	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/	**NHS Highland**
CLINICAL GOVERNANCE COMMITTEE		
DRAFT MINUTE	**31 August 2023 – 9.00 am (via MS Teams)**	

Present   Alasdair Christie, Non-Executive Board Director, and Chair
Ann Clark, Board Vice Chair
Gareth Adkins, Director of People and Culture
Tim Allison, Director of Public Health
Joanne McCoy, Non-Executive Board Director
Boyd Peters, Medical Director
Dr Gaener Rodger, Non-Executive Board Director
Emily Woolard, Independent Public Member
Louise Bussell, Nursing Director
Catriona Sinclair, Non-Executive Board Director
Katherine Sutton, Chief Officer Acute Services
Muriel Cockburn, Non-Executive Board Director

In attendance   Kate Arrow, Clinical Lead for Realistic Medicine
Claire Copeland, Deputy Medical Director (Until 10:52 am)
Steven Gunn, Child Death Review Nurse
Alison Felce, Senior Business Manager
Evelyn Gray, Associate Nurse Director
Elizabeth Higgins, Associate Nurse Director
Andrew Nealis, Information Governance & IT Security Manager
Carolyn Hunter-Rowe, Public Health Intelligence Manager
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy
Isla Barton, Director of Midwifery
Simon Steer, Director of Adult Social Care (Until 09:15 am)
Cathy Steer, Head of Health Improvement
Bob Summers, Head of Occupational Health and Safety
Ruth Daly, Board Secretary
Stephen Chase, Board Committee Administrator

1.1   WELCOME AND APOLOGIES

Apologies were received from L Cowie, I Ross and R Cargill.

1.2 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of

Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

1.3 MINUTE OF MEETING ON 22 June 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 22 June 2023 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee otherwise:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

1.4   MATTERS ARISING

1.4.1   Adult Social Care/Commissioned Services Update

Director of Adult Social Care provided an update to the committee explaining that the Quality and Patient Safety (QPS) process had been agreed with Local Authority and would remain in place for Adult Social Care matters. The Chief Social Work Officer from the Local Authority required NHS Highland to review governance of social care and social work. It was noted that there had been the use of the Vincent Framework within the Health and Social Care partnership. Discussion would be continued to agree with the Chief Social Work Officer on how assurance would need to be reported to Local Authority. The role of the Clinical Governance Committee when seeking Clinical Governance Assurances had not been decided and was still waiting on a report to be produced by the Chief Social Work Officer. The Chair highlighted the necessity of a further update being provided to the Clinical Governance Committee meeting in November.

Action: Adult Social Care/Commissioned Services Update to be added as a standalone item to the November 2023 agenda.

The Committee **noted** the update.

1.4.2   Complaints

Clinical Governance Development Manager explained the paper circulated included slides presenting complaint performance across the operational areas of NHS Highland. Key themes had been identified that had been specific for the different operational areas with ongoing work to make improvements based on themes identified. There would be the introduction of a QA form, which would be completed by the investigating officer to identify if contact has been made with the complainant, how learning is being shared and if what action is being taken. This information will be collated and included in the Quality and Patient Safety Dashboard as two new measures. The first measure would be the number of complaints closed in the last two month that contact was made with the complainant/family before the complaint was responded to. Secondly, the number/percentage of complaints closed in the last two months with improvement or action. It was noted that the aim of the QA form would be to improve the quality of complaint responses. Audits would be undertaken and data to be presented on the complaint dashboards.

In discussion, the following points were raised:

- Managed primary care services were responsible for complaint handling for that individual service. Quarterly reports would be submitted by the managed primary care services to the Board to provide updates.
- Complaint performance had been variable and would continue to be monitored to identify key themes and make improvements.
- The Nursing Director expressed the importance of giving quality responses that would be provided in the correct format to provide satisfactory answers to complaints.
- The report focuses on the timeline of responses rather than quality indicators due to reporting constraints. Improvements to reporting would be required to move away from number-based reporting to enable quality indicators to be reported on.

