

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 22 July 2025 via MS Teams.

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: Professor C. Hiscox, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health; Ms M. Carr, Chief Officer, Acute Services (left meeting after item 5); Miss F. Ireland, Deputy Director - Corporate Nursing & Business Support; Ms J. Mackay, Director of Communications; Ms A. White, Chief Officer, West Lothian Health and Social Care Partnership; Mr S. Garden, Director of Pharmacy; Dr H. Cameron, Director of Allied Health Professions; Ms E. Anderson, Associate Quality Improvement Advisor; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms J. Gillies, Associate Director of Quality; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership; Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr M. Massaro-Mallinson, EHSCP Service Director, Health and Social Care (until 3pm); Ms J. Morrison, Head of Patient Experience; Ms M. Vernon-Stroud, Patient Experience Team Lead; Ms C. Whitworth, Medical Director, Acute Services; Ms A. Harpur, Public Health Registrar ST5; Mr A. Tyrothoulakis, Service Director for Women's and Children's Services (Item 5); Dr Paul. Leonard, AMD Children's Services (Item 5); Mr P. Campbell, Associate Nurse Director, Medical (Item 5); Ms K. McLellan, Nurse Consultant, Public Health & Health Policy (Item 8.1); Ms J. Chadwick, Women's Health Plan Implementation Lead (Item 8.2); Ms C. Glen, Strategic Programme Manager - Screening & Early Detection (Item 8.3); Ms S. Cooke, Public Health Registrar ST5, (Item 8.4); Mr D. Thompson, Board Secretary and Mr C. Graham, Corporate Governance Team (minutes).

Apologies: Mr P. Knight, Non-Executive Board Member; Mr E. Balfour, Non-Executive Board Member; Ms A. MacDonald, Executive Nurse Director; Ms J. Clark, Nurse Consultant Advanced Practice Primary & Community Care and Mrs S. Webb, Director of Public Health & Health Policy.

Chair's Welcome and Introductions

The Chair welcomed members and service colleagues to the meeting.

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. Committee Business

- 1.1 Committee 2025/26 Workplan - The circulated Workplan was noted. Members also noted the minor changes to the workplan to better facilitate agenda planning.

- 1.2 Committee Assurance Questions - The circulated service template, based on Health Improvement Scotland Quality of Care Reviews, for those writing service reports for Healthcare Governance Committee was noted.
- 1.3 Committee Cumulative Action Note and Minutes from Previous Meeting (20 May 2025)
- 1.3.1 The minutes from the meeting held on 20 May 2025 were approved as a correct record.
- 1.3.2 The cumulative action note was discussed. The Committee noted that most actions were now complete with the full Ombudsman report and action plan on the death of a patient with chronic illness still to come back when ready and three papers (bed occupancy, Melville Unit and prisons risks) scheduled for the September 2025 Committee meeting.

2. Matters Arising

- 2.1 National Maternity & Perinatal Audit (NMPA) Maternity Services Outlier letter - The NMPA correspondence dated 9th June 2025 was noted. The Committee acknowledged that NHS Lothian would remain an outlier in the published NMPA report (based on 2023 data) for 'Proportion of women and birthing people giving birth vaginally to a singleton baby between 37+0 and 42+6 weeks of gestation, who experience a third- or fourth-degree tear'. Work remains ongoing in relation to the quality planning phase.

3. Emerging Issues

- 3.1 External Inspections Summary - The summary document was noted; this covered feedback from the following recent visits:
- **Royal Edinburgh Hospital – HIS Unannounced Inspection** (17-19 June 2025). Planned publication date of the report is 18 September 2025.
 - **Maternity Services, RIE – HIS Unannounced Inspection** undertaken from 23 – 24 June 2025. Planned publication date of the report is 25 September 2025.
 - **Melville Unit – joint HIS/MWC Inspection** undertaken from 12-15 May 2025. Planned publication date of the report is to be determined.
- 3.2 The Committee recognised that the HIS Clinical Governance Standards were currently out for consultation. Once finalised the standards would be used to inform the HIS inspections methodology, for both announced and unannounced visits. The Committee would await the key findings from the recent visits.

