

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 20 May 2025 by video conference.

Present: Mr A. Cogan, Non-Executive Board Member (chair); Mr A. Fleming, Non-Executive Board Member; Professor A. Khan, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms M. Carr, Chief Officer, Acute Services; 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; Professor C. Hiscox, Chief Executive; Dr C. Love, Consultant Obstetrician (item 4.3); Ms G. McAuley, Associate Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Mr A. Mackay, Site Director, St John's Hospital (item 5.6); Ms J. Morrison, Head of Patient Experience; Ms M. Perez-Botella, Director of Midwifery (item 4.1); Mr A. Short, Director of Women's Services (item 4.1); Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms A. White, Chief Officer, West Lothian Health and Social Care Partnership; Ms M. Vernon-Stroud, Patient Experience Team Lead; Ms C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Nurse Director, Primary Care.

Apologies: Mr E. Balfour, Non-Executive Board Member; Mr J. Crombie, Deputy Chief Executive; Mr P. Knight, Non-Executive Board Member; Ms L. Yule, Chief Nurse, West Lothian 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.

1. Patient Story

- 1.1 A video was shown where a woman who gave birth in the Birth Centre after initially wanting to have a home birth. She spoke about the importance of communication and a more holistic approach which would take into account her wishes and anxieties. Ms Perez Botella advised that whole person wellbeing had been a focus in the past year.

2. Committee Business

2.1 Minutes from Previous Meeting (18 March 2025)

- 2.1.1 The minutes from the meeting held on 18 March 2025 were approved as a correct record.
- 2.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

2.2 Healthcare Governance Committee Annual Report and Assurance Need

- 2.2.1 Ms J. Gillies presented the previously circulated Annual Report. There was discussion on how the part of the remit requiring the Committee had patient and public representation in decision making. The difficulty for a patient representative to fully take part in meetings was recognised. It was agreed that services should be asked to include in their reports how patient views were taken into account in service delivery.
- 2.2.2 Members approved the annual report for submission to the Audit and Risk Committee.

3. Emerging Issues

3.1 Healthcare Improvement Scotland inspection

- 3.1.1 Evidence had been provided to Healthcare Improvement Scotland (HIS) to show what improvement actions had been taken following concerns raised about maternity services at a previous inspection. The HIS Team had returned to assess the improvements made. Formal feedback had not yet been received following this visit.

3.2 Healthcare Improvement Scotland and Mental Welfare Commission inspection

- 3.2.1 Following a television documentary programme on Skye House, the Child and Adolescent Mental Health Service (CAMHS) inpatient unit in Glasgow, NHS Lothian's CAMHS inpatient unit had received an unannounced inspection from the Healthcare Improvement Scotland and Mental Welfare Commission inspection teams. Informal feedback from HIS was complimentary about the care observed. Formal feedback had not yet been received.

4. Women's Services Assurance Report

- 4.1 The chair welcomed Mr Short, Ms Perez Botella and Dr Love to the meeting and they presented the previously circulated paper.
- 4.2 In response to a question about whether something had been missed when moderate assurance had previously been accepted, Mr Short advised that it had been recognised that the leadership team had not acted fully when staffed raised concerns about safety. This was being worked on, along with implementation of

other triangulation methods used elsewhere in acute services, for instance the LACAS standards.

- 4.3 Dr Love advised that caesarean section rates were rising across the UK and Scotland due to both clinical reasons and maternal choice.
- 4.4 More training sessions were planned as part of the Equality, Diversity and Inclusion programme. Demographic data needed to be captured in enough detail to allow triangulation of information with complaints and adverse events data. Short term goals were to continue to raise awareness and improve data collection.
- 4.5 It was noted that large numbers of patients were waiting over 52 weeks for both inpatient and outpatient gynaecology appointments, some the highest numbers of any specialty. Two new consultants had been recruited since December 2024 and there were another two vacancies. The focus was on the longest waits.
- 4.6 Members accepted the recommendations laid out in the paper. They recognised the amount of work in progress to make improvements, and accepted limited assurance.
- 4.7 MBRACE-UK Perinatal Deaths
 - 4.7.1 Ms T. Gillies presented the previously circulated paper. It was noted that the completeness of ethnicity data was lower than the average for the rest of the UK. Work was being done to encourage the community midwifery team to capture this data at the booking appointment for each patient.
 - 4.7.2 Although the paper asked that significant assurance be taken on NHS Lothian's position, the Committee accepted moderate assurance and accepted the other recommendations laid out.

5. Safe Care

- 5.1 Mental Health Services, update on areas of limited assurance
 - 5.1.1 Ms White presented the previously circulated paper. A new director of service had been recruited and would start in August 2025. Work on transformation would be led by David Hood.
 - 5.1.2 Moderate assurance was offered in the paper, but members noted that limited assurance had been accepted at the previous report, and some areas had deteriorated since that time. Professor Hiscox noted that this was one of NHS Lothian's greatest risk areas. Work on mitigating this risk was still ongoing and a transformation process was being developed; by the next report some improvement should be seen. Currently areas such as length of stay in the emergency department and caring for patients in inappropriate locations due to lack of capacity needed improvement.

