

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 21 October 2025 via MS Teams.

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

In attendance: Ms L. Baird, Committee Administrator; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Browning, Associate Director of Pharmacy; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms J. Irwin, Chief Nurse and Head of Quality; Dr C. Love, Women and Children; Ms A. MacDonald, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Ms C. Palmer, Nurse Director; Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Women and Children; Ms C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse.

Apologies: Professor A. Khan, Non-Executive Board Member; Ms L. Rumbles, Partnership Representative; Ms M. Carr, Chief Officer, Acute Services; Mr S. Garden, Director of Pharmacy; Professor C. Hiscox, Chief Executive; Ms M. Campbell, Director of Estates and Facilities; Mr M. Massaro-Mallinson, EHSCP Service Director; Ms F. Wilson, Chief Office/Director ELHSCP.

Chair's Welcome and Introductions

The Chair welcomed members and service colleagues to the meeting. He thanked Ms Pillath for her support over the years wishing her well in her future endeavours and welcomed Ms Baird who has replaced Ms Pillath and Ms Palmer who was attending to their first meeting in her new role.

The Tissue Viability Annual Report would be moved up into the main agenda from exception reporting considering the Ombudsman report and the references therein. Although the move would not change the Committee's consideration of the report, Members felt that it was important to acknowledge the action taken within the field.

The appendices relating the Acute Services Annual Report circulated related to the period covering 2024/2025 rather than the expected 2025/2026. The papers were amended in advance of the meeting but due to the short notice it was acknowledged that members would not have sufficient time to review them in detail. Considering this Dr C. Whitworth and Ms C. Palmer would talk to the current data, acknowledging that if members were unable to take assurance from the report provided, the option to defer the report to November would be discussed.

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.

39. Committee Business

39.1 Committee Cumulative Action Note and Minutes from Previous Meeting (23 September 2025)

39.1.1 The minutes from the meeting held on 23 September 2025 were approved as a correct record.

39.1.2 The action relating to more work on mapping assurance to the Healthcare Governance for some areas of all Health and Social Care Partnerships, including district nursing and hosted services from the September meeting would be added to the running note. **LB**

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

39.2 Annual Review of the Committee Terms of Reference – The Committee approved the enclosed Healthcare Governance Committee Terms of Reference for the next year without change and recommend that the Board approves at their meeting in February 2026.

40. Matters Arising

40.1 Healthcare Improvement Scotland and Mental Welfare Commission inspections

40.1.1 The report provided the Committee with the expected dates of publication for the three embargoed reports. Specific attention was drawn to the publication of the maternity services report and the proceeding Disclosure Scotland BBC documentary airing on 28th October 2025.

40.1.2 The unannounced mental health inspection reports for the Royal Edinburgh Hospital and Melville are expected by the end of the week.

40.1.3 All three final reports and action plans would be discussed at the November meeting and the Public December Board meeting thereafter. **AMcD**

40.2 Scottish Public Services Ombudsman (SPSO) reports on Pressure Ulcer Care

40.2.1 A brief verbal update was provided. The update highlighted the development of a detailed action in response the SPSO reports, returns completed within the dedicated timescales, plans to meet with the SPSO and internal assurance processes implemented.

40.2.2 To support long term goals external support had been sought via the staff bank. The individual identified has previous experience working with Pressure Ulcer Collaboratives at both Local and National Levels that would support the work in Lothian going forward.

40.2.3 Next steps would focus formalising arrangements for the NHS Lothian Pressure Ulcer Collaborative on 21st November 2025.

- 40.3.4 It was recently agreed that DATIX would be the reporting system for the Pressure Ulcer Care and work to clarify reporting process with staff is in progress.
- 40.2.5 The Committee received assurance that the work described would involve colleagues across acute and the four Health and Social Care Partnerships (HSCPs).
- 40.2.6 A report capturing progress against the SPSO reports, the proposed scope of work, timeline for completion and a detailed action plan would be brought to the November meeting. **AMcD**

41. Patient Story

- 41.1 A video was played giving patient feedback relating to managing stress and distress behaviour in elderly patients in Ward 202 at the Royal Infirmary of Edinburgh.
- 41.2 The patient story was a good example of spreading good practice and would be shared with the HSCPs, who have work ongoing in this field.

42. Acute Services Assurance Report - Adult Acute Sites and Outpatient Services

- 42.1 Dr C. Whitworth and Ms Palmer presented the previously circulated paper, drawing attention to the key points and data therein.
- 42.2 It was acknowledged that there was more work to do around the Lothian Accreditation & Care Assurance Standards (LACAS) data and wound care. Next steps would focus on automating data received and recognising external triggers etc with the new Head of LACAS.
- 42.3 The material impact related to the reduction of acute in-patient beds and step-down beds was discussed. Members recognised that the increased activity was being delivered within a smaller bed base. To mitigate this the service would continue to explore alternatives to admission and inpatient care where possible, recognising that the elderly population made this very challenging.
- 42.4 Dr Whitworth was assured by the process and structures implemented regarding day-to-day management of safety taking place, and that issues are escalated as appropriate through the governance structures.
- 42.5 The Committee would take the opportunity at the end of year to consider the method of data collection, self-assessment, selected by sample and who was selecting sample etc across all data sources including LACAS. **AC/TG/AMcD**
- 42.6 The independent audit of nursing care had focused on those patients identified with complex care requirements to identify how NHS Lothian was meeting those needs. There had been early and full acceptance of the audit findings, a decision taken to not audit further and move to replicate mitigating action across all sites.