4. Patient Story

- 4.1 A video was shown where a patient spoke about their experiences within the Paediatric Critical Care Unit at RHCYP. The patient spoke about their journey from GP to A&E to PICU and eventual discharge and return to home and school.
- 4.2 The Committee noted that as a result of the patient story a new project was underway to better utilise garden space at the RHCYP for the enjoyment of stable critical care patients (children's and adult services). There was also ongoing engagement with the NHS Lothian Charity, around improving visual stimulation for PICU patients.

5. Children's Services Annual Assurance Report

The Chair welcomed Mr Tyrothoulakis, Dr Leonard and Mr Campbell to the meeting.

- 5.1 The service representatives provided the Committee with an assessment of the quality and safety of care provided in Children's Services, and work being undertaken to address risks and improve quality and safety.
- 5.2 There was discussion on LACAS standards, the completion of cycle seven and the achievement of gold standard across all areas, except for one. There had also been two areas that had moved from bronze to gold standard. Work was currently ongoing to look at the degree of assurance around internal self-assessments and external scrutiny was being considered as part of improvement work ahead of cycle eight. Increased clinical engagement was also recognised and the work of the clinical nurse manager in driving standards forward.
- 5.3 In relation to workforce, the Committee noted that nursing recruitment and retention remained positive with over 200 applicants this year, 110 shortlisted and 81 to be appointed. The impact of the reduced working week would see 45 new graduates required again this year. An increase in paediatric nurses within neo-nates was also expected and there was an increased number of educators by ward base with a developing internal education programme to support new graduates. Overall, the workforce position remained healthy with two areas within medical to focus on and some minor establishment tweaks.
- 5.4 There was also discussion on the work being undertaken to avoid children being admitted to critical care in the first place, the work of the 24/7 outreach team, work around patient centred care, seeing children closer to home in the community, patient experience and engagement with primary care colleagues. The successful community model and desire to expand community clinics was acknowledged, it was hoped there would be a positive Scottish Government funding bid to progress the expansion work.
- 5.5 The Committee asked about the stability of staffing within paediatrics at St John's Hospital. The service confirmed that there was now enhanced rotas in place and that rotas had remained stable over recent months, but this would continue to be monitored. There was also ongoing work between RHCYP and St John's on the resilience model.

- 5.6 There was further discussion on patient safety, observation compliance audits, engagement with the Sick Kids Charity, Critical care medical staffing, child mortality review process, scheduled care waiting time targets and the approach to quality improvement.
- 5.7 The Committee agreed to accept moderate assurance that Children's Services had comprehensive systems in place to deliver safe, effective, and person-centred care.

The Chair thanked Mr Tyrothoulakis, Dr Leonard and Mr Campbell and they left the meeting.

6. Person Centred Care

- 6.1 Involving People Update – The Committee received the report providing a summary on progress with Public Engagement in NHS Lothian during 2024/25. The main focus had been on efforts to mitigate ongoing risks to the organisation arising from a previous inability to fund proposals to expand engagement resources and current planning underway to bring forward fresh proposals.
- 6.2 There was discussion on the challenges presented following the retirement of the Public Involvement Manager, the appropriate training of staff as part of the move to change, transform, and install a robust engagement function, the definition of risk and value of engagement, the ongoing evaluation process and need for a sustainable engagement model, and engagement and learning that can be taken from recent HSCPs and IJBs strategic plans consultation processes.
- 6.3 The Committee acknowledged the work carried out to date to support patient/public engagement across the organisation and agreed to take moderate assurance regarding risk to the organisation, taking into account the measures described in the report.