The Medical Director concluded that another report would be presented to the committee in a further meeting to discuss and raise questions on key themes and analysis provided.

The Committee **noted** the update.

1.4.3   Dentistry State of Play and Impact on Acute Services

The Medical Director explained that a presentation had been created to provide an update on Dentistry nationally but would not be speaking to that presentation. A verbal update was given to highlight that NHS Scotland patients would continue to be deregistered from Dentist Surgeries at a gradual rate rather than more patients being registered. Dental services contracts would be refreshed to review services available by a dentist that would be funded by the NHS. Albeit the contract renewal it was noted that gradual deregistration could continue. A paper would be submitted to the Board Chief Executive Group highlighting the issues and conversations with the Government. The Medical Director advised that they continue to be involved in national and local discussions. It was noted that a further update would be provided to the committee at a future meeting.

The Committee Chair questioned how patients who had been deregistered would be notified. The Medical Director advised that they would be raised to J Lyon, the Clinical Dental Director.

The Committee **noted** the update.

1.4.4   Revised Health and Safety Policy

The Director for People and Culture introduced themselves to the committee explaining that they were the Executive lead for the Health and Safety Committee. The revised Health and Safety policy had been presented to the committee for noting and discussion. Work had begun across management structures to embed Health and Safety responsibility and ownership across the organisation. A corporate plan would be created to map out the focus of the upcoming years to strengthen organisational systems. Clinical colleagues would be included in the differentiation in Health and Safety issues that were affecting staff, patients, and visitors. It was noted that Clinical Governance mechanisms would be used to manage patient safety related issues. There would be the requirement to be clear on what elements of the corporate plan would be managed by the Health and Safety Committee and the Clinical Governance Committee.

The Head of Health and Safety explained that the policy presented to the committee was a legal document. Part two of the policy included the organisational arrangements for implementation of the policy, therefore would need regular updates to the management structures and leadership structures. Learning is in place for managers to help fulfil the requirements of the policy. Section three of the Act explains the statutory duty to our patients and where the cross over occurs between the Health and Safety Committee and the Clinical Governance Committee.

The Committee Chair highlighted the issue of getting staff to read, understand and engage with Health and Safety policy. NHS Highland have a wide range of policies in place meaning it would be difficult for staff to retain all the information contained in each policy. Communication would be key to ensure staff engagement and materials would be provided in a variation of ways to simplify the key messages and responsibilities.

The Committee **noted** the update.

2 SERVICE UPDATES

2.1   Oncology Service – Position

The Medical Director verbally updated the committee drawing attention to the workforce crisis highlighted in the previous committee meeting, with a key member of staff leaving the organisation. Sustainable medium-term solution had been found with the use of locum cover and other Health Board Oncologists. Recruitment would still be required to provide a long-term resolution. A Cancer Programme Board which was chaired by the Medical Director had begun to meet. The programme board would be putting together a strategic workforce plan in alignment with strategy published by Scottish Government. The Medical Director advised that further updates would be provided to the committee on the strategic workforce plan. Reassurance was provided to the committee that the Oncology services within NHS Highland had been stabilised with a permanent solution to action.

The Committee **noted** the update.

2.2 Nurse Director

The Nursing Director noted there was one emerging key issue that would need to be addressed by the committee. The Board had received a letter from the Cabinet Secretary for NHS Recovery, Health, and Social Care regarding patient safety in the wake of the Lucy Letby case. The letter referred to a review of clinical and staff governance committees to engage the level of effectiveness and wanted to ensure that the Board was involved in the health Improvement Scotland, work about learning from adverse events through reporting and review. It was highlighted that the iMatter results and whistleblowing themes were being reviewed for concerns raised. Discussion had taken place between the Nursing Director and the Medical Director on how assurance is provided at organisational wide and to reassure staff that the Board want to hear from staff and to respond accordingly.