- 42.7 It was noted that collaborate is an example of a realistic medicine project being rolled out across multiple NHS Boards. The report focused on varicose vein and TAVI projects unique to Lothian to confirm whether patients are well informed and valued based services is provided in Lothian.
- 42.8 Learning from all realistic medicine projects is shared nationally via the National Realistic Medicines Programme. The Chief Medical Officer would also attend the next Lothian Realistic Medicines Programme Board to be sighted on projects undertaken in Lothian.
- 42.9 The project relating to variation in unscheduled care and elderly and the role of the KISS was an ongoing iterative project that was being discussed regularly at the Lothian Interface Group. The group with the support of secondary care colleagues had provided a paragraph that could be pasted into KISS. At this time there was no available current data on the completion of KISS.
- 42.10 The Committee received a brief overview of the recent discussion at Strategic Planning and Performance Committee (SPPC) and the Board regarding Patients removed from waiting lists, drawing attention to the differences in the administrative and clinical validation tools utilised in Lothian.
- 42.11 Members were assured that NHS Lothian was not currently an outlier for waiting list validation in NHS Scotland.
- 42.12 It was recognised that further work via the performance routes in respect of patients removed from waiting lists would be picked up via the Waiting Times Governance and SPPC. Those issues relating to clinical risk associated would continue to be explored via Healthcare Governance Committee.
- 42.13 Members accepted the recommendations laid out and accepted moderate assurance with the exception of the work required around wound care with colleagues in acute and across the HSCPs.

43. Safe Care

43.1 Maternity Services Update

- 43.1.1 The breadth of work currently being undertaken in Maternity Services alongside the findings and actions relating to the HIS report was noted. It was agreed that a written update against the annual assurance work would be provided to the Committee in November. **AMcD**
- 43.1.2 Mr Tyrothoulakis and Dr Love provided a brief verbal update. Highlighting the development of the internal improvement plan, that considered both internal improvement work and action taken to address recommendations within the HIS reports was noted.
- 43.1.3 The service continued to make improvements to their internal governance structures and focus on the culture within women's services, supporting staff with the escalation of issues and acting on them when required.

43.1.4 Members accepted the verbal report and anticipated a full report in November.

43.2 Duty of Candour Annual Report

43.2.1 Miss T. Gillies presented the previously circulated report. Members accepted recommendations laid out and approved its publication to the website.

44. **Effective Care**

44.1 Respiratory Managed Care Network Annual Report

44.1.1 Ms T. Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

44.1.2 Members requested that the service provide data about numbers of people, prescribing indicators/ medicine use etc. in future reports. Miss T. Gillies would feedback the request to colleagues within respiratory. **TG**

44.2 Tissue Viability Annual Report

44.2.1 Mr P. Wynne presented the previously circulated paper. Attention was drawn to the links to the SPSO report relating to pressure ulcer care and additional work required across acute and HSCPs to address the findings.

44.2.2 Members accepted the recommendations laid out and accepted moderate assurance.

45. **Exception Reporting Only**

45.1 Viral Hepatitis MCN Annual Report

45.1.1 The previously circulated report was received. Members noted the report for information.

45.1.2 It was agreed future Viral Hepatitis MCN Annual reports would be part of the annual assurance work and timelines for the report coming to Healthcare Governance Committee would be revised and built into future work plans. Considering the route to the meeting via the Population SLT, SMT and the timing of these meetings. **LB**

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

Members noted the previously circulated minutes from the following meetings:

46.1 Health and Safety Committee, 27 August 2025.

46.2 Area Drugs and Therapeutics Committee, 1 August 2025.

47. **Corporate Risk Register**

47.1 Ms T. Gillies presented the previously circulated paper.

47.2 Attention was drawn to addition of the implementation of the Agenda for Change Reforms – Reduced working week risk to the CRR approved at the Board in October

and the potential impacts this may have in the Healthcare Governance. Members would be mindful of this as they consider papers in the coming year.

47.3 The Committee noted the ongoing work related to the Integrated Assurance Framework and the need to create better lines of sight across all governance committees.

47.4 It was recently that a corporate risk relating to maternity services would be developed for consideration at the December Board. Part of the consideration would focus on which elements would fall within the remit of Healthcare Governance Committee and Staff Governance Committee.

47.5 Members accepted the recommendations laid out in the paper.

48. Reflections on the meeting

48.1 The Committee welcomed the detailed discussions held. There were no matters to raise with the Board.

49. Date of Next Meeting

49.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 18 November 2025** via MS Teams.

50. Further Meeting Dates

50.1 Meetings would take place on the following dates:
- 18 November 2025
- 27 January 2026
- 17 March 2026.

***Approved by Chair
18 November 2025***