policy and Documentation Annual Report;
82.3 Scottish Intercollegiate Guidelines Network Annual Report;
82.4 Pregnancy and New Born Screening Annual Report;
82.5 Updated Organ and Tissue Donation Group Terms of Reference;
82.6 Resilience Annual Report.

83. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 83.1 Area Drug and Therapeutics Committee, 1 December 2023;
83.2 Organ Donation Sub Group, 23 November 2023;
83.3 Public Protection Action Group, 22 November 2023;
83.4 Health and Safety Committee, 22 November 2023;
83.5 Clinical Management Group, 23 November 2023.

84. Corporate Risk Register

- 84.1 Ms T. Gillies presented the previously circulated paper and members accepted the recommendations laid out.

85. Reflection on the Meeting

- 85.1 This was Ms Ireland's last meeting as chair of the Committee. Members thanked her for her professionalism in chairing this meeting for the last 4 years. Mr Cogan had been appointed as the new chair from the next meeting.

86. Date of Next Meeting

- 86.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 28 May 2024** by video conference.

87. Further Meeting Dates

- 87.1 Meetings would take place on the following dates in 2024:
- 23 July 2024;
 - 17 September 2024;
 - 22 October 2024;
 - 19 November 2024.