7. Safe Care

- 7.1 Infected Blood Inquiry – Local Assurance - The Committee received an assessment of the work ongoing across the NHS in Scotland and the UK to implement the recommendations from the Infected Blood Inquiry (IBI).
- 7.2 The Committee had received both written and verbal updates on this matter previously. The IBI's report had been published in May 2024 and consisted of seven volumes, with twelve recommendations, some with multiple parts. For those relevant to the NHS in Scotland, the Scottish Government had established an Oversight and Assurance Group (IBI OAG) with membership taken from policy, professional leads, and experts and most importantly representatives of the infected and affected.
- 7.3 There was discussion on the report appendices as submitted and the expectations for future reporting to the Committee. The Committee acknowledged that the IBI OAG progress report summarised areas for NHS in Scotland to consider after a year of the IBI OAG being in place. The SHOT Transfusion Safety Standards provided the Committee with a useful illustration of the detail in place around how to use blood safely and the SNBTS Transfusion Team Annual Update report 2023/24 looked at the detail around our processes and level of appropriate oversight.

- 7.4 The Committee would not expect to have regular updates on the IBI again, unless there was a significant issue to report, this would be the same approach to any national inquiry. The Hospital Transfusion Committee report would come to Healthcare Governance Committee as appropriate. As mentioned at paragraph 1.3.2 above, the relevant actions in relation to IBI and blood transfusion would be removed from the Committee's cumulative action note
- 7.5 The Committee noted the update following discussion on evidence of progress and delivery within the regular reports received by Healthcare Governance.

8. Effective Care

8.1 Immunisation Annual Report

The Chair welcomed Ms McLellan to the meeting.

- 8.1.1 The Committee received an overview of the performance of the Lothian Immunisation Programme, and the work being undertaken to address risks and improve quality and safety.
- 8.1.2 The Committee discussed the Public Health Scotland five-year Immunisation Strategy Guidance, opportunities for development, focus of the national strategy and implementation at local level, vaccination uptake targets, new pre-school delivery models, new Child Health system digital solution, under-performance in relation to HPV uptake within adolescents and ongoing work with school teams in deprived areas.
- 8.1.3 There was also discussion on adult immunisation programmes. The Committee recognised that Lothian performed well against the national averages, however, there had been a reduced uptake for the Spring Covid Programme, but this remained above the national average. The timeframes for delivery of vaccinations were noted and this was also a challenge for colleagues working in operational settings. There would be a significant vaccination challenge over the coming Winter.
- 8.1.4 There was further discussion on accessibility to immunisations and a digital first approach to communication. The Committee noted there was a National Programme of work to extend use of digital tools to provide an end-to-end solution but there had been lack of progress, with this which impacts data quality and ability to report locally.
- 8.1.5 The Committee approved the Lothian Immunisation Programme Annual Report and accepted moderate assurance on the performance and risk management of the Lothian Immunisation Programme.

8.2 Women's Health Plan

The Chair welcomed Ms Chadwick to the meeting.

- 8.2.1 The Committee acknowledged the broad remit for the women's health plan, the 24 actions derived from the equalities work, and the approval from the Corporate Management Team in June for the developed action plan.
- 8.2.2 There was discussion on the delivery annex, noting the September 2025 deadline for many actions, the challenges around the domestic abuse item and the nebulous task for the NHS Lothian Women's Health Plan Short Life Working Group in relation to agreed priority actions and embedding of these actions within the NHS Lothian LSDF implementation books.
- 8.2.3 The Committee agreed to accept a moderate level of assurance on progress made with the Women's Health Plan. This was on the basis that priority actions specifically addressed inequalities for women and girls and outcomes were achievable as outlined.

8.3 Bowel Cancer Screening Annual Report

The Chair welcomed Ms Glen to the meeting.

