

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 18 November 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; Professor A. Khan, Non-Executive Board Member.

In attendance: Ms E. Anderson, Associate Quality Improvement Advisor; Miss L. Baird, Committee Administrator; Mr N. Boyle, Associate Nurse Director, WGH; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms L. Cameron, General Manager Cancers Services; Ms H. Cameron, Director AHPs; Ms M. Carr, Chief Officer, Acute Services; Mr S. Garden, Director of Pharmacy; Ms S. Gibbs, Quality & Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms A. Goodfellow, Deputy Director of Public Health and Health Policy; Mr I. Gorman, DATCC Service Director, Theatres and Anaesthetics; Ms S. Gossner, Chief Nurse, East Lothian Health and Social Care Partnership; Mr J. Hetherington, Diagnostics General Manager Theatres & Anaesthetic; Dr I. Johannessen, Director, Laboratories; Dr K. Kefala, Associate Medical Director ATTC & Consultant Intensive care Critical Care; Dr C. Love, Women and Children; Ms A. MacDonald, Executive Nurse Director; Ms J. McDonald, General Manager Anaesthetics Theatres & Critical Care; Ms J. McNulty, Associate Nurse Director Theatres and Anaesthetics; Ms J. Morrison, Head of Patient Experience; Ms F. Ogilvie, Public Health Consultant; Mr P. Rafferty, Director of Nursing and Care NHS 24; Ms L. Rumbles, Partnership Representative; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Women and Children; Ms H. Wallace, Business Manager DATCC; Ms C. Whitworth, Medical Director, Acute Services; Ms C. Wylie, Director of Public Protection Public Health & Health Policy; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse.

Talent Management Attendees: Ms L. Sinclair, AHP Strategic Practice Education Lead; Mr L. Dault; Clinical Nurse Manager Children's Services; Ms S. Smith, Senior Innovation Programme Manager Research & Development; Mr A. Davie, Healthcare Science Professional Lead/ Clinical Scientist Medical Physics; Ms J. Hollington, Head of Assistive Technology Southeast Mobility and Rehabilitation; Ms N. Rigglesford, Service Manager Lothian Analytical Services; Mr C. Hewitt, Professional Lead for Clinical Psychology; Ms S. McMillan, Performance and Evaluation Manager Strategic Planning; Dr A. Rideout, Lead Consultant in Health Protection, East Region Public Health NHS Fife.

Apologies: Mr P. Knight, Non-Executive Board Member; Ms J. Gillies, Associate Director of Quality; Ms J. Crombie, Deputy Chief Executive; Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care.

Chair's Welcome and Introductions

The Chair welcomed members, Talent Management Programme attendees 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.

51. Committee Business

51.1 Committee Cumulative Action Note and Minutes from Previous Meeting (21 October 2025)

- 51.1.1 The minutes from the meeting held on 21 October 2025 were approved as a correct record.
- 51.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

52. Matters Arising

52.1 March Healthcare Governance Committee Meeting

- 52.1.1 It was agreed that ahead of the March Meeting there would be a separate workshop for the non-Executive Board Members, Medical Director, Associate Director of Quality and Quality & Safety Assurance Lead. The workshop would consider the assurance framework in detail, what had gone well, identify areas of improvement etc. The Committee Administrator would seek a suitable venue for the workshop. **LB**
- 52.2 Mental Health colleagues would attend Healthcare Governance Committee in January as part of their normal annual reporting cycle, considering this the Melville Unit Welfare Commission Inspection Report would be deferred to the January Meeting.
- 52.3 There were no other matters from the previous minute.

53. Acute Services Assurance Reports

53.1 Diagnostics, Anaesthetics, Theatres and Critical Care (DATCC) Annual Report

- 53.1.1 Mr Gorman, Ms McNulty, Dr Kefala, Mr Hetherington and Ms Macdonald presented the previously circulated paper, drawing attention to the key points and data therein.
- 53.1.2 It was noted that from a recent UKAS blood sciences assessment, a finding was raised in relation to clinical cover of the laboratory activities for the Immunology service. There will be a UKAS Extra Assessment, in early 2026, to assess the progress of plans to mitigate the risk.
- 53.1.3 It was noted that Lothian was not an outlier in respect of discharging patients to home from ICU in comparison to other NHS Boards. Patients discharged to home were typically short stay patients, who are not complex in nature with specific diagnosis who did not require to be stepped down.