It was noted that from the Nursing Directorate there had been the introduction of care plans across all Hospital sites which had seen a reduction in falls consistently in the last quarter. Further quality checks would occur to ensure the fall reduction was not coincidental. The Nursing Assurance Group had been reinvigorated and redesigned. The Nursing, Midwifery and Allied Health Care Professionals (NMAHP) structure now contains different sub-groups for nursing, allied health professions and midwives. Work had starting to interrelate that structure with the MDT assurance framework.

The Director for Public Health commented on the Nursing Directors mention of Governance and the Lucy Letby case stating that it is important to address the difference of both the Governance and Criminality elements. There is a need to address the elements separately due to the Criminality aspect being quite rare. NHS Highland had and would continue to ensure that good robust governance arrangements were in place.

The Director for Public Health provided a verbal update on vaccinations, which had been a continual issue that Health Board had come under scrutiny for. Two issues were brought to the attention of the committee. Firstly, there had been a recent change to the vaccination schedule for earlier covid

vaccinations that would increase protection from new covid variants. The uptake results from childhood vaccinations from March 2023 onwards had not been published which had provided a challenge to make improvements and update the service.

The Deputy Medical Director advised of an evolving issue with a national update failure in the Skye Gateway referral system. There had been plans in place to provide the committee with an update on the Skye Gateway referral process, which had been used to send referrals between primary and secondary care services. NHS Highland had taken an incident management team approach bringing together multi-professional colleagues to offer immediate assurance that cross checks would be continued to ensure systems remain reliable. It was noted that urgent referrals had been compromised and the printing of important documents had been delayed. There would be ongoing work to resolve the failure with resolution being expected soon. There would be a debrief provided to the Committee at the next meeting to provide impacts from a quality and patient safety perspective.

The Committee **noted** the update.

3   EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORT BY EXCEPTION

3.1   NDAS Service – Medical Director

The Medical Director spoke to the circulated NDAS letter that had been submitted as a clinical concern to provide awareness to the committee. The letter highlighted the long waiting list of assessments for children and young people for evidence of neurodevelopmental conditions such as autism and ADHD. It was noted that the waiting list to be seen through NDAS with a projected time to first appointment of up to 10 years. Most referrals had been received by educational teams with a small number of referrals having medical conditions where medical intervention would be required. All referrals made to NDAS were added to the same waiting list with methodical filtering is applied to sorting through all referrals made. The high volume of referrals impacting those needing medical intervention when there were others who do not need any medical intervention. Improvement work would be required to management of the referral system.

The Committee Chair advised that an update from NDAS would be provided in the November meeting with Dr G Cobb, who wrote the letter, being invited to attend. E Woolard asked if the November update could provide clear steps needed to address issues raised in the letter, resourcing, clinical lead, and ambiguity as to who would be accountable for improvements.

The Committee **noted** the update.

3.2   Safe Delivery of Care Inspections and Implications for Care Assurance in NHSH

The Nursing Director explained that systems and processes would be developed to improve care planning within hospitals based on focus points from Health Improvement Scotland (HIS). The HIS remit had widened to include infection control, older people in acute hospital, inspection, and workforce. Due to the remit widening there had been more focus on workforce challenges and strengthening internal governance processes. There had been a review of the acute hospitals network within the Board area to enable key themes and challenges to be identified and addressed.

In discussion it was noted that to provide quality care, workforce challenges need to be addressed. To deliver quality care the organisation needs to have sufficient workforce who had received the correct training, have the correct values and ability to do the role. The NMAHP professional assurance framework was being developed to include expectations from both the services and staff members. Progressive steps had been taken to move toward a moderate assurance level which had been noted in the circulated report.

The Committee **noted** the reported position and agreed to take **limited** assurance.

3.3   Update on Scottish Public Service Ombudsman

The Clinical Governance Development Manager spoke to the circulated paper which presented data of cases escalated to the Scottish Public Services Ombudsman (SPSO). It was noted that a small number of cases were formally taken on by the SPSO with a small percentage of the overall total number of stage two complaints received. The Clinical Governance team had been working to strengthen the process around SPSO cases to support completion, apology letters and further review to see if the action /recommendation has made a difference.

