


CLINICAL GOVERNANCE COMMITTEE	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/ 
DRAFT MINUTE	22 June 2023 – 9.00am (via MS Teams)

Present

Alasdair Christie, Non-Executive Board Director and Chair
 Tim Allison, Director of Public Health
 Ann Clark, Non-Executive Board Director
 Muriel Cockburn, Non-Executive Board Director
 Rebecca Helliwell (For Chief Officer Argyll and Bute IJB)(from 9.10am)
 Joanne McCoy, Non-Executive Board Director
 David Park, Deputy Chief Executive
 Kate Patience-Quate, Deputy Director of Nursing
 Dr Gaener Rodger, Non-Executive Board Director
 Emily Woolard, Independent Public Member

In attendance

Natalie Booth, Board Committee Administrator
 Robert Cargill, Deputy Medical Director
 Claire Copeland, Deputy Medical Director
 Ruth Daly, Board Secretary
 Jane Gill, Whole System Transformation Manager
 Margo Howatson, Clinical Governance Manager, Argyll and Bute
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Ian Rudd, Director of Pharmacy
 Simon Steer, Interim Director of Adult Social Care
 Bob Summers, Head of Occupational Health and Safety

1 WELCOME AND APOLOGIES

Apologies were received from R Boydell, L Bussell, F Davies, Dr B Peters and C Sinclair.

1.1 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.

2 MINUTE OF MEETING ON 27 APRIL 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 27 April 2023 was **Approved**.

In relation to the circulated Committee Action Plan, members were advised this would be updated by relevant Lead Executives prior to submission to the next meeting. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee otherwise:

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

2.1 MATTERS ARISING

2.1 Adult Social Care/Commissioned Services Update

K Patience-Quate advised as to a review of Children's and Young Peoples Services, in relation to which an Internal Audit review was being considered and two workshops had been held. A further review of governance arrangements was being led by C Steer, Head of Health Improvement and a meeting of the children's services planning meeting had been scheduled for the following week. A further update would then be brought back to the Committee.

The question was raised as to how best clinical assurance could be taken in relation to commissioned children's services (Clinical Governance Committee)/adult services (to Highland Health and Social Care Committee) and it was suggested this be discussed at the Executive Directors Group. It was reported discussions were ongoing in relation to relevant care governance aspects.

The Committee:

- **Noted** the reported position.
- **Noted** an update on Children's & Young People's Services would be brought to the next meeting.
- **Agreed** wider clinical assurance and care governance aspects be discussed by the Executive Directors Group and updates be brought back to the next meeting.

3 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.

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

4 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, 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 recent Complaints performance had improved, with the number of Stage 2 Complaints having increased significantly over the same period. Similar improvements were being evidenced in relation to Significant Adverse Event Review activity, with work ongoing in Operational Units to ensure appropriate levels of staff training etc. A revised Dashboard was in the process of being developed ahead of reporting to the next meeting. It was proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Quality of Complaint Responses. Advised responses were reviewed by Board Medical and Nurse Directors. New measures being developed regarding contact with complainant. Outcome sharing was formal aspect of existing process. Confirmed Complaints monitored by location, theme, and communication aspects. Detailed update to be provided to next meeting.
- Significant Adverse Event Reviews. Advised would provide month to month review schedule position updates on outstanding Reviews in future reports.
- Visit by National Falls Team. Advised visit by Health Improvement Scotland (HIS) multi-professional team had met with NHS workstream leads for falls prevention and management in March 2023. Positive discussions held around aspects relating to associated research, application of relevant methodology and signposting activity etc. Improvements had been made in relation to Care Planning activity. Activity underway in relation to gathering evidence base relating to application of sensor mat technology in falls prevention.

After discussion, the Committee

- **Noted** the reported position.
- **Noted** detailed update on Complaints processes to be brought to next meeting.
- **Noted** existing dashboard measures were to be reviewed ahead of the next meeting.
- **Agreed** to take **Moderate** assurance.

