

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	3 March 2022 – 9.00am (via MS Teams)

- Present**
- Dr Gaener Rodger, Non-Executive Board Director and Chair
 - Dr Tim Allison, Director of Public Health
 - Mary Burnside, Head of Midwifery
 - Ann Clark, Non-Executive Board Director
 - Robert Donkin, Lay Representative
 - Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
 - Graham Hardie, Non-Executive Board Director (from 9.10am to 9.50am)
 - Dawn MacDonald, Staffside Representative (from 10.30am)
 - Donellen MacKenzie, Area Manager (South and Mid)
 - Joanne McCoy, Non-Executive Board Director
 - Dr Boyd Peters, Medical Director
- In attendance**
- Louise Bussell, Chief Officer, Highland Health and Social Care Partnership
 - Dr Robert Cargill, Deputy Medical Director (Management)
 - Lorraine Cowie, Head of Strategy (from 9.15am)
 - Ruth Daly, Board Secretary
 - Alison Felce, Senior Business Manager (Medical Directorate)
 - Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics) (from 10.05am)
 - Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)
 - Brian Mitchell, Board Committee Administrator
 - Mirian Morrison, Clinical Governance Development Manager
 - David Park, Deputy Chief Executive
 - Vanda Plecko, Consultant Microbiologist
 - Ian Rudd, Director of Pharmacy
 - Katherine Sutton, Director of Acute Services
 - Nathan Ware, Governance and Assurance Coordinator

1 WELCOME AND APOLOGIES

Apologies were received from F Campbell, A Christie, F Davies, H May, D McFarlane, I Ross, C Sinclair, S Steer, C Stokoe and E Woolard.

The Chair took the opportunity to welcome Joanne McCoy, Non-Executive Director to membership of the Committee.

1.1 Declarations of Conflict of Interest

There were no Declarations of interest made.

1.2 Appointment of Committee Vice Chair

The Chair advised consideration of the position of Vice Chair would be deferred to later in 2022.

2 MINUTE OF MEETING ON 13 JANUARY 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 13 January 2022 was **Approved**.

Associated Actions (Including Actions 13-14 from last meeting) were then considered as follows:

- **Action 14** – Lead Officer to be designated as K Sutton.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 MATTERS ARISING

- **Internal Audit (Significant Adverse Events Update)** – M Morrison advised a detailed Action Plan, for all relevant recommendations, had been developed since the last meeting. A review had been commissioned to look at existing QPS support for SAERs. Progress was being made in relation to the backlog of Mental Health Case Reviews, utilising the new Case Assessment process. Relevant KPIs within the IPQR, relating to both Adverse Events and Serious Adverse Event Reviews, were being revised. Operational Units would also be looking to review their respective existing QPS structures. B Peters advised there was little central resource for this type of activity, with existing data presentation and backlog issues to be addressed.

The Committee:

- **Noted** the update provided and ongoing activity relating to Internal Audit recommendations.
- **Noted** a formal update report would be submitted to the next meeting.

2 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

M Morrison spoke to the circulated report, advising the evolving revised format and content remained a work in progress, led by the Head of Strategy. She went on to reference detail in relation to performance around Adverse Events, Feedback, Tissue Viability, Infection Control, Significant Adverse Event Reviews (SAERs), Freedom of Information (FOI) Requests, Medication Errors and Inpatient Falls. It was stated that Complaints Performance remained challenging, with consideration being given as to weekly/monthly reporting to Operational Units on performance, themes and improvements. There was consistent performance being evidenced in relation to both SAERs and FOI request responses.

The following areas were raised in discussion:

- **Data Presentation.** B Peters asked if format and level of reporting appropriate. Advised simple line graph approach, referencing trend/comparator data where appropriate would be beneficial. Governance Committee reports aligned to Board reporting format etc for consistency.

