

<p><b>CLINICAL GOVERNANCE COMMITTEE</b></p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a></p> 
<p><b>DRAFT MINUTE</b></p>	<p><b>8 March 2023 – 2.00pm (via MS Teams)</b></p>

**Present** Alasdair Christie, Non-Executive Board Director and Chair  
Muriel Cockburn, Non-Executive Board Director  
Rebecca Helliwell, Depute Medical Director (For Chief officer Argyll and Bute IJB)  
Dawn Macdonald, Community Staff Nurse  
Joanne McCoy, Non-Executive Board Director  
Dr Boyd Peters, Medical Director  
Dr Gaener Rodger, Non-Executive Board Director

**In attendance** Sarah Bowyer, Scottish Health Council  
Rhiannon Boydell, Head of Strategy and Transformation  
Louise Bussell, Chief Officer, HSCP  
Robert Cargill, Deputy Medical Director (from 9.05am)  
Ann Clark, Non-Executive Board Director  
Claire Copeland, Deputy Medical Director  
Pamela Cremin, Deputy Chief Officer, Community Services  
Evelyn Gray, Associate Nurse Director (from 2.30pm)  
Margo Howatson, Clinical Governance Manager, Argyll and Bute  
Brian Mitchell, Board Committee Administrator  
Mirian Morrison, Clinical Governance Development Manager  
Constantinos Yiangou, Deputy Medical Director (from 3.25pm)

## 1 WELCOME AND APOLOGIES

Apologies were received from F Davies, S Govenden, K Patience-Quate, I Rudd, K Sutton and E Woolard.

The Chair took the opportunity to advise R Donkin had resigned from the position of Independent Public Member and pay tribute to the role played by Mr Donkin throughout his tenure as a formal member of the Committee. The process for appointing a replacement member had begun.

### 1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the 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.

## 2 MINUTE OF MEETING ON 12 JANUARY 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 12 January 2023 was **Approved**.

In relation to both the circulated Committee Action Plan and Work Plan, members were advised these would be updated and aligned prior to submission to the next meeting.

**The Committee otherwise:**

- **Approved** the draft Minute.
- **Noted** the updated Committee Action and Work Plans would be brought to the next meeting.

### **3 MATTERS ARISING**

#### **3.1 Election of Committee Vice Chair**

The Chair advised, after discussion he was pleased to nominate J McCoy as Committee Vice Chair.

**The Committee Agreed to Endorse J McCoy as Vice Chair.**

#### **3.2 Complaints Framework Update**

Members were advised a quality improvement process was being developed in association with the Board Nurse and Medical Directors. A formal report, detailing relevant themes identified from SPSO decision letters and investigation reports, so as to ensure the capture of all actions and provide appropriate feed-in to ongoing improvement work, would be submitted to a future meeting.

**The Committee so Noted.**

### **4 PATIENT EXPERIENCE AND FEEDBACK**

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. On the point raised, L Bussell confirmed regular Newsletter updates were provided to Primary Care, with matters relating to lessons learned also to be discussed with J Mitchell, Head of Primary Care.

**The Committee otherwise Noted** the detail of the circulated Case Study documents.

### **5 ANNUAL DELIVERY PLAN UPDATE**

R Boydell gave a short presentation to members, providing an update in relation to the NHS Highland Annual Delivery Plan at Quarter 3 and advising as to the position in relation to the 352 actions contained within the Plan. 65% (226) of the actions were either complete or on track for completion. She went on to highlight areas of success to date; detail outstanding barriers and challenges to be addressed; and indicated how the Plan would be drawn together overall, including through relevant Programme Boards and monthly Performance Oversight Board. Scottish Government guidance for 2023/24 ADP development was outlined, as was the relevant planning and delivery cycle which summarised an ongoing collaborative process between the Scottish Government and NHS Boards. It was noted this approach was the first step in an iterative process that would continue to develop year on year with a view to developing a more coherent and integrated approach to planning and delivery of services. The associated Future Planning Framework, including Short Life Working Groups, would ensure alignment with relevant financial allocations and workforce planning activity.

The nationally set out drivers of recovery for the NHH Annual Delivery Plan were also indicated, along with the relevant key dates and an outline of the support being provided to internal teams taking matters forward at that time. B Peters emphasised the importance of robust planning activity. Members acknowledged the successes to date and the remaining challenges outlined.

