

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/ 
MINUTE	2 November 2023 – 9.00am (via MS Teams)

Present

Alasdair Christie, Non-Executive Board Director, and Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Nursing Director
 Ann Clark, Board Vice Chair
 Muriel Cockburn, Non-Executive Board Director
 Joanne McCoy, Non-Executive Board Director
 Boyd Peters, Medical Director
 Dr Gaener Rodger, Non-Executive Board Director
 Catriona Sinclair, Non-Executive Board Director

In attendance

Gareth Adkins, Director of People and Culture
 Isla Barton, Head of Midwifery
 Rob Cargill, Deputy Medical Director
 Claire Copeland, Deputy Medical Director
 Lorraine Cowie, Head of Strategy and Transformation
 Caron Cruickshank, Divisional General Manager (Maternity Unit)
 Ruth Daly, Board Secretary
 Lucy Dornan, Lead Nurse
 Alison Felce, Senior Business Manager
 Ruth Fry, Head of Communications and Engagement
 Stephanie Govenden, Consultant Community Paediatrician
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
 Elizabeth Higgins, Associate Nurse Director
 Marie McIlwraith, Project Manager (Communications and Engagement)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Elizabeth Sage, Consultant Respiratory Physician
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer Acute Services
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Apologies were received from F Davies, D MacDonald, and E Woolard.

1.2 Declarations 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 31 AUGUST 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 31 August 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

S Steer advised a formal report on Social Care Governance had been submitted to the Highland Health and Social Care Committee (HHSCC) the previous day, from which Moderate assurance had been taken in relation to the progress being made. A copy of the relevant report and associated Action Plan had been included within the update under Item 8.2 on the agenda. It was reported the Chief Social Work Officer, Highland Council had also been present at the meeting. Members were advised C Copeland was leading relevant activity, with a further meeting to take place with Highland Council in the coming weeks. A Clark added further discussion was required in relation to the respective roles of both the HHSCC and this Committee and what data should be presented where.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal update be submitted to the next meeting.

1.4.2 SCI Gateway Referral Update Failure

C Copeland spoke to the circulated a report, advising as to a national failure of the national SCI Gateway Referral system following a planned update on 11 August 2023. The associated impact, apparent from 14 August 2023, had been felt across both Primary and Secondary Care services and had affected both routine and urgent referrals to outpatient clinic appointments, diagnostics, and urgent cancer referrals. Secondary Care clinicians had also been unable to access SCI Gateway or Clinical Dialogue at the same time. The issue had been raised at local level on the evening of 15 August and the eHealth Team had implemented their major incident procedure although there had been no direct communication to clinical and operational teams to trigger a similar process on the service side. The situation had evolved over the next week, with GP practices reporting a number of issues. A weekly Incident Management Team (IMT) led by the Deputy Medical Director for Primary Care would monitor and respond to any new and emerging issues, continuing until the national team NSS, had closed the incident. It was noted a further issue had been flagged by NSS on 26 September, however following formal review it had been established no patient harm had arisen as a result and no Duty of Candour was required. National learning was being taken.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** a further update be provided to the January 2024 meeting.

1.4.3 Emergency Department Waiting Times

Members were advised this matter would be addressed in discussion under Item 7 on the agenda.

1.4.4 Staff Availability and Recruitment Process

G Adkins gave a brief presentation to members, advising in relation to relevant issues around recruitment processes and workforce availability; their associated potential impact, and relevant actions being taken forward. It was reported a recruitment improvement plan had been signed off by the Executive Directors' Group and presented to the Staff Governance Committee at their most recent meeting. Associated clinical risks were then outlined in terms of both vacancies and supplementary staffing, noting this can involve supervisory requirements. In terms of risk management, relevant controls and mitigations were indicated in terms of the quality and safety aspects impacted both by a shortage of staff and high levels of supplementary staffing.

On the point raised in relation to Onboarding processes, it was advised improvement activity was being taken forward in relation to aspects including end to end process delays; shortlisting turnaround times; wider role of the recruiting managers; completion of associated documentation post-interview; scheduling and timing matters. Other aspects that had been considered had related to post interview pre-employment checks and formal reference and associated check requirements. L Bussell went on to advise the overall aim was to ensure simpler processes were developed and implemented, including clear direction on responsibilities for those involved in recruitment activity.

The Committee:

- **Noted** the reported position and the associated improvement actions being taken forward.
- **Agreed** a further update be provided to the May 2024 meeting.