- Complaints Framework. Questioned how best to illustrate response quality and improve quality of communication in general. Advised Complaints Improvement Framework being rolled out into Operational Units. Framework developed internally and includes element on patient contact. Need to improve direct contact arrangements. Confirmed process feedback sought from complainants, formed a recurring theme in Ombudsman feedback, and to be undertaken more formally. An update on the Framework would be brought to the next meeting.
- Complaints Areas of Concern. Confirmed Covid on rise, impacting on Elective Care delivery and resulting in treatment delays etc. Theme identification will be a key element moving forward. Asked how communications issues being addressed.
- Adverse Events. Backlog of Events evident for Q4, what targets exist and what is current performance against these? Noted individual Directorates within Acute Services reviewing their backlog of SAER cases. Performance reviewed by Acute QPS Group, Chaired by R Cargill who confirmed monthly reporting process in place. Formal proposal re QPS (Acute) Group assurance to this Committee to be brought to future meeting.
- Adverse Event Categories. Advised any event logged on Datix classed as Adverse Event, including near misses. Issues relating to medication events would be improved through the eventual implementation of HEPMA, and improved reporting arrangements under discussion with Director of Pharmacy. Medication incident reporting consistency being discussed at national level and reporting on Argyll and Bute impacted by Greater Glasgow and Clyde element. Relevant reporting issues currently being considered.
- Infection Control. Noted rates vary across the range of infections, compared to national position. Advised a challenging issue to analyse in terms of variance causes. Seasonal aspects and low patient numbers can result in sensitive reporting element. Proactive measures impacted by high Covid numbers.
- Tissue Viability. Actively looking to recruit replacement Specialist Tissue Viability Nurse, with support mechanisms mitigating actions in place in case unsuccessful. Agreed update to next meeting on number of grade 2-4 pressure ulcers developed in hospital/discovered on admission.
- Vaccination Activity. Confirmed adverse reactions to vaccination or other treatment were recorded, including within Clinical Notes of patients.
- Future Reporting. Noted the revised format should be in place for the April 2022 meeting. This to be accompanied by appropriate SBAR report outlining the level of assurance being given.

The Committee otherwise:

- **Noted** the reported content and **Agreed to take Moderate** assurance.
- **Noted** an update on the Complaints Framework to be brought to next meeting.
- **Noted** a formal proposal on QPS (Acute) assurance process to be brought to future meeting.
- **Agreed** an update on Grade 2-4 ulcers to be brought to next meeting.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

4.1 INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end December 2021. There had been no incidences or outbreaks of Flu across the same period although two outbreaks of Norovirus had been reported. During the reported period, Covid-19 prevalence across NHS Highland had been stabilising and slowly decreasing, with a number of clusters of case having been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside staff to ensure the delivery of national guidance in the management of Covid-19 across NHS Highland. The Health Protection Team continued to work alongside staff and external agencies in the same manner. NHS Boards had been advised to move to the 2021/2022 Scottish Winter Respiratory Infection Prevention and Control Guidance, this is replacing previous COVID19 Guidance. Work was ongoing, with key changes being the removal of the former red, amber and green pathways and replacing these with

the introduction of respiratory and non-respiratory pathways. There had been no Healthcare environment inspections carried out since the last reporting period. Current areas of challenge were also outlined for the information of members.

Discussion was as follows:

- Argyll and Bute. Reported a real focus on Infection Control at that time, following recent C difficile levels. A proactive approach was being taken by the Infection Control Group in area. Regular oversight was being provided.
- StatMan Training Compliance. Noted Internal Audit review of all Statutory and Mandatory training underway. An update on risks associated with non-compliance, and actions taken in mitigation was requested.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Noted** the NHS Board had been notified as to risk of not meeting relevant C.diff/eColi targets.
- **Agreed** to receive a future update in relation to the risks associated with non-compliance with StatMan training, and associated actions taken in mitigation.

4.2 Infection Prevention and Control Annual Work Plan 2020/2021 Update

There had been circulated an update in relation to progress made on the NHS Highland Infection Prevention and Control Annual Work Plan for 2021/2022 as at February 2022. The Chair emphasised the need for future updates, including relevant Scorecard data, to be submitted in the correct reporting format.

The Committee otherwise Noted the update.

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

5.1 Argyll & Bute Health and Social Care Partnership

There had been no formal update provided to the Committee. The Chair advised that moving forward, future updates would be provided via an Argyll and Bute Integrated Joint Board Annual Report to the Clinical Governance Committee, with exception reporting in between annual submissions. This would allow for escalation of issues as appropriate. R Helliwell confirmed the relevant Clinical and Care Governance Group had met recently, the formal Minute from which had yet to be released. She confirmed a range of associated activity was being taken forward, including learning from recent Significant Events. The Strategic Risk Register was also discussed.

5.2 Highland Health and Social Care Partnership Exception Report

There had been circulated an Exception Report in relation to the Highland Health and Social Care Partnership Area, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share. There had also been circulated Minute of Meeting held on 7 February 2022.

Matters of concern raised in discussion were:

- Staff Absence/Vacancies. Advised services are stretched, leading to both safety and quality concerns. Working with Human Resources and Communications Teams on new approaches to recruitment, with learning taken from those areas where recruitment has been successful.

