REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 30 October 2025

BY: Chief Officer

SUBJECT: East Lothian HSCP Clinical and Care Governance Committee

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1 PURPOSE

1.1 The report is to update the IJB on the HSCP Clinical and Care Governance Committee (CCGC)

2 RECOMMENDATIONS

2.1 The IJB is asked to note the content of this report

3 BACKGROUND

3.1 The efficiency and impact of the CCGC, within service and wider was measured as part of the overall clinical risk and governance review completed in 2023.

As part of the action plan from the review, a short life working group was established to focus on key areas of improvement. The SLWG included representation from all services.

3.1.2 Overarching **Governance Structure**

All teams were asked to update their CCGC service profiles, incorporating the mapping of meetings and reporting structure. The overarching structure can be seen on Appendix 1.

3.1.3 CCGC **TOR, Meeting Structure and Reporting Templates**

Reporting structure to mirror NHS Lothian Health Care Governance, providing assurance on safe, effective and person-centred care. There is ongoing work to review the data that is provided for assurance.

Frequency of meetings have been increased with services providing a detailed report twice a year.

Further work is needed to confirm reports and policies that are cited at CCGC for sign off and approval

3.1.4 **Wider Staff Engagement and Awareness**

Ongoing work to ensure all staff groups are aware of our governance processes and reporting structures and their responsibilities within this.

All services have developed local governance meetings to provide assurance to CCGC.

Attendance at CCGC has been widened to ensure all services are represented together with the professional leads and clinical experts.

4 ENGAGEMENT

4.1 Patient feedback through compliments and complaints are reported into CCGC. Patient stories are used to demonstrate the care we deliver and any associated learning.

4.2 Specific improvement projects will ensure patient engagement as required to ensure the voice of the adult and child are included.

5 POLICY IMPLICATIONS

5.1 The CCGC provides assurance that relevant policies are being complied with and identifies any risk associated with these. Any risk and learning identified may require a review of policies and further development.

6 INTEGRATED IMPACT ASSESSMENT

6.1 Impact assessments are completed as indicated

7 DIRECTIONS

7.1 There is no impact on Directions for this report

8 RESOURCE IMPLICATIONS

8.1 Governance is an integral part of clinical and professional roles. However, with increasing demands on our workforce, providing the data evidence for assurance through audits and visible leadership can be challenging at times. There may be a requirement for additional resource in the future.

9 BACKGROUND PAPERS

9.1 None.

APPENDICES:

Appendix 1 Assurance Mapping

Appendix 2 ELHSCP Governance Groups

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DATE	26/09/2025

Appendix 1: Assurance Mapping Appendix Table – HSCP Services (East Lothian HSCP)

Please note this is a generic template, to be used as guidance and modified as considered appropriate by the service/group of services or acute site.

It is helpful to include 1 or 2 sentences that succinctly summarise what the measures tell you. For any any 'outliers', highlight the data and actions to address improvement in the main report.

Adverse Events						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Outcome measures						
1.1 Number of reported major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	Weekly	Quarterly	Fortnightly	SAEs are case managed through the PSEAG process (via 2-weekly meetings, as well as PSEAG Leads weekly meetings). They are also reviewed weekly at the Complaints / SAE Review Meeting. Issues are routinely discussed at fortnightly Core Management Team (CMT) meetings and may also go to the Senior Management Team (SMT) for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review. Reporting to the CCGC provides overview of SAEs and supports identification of any patterns / trends as well as assurance re the efficacy of SAE related processes. Review and identification of learning also takes place via the HSCP / REAS / SUS joint partnership meeting on a 6 monthly basis. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where patient experience, quality, and safety are standing items.
1.2 Number of all mental health reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.3 Number of all substance use reported major harm and death adverse events	Annual	2 weekly	Weekly	Quarterly	Fortnightly	
1.4 Number of adverse events with an outcome 3 or 4 reported	Annual	2 weekly	-	Quarterly	Fortnightly	
1.5 Categories Reported with Serious Harm (Mod/Major/Death)	Annual	2 weekly	Weekly	Quarterly	Fortnightly	