The following matters were discussed:

- Review of Access to Cancer Services. Agreed timescale to be confirmed/relayed to members.
- Scottish Government SLWGs. Advised detail as yet unknown.
- Allocation of Cost Reduction Targets. Questioned if a targeted or blanket approach. Advised a mixed approach being taken, with some targets identified through the relevant “Well” programmes and work streams.
- 62 Day Cancer Target. Members expressed ongoing concern in relation to this area.

**After discussion, the Committee:**

- **Noted**
- **Agreed** to establish the timescale for the Cancer Services Review.
- **Agreed** to take **Limited** assurance.

## 6 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. It was reported improving complaints performance remained challenging and continued to be closely monitored by the Executive Directors Group (EDG) and Senior Leadership Team (SLT). The number of Adverse Events being recorded had decreased overall, with the number of those categorised as “other” also down. With regard to Significant Adverse Event Reviews, there remained concern as to the number of Reviews taking more than 26 weeks to be completed. Work was ongoing in this area, in association with Operational Unit staff. There continued to be a focus on reducing the overall number of falls across all settings, and additional clinical leadership had been appointed in relation to Infection Control. It was proposed the Committee take **Substantial Assurance**.

The following areas were discussed:

- Adverse Events. Advised ‘Awaiting Review’ can relate to reportable events that may have been triaged, reviewed and yet to have the relevant outcome/action recorded. Operational Units received monthly reports highlighting performance data and were offered support where required. Agreed to review the existing data presentation format.

**After discussion, the Committee**

- **Noted** the reported position.
- **Noted** a detailed report on Complaints Performance would be submitted to the next meeting.
- **Agreed** the current SAER data presentation format be reviewed by the Clinical Governance Development Manager.
- **Agreed** to take **Substantial** assurance.

## 7 INFECTION PREVENTION AND CONTROL REPORT

L Bussell spoke to the circulated report which detailed NHS Highland’s current position against local and national key performance indicators, outlining NHH remained on track to meet all nationally

set antimicrobial prescribing targets but was not on track to meet the targets for EColi and CDI which both remained within predicted limits. It was expected to meet the challenging SAB target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. Funding for this was due to end in March 2023, with discussion underway to review staff resource and capacity, as well as the implications for service provision. It was reported there had been a number of incidences or outbreaks of Flu or Norovirus across the reporting period and a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The IPC team, alongside the Health Protection Team, continued to manage a number of individual cases, across all health and social care sectors of NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of areas of challenge, including the need for an internal review of service and staffing need to be conducted and monitored through the Control of Infection Committee. Associate Nurse Directors had ensured specific plans were in place with a view to improving Statutory and Mandatory training compliance levels. The report proposed the Committee take **Substantial Assurance**.

There was discussion of the following:

- Staffing Impact. Noted reference to staff being stretched as result of impact of Covid and remobilisation activity. Advised additional financial resource received during Covid period for infection prevention and control ending March 2023. Some alternative resource identified to continue 7-day service. More generally the service was looking to return to pre-pandemic level.
- Statutory/Mandatory Training Activity. Advised group established to consider relevant aspects, including leadership, tracking and ensuring relevant numbers were more widely publicised internally.

#### **The Committee:**

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Agreed** to take **Substantial** assurance.

## **8 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS**

### **8.1 Argyll and Bute**

R Helliwell spoke to the circulated report advising new Clinical Governance personnel arrangements were in the process of being established in terms of managerial, support and administrative requirements through review of reviewing existing processes and priorities, identifying service improvements, and maintaining high quality service provision. Next steps in QPS improvement would include establishment of locality incident focussed groups to report into QPS, and new senior monthly meetings to overview regulatory feedback, high level responses and associated litigation. Further updates were provided in relation to SAER activity; progress in relation to an FAI Investigation; and improvement to complaint handling and data. New approaches to Violence and Aggression training were being discussed, with the upcoming associated trainer vacancy in the process of being remodelled with a view to being recruited to by June 2023. Options for the delivery of SAER training and incident reporting were being reviewed; and quality improvement work was about to commence on falls and falls prevention, supported by the Clinical Governance Team. There had also been circulated Minute of Meeting of the Argyll and Bute Clinical and Care Governance Group held on 2 February 2023. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Improving Assurance Level. Advised relevant Framework would enable improved assurance.
- Complaints Response Performance. Advised the noted low performance rate had related to the impact of staff vacancies within the Clinical Governance Team. Standard Operating Procedure developed and in place, with work ongoing re quality aspects.
- Learning from Adverse Events. Advised looking to secure Adverse Event Investigator training and resource with view to taking work forward over coming month.

