

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 19 November 2024 by video conference.

Present: Mr A. Cogan, Non-Executive Board Member (chair); Mr E. Balfour, Non-Executive Board Member; Cllr H. Cartmill, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Mr P. Knight, Non-Executive Board Member.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Ms H. Cameron, Director of Allied Health Professionals; Ms M. Carr, Chief Officer, Acute Services; Ms S. Davidson, Talent Management Programme (observing); Ms F. Ewing, Consultant Radiologist (item 51); Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health; Mr I. Gorman, Service Director, Diagnostics, Anaesthetics, Theatres and Critical Care (item 51); Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Guthrie, Associate Director, Infection Prevention and Control; Mr J. Hetherington, General Manager, Diagnostics (item 51); Mr G. Johnston, Non Executive Director, NHS Forth Valley (observing); Dr K. Kallirroi, Associate Medical Director, Anaesthetics, Theatres and Critical Care (item 51); Professor A. Khan, Non Executive Board Member (observing); Mr M. Massaro-Mallinson, Service Director, Edinburgh Health and Social Care Partnership (item 52.1); Ms J. McDonald, General Manager, Anaesthetics, Theatres and Critical Care (item 51); Ms J. McNulty, Associate Nurse Director, Theatres and Anaesthetics (item 51); Mr G. Mills, Talent Management Programme (observing); Ms J. Morrison, Head of Patient Experience; Ms R. Moss, Talent Management Programme (observing); Ms P. Murray, Child Health Commissioner (observing); Ms M. Odam, Talent Management Programme (observing); Dr F. Ogilvie, Consultant in Public Health (item 53.5); Ms C. Palmer, Associate Nurse Director, Western General Hospital (item 53.1); Ms B. Pillath, Committee Administrator (minutes); Dr C. Reid, Consultant in Palliative Care (item 53.1); Mr G. Stark, Talent Management Programme (observing); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr C. Stirling, Site Director, Western General Hospital (item 53.1); Mr D. Thompson, Board Secretary; Ms H. Wallace, Business Manager, Diagnostics, Anaesthetics, Theatres and Critical Care (item 51); Ms S. Walter, Service Manager, Capacity Development, Outpatients and Associated Services and Talent Management Programme (item 53.4 and observing); Ms J. Webster, Talent Management Programme (observing); Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Mr J. Crombie, Deputy Chief Executive; Professor C. Hiscox, Chief Executive; Ms A. MacDonald, Executive Nurse Director; Ms D. Milne, Director of Public Health; Mr P. Togher, Chief Officer, Edinburgh Health and Social Care Partnership; Ms C. Wyllie, Director of Public Protection.

Chair's Welcome and Introductions

Mr Cogan 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.

50. Committee Business

51.1 Minutes from Previous Meeting (22 October 2024)

- 50.1.1 The minutes from the meeting held on 22 October 2024 were approved as a correct record.
- 50.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

51.2 Membership

- 51.2.1 This was Mr Cartmill's last meeting of this Committee. Mr Cogan thanked him for his input. Mr Khan would become a member of the Committee from the next meeting.

51. Acute Services Assurance Report – Diagnostics, Anaesthetics, Theatres and Critical Care

- 51.1 Ms Carr, Mr Gorman, Ms McNulty, Ms Ewing and Dr Kallirroi presented the previously circulated paper. In response to a question about professional and clinical leadership for healthcare scientists and allied health professionals, it was noted that the Chief Radiologist and Lead for Allied Health Professionals reported up through the management structure. There was also a professional lead for Healthcare Science. There was good communication and professional development opportunities for these groups of staff.
- 51.2 The thrombectomy service operated from 8am to 6pm seven days per week and also covered NHS Boards in the east region using a 'hub and spoke' model and St John's Hospital outwith the 5 day per week service there. The ambition would be to offer a 24/7 service, but this was resource dependent. NHS Lothian provided more hours of service than the other regions in Scotland which were 5 days per week.
- 51.3 During the temporary closure of the Eye Pavilion, all eye surgery was being provided at St John's hospital where staff had been transferred. Theatre space was being freed up by moving services that did not require anaesthetics. The move had been efficient and there was a focus on catching up on theatre lists to cover those delayed by the move.
- 51.4 Mr Gorman advised that there were good arrangements for getting diagnostics results to clinical teams in good time. Radiology dealt with 700,000 results per year. There was assurance through the diagnostic teams that there was compliance with the process. Any individual problems in getting results were considered by the Lothian Interface Group with clinicians from primary and secondary care. There was work to do on addressing communications when patients were delayed.
- 51.5 There were long standing delays in step down from the High Dependency Unit and Intensive Care Unit, readmission and night time discharge from the units. Delay of discharge from the Intensive Care Unit was a capacity issue but also resulted in a poor experience for patients delayed as this was not a good environment for recovery. One bed was always kept available for emergency admissions to the unit.

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

52. Safe Care

52.1 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation

- 52.1.1 The chair welcomed Mr Massaro-Mallinson to the meeting and he presented the previously circulated paper. Additional work ongoing between the four health and social care partnerships aimed at improving the situation. From May, the number of people waiting for a care home had doubled, but improvements had been made on availability of hospital at home places. Redesign work would focus on maximising internal home care services. Work was also being done with Social Work and Housing, but hospital at home was currently the highest impact area.

