

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 28 January 2025 by video conference.

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

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Dr L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Director of Allied Health Professionals; Ms J. Carmichael, Talent Management Programme (observing); Ms M. Carr, Chief Officer, Acute Services; Ms K. Clubb, Talent Management Programme (observing); Ms S. Davidson, Talent Management Programme (observing); Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Graham, Talent Management Programme (observing); Ms L. Jess, Talent Management Programme (observing); Mr T. Logan, Talent Management Programme (observing); Ms L. Lynch, Talent Management Programme (observing); Ms G. McAuley, Associate Nurse Director, Acute Services; Ms E. McClure, Talent Management Programme (observing); Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Service Director, Royal Edinburgh Hospital and Associated Services (item 63); Ms G. MacNaught, Talent Management Programme (observing); Ms J. McNulty, Associate Nurse Director; Ms D. Milne, Director of Public Health; Ms J. Morrison, Head of Patient Experience; Ms W. Parkinson, Talent Management Programme (observing); Ms M. Perez Botella, Director of Midwifery (item 64.2); Ms B. Pillath, Committee Administrator (minutes); Ms K. Russell, Talent Management Programme (observing); Ms O. Prowse, Talent Management Programme (observing); Mr A. Short, Service Director, Women's and Children's Services (item 64.2); Ms T. Stewart, Talent Management Programme (observing); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute Services; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Ms M. Carr, Chief Officer, Acute Services; Ms J. Clark, Partnership Representative; Professor C. Hiscox, Chief Executive; Mr M. Massaro-Mallinson, Service Director, Edinburgh Health and Social Care Partnership.

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.

60. Patient Story

- 60.1 A video was shown where a long term patient in the Craiglea Ward at the Royal Edinburgh Hospital talked about the activities and facilities available on the ward and the calm atmosphere and good staff support. Ms McKigen advised that refurbishment was needed in these areas where some patients would be resident

for the rest of their lives. There were some shared rooms and more shower facilities were needed. The Endowment fund had been used for some of these facilities in the past.

61. Committee Business

61.1 Minutes from Previous Meeting (19 November 2024)

61.1.1 The minutes from the meeting held on 19 November 2024 were approved as a correct record.

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

61.2 Revised Healthcare Governance Committee Terms of Reference

61.2.1 Ms J. Gillies presented the previously circulated paper. Members accepted the recommended change.

61.2.2 It was noted that it was standard that no business could be transacted if a meeting was not quorate.

61.2.3 The terms of reference required there to be an external member on the Committee. Several models to facilitate this had been previously tried, but there was not one currently in place. It was recognised that members of the public found it difficult to participate in discussions without background knowledge of the organisation and its services, and to add value to the Committee they must be able to contribute more than what was relevant to their own experiences as a patient. The most recent approach had been to have a small group of representatives who were supported to discuss specific papers and feed back at the meeting, but this had also had only variable success for both the representatives and the Committee. There had been feedback through the Communications Team and Patient Involvement Manager that a governance committee was not the best place to have meaningful patient and public input. It was agreed that this should be discussed further at the Healthcare Governance Committee workshop on 18 March 2025.

62. Emerging Issues

62.1 Ombudsman Report

62.1.1 Ms MacDonald advised that the Board had received an Ombudsman report following the death in October 2021 of a patient who had chronic illness and regular interventions both in hospital and in the community. A full report and action plan would be brought to the Committee following investigation. **AMcD**

63. Mental Health Assurance Report, including inpatient services, psychological therapies risk, specialist services

63.1 Ms McKigen presented the previously circulated paper. Mr Garden advised that in addition to what was included in the paper, work had been done over the past 18 months on improving governance of controlled drugs in prison including audits.

Actions from a safety and security review in 2023 were led by pharmacists including leadership walkrounds and improvements had been seen.

- 63.2 Ms McKigen advised that services run by the Royal Edinburgh Hospital and Associated Services directorate included delegated, non delegated and hosted services. All inpatient beds were delegated and provided on behalf of the Integration Joint Boards. These services were run by a Programme Board which included both Integration Joint Board and Royal Edinburgh Hospital representatives. The Child and Adolescent Mental Health Service was not delegated. Integration Joint Boards had oversight role over the Mental Health pathways.
- 63.3 High bed occupancy was driven by increasing numbers of admissions, issues with patient flow due to lack of sufficient services in the community, and a high acuity rate. Lothian had the second lowest bed base for the population and population increase meant an increase in admissions. Higher acuity and longer stays were being observed, but this was within the national average.
- 63.4 There was significant underspend in community health services. Work was now being undertaken modelling for community services and the cut off for going in and out of hospital. The Intensive Home Treatment Team could strengthen community provision and this team was being reviewed. Ms T. Gillies noted that that third sector mental health intervention could help with improving lifestyles to improve conditions, but enduring mental health conditions required medical and specialist support.
- 63.5 Ms McKigen advised that if a concern about safe staffing was raised, staff would be moved around to ensure all areas were safe. More long term work included improving care planning.
- 63.6 Ms McKigen advised that senior management teams were aware of problems in the Melville Unit prior to the Mental Welfare Commission report. This could perhaps have been shared more widely within the governance structure. The Mental Welfare Commission were content with the plans to split the Melville unit into two service areas in response to their recommendations. Ms T. Gillies also advised that the Corporate Management Team had discussed how the decision had initially been made to co-locate the Child and Adolescent Mental Health inpatient unit in the Children's Hospital and had found that this had been based on informal discussions but was not robust. An opportunity had been missed when the new Children's Hospital had opened to build up a unit that was better fit for purpose.
- 63.7 Moderate assurance was proposed in the paper, but members agreed to accept limited assurance overall because of the continuing risks in the Melville Unit and bed occupancy. There needed to be more steps shown with partners to reduce the bed occupancy rate. The improvement in the Melville Unit was recognised, but more work was needed on modelling and pathways. Ms McKigen advised that new systems and processes were in place which should lead to improvement in the near future. Ms McKigen was asked to present a further report within the next 3 months.