2 SERVICE UPDATES

2.1 NDAS Service Update

C Cruickshank spoke to the circulated report, advising as to significant multi-system joint agency service pressures encountered since first establishment in 2017. The relevant Policy timeline and associated local decisions were outlined, in relation to which it was reported the unintended consequences had to a degree impacted on relevant service planning, delivery and performance and local compliance with the National Neurodevelopmental Services Specification (2021). A substantial increase in referral numbers was highlighted. Further detailed updates were provided in relation to relevant leadership arrangements; resourcing; governance and accountability; and the National Neurodevelopmental Service Specification. It was stated that through focussed discussions at an Integrated Children's Services Planning Board (ICSPB) in Spring of 2023 it had become clear there were significant challenges and constraints across the whole system, and associated risk to ensure children, young people and their families were identified and supported at the earliest opportunity and that required services, including early mechanisms of support, were in place and adequately resourced at the pre-assessment stage. A series of outcomes had been identified and agreed in relation to mapping of the existing Highland Neurodevelopmental pathway; focused work on compliance to the National Specification; and the taking into account of the Whole Family Wellbeing model and approach to identify early intervention and prevention mechanisms and support for families where challenging behaviour(s) directly impact on family life, wellbeing, and educational achievement and attainment. The report proposed the Committee take **Limited Assurance**.

The following points were raised in discussion:

- Neurodevelopment Programme Board. Advised to be established at Integrated Childrens' Service Partnership Service level. Programme Manager to be appointed. Senior Service Manager for NDAS and CAMHS in place and will help with Waiting List data cleansing activity.
- NDAS Service Modelling. Highlighted relevant cohort of children requiring NDAS had been significantly impacted through the Covid pandemic. Advised a number of clinicians involved in considerations, with the aim to ensure children directed to the Right Service at the Right Time.

- Emphasised different ways of working required not just additional capacity. Initial discussions with Highland Council had progressed well. Need to better understand level of demand increase.
- Strategic Collaboration. Noted this referenced as limited in nature, with duplication of governance and a lack of clarity in terms of performance and associated management routes.
 - Areas of Concern. Noted reference to unknown case note levels; lack of designated leadership; associated Child's Plan concerns; and potential number of inappropriate referrals arising from pressure placed on teachers and others by concerned families. Advised referral tools in place and available to teaching staff, although not necessarily embedded and appropriately supported. Improved waiting list management can assist in filtering referrals to alternative services.
 - Integrated eHealth Systems and Processes. Noted this represented a recurring theme. Agreed necessity for an identified improvement timeline in relation to associated eHealth issues. Noted as priority area at that time. Important to listen to service users and families.
 - Actions Agreed by EDG. Questioned if the eight actions concerned had been agreed with Highland Council and ICSPB. Noted as priority area of activity, with number of risk elements. Importance of joint improvement working highlighted. Update to be sought for members following the meeting.
 - Action Arising from Previous Discussion. Referenced letter previously considered, highlighting concern around Paediatric Services, and questioned if additional measures had been introduced as a result. Potential for fast-track of relevant referrals being considered.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to further update members in relation to agreed identified actions out with the meeting.
- **Agreed** a verbal update be provided to the January 2024 meeting.
- **Agreed** a formal update be provided to the March 2024 meeting.
- **Agreed** to take **Limited** assurance.

2.2 Research, Development and Innovation Annual Report 2022/2023

B Sage spoke to the circulated report providing an overview of the activity of the Research, Development and Innovation Division (RDI) in 2022/2023. The report incorporated the work of, and issues facing the relevant Divisional Sections, including the challenges posed by the ongoing impact of the Covid pandemic, and outlined how the Division aimed to integrate support for NHS Highland, how members could engage with the Division more generally, and highlighted the potential impact should some key challenges not be resolved. The report also sought to raise awareness of RDI activity; its relation to patients, communities, health care professionals, academic, business, 3rd sector and government; and how this impacted on the work and activities of other departments across NHS Highland. It was stated RDI provided for effective conduits of change to the NHS and functionality in providing evaluation, testing, scaling up, innovation, dissemination, financial input and other activities that added value to the way in which the NHS works, and should be seeking to work over the next 5, 10 and 20 years. There had been focus over the previous year on developing Section Strategies focussing on the next 15 years and which would come together in the autumn of 2023 to provide an overall RDI Strategy be mapped against and integrated with the NHSH Strategy, Chief Scientist Office Strategy, and other various Scottish Government and UK DHSC strategies. The report went on to detail existing and planned changes in relevant legislation, standards, and highlighted an increasing need for RDI to be integrated into all NHSH processes where substantial change was likely. Detail was then provided in relation to each of the RDI Sections (Cancer Trials, Clinical Research Facility, Governance, Development, Innovation, and Finance) in Highland, highlighting relevant strengths, weaknesses and challenges. The report proposed the Committee take **Substantial Assurance**.