- 53.1.4 Interim measures in place to mitigate risks associated with the potential move of the Blood Laboratories on the Western General Hospital (WGH) site were discussed. Members received assurances that if there were problems at the WGH site, workflow would be diverted to the Royal Infirmary of Edinburgh (RIE) and St. John's Hospital (SJH) as required.
- 53.1.5 It was noted that the standalone service currently housed within the WGH blood laboratory would be relocated to SJH to minimise exposure to inadequate estates and facilities.
- 53.1.6 The local WGH Estates Teams continue to support the Blood Laboratory Service in expediting and resolving issues as they arise and move forward with a long term solution and are considering how they can make the existing site fit for purpose for the duration whilst long term arrangements are finalised.
- 53.1.7 In addition to the measures described the Lothian services are synchronised with both NHS Fife and Borders under one managerial team. Lothian was unique in terms of Intra-Scotland Laboratory Medicines point of view, in that there is managed service contracted for all three Boards with Roche where Lothian holds the main contract.
- 53.1.8 Specific attention was drawn to Radiology complaints, access to care treatment and waiting times and the internal processes put in place by Radiology to mitigate them. Members took assurance from the improvement seen following the implementation of additional measures.
- 53.1.9 Reference was made to an incident relating to unsafe equipment into a controlled area on one site and its detailed discussion at the Radiation Committee. Members were assured that the Radiology Committee continue to oversee this matter and all mitigate actions, ensuring that there were no further instances. Work remained in progress.
- 53.1.10 The Committee discussed the use of InHealth as a provider for image acquisition and opportunities related to reporting to meet additional demand. Members received assurance that services provided by InHealth were aligned to Lothian processes and fit for purpose. Next steps would focus on moving forward with tendering for reporting.
- 53.1.11 Members observed the extra level of assurance that information relating to external accreditation processes and systems described within the report provided.
- 53.1.12 The impact of the long term lack of capital investment for clinical services and the impact this would have on the provision of service was noted.
- 53.1.13 Members accepted the recommendations laid out and accept a moderate level of assurance based on the evidence presented.

53.2 Cancer Services Annual Report

- 53.2.1 Ms Cameron, Dr Reid and Mr Boyle presented the previously circulated paper, drawing attention to the key points and data therein.
- 53.2.2 It was noted that the deep dive into all elements of the Urology pathway was crucial to understand the impact of each part rather than in isolation and continued oversight of mitigating actions by the group would ensure that services are held to account to deliver against them.
- 53.2.3 Reference was made to National Level work relating to emerging developments in tumour DNA testing that would pick up diagnosis, reducing the number of patients going through staging and speeding up processes for patients.
- 53.2.3 The risk relating to the power outage and actions in place to mitigate it were discussed and assurances were received that the WGH Estates Team were investing time in the circuitry at the front door now to mitigate future power outage and keep services running.
- 53.2.4 In addition to this work there was an extensive programme of work and continued dialog with the Director for Estates and Facilities focusing on all aspects of contingency on the WGH including back up generators.
- 53.2.5 The high profile nature of prostate cancer, capacity held, recent media attention due to high profile celebrities being diagnoses with the disease, and the impact this would have on the number of men presenting for screening was discussed.
- 53.2.6 Members accepted the recommendations laid out and accept moderate accept a moderate level of assurance based on the systems in place to deliver safe and person centred care described.

54. **Safe Care**

54.1 Public Protection Update

- 54.1.1 Ms Wylie presented the previously circulated paper, drawing attention to the key activity relating to child and adult protection, children and young people who are care experienced and individuals who are referred to PREVENT statutory processes and multi-agency public protection arrangement for offenders who are managed in the community.
- 54.1.2 Members accepted the recommendations laid out and accepted a moderate level of assurance that based on the evidence presented.
- 54.1.3 Ms Macdonald drew attention to the forthcoming internal audit of Public Protection and the additional scrutiny that would bring.