In discussion it was noted that it was good to see improvements being made to the process and reviewing data collection techniques to broaden the data captured by complainants. Complainants may not have formally escalated to the SPSO even if the grounds were there, so it was felt by the committee that being able to capture that would be useful. The Deputy Medical Director noted that the Health and Social Care Partnership (HSCP) paper might be relevant to this topic. The HSCP would be engaging with patients, families, and carers as a learning method and to increase qualitative data information gathering. In person, real time conversation and feedback is valuable to the organisation to bring poor experiences into learning environments for staff.

The Committee **noted** the reported position and agreed to take **moderate** assurance.

3.4   NHS Highland Complaints Annual Report 1.06

The Clinical Governance Development Manager spoke to the circulates annual report explaining that the format had been used for the previous five years. The annual report is a requirement by Scottish Government to submit feedback activity on 9 key indicators for all stages of the complaints process. Discussions had been ongoing with the complaints manager to review and to proactively gather feedback to inform and develop local services.

The Committee **noted** the reported position and agreed to take **substantial** assurance.

3.5 Duty of Candour Annual Report 2022/2023

The Senior Business Manager introduced the Duty of Candour Annual Report as a legal requirement laid out in the Health (Scotland) Act 2016. For duty of candour to apply the patient needs to have suffered harm as defined by the act and must be related to the carer service issues. All cases that trigger the potential duty of candour had been and would continue to be scrutinised at regular meetings by both senior clinicians and managements. The report identified 22 of the 29 cases met the requirements of the duty of candour procedure. Of the remaining seven cases, four were not possible to determine to what extent the requirements of the act had been met. In three of the cases, it was not considered appropriate to contact the patient/family. There had been significant improvements within the last year as to how apologies were recorded and documented.

In discussion it was noted that:

- There was no defined pattern across the Scottish Health Boards due to the infrequency of reporting available in the public domain. It was important to highlight that from information available NHS Highland was not an outlier.
- It would be helpful for future reports to provide an overview on how the duty of candour is spread across the three core areas, Argyll and Bute, Acute and Highland.

The Committee **noted** the reported position and agreed to take **moderate** assurance.

3.6 Realistic Medicine Annual Update 2022/2023

The Clinical Lead for Realistic Medicine spoke to the circulated paper to explain the Realistic Medicine Plan 2023/2024 contains our annual actions and has been accepted by the Scottish Government. Funding from Scottish Government was delayed and resulted in the loss of a programme manager. Realistic Medicine Programme had been embedded in the strategy and transformation team and a new programme manager that would manage the long-term conditions work. It was noted that the Realistic Medicine Programme had received support through engagement and education with both colleagues and the public. The key piece of work for the next year would be based on the value-based healthcare model that came out from Scottish Government recently, to reduce pharmaceutical waste and harm. The first annual NHSH Realistic Medicine symposium would take place in November 2023.

In discussion,

- There would be a sustainability and quality improvement workshop in November to review sustainability measures to individual's work.
- Plans would be in place to include pharmaceutical work in the Highland planned climate week.
- Realistic medicine is sustainable medicine both from a financial point of view and an environmental sustainability point of view.
- The Realistic Medicine Programme was aimed to give clinicians better ability to reflect on actions and understanding whether actions taken were adding to value to patients or if there is any harm being caused in the system.
- Value-based health and care could be included in the schedule for a future Board development session agenda.
- The Director of Pharmacy expressed support for the reduction of pharmaceutical waste.

- Realistic medicine had previously been misinterpreted due to terminology. There would be a change in narrative to explain that the programme is focused on care and self-management more than it is about medicine.
- Communication with the public had been included in traditional media and other links had been made to provide information on what harm can sometimes be caused by healthcare.
- Cardiology team had been linking clinicians to the business intelligence unit, data sources and Public Health Scotland to begin difficult conversations to reflect on information available and to begin implementing changes. This would be used as a case study to educate other clinical departments on different approaches.
- Realistic Medicine team had been linking in with other teams in NHS Highland, including Environmental and Sustainability, and Health Improvement team around the social prescribing work.

