

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 27 January 2026 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: Miss L. Baird, Committee Administrator; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Director AHPs; 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; Ms J. Irwin, Chief Nurse and Head of Quality Health and Social Care; Ms M. Jack, Deputy Associate Nurse Director, RIE; Ms A. MacDonald, Executive Nurse Director; Ms K. McLellan, Immunisation Nurse Consultant; Ms J. Morrison, Head of Patient Experience; Mr M. Reid, General Manager REAS; Ms L. Rumbles, Partnership Representative; Ms D. Shearer, Business Manager REAS; Mr C. Stenhouse, Chief Nurse REAS; Ms F. Stratton, Chief Nurse; Ms J. Torrens, Service Director REAS; Mr D. Thompson, Board Secretary; Mr A. Tyrothoulakis, Dr A. Watson, Associate Medical Director, REAS; Ms S. Webb, Director of Public Health and Health Policy; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse.

Talent Management Attendees: Ms O. MacConnell, Mr P. Maguinness, Ms S. Ahmad, Ms C. Danskin, Ms L. Murray, Ms J. Campbell, Mr B. Elliott, Ms A. Millar, Ms N. MacDonald, Mr F. Ahmed, Ms L. Blackshaw.

Apologies: Ms E. Gordon, Non-Executive Board Members; Professor C. Hiscox, Chief Executive; Ms J. Crombie, Deputy Chief Executive; Ms E. Anderson, Associate Quality Improvement Advisor; Ms C. Lavery, Chief Officer Edinburgh HSCP.

Chair's Welcome and Introductions

The Chair welcomed members, Talent Management Programme attendees and service colleagues to the meeting.

The Chair extended thanks to Ms Knight for his contribution over the term he served on the Committee, noting that his replacement Ms Gordon would join the Committee in March.

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.

63. Committee Business

63.1 Committee Cumulative Action Note and Minutes from Previous Meeting (18 November 2025)

- 63.1.1 The minutes from the meeting held on 18 November 2025 were approved as a correct record.
- 63.1.2 Following further consideration of the paper and data laid out in the Edinburgh Health and Social Care Partnership Delayed Discharge / Bed Occupancy Risk Mitigation Plan with colleagues, the Committee accepted a moderate level of assurance.
- 63.1.3 Miss Gillies explained that actions not due yet relating to mapping of to the Committee and opportunities 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 would be considered the March workshop and outcomes used to inform future actions.
- 63.1.4 The Stroke Care Annual Report would go to the Clinical Management Group for review and thereafter it would be brought to the meeting in March for consideration.
- 63.1.5 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

64. Matters Arising

- 64.1 There were no other matters from the previous minute.

65. Emerging Issues

- 65.1 Incident 012 – Childhood Schedule Changes – Ms McLellan presented the previously circulated paper that set out the status of the national incident and increased awareness of the impact of NHS Lothian children's immunisation service, drawing attention to action taken within the Board to mitigate risk and reduce negative impact on patient care.
- 65.2 It was noted that changes to correspondence had focused on the addition of Varicella the measles, mumps, and rubella (MMR) vaccinations.
- 65.3 There was some angst around the lack of back up information held in the Scottish Immunisation Recall System (SIRS) and the Boards ability to identify the impact of the change on uptake of MMR in Lothian. It was expected that going forward new systems would have this functionality.
- 65.4 It was noted that a lack of clear ownership and oversight of the Scottish Immunisation Recall System (SIRS) had allowed the system to become dysfunctional. This had a significant impact on the reliance that Boards could place on SIRS at a national Level, in the interim a local work round had been implemented to address issues identified. Going forward the team would work with Directors of Public Health to ensure that Boards have oversight of digital developments for a range of public health

programmes and how they can work collaboratively on these to influence direction of travel.