5.3 Acute Services Exception Report

On the agreement of members, there had been circulated an Exception Report in relation to Acute Services, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), Complaints Activity, and Clinical Risks. Existing areas of concern to be considered for escalation were related to Datix reporting on safe staffing and requirement for additional inpatient capacity. Capacity pressures were compounded by large number of patients not requiring acute care but unable to be discharged safely from hospital.

Matters raised in discussion were:

- Covid Inpatient levels. Relatively new issue of concern, with significant impact on service provision. Cases involve patients admitted for other reasons but also carrying Covid. Very few cases would end in Critical Care admission. Numbers reflect Covid level in wider community.
- Future QPS Structure. Noted ongoing discussion and emphasised future reporting to be in agreed SBAR format, with Exception Report and meeting Minutes appended where necessary.

5.4 Infants, Children & Young People's Clinical Governance Group

The Chair advised consideration was being given to relevant reporting arrangements into this Committee. S Govenden then spoke to the circulated report, highlighting a request submitted to the Highland Child Protection Committee for a Learning Review and providing updates in relation to Child Protection activity, and continuing pressures in relation to both CAMHS and NDAS services. The report included the Minute of Meeting of the NHSH Infants, Children and Young People's Clinical Governance Group. The report proposed the Committee take **Moderate Assurance**.

Discussion points were as follows:

- Forensic Services. Advised that National standards will come into force on 1 April 2022, compliance would be picked up through future Inspections processes. An Inspection in Highland was expected in 2022 and this had been identified as a priority area to address. Relatively new area of activity for NHS Boards. Funding issues involved.
- NHSH Lead for Child Protection. Advised National Guidance stated a Lead Nurse should be in place, this currently hosted by Highland Council. Remit of post includes all of the NHS Highland Board area, so this required further consideration given geographical spread of organisation was wider than Highland Council area. A new Job Description had been prepared for a Highland wide post, the detail of which would be brought to a future Committee.
- CAMHS and Wider Mental Health Service. Chair stated detailed consideration of Clinical Governance systems and processes, and safety and quality aspects were required. A plan for improvement should be brought to a future meeting. Advised discussion held at Performance Recovery Board, with update to Scottish Government due by end March 2022.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/planned.
- **Noted** the identified risk areas highlighted in individual reports.
- **Agreed** to take **Moderate** assurance.
- **Agreed** ICYPCCG reporting to this Committee continue at this time.

- **Agreed** future reporting on CAMHS and wider Mental Health service to Clinical Governance Committee be further discussed out with the meeting.

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

6 PUBLIC PROTECTION – Child Protection Annual Report 2020/2021

There had been circulated the NHS Highland Child Protection Annual Report for 2020/2021. It was reported the clinical governance arrangements for child protection in NHS Highland had been updated since the last report, with the forum for managing child protection led by the Board Nurse Director, chairing the Child Protection (Health) Group. The Group linked to the Infants, Children and Young People's Clinical Governance Group and reported to the Executive Director's Group.

Points raised in discussion were as follows:

- Child Protection Registration. Advised a number of concerns expressed and reports made to Social Work Services during Covid period although actual Registration numbers had not increased significantly following relevant investigation.
- Status of Report. Advised will be submitted to Chief Officers for Public Protection who then provide assurance to Scottish Government. The report sought to provide appropriate assurance to both internal and external partners.
- NHS Highland Performance and Quality. Advised Child Protection Improvement Plan in development. One aspect will be in relation to better data capture relating to training elements. Confirmed high numbers of NHS staff had completed Statutory Level 1 training. Overall, a number of improvements were considered achievable.

The Committee otherwise Noted the NHS Highland Child Protection Annual Report 2020/2021.