The Committee **noted** the reported position and agreed to take **moderate** assurance.

4   PATIENT EXPERIENCE AND FEEDBACK

The Nursing Director spoke to the circulated case study explained that a high number of the bank nurses in NHS Highland regularly work in the same clinical areas and perform as regular staff members. It was noted that challenges can arise when a bank member of staff is not part of the regular team and is less familiar with the area. Improvements had been ongoing in how staff were developed and supported. The approach taken included clinical governance and clinical supervision elements.

The Committee **noted** the case study.

5   CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

The Clinical Governance Development Manager updated the committee to advise that work had progressed within Clinical Governance to move the quality and safety dashboard platform from Click View to Power Bi. The move would enable easier access to the dashboards so data can be pulled for reports removing the reliance on the Clinical Governance team.

The Vice Chair questioned whether the Clinical Governance Quality and Performance Data was the correct item to challenge the four- and twelve-hour emergency department waiting times. The Chair advised that the waiting times should be added to the November agenda under matters arising from the last meeting.

Action: The Committee Administrator to add emergency department waiting times to the agenda of the November meeting.

The Committee **noted** the report.

6   ANNUAL DELIVERY PLAN 2023/2024

The Committee Chair advised that this item would not be spoken to at the meeting, it would be added to the agenda for the next meeting.

Action: The Committee Administrator to add annual delivery plan 2023/24 to the agenda of the November meeting.

7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

7.1 Argyll and Bute

E Higgins, Associate Nurse Director noted the paper submitted to the committee should have been the exception report rather than the annual report. It was noted that the exception report would be circulated for completeness. An overview of the exception report was provided, and it was highlighted that work to embed the clinical and care framework was progressing to ensure the correct tier system would be in place. Appropriate preparation was continuing ahead of a fatal accident inquiry. Clinical Governance workforce continued to be challenging due to the speciality of the small team.

Action: The Associate Nurse Director to send the Committee Administrator the exception report for circulation. The Committee Administrator to circulate the exception report on receipt of the item.

> The Committee **noted** the report.

7.2 Highland Health and Social Care Partnership

The Committee Chair commented that the concerns raised regarding fragility in Adult Social Care staffing would be an item for discussion at the Highland Health and Social Care Committee (HHSCC). The Board Vice Chair stated that the Chair of the HHSCC was aware of the report and was reviewing the approach to take the issue to HHSCC.

The Deputy Director spoke to the circulated paper advising that there had been continued work on the governance processes within the partnership. It had been mentioned at the HHSCC meeting the day prior regarding the long standing and complicated process within Social Care that intertwine with governance processes within the partnership. Discussions were ongoing about this within the Clinical Governance team. A draft paper would be finished later in the year documenting progression and the constructive collaborative discussions in the partnership that had been adopted. The report would also detail the continuation of the Vincent framework and how to frame discussions.

Dashboard data had helped provide context and mitigations that would continue to be reviewed. Concerns were noted that sickness absences had increased which had prompted further investigation to understand reasons other than the national workforce challenges. The Mental Health service had noticeably the most outstanding SAER actions to ratify and close and would be providing a further report of themes to be brought back to QPS for shared learning. As part of the teams learning and improving there would be the first of a series of learning events taking place in September with the focus on the power of the apology, family/patient experience and supporting Staff. The event series would be an introduction to a change in governance structure enabling families, patients, and carers to engage in discussion and share experiences. The Deputy Medical Director encouraged committee members to attend the events. To 'close the loop' themes and actions from previous SCRs and the learning events would be reviewed. A paper had been published to highlight qualitative improvements made for those in police custody to access health care.

There had been continued issues around the lengthy recruitment and onboarding process. Deputy Medical Director and new Director of People and Culture will be meeting to discuss at the start of September. Medical staffing had been investigating the recruitment and onboarding process to determine the issues.