On the point being raised, in relation to Artificial Intelligence (AI) aspects, it was advised this constituted a live issue in terms of current RDI activity relating to Diagnostics. There were a number of AI based projects across North Scotland however system interface and associated support service issues can be challenging. The ability to enable early engagement can have an impact on potential

income generation and service improvement. Members noted the wider work being taken forward in NHSH relating to early adoption of AI in MRI activity and in relation to both Stroke and Fractures.

After discussion, the Committee:

- **Noted** the circulated reported.
- **Agreed** to take **Substantial** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Safety in Maternity Services (Gap Analysis Activity on Ockenden Review)

I Barton spoke to the circulated report, providing an update in relation to safety in Maternity Services, initially in relation to the Ockenden review, the wider agenda in relation to which had moved significantly to include much broader discussions and actions to incorporate wider safety issues across maternity services. Future updates to the Committee would be included as part of the usual Work Plan six-monthly reporting cycle. Members were advised there had been a series of high-profile reviews into significant failings in maternity services in the UK, a number of which were referenced. It was noted there was a widespread review of maternity services ongoing in Nottingham, again led by Donna Ockenden. There had also been a recent review into Northern Ireland's governance arrangements and safety within maternity services. The common themes and recommendations of these reviews were summarised as relating to the centrality of providing evidence-based care, enabling continuous risk assessment throughout the maternity journey and supporting appropriate informed decision making and escalation; the need for effective multi-disciplinary team working and a positive workplace culture; support for continuing professional development, particularly for midwifery staff; visible, positive leadership; and proactive learning from adverse events, with clear and robust governance arrangements from clinical practice to NHS Board level. It was stated these reviews had shone a spotlight on safety within maternity services. The Directors of Midwifery Scotland Group (MiDS) were looking to ensure sufficient focus was directed towards the safety of maternity services in Scotland, with local and national contexts further outlined.

It was advised every NHS Board in Scotland had undertaken gap analysis of their services in light of the Ockenden review, and from an NHS Highland perspective the gap analysis was complete, an action plan developed, with multi-disciplinary leads taking forward particular pieces of work to align services with relevant recommendations. The quality and improvement structures for Maternity services across Highland had been reviewed and realigned to ensure NHS Highland was working towards and achieving the national ambitions across the Maternity and Neonatal landscape of governance and assurance workstreams within the National programmes. This work dovetailed with the new professional assurance framework delivered through the Executive Nurse Director and corporate team to adopt a robust system of assurance across services.

The report proposed the Committee take **Substantial Assurance** the Maternity services in Highland are engaging with National safety workstreams and reporting NHS Highland outcomes and that the review of Ockenden and the wider Maternity safety landscape are being considered and actioned through robust processes for quality and improvement. The report also proposed the Committee take **Moderate assurance** that from a workforce perspective NHS Highland will be in a position to deliver all of the National asks, subject to support for relevant business case priority posts.

The following was raised in discussion:

- **Workforce Element.** Advised relatively optimistic in relation to securing funding for the priority posts included within relevant business case. Confirmed a robust Business case had been developed ahead of discussion with Scottish Government, involving a phased approach. The EDG were actively engaged with the subject.

- Ockenden Reviews. Advised had identified key pillars relating to safe staffing; level of training; risk management and associated incident learning; listening to families and staff culture/interaction). Confirmed Quality Risk and Governance Lead Midwife role identified as a priority. National Maternity and Neonatal Guidance in place alongside monthly meetings of the Scottish Perinatal Framework. Complaints and feedback, and Care Opinion processes in place. National Maternity and Engagement Strategy developed. Education posts included within relevant business case.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** future reporting would be included within regular six-monthly updates.
- **Agreed** to take **Substantial** assurance in relation to engagement with national workstreams and review of Ockenden and the wider Maternity safety landscape.
- **Agreed** to take **Moderate** assurance in relation to delivery of national requirements.
- **Agreed** to support NHS Highland engagement in National priority workstreams and direction.