**After discussion, the Committee:**

- **Noted** the content of the circulated report.
- **Agreed** to take **Moderate** assurance.

## 8.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing an update in relation to ongoing review of relevant Quality and Patient Safety structures, processes and engagement. A review of mental health SAERs had been undertaken; a process for drug related deaths had been agreed; and a review of staff trained to undertake SAERs and how many had been delivered was underway. It was advised Duty of Candour aspects were considered and agreed for all cases. A review of performance around complaint response times was also underway with a view to ensuring improvement in this area. In addition, there had been circulated a copy of the relevant Vincent Framework document relating to “A framework for measuring and monitoring safety: A practical guide to using a new framework for measuring and monitoring safety in the NHS”. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 7 February 2023. The report proposed the Committee take **Moderate Assurance**.

The following matters were discussed:

- February 2023 Review Outcomes. Advised undertaken in association with both Professional and Operational Leads, seeking to identify what working well and what not in assurance terms. Meeting well attended and next steps identified had included a weekly process review.
- Wider Clinical Governance Aspects. Advised development of strengthened Clinical Governance arrangements across NHS Highland was continuing in terms of ensuring visible ownership and processes were in place.
- Vincent Framework. On issue of liaison with other NHS Boards, advised there had been positive Board level discussion within NHS Forth Valley, around adopting and embedding this framework.
- Quality Improvement Accreditation. Members welcomed accreditation of the NMAHP QI Team to deliver the Scottish Improvement Foundation Skills course in-house.
- Reporting to Clinical and Care Governance Group. Noted a number of Groups had not reported into the last meeting. Advised likely down to workforce pressures and personnel changes at operational level. Position would be clarified and confirmed by Deputy Medical Director.
- Integration of Adult Social Care Quality and Safety Governance. Advised progress continued to be made. Vincent Framework likely to feature in future discussion. Members urged early conclusion of relevant discussions including Acute, Community and Primary Care colleagues. Noted wider discussion on assurance aspects relating to both Integrated and Commissioned Children’s Services to be held in April 2023.

**After discussion, the Committee:**

- **Noted** the report content and associated Minute.
- **Agreed** to take **Moderate** assurance.

### 8.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, and Minute of Meeting of the Acute Services Clinical Governance Committee held on 17 January 2023. It was indicated the recent Scottish Arthroplasty and Scottish Renal Registry Audit Reports had been tabled at the meeting. Delivery Directorate reports continued to highlight capacity and flow challenges in all Acute sites, with increased incident reporting. National Hospital Standardised Mortality Ratios (HSMRs) continued to be observed, with no existing cause for concern in relation to deaths, falls or harms. In terms of clinical performance, the attention of members was drawn to Emergency Access, Cancer Services, and CAMHS all of which continued to be monitored closely in terms of associated improvement activity. It was noted there had been concern expressed in relation to Audiology services, a national audit of which had been commissioned and an internal improvement plan would be developed. In terms of service improvement, the OPEL system had been successfully embedded in daily practice. Other issues highlighted by exception had related to an increase in patients presenting with fractured neck of femur likely as a result of winter weather; relatively high number of C.diff infections; availability of pressure relieving mattresses; national shortage of midwives; appointment of a cervical screening nurse on a fixed term contract for two years; a review of induction of labour rates; creation of a Short Life Working Group to review aspects relating to the Gynaecology Service; and discussion around ensuring Mortality & Morbidity reviews and audits are consistent across all specialties. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 17 January 2023. The report proposed the Committee take **Moderate Assurance**.

The following was raised in discussion:

- Reporting to Clinical and Care Governance Group. Noted a number of Groups had not reported into the last meeting. Advised Divisions were expected to submit reports in standardised format as required. Illustrative of why proposed level of assurance not at substantial.
- Workforce. Questioned number of Acute Inpatient beds compared to pre-pandemic level. Advised numbers were responsively dynamic and flexible in nature in terms of numbers. Further detail could be sought. Emphasised number of aspects, including length of stay required to provide the broader context. Weekly system overview report available.