54.2 Management and Learning from Adverse Events

- 54.2.1 Miss T. Gillies presented the previously circulated report, drawing attention to key actions taken, activity that had taken place since the paper was last presented in May 2025, the programme of work relating to improved training, additional faculty support from the Quality Directorate for staff and safety alerts.
- 54.2.2 Members noted requests from Health Improvement Scotland (HIS) for data and self-evaluation in relation to framework compliance.
- 54.2.3 There was some uncertainty around how the HIS process worked in relation to the receipt of reports and how they feed into external assessment. Some frustration was noted at a National Level regarding the HIS definition of a level 1 event and how this could be practically applied by Boards.
- 54.2.4 Miss T. Gillies explained that the comments made in the HIS Maternity reviews relating to DATIX reporting were not based on evidence that would link to this type of significant adverse event (SAE) reporting, noting that DATIX is a risk management tool employed by NHS Lothian that encompasses a variety of subjects.
- 54.2.5 It was noted that HIS are helping NHS Board to look at the management and learning from adverse events more clearly but there was further work to be undertaken in this area.
- 54.2.6 Members noted that the majority of DATIX reporting from the community was attributed to Health and Social Care Partnerships relating to broader Primary Care community service provision. Although DATIX was available to Primary Care it is rarely used within General Practice compared to the Significant Event Analysis (SEA) process which allowed for greater practice management oversight.
- 54.2.7 It was noted that there would be opportunity for Boards to pick up shared learning from level one events across Board as part of work with HIS in Maternity Services.
- 54.2.8 Members accepted the recommendations laid out and accepted:
- Significant assurance that local processes are in place to identify events that require to be reported to Healthcare Improvement Scotland (HIS) to comply with the national notification process and to note the number and types of events reported
 - Moderate assurance in the progress made in improving processes for the management of significant adverse events (SAEs), with further improvements being progressed under the Adverse Events Improvement Programme.
 - Moderate assurance on the process for safety alerts and the associated report up to 30 September 2025
- 54.3 Maternity Services Update
- 54.3.1 Dr Love presented the previously circulated report, drawing attention to the breadth of work undertaken in Maternity Services since the last update in May 2025 and data therein.

- 54.3.2 It was noted that the zero figure presented for the single week in October related to a week where no audit was undertaken.
- 54.3.3 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.
- 54.4 Healthcare Improvement Scotland (HIS) Reports and Action Plans
- 54.4.1 Mr Tyrothoulakis presented the previously circulated HIS report and action plans, drawing specific attention to key areas, action taken since the October meeting and data therein.
- 54.4.2 Members were assured that since the development of the paper all actions had been updated to include a timeline for delivery.
- 54.4.3 Mr Tyrothoulakis confirmed that identification numbers for actions were sequential and those action marked complete are removed the action plan. He explained that evidence that supports the closure of actions is scrutinised at weekly management meetings, weekly meetings with the Medical Director and thereafter escalated to the Corporate Management Team (CMT) for formal sign off.
- 54.4.4 It was agreed that further clarification was required internally and externally via Scottish Government, specifically around the delivery of HIS actions and oversight of Maternity Risk as the service and organisation transition from limited assurance to a position of moderate assurance. Members awaited further information on this. **TG**
- 54.4.5 It was noted that the journey over the last six months had been extremely challenging for all maternity services staff. Management remained focused on improving culture within the department, retaining and recruiting staff and signposting to support service as required.
- 54.4.6 A further visit from HIS was expected, in the interim the service would continue to make improvements and deliver against actions outlined within the plans.
- 54.4.7 There was no further detail available regarding the National Taskforce, further information on this was awaited.
- 54.4.8 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented. It was agreed that Maternity Service would return to the normal reporting cycle, noting that if there are significant changes of matters that require escalation, they can be brought in advance of the normal reporting cycle.
- 54.5 HIS Mental Health Acute Inspection Reports and Action Plans
- 54.5.1 The Mental Health Acute and Inspection Reports and Action Plans were deferred to January 2026 meeting.

54.6 Wound Care Improvement Group

- 54.6.1 Mr Wynne presented the previously circulated report, drawing specific attention to the key actions taken since the October meeting, updated timelines and next steps focusing on the development of the Pressure Ulcer Collaborative.
- 54.6.2 It was noted that work on wound care would be contingent on the creation of the digital tool and the Trak re-fresh and the team continued to work with Digital colleagues to progress this. In the interim the service would continue to focus on education around wound care with staff.
- 54.6.3 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.