5 ANNUAL DELIVERY PLAN 2023/2024 AND MEDIUM-TERM PLAN UPDATE

J Gill spoke to the circulated report and gave a presentation to members advising as to the process for development and submission of the Annual Delivery Plan (ADP1) 2023/24 and Medium-Term Plan 2023/2026 to the Scottish Government, and the high-level content within each. Members were advised the focus of the ADP would be in relation to recovery and renewal phase activity, based on ten recovery drivers; longer term redesign/renewal and transformation of services; sustainable delivery of healthcare; improved population health and reduced health inequalities. The 2023/24 planning objectives were outlined in terms of capacity and sustainability, key ambitions, and innovation and transformation. Arrangements and submission dates relating to the ADP and Medium-Term Plan were indicated. In terms of strategic context, there were ten areas of focus, as indicated and in relation to which a number of brief outlines were provided. Detail of the ten recovery drivers was also provided, these being suitably aligned to the Well elements of the NHS Together We Care Strategy. With specific reference to the ADP, it was indicated this should set out in detail how NHS would achieve and maintain the expected levels of operational performance, particularly with regard to waiting times, with specific detail and trajectories required in relation to the first year of the Plan. The overall budget context and financial improvement aspects were detailed, as were the elements relating to workforce and safe staffing. Detail of all relevant submission dates was provided, and it was confirmed ADP1 had been submitted to Scottish Government in draft form. It was proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Environment and Sustainability (Climate Emergency and Environment). Noted Environment and Sustainability Board had invited Scotland Assure Team to visit to discuss various aspects. Update sought on plans in place to date. Noting would become greater area of focus, advised environmental summary had been provided and overall element would be updated to include relevant links and ongoing activity references. Stated ADP1 content represented a compromise position statement and should be taken in the wider context of the Together We Care Strategy. A number of activity areas were the subject of ongoing national discussion. Noted the Audit Committee had looked at the current strategy for Environment and Sustainability and identified the need for this to be reviewed, developed and further documented.
- Timeline for ADP1 Submission. Advised the EDG approved draft had been submitted to Scottish Government. Comments awaited and will be updated prior to seeking NHS Board approval.

- Committee Role and Feedback. Advised comments from Committee members at this stage were welcomed, with particular reference to the items identified around clinical and care delivery and wider engagement and activity rollout. Comment was also invited in relation to quality aspects and associated monitoring arrangements, strategy implementation context, and the wider opportunities presented in relation to cross cutting themes and subjects i.e. Realistic Medicine.
- Wider Application of Commission Framework Format. Noting the current Commission format did not align with the Together We Care Strategy, it was confirmed internal communication could be based on format of the Strategy. Members were reminded the ADP1 document represented commitments to Scottish Government, agreed by NHS Highland, and not series of dictated elements. In terms of performance assessment, much of the activity was ongoing and presently monitored via existing governance Committee arrangements.

The Committee:

- **Noted** the reported position.
- **Noted** relevant feedback to be relayed prior to NHS Board approval at their July 2023 meeting.
- **Agreed** to take **Moderate** assurance.

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

6.1 Argyll and Bute

R Helliwell spoke to the circulated report advising Clinical Governance personnel continued to review existing process and priorities; identify service improvements and maintain high quality services. The new Clinical Governance framework and structure, and a higher profile for clinical governance generally provided the opportunity to enhance accountability for Clinical Governance among relevant staff members and within meeting structures. Ongoing improvements in Quality and Patient Safety (QPS) arrangements included locality incident focussed groups to report into QPS, and new senior monthly meetings to overview regulatory feedback, high level responses and litigation. Updates were also provided in relation to wider ongoing QPS improvements, locality Datix meetings and development of a new Standard Operating Procedure; monthly Locality Clinical Governance meetings, a planned review of all SAER cases; staff support in relation to an ongoing FAI investigation; SPSO review of all historic cases and associated feedback; ongoing discussion around improvements for complaints handling; and ongoing quality improvement work relating to falls prevention. It was reported a number of Hospital at Home pilot schemes had also been launched. With a current focus on training activity, it was reported two new part-time Violence and Aggression trainers, replacing the current incumbent, had been appointed and were to take up post by end July 2023. There had also been circulated Minute of Meeting of the HSCP Clinical and Care Governance Committee held on 1 June 2023. The report proposed the Committee take **Moderate Assurance**.