The Committee **noted** the report and agreed to take **moderate** assurance.

7.3   Acute Services

E Gray, Associate Nurse Director noted the paper submitted to the committee should have been the exception report rather than the annual report. It was noted that an exception report would be brought to the committee at the November meeting if required. The committee were made aware of surgical site infections in relation to the orthopaedic and arthroplasty programme. It was noted that there had been an increase in the number of deep-seated infections impacting ten patients over the March-June period. Incident management meetings had reviewed the infections and had provided regular reports into the clinical governance meetings within Acute Services.

There had been capacity issues experienced within Acute Services that had impacted the emergency department performance and resulted delayed emergency care access. The Scottish Ambulance service being able to handover patients in a timely manner had experienced delays of up to ten hours. The impact of the delays for the wider community of the Highlands was concerning alongside patients who had waited twelve hours in the emergency department. Scottish Ambulance Service had initiated a safe transfer to hospital policy enabling paramedics to handover the patient to the care of the hospital and release the ambulance back to other calls. Data would continue to be collected and monitored to review the impact the delays were having on the Scottish Ambulance Service.

The Board Vice Chair expressed concern with the delayed emergency care access as it would have an impact on patient safety, quality of care, and staff wellbeing.

The Committee **noted** the report and agreed to take **moderate** assurance.

7.4   Infants Children and Young People's Clinical Governance Group

The Nursing Director advised that the structure for the Infants Children and Young People's Clinical Governance Group (ICYPCGG) was still under review due to overlap of governance within Highland Council. The ICYPCGG structure includes the governance of the child death review team for both Highland and Argyll & Bute.

The Committee Chair noted that the report noted waiting times associated with the NDAS service creates risks to the welfare of children as it remains a significant concern to clinical staff and families. Concerns raised about NDAS had been raised separately to the route discussed in the NDAS Service update agenda item, the letter from Dr Cobb. The acute service report made referenced CAMHS, so would be necessary to pull together concerns from all three operational areas ahead of the November report. The Chief Officer Acute Services highlighted that clinicians within the Acute services had concerns about the capacity within NDAS to deliver services. Having met previously with the Clinical Lead for Community Paediatrics it was noted that a review of service models could make improvements. The Nursing Director advised that the ICYPCGG had met and discussed the concerns prior to the letter being issued, with a colleague named on the letter being in attendance of the meetings. Meaning there had been a clear relationship between concerns being expressed at different forums.

J McCoy noted IT issues and risks for children's services are currently not part of the new digital strategy and must be addressed and requested assurance that a resolution had been found. The Nursing Director stated that a sufficient solution had yet to be found between the Health Board and Highland Council. A proposal had been written for the creation of a Digital Health Care Group to introduce a portal that would provide better assurance. Challenges were being reviewed due to IT systems in place in NHS Highland and Highland Council not necessarily compatible with each other. M Cockburn questioned if time frames had been mapped out for completion of the Digital Health

Care Group. The Nursing Director advised an upcoming meeting with IT would provide understanding on the progression of the Group.

The Child Death Review Nurse spoke to the appendix Child Death Review Annual report that covered a 15-month period, from October 2021 to December 2022. It was noted that although Highland population members had died within the boundaries of other health boards, NHS Highland would host the child death review and submit the reports to the National hub. This would enable control and clarity of information collated and to provide reassurance that the Board has oversight into all residents' deaths. Hospital deaths had a specific process that would be followed. Home deaths were often anticipated and have plans in place, for the unanticipated deaths there is collaborative work with both the Police and Child Protection Services.

Action: NDAS update report writer for the November meeting to include combined concerns from all three operational areas.

The Committee **noted** the information provided and agreed to take **limited** assurance.

The Committee adjourned at 11.00 am and reconvened at 11.10 am.