3.2 Audiology Services – National Review Update

B Peters spoke to the circulated report and in the absence of a reporting Officer recommended consideration of this be deferred to the next meeting. A local update would be requested ahead of that meeting for inclusion in the formal update to be presented.

The Committee:

- **Agreed** consideration of this item be deferred to the next meeting.
- **Agreed** any local updates received be provided to members ahead of the next meeting.

3.3 Engagement Framework Update

R Fry spoke to the circulated report, providing an overview of the progress made over the previous 12 months in implementing the ambitions within the Communications and Engagement Strategy, specifically relating to the creation and development of an Engagement Framework. The report provided an overview of the progress made in implementing the ambitions of the Engagement Framework, highlighting progress of the implementation plan; progress with initial indicators; main themes arising from colleague and stakeholder feedback; and next steps/future focus. The report proposed the Committee take **Moderate Assurance**.

On the point being raised in relation to raising awareness of the engagement framework, it was advised there were weekly communications issued plus a series of network building events, based on the utilisation of relevant case studies and the sharing of best practice. An “Ask Me Anything” session was also being planned. Individual services were approached where engagement activity was being proposed or required to be enhanced. Potential arrangements for the more formal sharing of good practice were also being considered.

After discussion, the Committee:

- **Noted** the report and update provided.
- **Agreed** to take **Moderate** assurance.

A Clark left the meeting at 10.40am.

3.4 Review of Quality

L Bussell gave a presentation to members in relation to the NHSH Quality Commission, the report into which had been prepared by A Croft, former Chief Nursing Officer for Scotland and Interim Chief

Executive at NHS Forth Valley. The background to relevant activity was outlined, this culminating in 2023 with a clinical commission for an external review of quality within NHS Highland. Reported focus had been on ensuring quality applied to all activity, ensuring quantitative and qualitative measures were being used; with strong governance and monitoring arrangements in place to target improvement whilst recognising good, great and outstanding practice. Emphasised importance to NHS Highland of ensuring that quality was seen as a key priority for all, and all individuals were doing their best to deliver a quality service. An outline of the components of the review was provided, noting some 43 leaders had been interviewed and that the Report had identified relevant highlights as well as providing suggested recommendations. It was emphasised that quality and quality improvement were not the same matters, but distinct in their respective nature. The existing level of quality must be defined and understood before quality improvement can be considered. The key themes identified during the review were indicated and expanded upon for the benefit of members, as were relevant highlights and associated suggested recommendations. It was advised that the detail of the Quality Commission Report had been presented to the Area Clinical Forum and a number of associated Professional Advisory Committees to date. This level of engagement would be taken forward in relation to those Groups yet to receive relevant presentation detail. The view of Professional Advisory Committee members had been sought in relation to the prioritisation of relevant actions and how best to spread and adopt the overarching principles. It was important to be able to identify and celebrate existing examples of quality as part of the overall process.

There followed discussion, with the following matters being raised:

- Area Clinical Forum Discussion. Advised presentation and report had been well received and had also generated strong interest and good levels of discussion. The avoidance of a top-down approach had been welcomed.
- Future Committee Reporting. Confirmed there would be regular reporting to Clinical Governance Committee. Emphasised that quality should be considered as integral part of all discussion at Committee level and taken forward in that manner with a view to embedding the relevant ethos of quality awareness across all areas of NHS Highland. Confirmed the Area Clinical Forum would collate responses from the Professional Advisory Committee cohort.

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

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. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated the number of stage 2 complaints being received had increased; SAER numbers remained stable and low; there had been a reduction in falls following introduction of the Daily Care Plan; and consideration was being given to removal of associated sensor mats.

The NHS Tissue Viability Group had agreed to aim to reduce hospital acquired infection Pressure Ulcers incidents by 10%, with the referral process and review of pressure relieving equipment having commenced. A rise in CDI cases had been identified, with early detection enabling appropriate control measures to be introduced. A project had commenced to move the Quality and Patient Safety Dashboard Platform from Qlikview to PowerPI and was progressing well. The report proposed the Committee take **Moderate Assurance**.

The Committee

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.

The Committee agreed to consider the following Items at this point in the meeting.