The following was then discussed:

- Clinical Governance Group. Advised Minute from last meeting would be circulated to members.
- Clinical Governance Overview of Hospital at Home Pilots. Advised cohesive and collaborative approach being taken, following successful bid to HIS for embedding of pilot schemes. Unscheduled Care Programme Board to consider relevant SBAR document relating to development of an integrated service. In terms of wider clinical governance, mandatory reports would be submitted to HIS (capacity, length of stay, incidents etc), with clinical oversight at local level including both patient and staff safety elements.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to circulate the last Clinical Governance Group Minute out with the meeting.

- **Agreed** to take **Moderate** assurance.

6.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Care Safe updates were provided in relation to establishment of a short life working group on StatMan training for medical staff; medication errors; and HEPMA rollout across Caithness and New Craigs Hospitals. With regard to person-centred care, updates were provided in relation to workforce matters (recruitment, onboarding, sickness absence, primary care workforce survey and general adult psychiatry workshop); Complaints activity; SPSO matters, and compliments received. In relation to learning and improvement activity updates were provided on the process for considering Adverse Events as well as the current position in relation to Significant Adverse Event Reviews as at 1 June 2023. It was reported that Board Level 1 and Primary Care Out of Hours risks required updating on Datix. The report went on to highlight areas of concern relating to fragility within Adult Social Care; issues relating to Community Nursing; dentistry and wider recruitment processes. Issues relating to prison pharmacy services had been resolved. Updates were also provided in relation to the actions arising from the Clinical Governance Committee meeting on 27 April 2023. Data was provided in relation to recent activity relating to Stage 2 Complaints; Adverse Events; Serious Adverse Event Reviews; Hospital Inpatient falls; Tissue Viability; Medication Errors; and Violence and Aggression incidents. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 1 June 2023. The report proposed the Committee take **Moderate Assurance**.

The following matters were discussed:

- Receipt of Area Reports at Clinical and Care Governance Group. Advised there had been improvement in level of reports being submitted, with work ongoing to understand current barriers to reporting. Requirement for additional support arrangements were being considered.
- Committee Role in Highlighting Issues. Noted resource issues, including eHealth concerns, remain a constant theme of reporting to Committee. Advised increasing demand levels can lead to calls for additional staffing resource however the key question should relate to how can services and systems be adjusted to work differently or more efficiently to reduce associated risk. How can teams be utilised to their best advantage. Transformational Care will be crucial to NHS Highland alongside improved local recruitment and Onboarding processes.
- Onboarding Processes. Agreed to provide a detailed update regarding Onboarding processes to the next meeting. Detailed consideration of this matter would primarily be undertaken by the Staff Governance Committee. The new Director of People and Culture would be in post later in July 2023. The incoming Chair of the Staff Governance Committee would meet with C Copeland to ensure a full understanding of the issues concerned.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to provide a detailed update on Onboarding processes to the next meeting.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

6.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, advising previously reported excess winter deaths had returned to baseline seasonal effect, with no exceptions or outliers in respect of variability across Rural General Hospitals. Updates were provided in relation to cases of both Clostridium difficile and infections associated with Arthroplasty activity, the latter being subject to continuing robust surveillance in relation to actions arising from a multi-disciplinary team review