- 65.5 Members agreed that as Board moves into the Sub-National forum, digital infrastructure and clarity around ownership would be essential to the delivery of services across the East Region.
- 65.6 Ms Webb assured members that lessons learnt from this incident would be considered by NSS, ATOS and PHS as new processes are developed to ensure that similar errors are not repeated.
- 65.7 It was noted that information was available publicly from the NSS website including the patient questionnaire, additional information would only be provided individually if patients contact NHS Lothian or the National Call Centre directly to request it.
- 65.8 Assurances around the completeness and robust nature of the nurse eligibility assessments conducted before each immunization and the high level of accuracy around scheduling was received.
- 65.9 The Committee accepted the assurance laid out in the report, noting that incident 012 Childhood Schedule Changes would require escalation from Healthcare Governance Committee to the Board. Ms Webb took action to provide Mr Cogan with a form of words to share with the Board.

SW/AC

66. Patient Story

- 66.1 A video was played giving patient feedback related to services provided at the Orchard Clinic in REAS for those patients facing court or legal proceedings.

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

- 67.1 Ms Torrens, Mr Stenhouse, Mr Reid and Dr Watson presented the previously circulated report that set out an assessment of the quality and safety of care provided across Royal Edinburgh and Associated Services (REAS), and work undertaken to address risk and improve quality and safety, drawing attention to data therein.
- 67.1.1 Members acknowledged the comprehensive work undertaken around falls within REAS, noting the challenges the team had faced in terms of the sites and complex patients housed there.
- 67.1.2 The Committee recognised the significant work undertaken in REAS in the last year, considering the intense scrutiny they had faced from external inspection from both Health Improvement Scotland (HIS) and the Mental Welfare Commission across several areas. Noting that teams had taken on board learning and recommendations made in a positive way and were open to making improvements to services that required it, specifically in the Melville Unit.
- 67.1.3 Members noted that there would be an organisational wide approach towards serious adverse events (SAEs) in 2026, smoothing out existing process and reducing timescales across the whole organisation.

- 67.1.4 Specific attention was drawn to individual actions taken by REAS to address SAEs, including adding outcomes into a consolidated action plan, building learning across all programs of work. Members noted how these actions supported the Board in providing necessary evidence to the Procurator Fiscal that actions were mitigated and closed off appropriately where a mandatory FAI is applied.
- 67.1.5 Members acknowledged the CAMHS achievement of compliance to the 52 weeks to treatment target by May 2026 and considered actions required to achieve the 18-52 weeks, considering the urgency around most of these vulnerable individuals.
- 67.1.6 There had been significant focus on controls drugs and the operating procedures, specifically measurement of liquid controlled drugs, training, appropriate equipment used. Work to mitigate these issues with the support of the controlled drug governance team in the Prison remain in progress.
- 67.1.7 Attention was drawn to the historical issues relating to the lack of accurate clinical history and digital systems to support is collation in the prison setting. To mitigate this there was a targets piece of work focusing on medicine governance risk in 2025 and current mitigations to identify matters that needed to be escalated at a national level including prison healthcare. Locally this work would continue to progress with the support of the prison nurses and oversight at the Area Drugs and Therapeutic Committee.
- 67.1.8 It was noted that each REAS service had a Carer's Group and Patient Council Advocacy that provided essential feedback on services at ward level. It was agreed that future versions of the service report could include information on the formal line of communication and feedback held within the service and describe the type of issues being raised.
- 67.1.9 In the last two months prison services have acted to double GP sessions in Prisons, recruit Advanced Nurse Practitioners (ANPs) and Primary Care Nurses, train a GP with a special interest in addiction and work to maintain the pharmacy cohort in the prison, all of which had contributed to improved performance, quality of prescribing and provided support for the deteriorating population.
- 67.1.10 Attention was drawn to the upcoming internal audit of the prison conducted by an external provider in February 2026, with the final report expected in April 2026.
- 67.1.11 The Committee discussed the national provision of a new digital system for Prison services, noting that the specification for the new system was still in development with the support of key stakeholders. The service would continue to work with colleagues to this.
- 67.1.12 The Committee recognised the significant challenges around illicit drugs in the prison and the impact this had on the team to carry out daily duties and be proactive in other areas.
- 67.1.13 Key challenges within CAMHS, Neurological Psychological services related to pressure from the dramatic increase demand across all Global North countries

relating to ADHD and ASD diagnosis and the challenge this posed to healthcare systems.