Process measures						
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Number of overdue adverse events reported with major harm and death	Annual	2 weekly	Weekly	Quarterly	Fortnightly	See 1.1 to 1.5 above.
Number of closed major harm and death adverse events excluding mental health and substance use	Annual	2 weekly	-	Quarterly	Fortnightly	
Outcomes from LACAS cycles	-	-	-	Quarterly	Fortnightly	*** Other * -** Reviewed at monthly LACAS meeting and LACAS 6-monthly walk rounds. Presented at Professional Forums
Staffing related measures – vacancies, absence, mandatory training compliance, etc.	-	-	-	Quarterly	Fortnightly	***Other*-** the Workforce Planning and Organisational Development Steering Group reviews workforce issues in terms of risk, absences, vacancies, etc. The Group meets every 6 weeks. Discussion of workforce issues may also be escalated to CMT meetings as required, or to Senior Management Team (SMT) meetings. The Joint Partnership Forum also provides an opportunity for discussion. Reporting to the CCGC provides overview / assurance in relation to staffing. Further assurance is provided in the form of reporting to quarterly NHS Lothian Performance Review Meetings where workforce is a standing item.

Morbidity Indicators						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**ELICM**	**PLICC**	**CCGC**		**Comments**
Outcome measures						
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI) in community hospitals	-	As required	As required	As required		Reporting and review of any Hospital Acquired Infection would take place at the local East Lothian Infection Control Meeting as well as at a Lothian level via the Pan Lothian Committee. Healthcare and Social Care Partnerships also meet to review. Further discussion takes place at CMT and SMT where appropriate. Monitoring and review also takes place in relation to the LACAS standard on infection control.
Total number of patients over 15 with C. Difficile toxin positive stool sample (CDI)/100k OBD in community hospitals	-	As required	As required	As required		
Total number of SAB patient episodes in community hospitals	-	As required	As required	As required		
Total number of SAB patient episodes/100k OBD in community hospitals	-	As required	As required	As required		
Number of Grade 2 or above pressure ulcers per 1,000 OBD in community hospitals	-	As required	As required	As required		Pressure Ulcers are reviewed at PSEAG if a related SAE has been submitted. They are also covered at LACAS meetings in relation to the relevant LACAS standard. Trends, learning and audit are discussed at PSEAG Pressure Ulcer Working Group will review data when it meets monthly

Process measures						
Evidence	**HCG**	**Operational Groups / Huddles / etc.**	**East Lothian IJB**	**CCGC**	**CMT**	**Comments**
Inpatient falls per 1,000 OBD in community hospitals	-	Weekly	Annually	Quarterly	Fortnightly	Inpatient falls reviewed through the East Lothian Falls Group / Lothian Community Falls Group / Strategic Falls Meeting as well as being looked at as part of regular operational meetings. SAEs in relation to falls are reviewed at PSEAG meetings and potentially at the CMT and Professional Governance meetings. Reporting of SAEs to the CCGC provides opportunity for further review. Data on fall is reported as part of the IJB Annual Performance Report and to East Lothian Council's performance review meeting.
Rate of readmissions to community hospitals	-	Weekly	Annually	-	Fortnightly	Discussed via regular operational meetings / huddles (daily / weekly) and at the GMs meeting as required. Review and oversight also comes via pan Lothian and national fora, for example, through the Lothian Unscheduled Care Board and CRAG. Performance in relation to a number of these measures is included in the reporting to the HSCP's NHS Lothian Quarterly Performance Review meeting and as part of the IJB Annual Performance Report.
Occupied bed rate	-	Daily	Annually	-	Fortnightly	
Rate of delayed discharges over 50 days	-	Weekly	Annually	-	Fortnightly	

Internal reports, external reports, inspections, national audits						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**CCGC**	**CMT**			**Comments**
Mental Welfare Commission inspection reports	-	Ad hoc	Ad hoc			Findings / recommendation from inspection reports are reviewed and actioned by an appropriate group / meeting if one is in place, or else a short life group is established to take forward any activity required. Inspection outputs will also be discussed at CMTs meetings and potentially the Professional Governance meeting and at SMT. Discussion also takes place via Professional Networks, for example, the Chief Nurse Network. Care Inspectorate reports will be discussed when relevant at the Care Home Huddle
Care Inspectorate inspection reports	-	Ad hoc	Ad hoc			