to reduce infection rates. It was indicated that capacity and flow on all acute sites continued to impact Emergency Department performance. A short life working group, working with Clinical Support, had been established to deliver optimum service delivery in relation to the post-menopausal bleeding clinic through reducing the level of inappropriate referrals. Further updates were provided in relation to activity relating to falls prevention; Scottish Ambulance Service handover times; stroke performance; development of a Maternity dashboard, and development of an Audiology Service Improvement Plan for submission to the Acute Services Clinical Governance validation meeting on 9 June 2023. He took the opportunity to advise members the Colorectal Oncology service had been temporarily suspended, following attempts to secure provision through partner NHS Boards, reflecting wider concerns relating to specialist workforce capacity at that time. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 23 May 2023. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- National Treatment Centre Clinical Governance Arrangements. Question asked if this aspect was included in the Surgical Division update. Confirmed would be included in future reports.
- Workforce Concerns. View expressed the range of workforce issues being reported across NHS Highland Services required to be brought together and considered in the round. The unique recruitment position faced by NHH was highlighted, noting the Board Medical Director was currently in the process of meeting with the Scottish Government to discuss relevant issues.
- Reporting Format. View expressed members would benefit from greater consistency in reporting format from operational areas. Further consideration would be given to this point.
- Colorectal Oncology Service. Members recognised the challenging position faced by existing staff members and highlighted the need to ensure appropriate learning was being taken. The need to support relevant staff and ensure improved communications was emphasised. Members were advised learning had been taken and applied in relation to future patient communication and staff support arrangements. The wider service position had improved following agreement as to formal support being provided by NHS Grampian.

After discussion, the Committee:

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

7 INFECTION PREVENTION AND CONTROL REPORT

K Patience-Quate 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. It was reported infection prevention and control activity levels were high and considerable time was being spent focusing on preventing and managing outbreaks in hospitals, care homes and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Two additional fixed term posts established during the COVID pandemic to support community, Care Homes and Care at Home would end June 2023 and Sept 2023. As a result, the Infection Prevention and Control Community team were reviewing service provision moving forward. A review of staffing was underway as part of a national Infection Prevention Workforce Strategy Plan. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. There had been an outbreak of scabies within Raigmore Hospital and the situation continued to be monitored. 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, relating to the new targets for 2023/24; actions arising from receipt and consideration of the ARHAI Clostridiododes Difficile Exception Report (October -December 2022); compliance with Statutory and Mandatory training requirements; review of the Infection Prevention and Control staffing; a future review of weekend working; and sickness absences within the Microbiology team. There had also been circulated NHS Highland Control of Infection Committee Annual Report 2022/23. The report proposed the Committee take **Moderate Assurance**.

There followed discussion of the following:

- Improving Stated Assurance Level. Advised this would involve embedding an “everyone’s business” approach, ensuring a proactive focus and maintaining sufficient workforce capacity.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.
- **Noted** the NHS Highland Control of Infection Committee Annual Report 2022/2023.

The Committee adjourned at 10.30am and reconvened at 10.40am.

8 SERVICE UPDATES

8.1 Update on Dentistry State of Play and Impact on Acute Services

T Allison spoke to the circulated report advising as to deterioration of access to Primary Care dental services; increasing concern in relation to Primary Care service sustainability; and ongoing national reform of the same. There had been long-standing challenges in providing NHS Dental Services, many of which had been exacerbated by the Covid-19 pandemic. There were limited numbers of Practices accepting new NHS patients and some practices faced challenges providing routine dental care for registered patients. Main reasons for dental access issues were reported as recruitment and retention of Dentists willing to provide NHS dental care. The NHS (GDS) (Scotland) regulations 2010 applied to provision of General Dental Services. NHS Boards were not required to provide a full dental service to their respective population but were required to keep a list of Dentists providing NHS services within their area and publish the same. NHS Boards did provide Urgent Dental Care, via the Health Board Public Dental Service, for unregistered patients. The position across NHS Highland practices was outlined, with concern expressed new patients could not access routine NHS dental care and registered dental patients may encounter limited access to routine care. It was likely oral health inequalities would become more pronounced. It was advised most Practices offer patients access to private dental care options and therefore patients may opt to access the same. T Allison took the opportunity to highlight difficulty accessing even private dentistry in some areas of Highland, increasing the burden on emergency care and adding to the wider range of health inequalities. A request had been made to meet with the Minister for Public Health and Women’s Health to outline and discuss a review of the particular issues affecting Highland. It was noted that recruitment of practitioners from overseas had been a relative success to date.