- 67.1.14 It was noted that NHS Lothian does not currently have a plan addressing the ever-increasing waiting list for ADHD and ASD diagnosis and were not an outlier in comparison to other NHS Boards in Scotland for this service. In the interim the service would continue to work with the Local Authorities and academics who have tools to support families and determine what could be provided. Work on this continues to progress.
- 67.1.15 The Committee discussed compliance with the 52-week CAMHS TTG, and the action required to achieve 18-week CAMHS TTG, noting that some services had achieved compliance to 18 weeks. Services continue to focus on triage and assessment to ensure that those referred to CAMHS are appropriate and maximise capacity. Other low intensity high volume interventions, specifically groups, use of external providers and productivity were also being considered to improve compliance.
- 67.1.16 The extensive work to date to improve meeting structure, governance arrangements, to minimize harm, improve effectiveness of care and patient experience delivered, would support the move from limited to moderate assurance as the service continues to evolve in the coming year. Focus will remain on the completion of all outstanding local and external recommendations, participating in national workstreams, and moving to a proactive approach. Considering this the service was confident that moderate assurance could be achieved.
- 67.1.17 The Committee accepted the recommendations laid out in the paper and limited assurance based on the evidence presented. Noting that a brief update focusing on REH, CAMHS and Prisons will be brought to the July 2026 meeting, where the service will be given the opportunity to confirm that they have confidence that moderate assurance can be achieved. **JT**
- 67.1.18 The Chair agreed to reflect on moving towards more integrated whole system reporting for Mental Health Pathways in July with colleagues and confirm whether there would be benefit in the REH and HSCPs to present an integrated report. **AC/JG/TG/AMacd**
- 67.2 Royal Edinburgh Hospital (REH) Health Improvement Scotland (HIS) Report and Action Plan – Mr Reid presented the previously circulated report that sets out the report and action plan produced in response to the HIS unannounced on-site inspection of the REH, drawing attention to the key aspects therein.
- 67.2.1 The Committee noted the recently published HIS report and action plan and accepted that progress against the action plan is ongoing and further updates would be subject to the appropriate governance channels.
- 67.2.2 Attention was drawn to the publication of the HIS Mental Welfare Commission Joint Reports covering the three sites, which will bring significant media attention when published. Members awaited the publication, noting that a further update may come to the Committee depending on the detail of the report.

- 67.3 HIS and Welfare Commission Melville Unit Report and Action Plan – Mr Stenhouse presented the previously circulated report that sets out the report and action plan produced in response to the joint unannounced inspection from HIS and Mental Health Welfare Commission to the Melville Inpatient Unit.
- 67.3.1 The Committee welcomed the additional support that Ms. Osden, Director of Nursing in term of driving forward recommendations and actions relating to the Melville unit.
- 67.3.2 The Committee noted the recently published HIS report and action plan and accepted that progress against the action plan is ongoing and further updates would be subject to the appropriate governance channels.
- 67.4 Corporate Risk Assurance Report – Ms Torrens and Mr Reid presented the previously circulated report, drawing specific attention to action taken to mitigate the risks associated with REH Bed Occupancy and absence of female high secure accommodation in the estate since the last update in January 2025.
- 67.4.1 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence provided in respect of REH bed occupancy.
- 67.4.2 The Committee accepted significant assurance based on the evidence provided in relation to the absence of female high secure accommodation on the estate and the removal of the from the Corporate Risk Register in line with the Corporate Management Team Teams recommendation from December 2025.
- 67.5 Out of Area Placements Monitoring Team Annual Update – Dr Watson presented the annual update on out of area placements monitoring team, drawing specific attention to key actions and data therein.
- 67.5.1 The Committee accepted the recommendations laid out and accepted moderate assurance based on the evidence presented.

68. Safe Care

- 68.1 Pressure Ulcer Ombudsman Report – Mr Wynne, Ms Jack and Ms Yule presented the previously circulated papers, drawing attention key points and data relating to plans and approaches taken by the Pressure Ulcer Improvement Collaborative (PUIC).
- 68.1.1 The report set out the underlying framework for the Pressure Ulcer improvement work and collaborative, next steps would focus on establishing the measurements and evaluation matrices, developing the four workstreams (Education, Digital Workforce and Reporting).