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 the local clinical governance framework was fully implemented and embedding. The Clinical and Care Governance Group was establishing and focussing on specific challenges and mitigations in each service area. In terms of the Heads of Service governance substructure, all areas of business now had a regular clinical governance meeting to look at detailed operational issues. Weekly adverse event meetings continued to focus on identifying and progressing SAERs and complaints and fed into the relevant Service Clinical Governance group as required. Areas of development had included the sharing of learning effectively and placement of Quality and Patient Safety within the rest of the wider framework. Clinical Governance team issues had been identified as relating to the Clinical Governance Manager post, vacant since September 2023. It was reported an Interim manager had been put in place along with new administrative resource.

It was noted matters relating to SAERs, Duty of Candour and Fatal Accident Inquiry activity was being taken forward and further specific updates were provided in relation to Children, Families and Justice; Acute and Complex Care; Primary Care; Health and Community Care; Corporate Services/Planning; and Public Health. Specific concerns and risk were highlighted in relation to Sexual Health Services and Childrens' Services (NDAS). Relevant mitigating actions were being considered and taken forward. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 5 October 2023. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** an update on outstanding actions and timelines relating to implementation of the Clinical and Care Governance Framework be provided to the next meeting.
- **Noted** reference under Item 2.3, Bullet Point 1 to March 2023 should read March 2024.
- **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. Performance data was provided in relation to Stage 2 Complaints, Adverse Events, SAERs, Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Errors. Further detail was also provided in relation

to relevant Statutory and Mandatory training activity; and establishment of a short life working group to review medicines management Policies for care services in response to a rise in medication incidents. It was noted all areas were reporting on issues relating to recruitment and retention; there had been one new SPSO case received; and there was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. The first of a series of learning events had been on 7 September 2023, with a focus on the Power of the Apology, Family/Patient experience and Supporting Staff. The next event had been scheduled for 14 March 2024. A new Care Governance Framework had been developed and the Highland Health and Social Care Partnership Risk Register was being reviewed on a monthly basis. Current risk areas were outlined as relating to refurbishment work at New Craigs Hospital, SCI Gateway issues and Mains House Care Home. Areas of positivity were indicated as relating to the National Awards for Excellence in Mental Health Nursing Practice, where NHS teams had won for the Supporting Self-Management Service and the Policy Custody Nursing Team. Two other services had received highly commended awards i.e., the Caithness Drug and Alcohol Recovery Service and Personality Disorder Service.

In response to matters raised at the previous meeting, updates were provided in relation to the recruitment and Onboarding process and Primary Care Workforce Survey, a report on which would be submitted to the next meeting. The report proposed the Committee take **Moderate Assurance**.

The following matter was discussed:

- New Craigs Surge/Flex Bed Arrangements. Advised recognised as area of concern in terms of meeting statutory obligations. Meeting held with relevant team, with view to a better understanding of position, and had received assurance those statutory obligations would be met. Bed capacity remained a challenge at both local and national level.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to provide an update on the Primary Care Workforce Survey to the next meeting.
- **Agreed** an update on the position at New Craigs be provided to members out with the meeting.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

8.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there remained baseline variability, with no significant temporal trends identified. Updates were provided in relation to surgical site infection surveillance and enhanced monitoring within the Orthopaedic Arthroplasty programme and the impact on prevention and control measures due limited capacity as a result of Covid infection and activity. With regard to access issues, these continued in relation to Raigmore and Caithness General Hospitals and associated formal reporting and escalation continued to be taken through the relevant clinical governance structures, with onwards reporting to the Clinical Governance Committee of risks associated with clinical quality and safety. There was circulated a copy of a letter from the Deputy Medical Director and Associate Nurse Director highlighting relevant concerns to the Board Medical and Nursing Directors. It was noted workforce constraints within cancer services continued despite support from other NHS Boards, with further service review and stabilisation work ongoing. With regard to falls, this showed 5 months reduction across Raigmore Hospital. There was significant concern about an increasing falls rate in Rosebank Ward, Caithness General Hospital and a programme of improvement work was continuing. It was reported approximately 22% of falls in the acute division related to falls with harm. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 19 September 2023. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Assurance re Capacity/Access Issues Highlighted. Advised a number of associated actions relating to surge and capacity issues were contained within the NHS Highland Winter Plan for 2023/2024. Emphasised clinical risks do arise at times of high demand. Further consideration required as to how best to present and articulate such Clinical risk, ensure appropriate oversight at this and other Committees and appropriately escalate risk concerns to NHS Board level.
- Impact on Clinical Professionals. Highlighted impact on clinical staff of not being able to provide desired level of care at times of capacity pressures. Questioned how best to capture and articulate the relevant aspect detail. Emphasised such pressure applied to all staff and not only those of a clinical nature, and across all service areas. Stated discussion and prioritisation of activities, allied with a Dashboard style approach would be beneficial.