8   INFECTION PREVENTION AND CONTROL REPORT

The Nursing Director spoke to the circulated paper and highlighted the high standard of infection prevention and control had been upheld in acute and community hospitals. The nursing and public health directorates had been looking to work collaboratively to forward plan infection prevention and control. There had been a focus on support would be provided to in-house and wider care homes with a further update being provided in a future committee meeting. The National Contract for ICNET (Infection Control E-Surveillance system) is due to expire January 2024. The Nursing Director advised of the national responsibility in which discussions had begun to ensure a decision is concluded.

The Committee **noted** the report and agreed to take **moderate** assurance.

9   SERVICE UPDATES

9.1   Information Assurance Group

The Information Governance & IT Security Manager advised the Information Assurance Group (IAG) continued to be Chaired by the Deputy Chief Executive as the senior information risk owner. The Deputy Chair of the group was the Head of the Health Act and the group continued to meet on a quarterly basis. The IAG meetings continued to be well attended by its membership which provided a variety of perspectives on both standing updates and agenda items. Focus had been on supporting the Data Protection team in preparation of a response to the Information Commissioner's Office (ICO) audit. The ICO assurance rating for NHS Highland had been reasonable in comparison to the other Scottish Health Board. Since the audit report and action plan had been received, the IAG has continued to support the efforts to implement the audit recommendations and further improve NHS Highlands compliance with data protection legislation and best practice. It was noted that work had been ongoing against all High and Medium recommendations on the NHS Highland action plan. There would continue to be focus on contracts with potential impact on sensitive or personally identifiable data.

All NHS Scotland Boards continue to be subject to an annual audit commissioned by the Scottish Health Competent Authority to establish compliance with the Network and Information Systems regulations. Compliance would be measured using the control set documented in the Scottish Governments Public Sector Cyber Resilience Framework. The 2023 audit included an insight

element which had not been included in previous audits. It was noted that NHS Highland had received good feedback, but no formal report would be provided until the full audit had been completed. Work was progressing to capture the control compliance evidence in preparation for the audit evidence submission date in October 2023.

There had been significant work undertaken within the records management with the continuation of scanning clinical records s with oversight from the IAG. The scanning of Acute and Community Hospital records had been scheduled for completion by the end of 2023. It was noted that the NHS Highlands Records Management Plan progress update review had been submitted and formally accepted by National Records of Scotland. The Scottish Information Commissioner (SIC) had confirmed that the Level 2 Intervention Order would be withdrawn as NHS Highland had continued to maintain performance rates in responding to requests over the last four quarters, exceeding the 90% target set by SIC.

The Committee Chair commented that due to 17 points on the ICO Data protection audit remained outstanding, it could be more appropriate to take moderate assurance with a further update being presented to the committee in six months.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Agreed** an update report on outstanding ICO data protection points to be brought to a future meeting.

9.2   Organ and Tissue Donation Committee

The Committee Chair noted that there was nobody in attendance to speak to this item. The Nursing Director welcomed questions, but none were raised.

The Committee **noted** the reported position and agreed to take **substantial** assurance.

9.3   Maternity Services

The Director of Midwifery advised that this was the first report that had been presented to clinical governance to highlight issues across the maternity services. It was noted that the report would come to the committee on a six-monthly basis and the update provided on this occasion had three main points.

The three main points were based on best start, the national maternity strategy. NHS Highland had been working hard to meet the requirements of the Best Start strategy and embrace the strategy alongside the board level processes and structure and quality improvement work. Workshops had been scheduled to look to embrace the national strategy, our local, our regional priorities and our local priorities around about the quality and improvement works teams. High numbers of staff have signed up to attend the event.

In the regional work, there had been an activity supporting the network model across the north maternity services between NHS Highland and Grampian. Managerial, Clinical and Professional leadership would continue to be shared between the Boards for all key pieces of work. NHS Grampian would be working toward re-establishing a fully consultant led model for Maternity care in Dr Gray's Hospital by 2026. This would be a significant piece of work and requires leadership from both NHS Grampian and NHS Highland. An Executive Joint Board had been established with four key workstreams reporting into the Board: Clinical Collaborative, E-health, Workforce, and

Communication and Engagement. Each workstream had joint leadership and membership from both Boards.