For a number of years Oral Health in Scotland, and Highland had improved significantly, measured by the National Dental Inspection Programme. It was likely a reduction in access to NHS Dental Services would result in significant deterioration of the oral health of the population. There was ongoing Scottish Government Reform of Dental Services, with definitive detail on payment reform awaited, following negotiation with the British Dental Association (BDA). There was risk of further delay in the reform process, or limited acceptance of the same, thereby accelerating de-stabilisation of NHS dental services. The Scottish Government had confirmed their intention to implement payment reform from the beginning of November 2023. Payment reform would constitute the first phase of the planned reform of Primary Care Dental Services. The Scottish Parliament Covid-19

Recovery Committee was also carrying out a short enquiry into NHS Dental Services in Scotland. The report proposed the Committee take **Limited Assurance**.

The following points were raised in discussion:

- Patient Deregistration. Noted increased numbers being deregistered across all geographical areas including Inverness.
- Impact of Provision of Non-Dental Treatment on Dental Services. Questioned role of the national contract in prioritising NHS dental care. Role for national consideration of relevant skill mix.
- Longer Waiting Times for Appointments. Noted this applied both private and NHS patients and can result in routine care requirements becoming more serious.
- Improving Stated Assurance Level. Advised NHS had limited scope or control in relation to what it could do to seek improvement in this area.
- Role and Impact of Scottish Dental Access Initiative Grants. Noted national scheme had had limited success in Highland to date. Lack of access further impacts on prevention activity.
- Temporary Intervention. Suggested extending patient travel expenses to dentistry, especially for those on low incomes. Acknowledged the distances involved in accessing care increasing. Agreed matter would be raised with relevant Minister.
- Mobile Services. Suggested mobile services, working in association with school nurses etc could have positive impact on prevention agenda. Question raised as to priority being given to children.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.
- **Agreed** a verbal update be provided to the next meeting.

8.2 Update on Pharmacy Services

I Rudd spoke to the circulated report and gave a short presentation to members providing an update in relation to the pharmacy and medicines governance systems in place to support safe and effective care in NHS Highland. He provided an overview of the breadth of pharmacy governance activity, noting measurement of elements relating to quality, effectiveness, efficiency, staffing, and risk and safety. The scope, strengths and challenges relating to pharmacy governance were outlined. The same elements were outlined in relation to medicines governance, noting challenges included ensuring appropriate level of representation by all healthcare professions on relevant governance groups resulting in tension between operational delivery and associated governance arrangements. A range of transformational activity was underway in Highland, including working with North of Scotland Planning Group on Patient Group Directions (PGDs) to improve efficiency and reduce workloads; and working on a more collaborative basis. The seven pillars of Clinical Governance were then referenced, noting the aim of ensuring Pharmacy and Medicines activity addressed these requirements for good governance. Working examples of activity relating to both medicines and pharmacy governance were also provided. It was reported the General Pharmaceutical Council had proposed the introduction of a Chief Pharmacist role under relevant legislation, noting in Scotland this would be undertaken by Directors of Pharmacy with additional regulatory responsibility for pharmacy and medicines. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Improving Stated Assurance Level. Noted would involve “raising the level of system governance to match the better Boards in Scotland”. Advised on the journey, with recent recruitment assisting in this regard. Activity may relate to people, process, or technological aspects.
- Dispensing by Boards for Patients in Other Board Areas. Noted MHRA showing interest in subject. Advised issues relating to associated risks had been raised with Scottish Government.
- Community Pharmacy. Questioned impact to date of activity moving from GP practice to community pharmacy. Advised further work to be undertaken to map associated impact on

activity levels and identify range and location of available services. Noted Pharmacists in Highland had been enabled access to certain pertinent patient information, the positive impact of which would be fully realised in due course.