After discussion, the Committee:

- **Noted** the report content and associated Appendices.
- **Noted** the circulated Minute.
- **Noted** a formal paper on articulating and providing assurance on relevant clinical risk and its impact on clinical professionals would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

8.4 Infants, Children and Young People’s Clinical Governance Group

S Govenden spoke to the circulated report, providing detail on activity relating to both Child Death Reviews and Child Protection matters. The Child Death Review Team had completed three panel reviews as indicated. The lead doctor role for Child Protection remained vacant, with 1 weekly session provided to cover internal specialist advice and guidance, and key meeting attendance only. Additional support for role functions had been provided by other staff members and once filled, the post of Child Health Commissioner would also help mitigate against the lead doctor vacancy. A recent appointment had been made and the successful candidate would be in post from January 2024. The report proposed the Committee take **Moderate Assurance**.

The Committee:

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

The meeting adjourned at 10.10am and reconvened at 10.20am.

The meeting reverted to the original agenda order at this point in the meeting.

6 ANNUAL DELIVERY PLAN 2023/2024

L Cowie gave a presentation to members in relation to development of the NHS Highland Annual Delivery Plan (ADP) for 2023/2024, advising as to the position as at Q2. She provided an overview of progress to date, stating there had been positive progress made with relevant leads reporting being on track for delivery. It was reported winter pressures may impede progress on a number of areas and the integration of Workforce, Finance and Delivery Plan and impact of workforce and funding on outcomes and deliverables was under review. It was stated decision making on key priorities would require review using the strategic planning stage process. The relevant dashboard for Q2 was presented, providing an overview of the position regarding the 162 actions contained within the ADP and showing 59% of those were on track for delivery. The relevant ADP timetable for 2023/24 was indicated, the relevant Commission for which was expected from Scottish Government in November 2023. She went on to state that in terms of the structure required to ensure ADP delivery, plans would need to tie operational activities to strategic objectives, ensuring transformation of services to meet the health and care needs of the Highland population. This required clear routes of governance, accountability and escalation as indicated. A Strategy overview was also provided, with members advised patient/population experience would be a key thread

through all relevant Well Themes of which the key elements were indicated. With regard to the Clinical Governance Committee, the relevant performance data elements being reported via the Integrated Performance and Quality Report (IPQR) were highlighted, noting in order to meet the Blueprint for Good Governance further consideration would be required in relation to collaboration of patient/population feedback and quality along with performance into the IPQR.

It was proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Stroke Services Improvement Activity. Advised Scottish Stroke Care Outcomes had been under discussion, with a number of improvements having been introduced. There were wider hospital capacity concerns involved and whilst active treatment was being successfully implemented in Raigmore Hospital further work was required for Rural General Hospitals (RGHs). Reported national work on Thrombectomy services had been delayed; with local activity focussing more on implementation of the Stroke Bundle and improvement of access to the Stroke Unit.
- Diabetes Service Data. Advised the increasing level of demand was part of the considerations of the Long Terms Condition Board. A House of Care model was being considered. Whilst uptake of the relevant App was being encouraged, the need for alternatives was recognised.

After discussion, the Committee otherwise Noted the reported position.

7 NHS HIGHLAND WINTER PREPAREDNESS 2023/24

L Cowie spoke to the circulated report, giving a presentation to members in relation to NHS Highland Winter Preparedness with regard to developing and implementing an Urgent and Unscheduled Care Target Operating Model (TOM). It was stated this model would apply all year round, with relevant services enhanced for the winter period where appropriate to ensure surge capacity etc. An outline was provided as to what was included within the proposed TOM, including a Winter Checklist, submitted to Scottish Government for review. Required actions included finalisation of prioritised actions for winter; confirmation of Operational Leads for winter priorities; and the standing up of the Operational Winter plan meetings. It was also indicated that post-winter there would be need for re-prioritisation of the TOM for Urgent and Unscheduled Care. Relevant Winter Ready Priority Themes, Actions and Outcomes were outlined, as were the associated Communications Plan, Performance Indicators, Governance Framework and Resilience Plan. It was advised the overall Winter Plan for NHS Highland remained in the process of agreement, with strategic, tactical and operational groups established to examine relevant datasets on a weekly and monthly basis.