Measures of effectiveness of partnership						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Site CMG**	**Complaints / SAE Review Meeting**	**CMT**	**Comments**
List the Standards/Indicators/Targets/National clinical audits you currently use to measure to measure service effectiveness, e.g., internal, external (including college standards), local/national comparators. ***NB:*** *measures reported elsewhere e.g., under safe care that are also used to monitor effective care, do not need to be duplicated, however it should be noted in the 'comments' section where the reports are first detailed that they are used to monitor both.* *e.g., MAT Standards*						
Patient Reported Outcome Measures (PROMS)						

Person Centred Care Measures						
	Frequency and location of routine reporting & review					
Evidence	**HCG**	**PSEAG**	**Complaints / SAE Review Meeting**	**CCGC**	**CMT**	**Comments**
Number of stage 1 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 1 complaint (early resolution) Complaints are managed through the weekly Complaints / SAE Review Meeting chaired by the Chief Officer. Issues are routinely discussed at the CMT meetings and may also go to SMT meetings for discussion. In addition, the regular East Lothian Professional Governance meeting provides oversight and review.
Number of stage 2 complaints	Annual	-	Weekly	Quarterly	Fortnightly	Available from Patient Experience Team Stage 2 complaint (investigation) As above
% Complaints closed within 20 working days			Weekly	Quarterly	Fortnightly	As above.
Themes identified from complaints	Annual		Weekly	Quarterly		Themes for learning are presented at the Professional Governance and SMT. Discussed at our professional forums and CNM meetings
Outcomes of complaints	Annual		Weekly	Quarterly		Data provided by PET and Partnership business team and presented at SMT and CCGC for learning Discussed at our professional forums and CNM meetings

Scottish Public Services Ombudsman (SPSO) Cases Not Taken Forward (NTF) Numbers	Annual		Weekly	Quarterly	Fortnightly	
SPSO Outcome reports	Annual	Fortnightly	Weekly	Quarterly	Fortnightly	Discussed at all governance meetings and local SCN/CNM/huddles for learning.

Acronyms

CCGC – Clinical and Care Governance Committee

CRAG – Collaborative Response & Assurance Group

ELICM – East Lothian Infection Control Meeting

CMT – Core Management Team (East Lothian HSCP)