- 68.1. The Committee accepted the recommendations laid out and accepted moderate assurance based on the evidence presented. Members agreed that a further update would come to the May meeting. The report would provide the Committee with additional detail around measurements and evaluation matrices, developing the four workstreams (Education, Digital Workforce and Reporting) etc. allowing members to consider what level of assurance could be place on the PUIC work.

PW/MJ/LY/ AMacd

- 68.2 Maternity Services Update – Mr Tyrothoulakis presented the previously circulated report, drawing attention to key points and data relating to the risk mitigation plans in place for the safe delivery of maternity services.

- 68.2.1 Attention was drawn to the impact of actions on the services ability to deliver against the HIS Standards noting that standards were draft and still subject to change. It was noted that further visits from HIS would also consider St John’s Hospital, which would bring further challenges considering the differences in configuration and service provision in West Lothian compared to Edinburgh.

- 68.2.2 It was noted that first meeting for the oversight of the Level 3 escalation with Scottish Government would take place later in the week and part of this would be to understand what the route to de-escalation would look like.

- 68.2.3 Members noted and welcomed recent positive feedback from staff in terms of the change in culture within Maternity Services.

- 68.2.4 The Committee received assurance that action relating to the decant of the labour ward are likely to be concluded in 2026.

- 68.2.5 The service was undertaking a number of initiatives with staff through “Speak Up”, internal and external surveys and staff engagement to assess whether there had been a significant change in culture. Work on this continues to progress.

- 68.2.6 Members were assured that data remained static in terms of the overall work in Maternity, escalation data is good and improvements is seen in all elements of the MUSE score.

- 68.2.7 The Team continued to work on addressing increasing visibility of leadership on site and communication with staff with the support of Cultural Ambassadors.

- 68.2.8 The Committee accepted the recommendations laid out and accepted limited assurance based on the evidence presented, noting that the update would be provided in May 2026 in line with the annual assurance update.

69. Exception Reporting Only

- 69.1 Tobacco Control Annual Report

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

- 69.1.2 Attention was drawn to ongoing initiatives relating to the Pharmacy Service Plan, Pharmacy Champions to drive forward uptake in Tobacco control and the challenges faced by the team and patients in terms of the over complex process for accessing treatment and the impact this was having on uptake. Going forward it was hoped that improvements made, the availability of medicines on the PGD and education sessions would support increased uptake. Further information on this would be available in April 2026.

70. Minutes of Management Meetings and Sub Committees

Members noted the previously circulated minutes from the following meetings:

- 70.1 Health and Safety Committee, 27 August 2025.
- 70.2 Clinical Management Group, 11 November 2025.
- 70.3 Area Drugs and Therapeutics Committee, 3 October 2025.
- 70.4 Public Protection Action Group, 26 August 2025.
- 70.5 Organ and Tissue Donation Group, 14 August 2025.
- 70.6 Policy Action Group, 30 September 2025.

71. Corporate Risk Register

- 71.1 Ms T. Gillies presented the previously circulated paper.
- 71.2 The Committee reviewed the October 2025 updates provided by the executive lead and noted the overview of the changes to the CRR over the past two years described in the report.
- 71.3 The Committee noted that the Board agreed to accept a new risk on to the CRR, 6185 for safe delivery of maternity services at the December Board meeting.
- 71.4 The Committee noted that CMT had recommends to the February Board meeting that risk 5785 absence of female high secure accommodation in the estate is removed from the CRR.
- 71.5 It was noted that a risk relating to the replacement and procurement of national, regional and local systems was being developed. Members awaited further information on the detail of the risk as it progresses.

72. Reflections on the meeting

- 72.1 The Committee welcomed the detailed discussions held and agreed that Childhood vaccinations should be escalated to the Board.

73. Date of Next Meeting

- 73.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 17th March 2026** via MS Teams.

74. Further Meeting Dates

- 74.1 Meetings would take place on the following dates:

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