Members were further advised NHS Highland, Highland Health and Social Care Partnership, Scottish Ambulance Service, and other key partners and stakeholders would continue to take a collaborative approach towards preparedness and planning for winter 2023/24 through the NHS Highland Unscheduled Care Board and other key strategic and operational fora. The approach would be similar to the Winter 2022/23 model (Winter Ready Action Plan (WRAP)). For the Argyll & Bute HSCP area a Winter Plan would also be developed and taken through their respective governance structures. It was proposed the Committee take **Limited Assurance**.

On the point raised in relation to the weighting of relevant Indicators and the associated impact on wider Indicators, it was stated there were a total of 8 included within the proposed TOM model. Five pivotal Indicators carried a higher weighting, with associated high level activity reporting.

The Committee:

- **Noted**
- **Agreed** to take **Limited** assurance.

L Cowie left the meeting at 11.40am

9 INFECTION PREVENTION AND CONTROL REPORT

L Bussell introduced the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April – Sept 2023 in relation to Staphylococcus Aureus bacteraemia (SAB), Clostridiodes Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. The position for the national prescribing indicator for general practice was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care was not being met and was being reviewed by the Antimicrobial Management Team as it was likely linked to the introduction of increased doses of certain antibiotics as part of changes to Microbiology susceptibility reporting. The target for acute hospital antibiotic use was being met. It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, 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 although levels of proactive work were limited due to staff capacity issues.

Improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Two additional fixed term posts in place during the COVID pandemic to support community, Care Homes and Care at Home had ended. The provision of infection control support to the NHHH Care homes would transition to the Health Protection team from 1 November 2023. Support from the Infection Prevention and Control team would continue to be provided to the Health Protection team, as and when requested. As a result of sick leave the Infection Prevention and Control Community team had reviewed their existing workload and resource, and would move to providing a purely reactive service. A wider review of staffing, part of the national Infection Prevention Workforce Strategy Plan would progress once outcomes from national outputs were issued. 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 having been reported to ARHAI Scotland. 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 associated areas of challenge. The report proposed the Committee take **Moderate Assurance**.

There followed discussion of the following:

- Reactive Service Impact on Outcomes. Advised would not affect national outcomes, but more in relation to associated proactive activity with relevant teams. Discussion was ongoing with the Public Health team in this regard, including in relation to Care Home activity.

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.

10 SIX MONTHLY EXCEPTION REPORTS

There were no matters discussed in relation to this Item.

11 PUBLIC HEALTH

11.1 Screening Services Update

T Allison spoke to the circulated report, providing an overview of the cross-cutting theme of inequalities and providing a summary assessment of each of the individual screening programme, in relation to Abdominal Aortic Aneurysm; Bowel Cancer; Diabetic Eye Screening; Cervical Cancer; Breast Cancer; Pregnancy and Newborn Screening; Preschool Vision and associated general screening elements. More detailed information concerning the individual programmes had been included within respective appendices. Areas where improvement activity was required were highlighted for the information of members. Existing reporting arrangements were considered to be working well, through the Screening Coordination Group. The views of members were invited in relation to improving existing reporting arrangements. The report proposed the Committee take **Moderate Assurance**.

During discussion, the Chair requested consideration be given to the format of future reporting with a view to making this more accessible to non-clinically trained Committee members. With regard to Bowel Cancer screening, it was confirmed work was ongoing in relation to resolving data access issues relating to Argyll and Bute.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Moderate** assurance.

11.2 Vaccination Transformation Programme Update

T Allison spoke to the circulated report, advising vaccination programmes consisted of childhood vaccinations between birth and school entry; school age vaccinations; adult age-group vaccinations for pneumococcus and shingles; seasonal vaccinations for COVID and influenza; travel vaccinations; and non-routine vaccinations (including post-exposure prophylaxis for conditions such as tetanus, hepatitis B and rabies). Vaccinations had previously been delivered predominantly within general practice or through the school nursing service, however, under the Vaccination Transformation Programme (VTP) and the new GP contract the responsibility for delivery had transferred to NHS Board. NHS Highland had implemented VTP later than other NHS Boards and unlike many of those Boards the new infrastructure had not been in place prior to COVID. This resulted in delivery of COVID vaccinations starting with both general practice and NHS Board delivery. Activity moved to NHS Board delivery at the same time as the other vaccination activity.