HCG – Healthcare Governance Committee

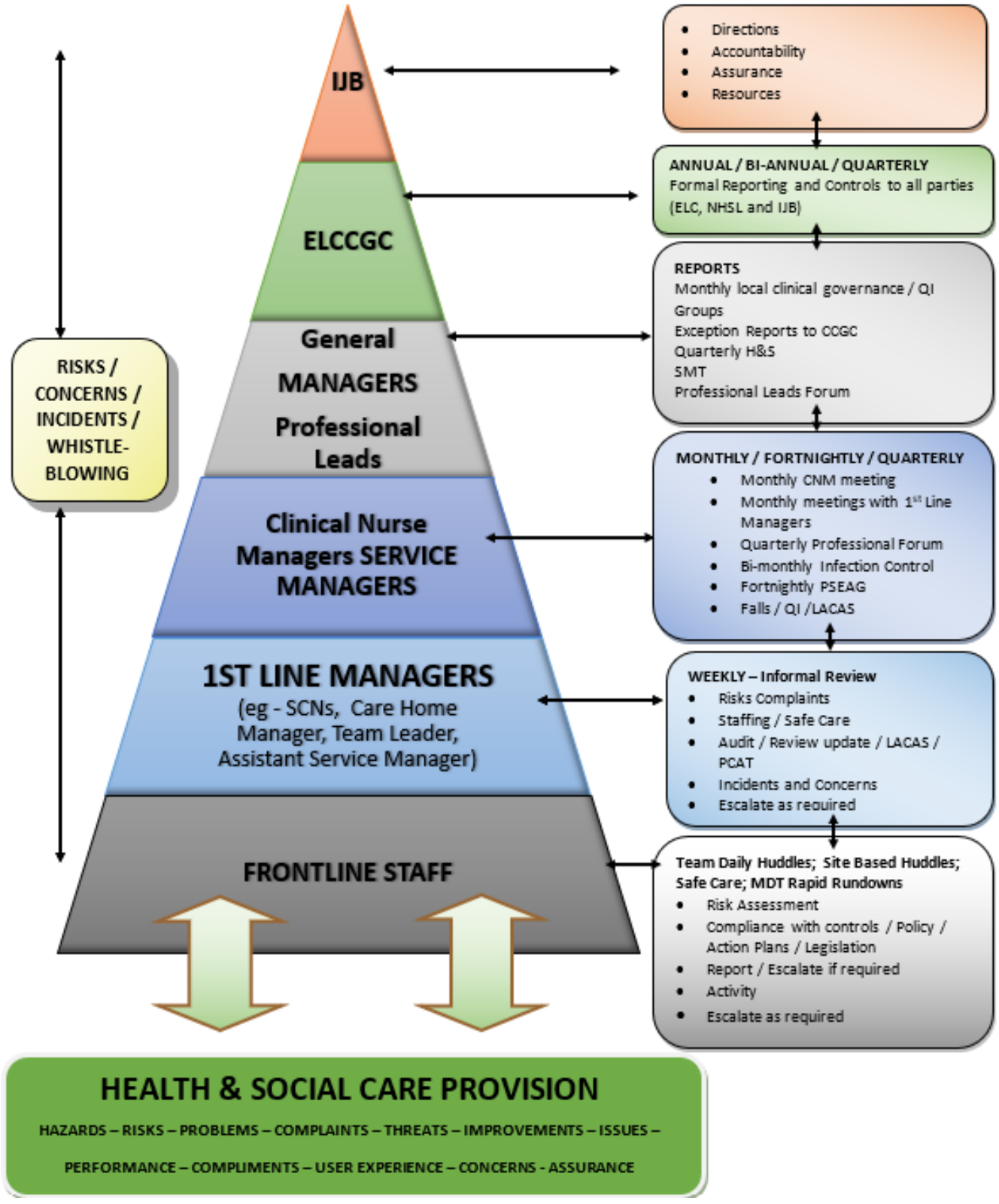
PLICC – Pan Lothian Infection Control Committee

PSEAG – Patient Safety & Experience Action Group

SMT Meeting – Senior Management Team Meeting (East Lothian HSCP)

APPENDIX 2

Diagram 1 - East Lothian HSCP Structure & Escalation



APPENDIX 2

East Lothian HSCP Groups and Structures – Summaries

- **Operational Groups and Huddles –** daily / weekly operational groups and huddles form the bedrock of the Partnerships overall management and governance structure. These are generally multi-disciplinary and chaired by a member of the CMT. The allow for early identification of any risks or issues and allow these to be actioned or escalated to other parts of the structure as appropriate. Examples include the Activity Huddle, Care at Home Huddle and Care Home Huddle.

- **ELHSCP Core Management Team (CMT) -** led by the Chief Officer with membership comprising of the Head of Operations, Chief Nurse, Clinical Director, and General Managers, with support from the Chief Financial Officer and planning and commissioning colleagues. CMT meets every 2 weeks and covers a range of operational matters. Situational updates on services are provided, and there are a number of standing items include DATIX / SAEs and Workforce.

- **East Lothian IJB Clinical and Care Governance Committee (CCGC)** – chaired by ELHSCP Chief Nurse with membership including Chief AHP, Clinical Director and Chief Social Worker. The CCGC meets quarterly and receives reports from General Managers on the quality and safety of services in their areas.

  Work has been ongoing over the last year to further develop the format and approach to CCGC meetings (see main report).

- **Patient Safety and Experience Action Group (PSEAG)** – meets fortnightly with a focus on the management of clinical safety and risk across all services. PSEAG is chaired by the Chief Nurse / Clinical Director and key staff from services attend to discuss SAEs and LCRs. A number of improvements have been made to the PSEAG approach over the last year (see main report). PSEAG Leads also meet weekly to ensure any issues requiring attention are addressed.