#### After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to take **Moderate** assurance.

## 9 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

Both B Peters and L Bussell took the opportunity to reference the following areas of interest:

- Audiology Services. Advised submission to Scottish Government, including relevant improvement plans, to be sent later that day. Likely to be a future agenda item.
- OPCS4 Use for Clinical Coding. Advised NHSH an outlier in not using for this purpose. This also provided a prioritisation aid for NHS Boards.
- Scottish Patient Safety Programme Visit. Visit by HIS to take place on 10 February 2023. Noted to involve Acute Adult Collaborative as well as a number of clinicians and other colleagues. Will be key focus on falls and falls management.
- SPSO (Ombudsman) cases. Advised increased number of cases emerging. Need for consideration of any relevant issues by a senior clinical leadership group and development of regular reporting arrangements by the Clinical Governance Team.

- Complaints Activity. Advised need for improved processes at all levels, including relevant sign-off arrangements.
- Vaccination Activity. Advised transition to NHS Board service remains challenging, with number of complaints having been received. Clinical Governance Committee to be kept apprised of position through regular reporting by Chief Officer (Community) and Director of Public Health.
- Review of Quality. Advised this would likely involve consideration of clinical governance aspects. Waiting to hear further from A Croft, former Chief Nursing Officer on this matter after which an update on relevant findings and themes would be provided to the next meeting.
- Visit to Argyll and Bute. Noted B Peters to visit number of services in area the following week.
- Nursing, Midwifery and Allied Health Professions (NMAHP) Team. Advised development session held, with number of governance issues identified as to be addressed.
- Commissioned (THC/NHSH) Services Clinical Governance Oversight. Suggested inviting Highland Council representatives to next meeting to hear and participate in relevant discussion. Advised half day session had been organised to consider issues relating to governance of Children's Services and that would in turn feed into an upcoming audit review.

**The Committee:**

- **Noted** the reported position.
- **Noted** a full update in relation to the Vaccination Transformation Programme and associated forward plans to be brought to the next meeting.
- **Noted** an update on review of quality to be provided to the next meeting.
- **Noted** discussion of Commissioned (THC/NHSH) Services to be held at the next meeting.

## 10 PUBLIC HEALTH

There were no matters discussed in relation to this Item.

## 11 ORGAN AND TISSUE DONATION COMMITTEE SIX MONTHLY UPDATE

There had been circulated report providing the Committee with an update in relation to the work of the NHS Highland Organ and Tissue Donation Committee. It was reported Dr J Rae had taken up the post of Clinical Lead for Organ Donation, there had been no missed potential donors within the reporting period and that staff availability to enable corneal donations remained sporadic with mortuary assistants undergoing additional training to improve this. Promotional activities to increase the public profile of organ donation had been considered successful, with similar activities planned for 2023/24. The report proposed the Committee take **Substantial Assurance**.

**The Committee Noted** the report and **Agreed** to take **Substantial Assurance**.

## 12 Strategic Risks 715 and 959 – Public Health (Covid-19 and Influenza) and (Vaccination Programmes)

There had been circulated a report providing an update on action being taken in relation to the two Risks identified, highlighting Covid levels had reduced over recent months as had the effects of Covid as a result of vaccination activity and the impact of immunity from prior infection. Influenza rates had fallen considerably from peak levels. The remained risks from Covid both in relation to individuals and from potential variants and mutations. It was reported Covid and influenza vaccination programmes had delivered population coverage slightly higher than the Scotland average and for Care Homes the rates had been considerably higher. These programmes were part of the overall Board delivered vaccination programme. There were risks concerning the delivery of

the whole programme including resources and staffing. It was proposed that the risk be modified to include all vaccinations and to change the risk scoring but maintain the risk level grading unchanged as high. The new risk would be: "There is a risk that the vaccination programmes will not be effectively and efficiently delivered leading to reduced population immunity and reputational damage.". It was proposed the stated levels of risk both remain as High. The report proposed the Committee take **Moderate Assurance**.

**After discussion, the Committee Considered** the relevant Strategic Risks and:

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed Risk 959** be amended to read "There is a risk the vaccination programmes will not be effectively and efficiently delivered, leading to reduced population immunity and reputational damage."
- **Agreed** the EDG be recommended to maintain the current Risk Level assigned to **Risks 715 and 959 as High**.
- **Agreed** to canvass Director of Public Health on including a separate Risk relating to long Covid.