- Implementation of HEPMA in Highland. Advised working with North of Scotland Collaborative on the largest system trial of its type in the UK, including an intense learning and review process. System rollout had gone well to date, with New Craigs Hospital and National Treatment Centre the next to go fully live. Noted implementation activity can be reliant on improvement of IT infrastructure. In terms of positive impact, this had been evidenced in relation to on-site management of diabetes in Caithness General Hospital.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Agreed** a detailed report on Community Pharmacy activity be brought to a future meeting.

9 STRATEGIC RISK REGISTER (PUBLIC HEALTH)

T Allison spoke to the circulated 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 serious effects of Covid as a result of vaccination activity. There was no current major concern regarding new variants and mutations. It was reported the spring/summer Covid vaccination programme had reached uptake rates of above 90% for adult care home residents and 73% for people in the community aged 75 and over in NHS Highland (at 6 June 2023). For care homes this was slightly higher than the Scottish average and for the community it was lower. Uptake rates for people with a weakened immune system were higher than the national average. The influenza immunisation programme had finished several months prior and would resume in autumn 2023. Vaccinations were generally almost all delivered through the NHS Board rather than by General Practice following implementation of the Vaccination Transformation Programme. Delivery risks remain for the Programme in relation to finance, workforce and ensuring the most appropriate service model design. These risks were most pronounced in the Highland HSCP area. It was proposed the stated level be reduced to Medium for Risk 715 and remain High for Risk 959. 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** the EDG be recommended to reduce the current Risk Level assigned to **Risk 715 to Medium** and maintain the current Risk Level assigned to **Risk 959 as High**.

10 SIX MONTHLY EXCEPTION REPORTS

10.1 Health and Safety Committee

B Summers provided a short presentation to members, giving a summary of Health and Safety Executive (HSE) Interventions and Enforcement over the prior six-month period; an update in relation to the HSE focus on both Violence & Aggression and Moving & Handling activity; updates in relation to two HSE Improvement Notices received by NHS Highland (Preventing & Managing Violence & Aggression, and Ligation Reduction); and a position statement in relation to the updated and revised NHS Highland Health and Safety Policy.

There was discussion of the following:

- Statutory and Mandatory Training Activity. Noted the significant rise in training compliance rates.

- Ligature Reduction Activity. Noted issues associated with end of PFI contract for New Craigs. Reported all Places of Safety across NHSH had been audited, in addition to the New Craigs site.

The Committee:

- **Noted** the reported position.
- **Agreed** relevant presentation detail be sent to members after the meeting.
- **Agreed** an update on the revised Health and Safety Policy be submitted to the next meeting.

10.2 Information Assurance Group

The Committee Noted consideration of this Item had been deferred to the next meeting.

10.3 Resuscitation Committee

The Committee Noted consideration of this Item had been deferred to the next meeting.

11 PUBLIC PROTECTION

There were no matters discussed in relation to this Item.

12 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

The Chair advised he would request the Board Medical Director provide an update for members in relation to Oncology Services for dissemination after the meeting.

K Patience-Quate then advised members that, at the request of the Board Medical and Nurse Directors, an audit on quality across all service areas had been undertaken since autumn 2022. The findings of the associated report had been well received by the Executive Directors' Group, with a number of key themes emerging in relation to embedding quality, including ensuring the voice of patients was being heard. The final report included a range of recommendations for NHS Highland.

The Committee:

- **Noted** the reported position.
- **Noted** an update on Oncology would be disseminated to members out with the meeting.
- **Agreed** an update on the quality audit report be submitted to a future meeting.

13 ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

14 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the issues and concerns identified in discussion in relation to both Dentistry and Oncology Services.

The Committee so Noted.

15 DATES OF FUTURE MEETINGS

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

31 August

2 November

16 DATE OF NEXT MEETING

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

The meeting closed at 11.40am