Maternity services in North Highland face significant challenges in relation to the recruitment and retention of Midwifery staff. The services were in a position where it is not always possible to provide a full range of maternity services across the Board. North Highland is particularly challenged across Community and inpatient settings. There was a revised focus through the Programme Board with a newly formed Workforce, Recruitment, Retention and Culture workstream. From a professional perspective there was a refreshed Nursing and Midwifery Workforce and Education Group that would report through the Professional Assurance structures. There was a significant amount of media interest and dialogue with our third sector partners and Highland maternity Voices around the concerns being raised by women and their families. Registered nurses had contacted the Director of Midwifery to express interest in undertaking the shortened programme through the Edinburgh Napier University to train Midwives. Band five recruitment had been successful with the intake of 12 newly qualified midwives joining the service in September. Challenges had been met in offering a comprehensive Home Birth option, but a partial option would remain available to women requesting it. The Director of Midwifery explained that they were working closely with the Chief Midwifery Officer for Scotland to keep them updated of the position faced within NHS Highland.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **substantial** assurance regarding engagement with National workstreams and reporting.
- **Agreed** to take **limited** assurance regarding the workforce risk.

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10   PUBLIC HEALTH

10.1   Health Improvement Update

Head of Health Improvement spoke to the circulated paper and outlined the mental health improvement and suicide prevention work that continued to be developed and delivered in collaboration with a wide range of partners across Highland and Argyll and Bute to improve mental health outcomes for the population of NHS Highland. Community planning is the main approach in which mental health work is developed and delivered. The Covid-19 pandemic highlighted concerns about a worsening of mental health and wellbeing and several recent studies suggest that increased levels of mental health problems seen since the start of the pandemic would continue for some time. The paper noted the importance to ensure that continued development of NHS Highlands strategic approach to mental health, considers and prioritises prevention and early intervention to help improve the mental health of our population and reduce pressure on mental health and other services. The clinical governance committee were asked to note the progress of the work and to accept moderate assurance. It was noted that the main risk is the capacity to sustain the work so the work may not be maintained due to budgets becoming tighter across the public and third sector.

The Nursing Director commented that there should be a focus on interrelatedness between all areas within all generations. The Head of Health Improvement advised proposals would be submitted to the Highland Community Planning Board to review structure with improvements being made to link plans across Highland. A Child Mental Health and Wellbeing Group which would have dual reporting into the Mental Health Delivery Group and the Integrated Children Services Planning Board to ensure links. There had been good engagement with Mental Health Services into the review within the Highland Community Planning Partnership of priorities and structures. Input had been received from Public Health in relation to the Mental Health Service review. Scottish Government had provided funding to local authority and third sector organisations for Mental Health Services. The Highland Community Planning Partnership had seen the proposed new priorities amid the Health and Well-being work planning.

The Committee **noted** the reported position and agreed to take **substantial** assurance.

11   2024 Meeting Schedule

The Committee Chair addressed members of the committee and asked them to review the meeting schedule for 2024. It was noted that the meetings would be scheduled to start at 09.00 am. Further information would be provided at the November meeting.

12   REPORTING TO THE NHS BOARD

The Committee Chair confirmed the NDAS concerns, and staffing issues highlighted in a number of reports considered by members, would need to be reported through to the Board.

The Committee so Noted.

13   ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

14   2023 Meeting Schedule

The Chair advised members the next meeting would take place on 22 June 2023 at 9.00 am.

Members **Noted** the remaining meeting schedule for 2023 as follows:

02   November 2023

15   For Information Only

15.1 Research, Development, and Innovation Annual Report

The Chair asked if it would be possible for the Beth Sage to speak to the item at the next meeting by the committee administrator.

Action: The Committee Administrator to invite Beth Sage to speak to the Research, Development and Innovation Annual Report at the November meeting.
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The meeting closed at 11.50 am.