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

7 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

7.1 Maternity Services Update

M Burnside advised the NHS Highland Board were across the Moray Review Report findings and were giving consideration to matters relating to the Best Start National Strategy while looking at the Highland Maternity Service Strategy and the impact of activity transfers from Dr Gray's in Elgin. The Scottish Cabinet Secretary for Health had met with the relevant Senior Executives from both NHS Highland/NHS Grampian to discuss relevant concerns, with matters relating to improved communication around current joint arrangements also considered. The relevant Health Minister was to attend NHS Highland and discuss matters with the local NHS Highland Maternity Team. A Maternity Service Governance Review had also commenced, with a Maternity Services Programme Board now established. B Peters stated the role of this Committee would be in relation to taking assurance regarding aspects such as existing staffing and facility resource, current safety risk mitigation arrangements and associated improvement activity. The impact of any decisions relating to Moray patients would require to be considered in the context of a safe and sustainable NHS Highland service. K Sutton confirmed she was Chair of the Maternity Services Programme Board and that this would be considering a range of matters that included the findings of the Moray Review, such as workforce, infrastructure, MDT service quality, and theatre access. A number of improvement actions were being taken forward in relation to concerns raised by staff to date, including successful recruitment activity. A forum for considering urgent matters had been created. Current NHS Highland services would be measured against the Best Start requirements, to identify priority areas for improvement activity and ensure sufficient investment where required. Members emphasised the need to ensure consideration of Maternity Services in Argyll and Bute.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken.
- **Agreed** progress updates be scheduled for future meetings of the Committee.

8 NHS BOARD RISK ASURANCE FRAMEWORK

8.1 Strategic Risk 662 - Clinical Strategy and Redesign

L Cowie gave a presentation to members advising at to development of the “Together We Care” Strategy, outlining areas of engagement in North Highland, a focus on inequalities and identification of associated engagement gaps to date. Activity to close those engagement gaps was being taken forward. There was continued focus on workforce matters across all localities, services, and staff groups. The level of engagement feedback to date was outlined, relevant data analysis of which was now underway. An overview of associated Clinical Governance risks and mitigating actions was provided. It was anticipated a Draft Strategy would be presented to the July 2022 NHS Highland Board meeting.

The Chair reminded members as to the Strategic Risk profile concerned and advised this currently carried a stated risk level of High. The Risk profile would be updated to reflect the revised title of the NHS Highland Strategy.

After discussion, the Committee Considered the relevant Strategic Risk and:

- **Agreed Moderate** assurance could be given to the NHS Board, based on the update provided.
- **Agreed** the EDG be recommended to maintain the current level assigned to Risk 662.

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

T Allison spoke to the circulated report providing an update on action being taken in relation to the two Risks identified and highlighted that in Highland the relevant number of confirmed Covid cases was continuing to rise as at 21 February 2022. Cases of Influenza in Highland remained at baseline levels. In terms of vaccination coverage, performance was strong across the Highland area, with progress being made in relation to the Vaccination Transformation Programme that sought to move from GP led delivery to NHS Board led delivery. A more detailed update on the overarching Immunisation Strategy would be provided to a future meeting as previously agreed.

The Risk Level status of the two Risks concerned had been listed as follows:

Risk 715 – Very High

Risk 959 - High

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

- **Agreed Significant** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to maintain the current levels assigned to **Risk 715 (Very High)** and **Risk 959 (High)**.
- **Agreed** Covid prevalence tables etc be provided to future meetings.

8.3 Strategic Risks 927 and 928 (Clinical Governance Committee Risk Register)

The Chair spoke to the circulated report outlining the two Risks (927 and 928) currently included within the Committee Risk Register and on the basis of the updates on actions being taken recommended the Committee agree their respective risk ratings remain unchanged at this time.

The Committee:

- **Agreed**, based on mitigating action, to maintain the existing Risk Level for Risk 927.
- **Agreed**, based on mitigating action, to maintain the existing Risk Level for Risk 928.

9 COMMITTEE GOVERNANCE AND ADMINISTRATION

9.1 Draft Clinical Governance Committee Annual Report 2021/2022

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. She drew the attention of members to the Section on Emerging and Key Issues and requested relevant comments or suggestions. The level of assurance being presented to the Audit Committee on Committee activity would be **Moderate**.

After discussion, the Committee Approved the Clinical Governance Committee Annual Report 2021/2022 for onward submission to the Audit Committee and NHS Board.

9.2 Draft Clinical Governance Committee Annual Work Plan 2022/2023

The Chair spoke to the circulated draft Annual Work Plan, a workshop event in relation to which had been held previously and advised this was being recommended for approval. This would remain a live document, updated after each Committee meeting.

After discussion, the Committee Agreed the draft Committee Work Plan 2021/2022 document.

10 ANY OTHER COMPETENT BUSINESS

The Chair advised the Committee reporting timetable was to be adjusted to enable earlier consideration of formal reports being submitted to the Committee by the Chair and Lead Executive.

The Committee so Noted.

11 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to relevant Strategic Risks as discussed and would be advised as to the continuing impact of the Covid pandemic on service quality levels, as highlighted during the meeting.

12 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2022 as follows:

28th April
30th June
1st September
3rd November

13 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 28 April 2022 at 9.00am.

The meeting closed at 11.40am