- 52.1.2 More work on care home places was needed. More beds had been made available in some areas but more recurring funding was needed to increase this further.

- 52.1.3 It was noted that it would be useful to see a longer time period in the delayed discharge chart in the paper in order to compare to previous years.

- 52.1.4 Ms T. Gillies noted that a high level of bed occupancy impacted the care of patients who were delayed as well as those waiting for an acute or mental health bed. Patients not experiencing care in the most appropriate setting was detrimental to the quality of care even if where outcome was not impacted, for example the impact to patients and families when a patient died in an institutional setting rather than a homely setting.

- 52.1.5 Members accepted the recommendations laid out in the paper and accepted limited assurance. A further update would be given in March 2025. **PT**

52.2 Acute Access to Treatment Risk Mitigation

- 52.2.1 Ms Carr presented the previously circulated paper. The mitigation had been reported at the Strategic Planning and Performance Committee and some of the mitigations in place discussed. Waiting times were longer in NHS Lothian than in other large health boards. The reasons for this were being assessed, and there was also assessment of the clinical impact of these delays.

- 52.2.2 Dr Whitworth advised that the consequences of long waits for procedures included deterioration in conditions and delays in determining diagnosis or treatment plan. Processes were in place to identify these cases and to triage again to ensure urgent cases were treated sooner. The delays also lead to a change in behaviour of referrers and those carrying out triage, in referring more patients as urgent due a concern about the effect of delay.

- 52.2.3 Ms T. Gillies advised that there was no robust data on whether there were increased presentations at the emergency department due to long waits for procedures, but anecdotally unscheduled cancer presentations may be increasing.

The number of patients referred as urgent suspicion of cancer increased, but not all of these were considered urgent after assessment. Primary care referrals for CT scans and x-ray were open as an additional route for treatment referral. A regional piece of work was being considered on routine screening referrals and clinical outcomes. A further report would be brought to the Committee in March 2025 on the different routes for cancer treatment referral. **TG**

- 52.2.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. A further update would be brought to the Committee in March 2025. **MC**

52.3 Update on national actions related to the Infected Blood Inquiry Oversight and Assurance Group

- 52.3.1 Ms T. Gillies gave a verbal update. The Scottish Government Oversight and Assurance Group was working on the recommendations from the national Inquiry. An update was being prepared which sent out the specific implications in Scotland. Some of the recommendations would be taken forward following appointment of a Patient Safety Commissioner in Scotland.
- 52.3.2 Clinical groups had met to consider the clinical recommendations. Some of the wording of the recommendations was not based on current appraised guidance, so work was being done on this. The GMC representatives talked about education in the use of blood. The Scottish Government had set up a group looking at the use of blood and the reduction of unnecessary use. One recommendation was for an end to end tracking system to be in place for blood. This was being considered nationally and the NHS National Services Scotland was preparing a business case to apply to the Scottish Government for funding.
- 52.3.3 A peer review had taken place at the Scottish Haemophilia Centre on current practice, and the recommendations from this were being worked on.
- 52.3.4 A paper would be brought to the Committee in March or May 2025 to update on the response to recommendations. **TG**

52.4 Gender Identity Services

- 52.4.1 Ms T. Gillies presented the previously circulated paper. The short life working group was working on the pathway for patients aged 17 and 18 years, as NHS Lothian had been an outlier in moving 17 year olds into adult services. An update on the outcome of this discussion would be brought to the meeting in January 2025. **TG**

52.5 Maternity Services Update

- 52.5.1 Ms Carr presented the previously circulated paper. Concerns had been raised regarding rota and safe staffing, as well as the process for escalating safe staffing risks. Maternity Services had now been brought into the process used elsewhere in acute services.
- 52.5.2 The Staff Governance Committee would oversee the whistleblowing complaint and the upheld complaints in this area. The action required to address the concerns

including managing patient flow and impact on outcomes for mothers and babies would be overseen by the Healthcare Governance Committee.

52.5.3 It was noted that the Healthcare Governance had previously taken a moderate level of assurance on Maternity Services, and this may represent the instability of the evidence on which this was based, but it was confirmed that the data seen was correct.

52.5.4 Work was ongoing with Organisational Development and an interim report would be brought to the Committee in March 2025 before the full Women's Services report in May 2025. **MC**

52.6 Public Protection Annual Report

52.6.1 Members accepted the recommendations laid out in the previous paper, and accepted moderate assurance.

52.7 Significant Adverse Events

52.7.1 Ms T. Gillies presented the previously circulated paper. Data on the proportion of incidents covered by the top three categories of harm was requested for the next report.

52.7.2 The data showed an increase in the number of all incidents. Ms T. Gillies advised that more information had been provided in the previous paper. In terms of maternity cases, because cases were considered together in themed groups the numbers reported as completed could fluctuate. The initial assessment of level of harm by the member of staff reporting the incident on Datix was not always the same as the level of harm agreed as the outcome following investigation and review.