- 8.3.1 Ms Glen updated the Committee on the performance of the NHS Lothian bowel screening programme, highlighting risks, and summarising actions taken to strengthen the programme. The Committee recognised that the report used the most recently published Key Performance Indicators (KPIs) data for Lothian 2022-2024 and local management information for 2024/25.
- 8.3.2 There was discussion on the GAP analysis, how standards were met, inequalities, staff training, access to diagnostic testing, SIMD 1 and SIMD 2 performance, and correlation between positivity rates and deprivation. The Committee recognised that the screening pathway in Lothian was working well and was different from other areas due to a full preassessment process and being very patient centred which led to low DNAs for future investigations.
- 8.3.3 The Committee also discussed potential for risk given financial constraints imposed in 2024 along with the removal of Waiting List Initiatives and use of external provision. These ongoing restriction impact bowel screening waits given there had been a loss in capacity of around 4,000 patients.
- 8.3.4 Low uptake within ethnic minorities, use of multi-language information, lack of control around reminders as they are done nationally, and routine backlog were also discussed.
- 8.3.5 The Committee agreed to accept moderate assurance on the performance and risk management of the bowel screening programme and noted that through local data analysis, work would be targeted to engage the under reached populations with bowel screening in areas with lowest uptake.

8.4 Diabetic Eye Screening Annual Report

The Chair welcomed Ms Cooke to the meeting.

- 8.4.1 The Committee received an update on the performance of the NHS Lothian Diabetic Eye Screening Programme, which summarised actions taken to improve the programme and looked at future developments.
- 8.4.2 There was discussion on the pressure on the service due to the increase in type 2 diabetes, the programme review to reduce DNAs and improve clinic accessibility, the screening uptake rate which was below the national minimum standard, and the impact on quarter 4 performance due to the temporary closure of the Princess Alexandra Eye Pavilion.
- 8.4.3 The Committee noted the ongoing work to target low uptake groups such as 20-40yrs old, this included use of SMS reminders and extension of evening appointments which were being well received.
- 8.4.4 There was further discussion on modelling, diabetes incidence increase and impact of weight loss drugs on service demand and the uptake of screening within deprived areas and by ethnic minorities.
- 8.4.5 The Committee recognised the new NHS Lothian Corporate Objective around innovation and transformation and the key pieces of work with the Data Loch and academic partners that could help with the focus on chronic disease management and the increase demand around diabetes.
- 8.4.6 The Committee agreed to accept moderate assurance on the performance and risk management of the Diabetic Eye Screening Programme.

9. **Exception Reporting Only**

Members noted the following previously circulated reports for information:

- 9.1 Palliative Care Managed Clinical Network Annual Report (note update on legislation Scotland assisted dying proposals.)
- 9.2 Blood Transfusion Annual Report
- 9.3. Litigation Annual Report

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

Members noted the previously circulated minutes from the following meetings:

- 10.1 Health and Safety Committee, 28 May 2025
- 10.2 Area Drug and Therapeutics Committee, 7 February 2025 & 4 April 2025
- 10.3 Clinical Management Group, 8 April 2025, 13 May 2025 & 10 June 2025
- 10.4 Policy Approval Group, 25 March 2025
- 10.5 Public Protection Action Group, 19 February 2025

11. Corporate Risk Register

- 11.1 The Committee welcomed the report reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 11.2 The Committee reviewed the April 2025 updates provided by the executive leads concerning risk mitigation, and noted that the grading of risk **3600 – Finance** had reduced from **Very High 25** (Likelihood: Almost certain (5), Impact: Extreme (5)) to **Very High 20** (Likelihood: Likely (4), Impact: Extreme (5)). The Committee also acknowledged the overview of the changes in the CRR over the past 2 calendar years.

12. Reflections on the meeting

- 12.1 The Chair highlighted the range of papers in relation to screening that had been considered, noting the importance of evidencing what is being done as part of evidence led prevention. The Chair would mention this at the next Board meeting.

13. Date of Next Meeting

- 13.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 23 September 2025** via MS Teams.

14. Further Meeting Dates

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

Signed by Chair, 23 September 2025