55. **Effective Care**

55.1 Stroke Care

- 55.1.1 It was noted that the Stroke Care Annual Report had not been submitted via the correct governance route to Healthcare Governance Committee.
- 55.1.2 Miss T. Gillies presented the previously circulated paper. She drew attention to the data contained with the paper that sets out and provides moderate assurance to the Committee that stroke standards are broadly met and provided to patients in Lothian.
- 55.1.3 It was agreed that the paper would be withdrawn to allow the service to re-work the narrative, provide greater contextualisation around the very high risk and the take the guideline through the appropriate route of approval and bring a full paper back to Healthcare Governance Committee for consideration in March 2026. **Stroke Care**
- 55.1.4 Members received assurance that issues relating to thrombectomy flagged within the report were National issues and noted the National plans in progress to mitigate them.
- 55.1.5 There was some discussion around the resource required to support 24/7 Thrombectomy Services and the changes to National Planning approaches that would allow for overnight hours (between 8pm and 8am) for one site working for the whole of Scotland for Thrombectomy. Precedent for this type of service had been established in patients with intracerebral haemorrhage requiring coiling, allowing for this NHS Scotland should consider something similar for Stroke Services.
- 55.1.6 It was clear that the issues around Thrombectomy would not be resolved before the report was resubmitted in March considering this the report would be updated to clarify the risks that sit with Lothian, opportunities to manage Lothian service and nation risk and where they are being managed. **Stroke Care**

55.2 Drug Related Deaths Annual Report

- 55.2.1 Ms Goodfellow and Ms Ogilvie presented the previously circulate report, drawing specific attention to the key areas and data within the report.
- 55.2.2 The Committee noted report for information.

56. Risk Mitigation Plans

56.1 4 Hour Emergency Access (Unscheduled Care) Risk Mitigation Plan

- 56.1.1 Ms Wilson presented the previously circulated report, drawing attention to the key points therein.
- 56.1.2 The risk grading of very High (25), for both risk ID 3726 and 5186 and that there has been no change from the re-grading accepted by the Healthcare Governance Committee in July 2024 was noted.
- 56.1.3 An audit of attendance at the Emergency Department had identified that patients under 60 years old are making different choices and deviating from advice in favour of attend the Emergency Department due to a fear of waiting, lack of knowledge etc. The organisation recognised this is an emerging theme and agreed further work was required to build capacity into the whole system and create and promote alternatives to attending the Emergency Department to ensure that patient achieve better outcomes.
- 56.1.4 Specific attention was drawn to NHS Lothian's performance against the 4 hour target in comparison to NHS Tayside and the difference in the models used within each Board. NHS Lothian noted the good performance in Tayside but remained focused on ensuring that Lothian Patients are directed to the correct pathway at the right time to ensure that they access treatment at the earliest opportunity.
- 56.1.5 Members observed the significant increase in attendance at the Emergency Department in August 2025, which had historically been attributed to the increased number of visitors to the city during the fringe festival. Further investigation had determined that the increased demand was population driven and had been sustained in the following months.
- 56.1.6 Attention was drawn to the improvement weeks that focused on a whole system approach, including out of hours and work to embed processes and procedures in the evening to drive forward compliance. The hard work of the service was acknowledged and the improvements made demonstrated in the fluctational in performance noted.
- 56.1.7 The service remained committed to learning from other Board and their models for Unscheduled Care. In addition to NHS Tayside, the service had visited NHS Bradford to learn from their model of care and identify areas of improvement that could be implemented on the RIE site.
- 56.1.8 The significant investment in Unscheduled Care from Scottish Government and the opportunity to reach out for additional funds was noted. Scottish Government continues to monitor the progress made against improvement on a weekly basis with Ms Cameron, Ms Carr and Mr Campbell and are impressed with performance to date and action taken by the service to mitigate reduced performance as issue arise in real

time. Considering this a further bid for funding had been submitted to Scottish Government and a response was awaited.