52.7.3 There was a time lag in the reported data of 12 to 18 months from the incident. This was because of the time taking to investigate and to communicate with the families first. There had been no increase in reported avoidable harm outcome 3 and 4 events in maternity services after review.

52.7.4 It was important to encourage all incident reporting from staff even if this initially showed more cases. This ensure that all potential concerns were reviewed. There was less resource for investigation in detail for incidents of poor patient experience rather than incidents of avoidable harm, and different processes were used.

52.7.5 Members accepted the recommendations laid out in the paper.

53. **Effective Care**

53.1 Safe and Effective Cancer Care

53.1.1 The chair welcomed Mr Stirling to the meeting and he presented the previously circulated paper. It was noted that complaints in the category of 'communication' included complaints about not being able to get thought on the telephone, not receiving a call back when advised, being unable to communicate, or bad news

communicated in such a way that the patient and family did not understand the situation. Complaints about lack of compassion in communication were rare. Work had been done on releasing nurse time for phone calls but data had not been collected to see if this had reduced the number of complaints.

- 53.1.2 Ms T. Gillies advised that in the next report data would be included on what work was being done to improve performance on Quality Performance Indicators which were not being met.
- 53.1.3 It was noted that the annual cycle of QPI reporting was based on data, but that Healthcare Improvement Scotland reporting also had an element of peer review.
- 53.1.4 Mr Garden noted that the Cancer and Therapeutics Advisory Committee considered overall and individual patient therapeutics providing extra scrutiny on access to cost effective cancer medicines.
- 53.1.5 Incidents had been reported on missed results. Ms Palmer advised that this was a problem across Scotland and had been discussed at the Corporate Management Group meeting. Recent cases had been complex including more than one result, or unexpected results. All scans were considered at the multidisciplinary team meetings. There were a high number of blood results, all of which should be signed off. The CMG would continue to consider improvement measures.
- 53.1.6 Members accepted the recommendations in the paper and accepted moderate assurance.

53.2 Stroke Care

- 53.2.1 Ms T. Gillies presented the previously circulated paper and members accepted the recommendations laid out, accepting moderate assurance.

53.3 Organ Donation Annual Report

- 53.3.1 Ms T. Gillies presented the previously circulated paper. It was noted that work to increase organ donations was done at a national level along with the head of equalities with donations carried out locally.
- 53.3.2 Members accepted the recommendations laid out in the paper.

53.4 External Providers Annual Report

- 53.4.1 The chair welcomed Ms Walter to the meeting and she presented the previously circulated paper. External providers were no longer being used in Scotland. It was noted that capacity remained available, but the Scottish Government had not provided funding for this over the past year. The current policy was not to restart external provision.
- 53.4.2 Members accepted the recommendations laid out in the paper and accepted significant assurance.

53.5 Drug Related Deaths Annual Report

53.5.1 The chair welcomed Dr Ogilvie to the meeting and she presented the previously circulated paper. It was noted that Scotland had a higher drug deaths rate compared to the rest of the UK due to higher social deprivation and a historical drug using population.

53.2 Scoping work was being carried out with the City of Edinburgh Council Alcohol and Drugs Partnership on providing a safe space for drug use but this would not be funded locally unless external funding was available. Ms T. Gillies advised that this had not yet been discussed by the Corporate Management Team and health input would be required due to the need for healthcare staffing.

53.6 Scottish National Audit Programme

53.6.1 Ms T. Gillies presented the previously circulated paper. The nine audit reports were included as papers for exception reporting only. It was agreed that due to the large quantity of information in the audits reports, the important information for members would be included in other assurance reports in the future instead.

54. Exception Reporting Only

Members noted the following previously circulated reports for information:

- 54.1 Controlled Drug Governance Team Annual Report;
- 54.2 Pregnancy and Newborn Screening Annual Report;
- 54.3 Scottish Cardiac Audit Programme;
- 54.4 Scottish Stroke Care Audit;
- 54.5 Scottish Multiple Sclerosis Register;
- 54.6 Scottish Intensive Care Society Annual Report;
- 54.7 Scottish Hip Fracture Audit;
- 54.8 Scottish Arthroplasty Project;
- 54.9 Scottish Renal Registry;
- 54.10 Scottish ECT Audit Network;
- 54.11 Scottish Trauma Audit Group.

55. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

- 55.1 Health and Safety Committee, 28 August 2024;
- 55.2 Organ Donation Sub Group, 15 August 2024.

56. Corporate Risk Register

56.1 Members accepted the recommendations laid out in the previously circulated paper.

57. Reflections on the meeting

57.1 It was agreed that the update on Gender Identity Services would be highlighted at the Committee Chairs' Updates item on the agenda at the next Board meeting.

58. Date of Next Meeting

- 58.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 28 January 2025** by video conference.

59. Further Meeting Dates

- 59.1 Meetings would take place on the following dates:
- 18 March 2025;
 - 20 May 2025
 - 22 July 2025
 - 23 September 2025
 - 18 November 2025
 - 27 January 2026
 - 17 March 2026.