- **Professional Governance Meeting –** our Professional Leads (Chief Nurse, Chief AHP, Clinical Director, and Chief Social Work Officer), along with the Chief Officer and Head of Operations meet quarterly. Agenda items at this meeting include SAEs, Complaints, Compliments, DATX, and LSIs.

- **Weekly Complaints and SAE Oversight Group –**this meeting is chaired by the Chief Officer / Head of Operations and attended by senior managers, as well representatives of the NHS Patient Experience Team and East Lothian Council Feedback Team. The purpose of the meeting is to provide weekly assurance that complaints and SAEs are being managed effectively within the HSCP. Complaints are reviewed and actions to ensure that complainants receive an appropriate and

timely response. The meeting allows any investigation or remedial action to be agreed and ensures rapid escalation of any issues if required. Similarly, discussion of SAEs identifies action or investigation required, and allows for escalation as appropriate.

- **LACAS Meetings / Walk Rounds –** In addition to regular LACAS meetings, Chief Nurse LACAS walk rounds have been introduced in ELCH and will continue following each LACAS cycle. The walk round model already existed in AAH / RFU and this will continue on a 6 monthly basis. Walk rounds provide the SCN and nursing team with an opportunity to share their LACAS journey, and to highlight current improvement work and challenges with the Chief Nurse and Lead Nurses for quality. The regular LACAS meetings for each site (ELCH / AAH / RFU) will be combined going forward to support the sharing of data and learning between teams.

- **Mortality and Morbidity Meetings –** these meetings take place quarterly at ELCH for the Medical and Nurse Practitioner teams, including H@H as appropriate. There is a focus on shared learning.

- **Daily staffing resource management huddles –** our hospital based teams have daily huddles to ensure safe and effective staffing levels. These have been strengthened over the last year.

- **Workforce Planning and Operational Steering Group** - meets 6-weekly and provides oversight in relation to learning and development; recruitment; management of vacancies; and any other relevant workforce matters. The Group plays a key role in managing risk in relation to workforce and organisational development.

- **Allied Health Professions Governance and Assurance Framework –** use of this framework and associated assurance and governance App enable the AHP Directorate to maintain oversight and to support professional governance. The App is completed on a quarterly basis for both Physiotherapy and Occupational Therapy, providing evidence and enabling identification of any emergent themes or trends.

- **Rehab AAH/RFU Clinical Assurance and Learning Zones meetings –** each of these meetings is quarterly with a focus on clinical governance and associated learning.

- **East Lothian Community Hospital and Astley Ainslie Hospital Falls Working Group –** made up of members of both ELCH and AAH multi-disciplinary teams this group meets monthly and is chaired by the Lead Quality Improvement Nurse. Business includes identifying any ongoing issues in relation to in-patient falls and exploring reasons for falls. All Major SAEs relating to falls are reviewed by the group,

along with falls data. Group members provide falls support and advice in relation to individual patients and also feedback to the NHS Inpatient Falls Working Group and the East Lothian HSCP Falls Working Group (which covers falls across all services, including community). In addition, the group reviews and shapes the Inpatient Falls and Frailty Quality Improvement Project.

- **East Lothian Community Hospital and Astley Ainslie Hospital Quality Improvement Working Group –** made up of members of both ELCH and AAH multi-disciplinary teams this group meets monthly and is chaired by the Lead Quality Improvement Nurse. The purpose of the group is to improve clinical outcomes; maintain patient safety; enhance person-centred approaches to care; whilst making the best use of resources. The group identifies any trends in clinical risk through analysis of adverse events recorded on DATIX and develops Quality Improvement Projects to address these risks where appropriate. The group also oversees and supports QI projects in both hospitals.

- **East Lothian Infection Control Meeting –** these meetings will begin to take place bi-monthly from September 2024 and will provide an opportunity for discussion of infection control issues / risks and identify and action any learning.

- **Pan Lothian Groups & Networks –** the HSCP is also involved in a number of Pan-Lothian groups which have a focus on safe and effective patient care. Examples include the HSCP / REAS / SUS Joint Partnership Group, the Pan-Lothian Infection Control Committee, and the Chief Nurses Network.

- **East Lothian Professional Networks –** there are a number of East Lothian Professional Forums and Networks in place, including those for Nursing, Occupational Therapy and Physiotherapy.