**Members noted the following two Items had been submitted for consideration however no reporting officers were present during the meeting to introduce the same.**

### 13 NDAS UPDATE

There had been circulated a report on the NASH Neurodevelopmental Assessment Service outlining the current waiting time position; a reducing total number of waits; and existing staffing level. It was reported interim leadership was in place and progressing work on the improvement action plan coproduced with relevant families and other professionals. The wider service skill mix had been altered and recruitment to newly developed Neurodevelopmental Practitioner posts had been successful. Support throughout the process, by Neurodevelopmental Support Practitioners was being trialled through a Test of Change under short term funding through a Scottish Government grant. This was on track and progress was reported regularly to Scottish Government, with further funding expected in 2023/24. Communication was improving, with frequent updates provided to staff, associated professionals and stakeholders. Discussion was ongoing with the Child and Adolescent Mental Health Service (CAMHS) with the aim of ensuring equity around the separate pathways to neurodevelopmental assessment. Commercial companies which did comparable work had been identified and a trial of offering some children and young people waiting the longest private assessments, funded through delays in recruitment, had commenced. It was expected waiting times and numbers waiting would reduce over in the next few months as further assessments in the community were carried out. It was likely around 40-60 assessments annually could be carried out by community professionals and an extra 120- 180 assessments per year, beyond the current rate, could be undertaken by the NDAS team if a further Neurodevelopmental Advanced Practitioner was employed and the 2 Support Practitioners retained. If procurement was agreed a further 120 assessments could be undertaken by commercial companies in 2023- 24. By March 2024 waiting numbers could have decreased by at least two thirds and waiting times to within 1 year, and by March 2025 to within the target. However, this would be dependent on staffing and ongoing funding. The report had proposed the Committee take **Moderate Assurance** however no decision was made.

**The Committee:**

- **Noted** the reported position.
- **Agreed to Defer** further detailed consideration to the next meeting, subject to inclusion of relevant waiting time trajectories and a responsible officer being present.
- **Agreed** that no formal assurance could be taken at this time.



## 14 CAMHS UPDATE

There had been circulated a report providing an update on the progress of the CAMHS Improvement plan, established in partnership with Scottish Government to support the implementation of the National Service Standards and specification for CAMH Services. The National CAMHS Specification was the central strategic aim for specialist CAMH Services. There had also been circulated a copy of the relevant CAMHS Improvement Plan and associated Waiting Times Summary. Specific updates were provided in relation to clinical modelling activity; clinical governance, risk and performance; workforce and finance; eHealth activity; service user/carer experience and participation; and colleague experience. Overall, it was reported a managed and detailed improvement plan with appropriate assurance and delivery models had been established. Improvements in a number of areas had been recorded and work continued on improving performance data and reporting ability. Risk in clinical and RTT performance was linked to limitations in workforce availability, recruitment and retention and capacity for eHealth to deliver on the requirements of the service. The report had proposed the Committee take **Substantial Assurance** however no decision was made.

### The Committee:

- **Noted** the reported position.
- **Agreed to Defer** further detailed consideration to the next meeting, subject to inclusion of relevant waiting time trajectories and a responsible officer being present.
- **Agreed** that no formal assurance could be taken at this time.

## 15 2023/24 COMMITTEE WORKPLAN UPDATE

The Chair spoke to the circulated draft Committee Work Plan for 2023/24 and advised members there would be greater focus on Adult Social Care over the coming financial year. The Work Plan was submitted for approval and members were further advised this would remain a live document, updated after each Committee meeting.

**After discussion, the Committee Approved** the draft Committee Work Plan 2023/2024 document.

## 16 REPORTING TO THE NHS BOARD

### 16.1 Draft Clinical Governance Committee Annual Report 2022/2023

The Chair spoke to the circulated Annual Report, which required Committee approval prior to being submitted to the Audit Committee as part of the Annual Accounts process and subsequently presented to the NHS Board. B Peters drew the attention of members to the possibility of further inclusion of aspects relating to theme identification by A Croft, referenced earlier in discussion.

**The Committee Approved** the Clinical Governance Committee Annual Report 2022/2023 for onward submission to the Audit Committee and NHS Board.

## 17 DATES OF FUTURE MEETINGS

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

27 April

22 June  
31 August  
2 November

**18 DATE OF NEXT MEETING**

The Chair advised members the next meeting would take place on 27 April 2023 at 9.00am.

**The meeting closed at 3.30pm**