- 56.1.9 It was noted that colleagues in Unscheduled Care remained focused on delivering performance and meeting the expectations of Scottish Government to support their case for further funding.
- 56.1.10 Members observed that other Boards had been asked to visit NHS Lothian and learn from their model of care, noting the assurance this provided around policy and processes in place.
- 56.1.11 The Committee accepted the recommendations laid out and accepted limited assurance in respect to:
- The ability to deliver the mitigation plan to the full extent required to effect the necessary change
 - Even if the mitigation plan is fully delivered, it still may be insufficient to improve performance to the extent of achieving the 4-hour Emergency Access Standard.
- 56.1.12 The Committee noted the significant work underway to mitigate these risks, and the resultant improved performance, and complementary feedback on these mitigation plans (contained within the LSDF) by the Centre for Sustainable Delivery.

56.2 Access to Treatment (Scheduled Care) Risk Mitigation Plan

- 56.2.1 Ms Carr presented the previously circulated report, drawing attention to the clinical priorities commitment to deliver, focus on long waits, risk mitigate plans in place, cancer pathways and realistic medicine.
- 56.2.2 The report showed that despite improvements made the risk associated with access to treatment remained very high.
- 56.2.3 Members received assurance that those patients removed from waiting lists are monitored closely and audited by the Board on a regular basis to ensure that those removed from lists are appropriate.
- 56.2.4 The Committee discussed the non-recurring nature of additional funding and how this impacts the Boards ability to create capacity. It was agreed that improvement to processes and speed of decision making would be welcomed, in the interim the organisation would work with colleagues in Finance on how they respond to this, consider innovative ways of working that bring efficiencies within the system and manage services within capacity held.
- 56.2.5 Reference was made to the work undertaken by the Scheduled Care Delivery Board to re-configure the delivery of scheduled care with a greater focus on the strategic elements and what delivers the true improvement initiatives rather than focusing on figures.

56.2.6 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented.

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

56.3.1 Mr Hall presented the previously circulated report, drawing attention to progress that had been made since the report was last presented and the data therein.

56.3.2 The Committee welcomed the extensive work undertaken by colleagues within Edinburgh HSCP related to delayed discharge, bed occupancy, adults within capacity etc as the Board moves into the winter period.

56.3.3 The Committee deferred accepting the recommendations laid out and accepting the moderate level of assurance described. The Chair would review the paper and data in detail out with the meeting and seek further advice from colleagues before confirming that the Committee was happy to accept a moderate level of assurance.

AC

56.4 REH Bed Occupancy Risk Mitigation Plan

56.4.1 The REH Bed Occupancy Risk Mitigation Plan was deferred to January 2025.

57. Exception Reporting Only

57.1 Pregnancy and Newborn Annual Report

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

57.1.2 Members received assurance that audiology had been escalated via the Acute structures. Going forward Mr Tyrothoulakis would report regularly on this matter to Acute Senior Management Group (SMG). In addition to this the service would consider what lessons Paediatric Services could learn from processes utilised within Adult Services and make improvements if required.

57.2 Edinburgh Transplant Service Annual Report

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

57.3 Tissue Governance Annual Report

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

57.4 Controlled Drug Governance Team Annual Report

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

57.5 Spiritual Care Annual Report

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

57.6 Scottish Trauma Audit Annual Report

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

57.7 Organ and Tissue Donation Group Annual Report

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

57.8 Cervical Screening Annual Report

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

57.9 AAA Annual Report

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

58. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

58.1 Health and Safety Committee, 28 May 2025

58.2 Clinical Management Group, 9 September, and 14 October 2025.

58.3 Area Drugs and Therapeutics Committee, 1 August 2025.

58.4 Policy Action Group, 29 July 2025.

59. Corporate Risk Register

59.1 Ms T. Gillies presented the previously circulated paper.

59.2 It was noted that Board had accepted the implementation of Agenda for Change Reforms – Reduced Working Week on to the CRR and the development of a Maternity Services risk.

59.3 Members accepted the recommendations laid out in the paper.

60. Reflections on the meeting

60.1 The Committee welcomed the detailed discussions held, noting that there were a number of papers that would return in January 2026. There were no matters to raise with the Board.

61. Date of Next Meeting

61.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 27th January 2026** via MS Teams.

62. Further Meeting Dates

62.1 Meetings would take place on the following dates:

- 27 January 2026
- 17 March 2026
- 19 May 2026
- 21 July 2026
- 22 September 2026
- 20 October 2026
- 17 November 2026
- 26 January 2027
- 16 March 2027

Signed by the Chair on 27 January 2026