It was reported concerns had been expressed in relation to Board delivery of vaccination activity in Highland before the implementation of VTP, with remote and rural characteristics and the effectiveness of general practice vaccination. During the COVID vaccination programmes there had been a move toward Board delivery, with some practices not wishing to continue. Coverage of COVID and flu vaccination during this time had largely been in line with national rates. There was a decline in coverage over time both locally and nationally. Coverage within Argyll and Bute HSCP area was consistently higher than in the Highland HSCP area. Concerns had been expressed periodically during the COVID programmes regarding its effectiveness, including concern relating to delayed vaccination among some Care Homes as well as concerns resulting from invitation or clinic planning errors. Public Health Scotland had undertaken a commissioned review of Care Home vaccination, finding the local programme had been in line with national expectations. Recent performance figures for the spring/summer COVID vaccination campaign showed overall uptake for NHSH of 76.4% compared with 76.5% for Scotland. NHSH would normally be expected to have a slightly higher uptake than the national average. For the most vulnerable cohort, Care Home residents, NHSH uptake was 93.7% against a national average of 90.7%. Early results from the autumn and winter programme showed uptake rates in line with national figures. From March 2023 routine childhood and adult vaccinations had transferred to Board delivery, with delivery models varying across Argyll and Bute HSCP and HSCP. There has been some decline both locally and

nationally in uptake prior to VTP. There was no uniform picture across all childhood vaccinations, with some decreases in uptake, some increases, some rates higher than nationally and some lower. However, the overall trend is for uptake slightly lower than for other boards and a downward trend in vaccine uptake largely in line with the trend from previous years. Concerns have been expressed about the effectiveness and sustainability of the programme in the Highland HSCP area, relating to clinic cancellation; staff morale; recruitment and the efficiency of sending staff long distances for few or no vaccinations. National scheduling of appointments and the potential for invitations to clinics far from people's homes remained a concern. One specific concern has related to tetanus vaccination following injury, where people had been asked to travel rather than receive vaccination at a local practice. It was widely recognised achieving high vaccination uptake and an effective service was a common aim whilst challenging in remote and rural areas. Service improvement activity was being undertaken in relation to governance and reporting arrangements; relevant pathways; and locality delivery models as indicated. If effective locality delivery in remote and rural areas was demonstrated not to be possible then a request for flexibility in delivery would be considered. Reference was also made to an external review by Public Health Scotland, commissioned following Care Home deaths in Highland 2021 following the late implementation of the associated COVID vaccination programme, a number of recommendations arising from which had emerged. The report proposed the Committee take **Limited Assurance**.

The following was discussed:

- Delivery Mechanism Concerns. Advised had been issues relating to clinic cancellations for number of national and local reasons. There had been specific issues relating to the Eastgate Centre, Inverness clinic. Overall, the national system was not considered a good fit for Highland.
- Vaccination Clinic Communications. Highlighted concerns expressed to political representatives in relation to not only locality and travel requirements, but also in relation to wider communication with specific patient groups. Stated the issues highlighted had been recognised.

After discussion, the Committee:

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

12 IMPLEMENTING THE BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT FINDINGS

R Daly spoke to the circulated report, providing an update on delivery of actions contained within the NHS Board Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Clinical Governance and Health and Social Care Committees. It was reported the Improvement Plan had been agreed in July 2022 and contained 17 specific actions in total, three of which related directly to the remit of the Highland Health and Social Work Committee. They were also directly relevant to the work of the Highland Health and Social Care Committee. Detailed oversight of progress on the three specific actions was being reported to both groups. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the reporting detail.
- **Agreed** to take **Moderate** assurance.

13 REVIEW OF COMMITTEE TERMS OF REFERENCE

Members were invited to review the circulated Committee Terms of Reference document. There were no amendments proposed.

The Committee Agreed to retain the existing Committee Terms of Reference document.

14 2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

18 January
7 March
2 May (replaced original proposed date of 9 May 2024)
11 July
5 September
7 November

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the actions taken relating to the NDAS Service; the position at New Craigs Hospital; and the letter of concern referenced and included as part of the Acute Services Operational report.

It was advised concerns relating to vaccination programme arrangements for some specific patient groups would be discussed directly with the NHS Board Chief Executive.

The Committee so Noted.

16 ANY OTHER COMPETENT BUSINESS

R Daly reminded members as to the requirement for a Committee Development Session relating to Committee Self-Evaluation findings. An initial date had been set for 27 November 2023.

The Committee so Noted.

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 18 January 2024 at 9.00am.

The meeting closed at 12.05pm