TMcK

63.8 Out of Area Placements Monitoring Team Annual Update

- 63.8.1 Ms McKigen presented the previously circulated paper. Significant assurance was proposed in the paper but although members noted that there was significant assurance on NHS Lothian's processes, moderate assurance was accepted on the basis that there could not be significant assurance of services run by external providers.

63.9 REAS Risk Assurance Reporting

- 63.9.1 Ms T. McKigen presented the previously circulated paper. The Scottish Government were now seeking a national solution for female high secure accommodation. Members accepted the recommendations laid out in the paper of limited for Royal Edinburgh Hospital bed occupancy, limited for female high secure accommodation, and moderate for low secure accommodation.

64. Safe Care

64.1 Gender Identity Services

- 64.1.1 Ms T. Gillies gave a verbal update. All clinical pathways in Children's Services for gender dysphoria had been reviewed and were in line with pathways in NHS England. There was also work to align these with other NHS Scotland Boards. This would be discussed at the Corporate Management Team meeting the following month.
- 64.1.2 Service delivery for under 18s at the Chalmer's Sexual Health Centre was stable. There had been good engagement with stakeholder groups on the clinical pathways. There were discussions in progress with the National Services Division regarding onward referral pathways for gender surgery.
- 64.1.3 It was believed that Chalmer's was the only clinic in the UK offering treatment to 17 year olds in the adult service; in other areas 17 year olds were treated in a children's service. Review of pathways showed that clinical governance was in place.
- 64.1.4 A further update would be provided at the next meeting. **TG**

64.2 Maternity Services update

- 64.2.1 Mr Short presented the previously circulated paper. It was noted that among other pieces of work LACAS was being set up in maternity as a way of ensuring that problems can be picked up sooner. All services, systems and processes available for clinical services were being used by maternity services, including training.
- 64.2.2 A review of the funded establishment workforce had been undertaken across all services as some establishment positions were no longer up to date due to changes in service. Maternity had been one of the areas where there was concern that what was now required by the service did not match the funded posts available. A proposal had been reviewed and agreed by the Corporate Management Team which would increase establishment and put the service in a better position.

- 64.2.3 Part of the safe staffing work being led by the Nurse Director for Acute Services included review of the lines of escalation where staff have concerns. Nurse directors meet daily, and no staffing concerns had been raised from Maternity, but it was noted that staff would become accustomed to the resources available and a proper review was needed to identify whether more was needed.
- 64.2.4 Ms Perez-Botella advised that staff are engaged and involved with the improvement work being done.
- 64.2.5 It was agreed that process issues for escalation of concerns for all services would be considered at the Healthcare Governance Committee workshop on 18 March 2025. A further update on Maternity services would be part of the Women's Services Annual Assurance Report in May 2025. **AS**

64.3 Patient Safety and Quality Annual Report

- 64.3.1 Ms Gillies presented the previously circulated paper. Ms J. Gillies advised that there was also information available on primary care improvement work, which would be included in the report next time.
- 64.3.2 It was requested that actions agreed at Non Executive Walk Rounds could be followed up and reported back as part of the Walk Round cycle.
- 64.3.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

64.4 Hospital Standardised Mortality Rate Review final report

- 64.4.1 Ms T. Gillies presented the previously circulated paper and members accepted the report and noted that Standardised Mortality Rate across NHS Lothian was now below 1.00

65. **Exception Reporting Only**

Members noted the following previously circulated reports for information:

- 65.1 Tobacco Control Annual Report;
- 65.2 Tissue Governance Annual Report;
- 65.3 Scottish Trauma Audit Group Annual Report;
- 65.4 Resilience Annual Report;
- 65.5 Health Protection Team Annual Report;
- 65.6 Tissue Viability Annual Report.

66. **Minutes of Management Meetings and Sub Committees**

Members noted the previously circulated minutes from the following meetings:

- 66.1 Health and Safety Committee, 28 August 2024;
- 66.2 Clinical Management Group, 8 October 2024, 12 November 2024;
- 66.3 Policy Approval Group, 10 September 2024.

67. Corporate Risk Register

- 67.1 Ms T. Gillies presented the previously circulated paper. It was noted that the concerns raised in Maternity Services were not on the risk register but that a plan was underway and additional staffing had been agreed. A review of whether this should be on the risk register could be done following the update from the service in May 2025.

68. Reflections on the meeting

- 68.1 It was agreed that the chair would highlight in the Chair's updates section of the Board agenda that there had been comprehensive discussion of the Maternity services concerns and improvement plan, and would highlight the good assurance work done on the Hospital Standardised Mortality Rate review.

69. Date of Next Meeting

- 69.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 18 March 2025 in Meeting Room 10, First Floor, 102 West Port**, Edinburgh, EH3 9DN.

70. Further Meeting Dates

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

Signed by Chair
18 March 2025