- 5.1.3 Mr Garden advised that medicines management medicines governance risks had been identified in the prison healthcare service; among other things there was currently no electronic prescribing system in place. Work was being done with the associate medical director to improve this.
- 5.1.4 There were two areas that the Committee required oversight on. Firstly, assurance that safe, effective and person centred care was being carried out and data to support this. Secondly, oversight of the transformation programme for future improvements.
- 5.1.5 The transformation programme had timescales of 12 to 18 months for implementation and considered whole system changes and priorities for the future of the service. Oversight of this would be to Integration Joint Boards and to NHS Lothian.
- 5.1.6 Regarding the current risks, the Corporate Management Team would consider papers on the prison healthcare risks and the CAMHS inpatient unit in the next few weeks, and the bed occupancy risk was considered at a weekly 'gold' meeting chaired by Professor Hiscox.
- 5.1.7 There was staff involvement in planning for both the transformational change programme and mitigation of current risks. The Employee Director was on the weekly 'gold' meeting as well as involved in transformation planning. The teams were also working closely with the medical and nursing associate directors.
- 5.1.8 Members accepted limited assurance and requested three short papers be brought to the meeting in September 2025 focusing on bed occupancy, the Melville Unit and prisons risks. Ms T. Gillies and Ms A. MacDonald would work with Ms White and team to identify what data should be included in these reports and this would be shared with non-executive members of the Committee in advance so that any further data required could be requested. **AW**
- 5.2 Infected Blood Inquiry Recommendations
- 5.2.1 Ms T. Gillies gave a verbal update. Actions in response to the recommendations from the Infected Blood Inquiry Report would be overseen in the annual blood transfusion service report to the Committee. A further report would be brought to the next meeting on local assurance. **TG**
- 5.2.2 The outcomes from the national short life working group considering the impact in Scotland of the recommendations from the Inquiry were now available.
- 5.3 Public Protection update
- 5.3.1 Ms MacDonald presented the previously circulated paper. It was noted that the 41 reports of 24 crimes reported from hospitals referred to reports made from the hospital, not to the location of the incidents which happened in the community.
- 5.3.2 It was noted that there had been 30 referrals of radicalised young people to the 'Prevent' service, which was higher than the numbers in other areas. The possible reasons for this were being investigated.

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

5.4 Management and Learning from Adverse Events

5.4.1 Ms J. Gillies presented the previously circulated paper. It was requested that sub categories as well as main categories could be reported on to allow a further understanding of the kind of adverse events occurring.

5.4.2 Members accepted the recommendations laid out in the paper and accepted significant assurance that processes were in place to comply with national notification of adverse events, and moderate assurance that progress was being made in improving processes for management of significant adverse events.

5.5 Health and Safety Annual Report

5.5.1 Ms T. Gillies presented the previously circulated paper which covered clinical aspects of the Health and Safety service.

5.5.2 There had been recognition that the anti-ligature guidance for staff in ward based settings outside mental health areas required an update. Work was at the early stages on assessing the environment and the patient groups.

5.5.3 Members accepted the recommendations laid out in the paper.

5.6 Access to Treatment Risk

5.6.1 The chair welcomed Mr Mackay to the meeting and he presented the previously circulated paper. There was discussion on how any harm to patients as a result of decisions made to improve performance could be monitored, for instance using complaints and adverse events. Due to the time lag before incidents occurred, it could be difficult to match these up to any changes. A possibility would be to compare the data for a whole year to a previous year, with careful analysis.

5.6.2 Professor Hiscox noted that although analysis had not been undertaken, staff working in the services with the longest waits were convinced that the long waiting times were causing harm to patients. The corporate management team were therefore focussing on improving access to treatment and reducing waiting times.

5.6.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

6. **Effective Care**

6.1 Research and Development Annual Report

6.1.1 Ms T. Gillies presented the previously circulated paper. Members noted the comprehensive work being done.

7. Exception Reporting Only

Members noted the following previously circulated reports for information:

- 7.1 Diabetes Management Clinical Network Annual Report;
- 7.2 Edinburgh Transplant Service Annual Report.

8. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

- 8.1 Health and Safety Committee, 6 November 2024;
- 8.2 Clinical Management Group, 11 March 2025;
- 8.3 Policy Approval Group, 28 January 2025.

9. Corporate Risk Register

- 9.1 Ms T. Gillies presented the previously circulated paper. It was noted that the target risk grading was not completed for all of the risks. Ms J. Gillies advised that some of these were awaiting funding decisions, but agreed to include this information in the table for the next report.

10. Reflections on the meeting

- 10.1 Mr Cogan agreed to report on the Committee's discussions about Mental Health and about Maternity Services at the chairs' update section at the next Board meeting.
- 10.2 The Chair thanked Ms Milne, Ms McAuley and Mr Short for their contributions to the Healthcare Governance Committee, as all were moving on either to new roles or to retirement.

11. Date of Next Meeting

- 11.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 22 July 2025** by videoconference.

12. Further Meeting Dates

- 12.1 Meetings would take place on the following dates:
 - 23 September 2025
 - 21 October 2025
 - 18 November 2025
 - 27 January 2026
 - 17 March 2026.

Signed by Chair
22 July 2025