CLINICAL GOVERNANCE COMMITTEE

Report by Mirian Morrison, Clinical Governance Development Manager

The Board is asked to:

- Note that the Clinical Governance Committee met on the 8 February 2011 with attendance as noted below.
- Note the Assurance Report and agreed actions resulting from the consideration of the specific items detailed below.
- Note the items for discussion at the next meeting to be held on 17 May 2011

Committee Members
Present
Ms Sarah Wedgwood, Chair
Mr Ray Stewart, Non-Executive Director
Mr Quentin Cox, Non-Executive Director
Mrs Margaret Davidson, Non-Executive Director

Also Present:
Dr Ian Bashford, Medical Director
Mrs Liz McClurg, Infection Control Manager (part meeting)
Ms Heidi May, Nurse Director
Ms Elaine Mead, Chief Executive (part meeting)
Dr Margaret Somerville, Director of Public Health

In Attendance:
Dr Roderick Harvey, Clinical Director, Raigmore (item 4.3)
Mr Kenny Steele, Divisional General Manager, Medical and Diagnostics, Raigmore (item 6.3)
Mr Steven Wilson, NHS QIS Performance Assessment Team Manager (teleconference – part meeting)
Mrs Mirian Morrison, Clinical Governance Development Manager
Miss Irene Robertson, Board Committee Administrator

Apologies - Mr Garry Coutts and Dr Vivian Shelley

1. ITEMS FOR DISCUSSION
The items discussed at the meeting are noted below:

i. Radiological incident at Raigmore
ii. Newborn Hearing Screening Incident
iii. Bowel Screening Incident
iv. Better Together – The Patient Experience Programme
v. Maternity Services Strategy and Coordination Group
vi. Cancer Steering Group
vii. Spiritual Care Committee
viii. Local Supervising Authority Midwifery Officer (LSAMO) Annual Report to the Nursing & Midwifery Council 2009-2010
ix. Infection Control – Control of Infection Committee
x. Anticoagulation Monitoring
xi. Clinical Governance and Risk Management System
xii. Internal Audit Report – Incident Management System
xiii. Clinical Governance Forum
xiv. Information Governance Committee
2. ITEMS FOR DISCUSSION AT NEXT MEETING ON 17th MAY 2011
   - Emerging Issues
   - Anticoagulation Monitoring in NHS Highland
   - Mid Staffordshire Report
   - Population Based Screening Programmes – Reporting Arrangements
   - QIS Report on the review of Sexual Health Services
   - Audit of Decontamination Standards – Dental Services
   - Infection Control Committee Workplan
   - DATIX Incident Reporting System Action Plan
   - Annual Report – Research Committee
   - Annual Report – Food, Fluid and Nutritional Care Group
   - Record Keeping Audit
   - Annual Report from Maternity Steering Group

3. CONTRIBUTION TO CORPORATE OBJECTIVES

   This performance report demonstrates how NHS Highland is achieving its corporate objective of ensuring that services delivered are of high quality and clinically effective.

4. GOVERNANCE IMPLICATIONS

   This performance report has a direct impact on clinical governance and demonstrates performance against responding to complaints, clinical effectiveness activity, patient safety and NHS Quality Improvement Scotland reviews.

5. IMPACT ASSESSMENT

   This report does not require impact assessment.

Mirian Morrison
Clinical Governance Development Manager

25 March 2011
# CLINICAL GOVERNANCE COMMITTEE – ASSURANCE REPORT

Meeting – 8 February 2011

## 1. ISSUE: Radiological Incident at Raigmore

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<th>Issues/Risks</th>
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<tr>
<td>The Committee’s role and remit includes receiving reports on any problems that emerge.</td>
<td>The Committee requires assurance that action was been taken to address the problems.</td>
<td>The Clinical Director, Raigmore Hospital gave a detailed presentation on the contents of the incident report. A number of recommendations had been made including; not employing locum radiologists unless their work can be quality assured, developing a quality assurance policy and consideration of the establishment of a NHS Scotland remote reporting unit.</td>
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<td>• An update on progress would be submitted to a future meeting.</td>
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<td><strong>Action</strong> – Dr Ian Bashford, Board Medical Director</td>
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## 2. ISSUE: Population based Screening Programmes in NHS Highland

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<td>The Committee’s role and remit includes receiving reports on any problems that emerge.</td>
<td>The Committee requires assurance that action was been taken to address the problems.</td>
<td>The Committee were informed of two incidents that had arisen in the newborn screening programme and the bowel screening programme. The committee consider the action plans and agreed that these should be shared with each of the operational unit’s clinical governance and risk management groups to share learning.</td>
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<td>• The two reports and action plans were to be circulated to each of the operational units</td>
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<td>• A progress report on reporting arrangements was to be submitted to the next meeting</td>
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<td><strong>Action</strong> – Dr Margaret Somerville, Director of Public Health</td>
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The committee wished to be assured of the reporting mechanisms of the screening steering and co-ordinating groups.

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<th>3. ISSUE: Better Together – The Patient Experience Programme</th>
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<tr>
<td><strong>Issues/Risks</strong></td>
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<tr>
<td>The Committee’s role and remit includes review outcomes</td>
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4. Cancer Steering Group

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| The Committee’s role and remit includes providing assurance that clinical governance systems are in place and working | The Committee requires assurance that clinical governance systems and process are in place | The committee noted the minutes of the meeting and asked that clarification be sought re its role, accountability and reporting arrangement. This was to ensure that both clinical governance and operational issues were being addressed. | • The chair would liaise with the cancer steering group  
*Action:* Ms Sarah Wedgwood, Non Executive Director |

5. Local Supervising Authority Midwifery Officer (LSAMO) Annual Report 2009-2010

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<tr>
<td>The Committee’s role and remit includes providing assurance that clinical governance systems are in place and working</td>
<td>The Committee requires assurance that clinical governance systems and process are in place</td>
<td>The Board Nursing Director informed the committee of the key areas to note, which included the ratio of supervisors to supervisees, the development of an escalation policy for serious untoward incidents and the risks of maintaining skills in the small maternity units and remuneration issues.</td>
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### 6. Infection Control

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<tr>
<td>The Committee’s role and remit includes providing assurance that clinical governance systems are in place and working</td>
<td>The committee requires assurance that clinical governance systems and process are in place</td>
<td>The committee were informed of the various work streams underway to reduce infection rates. The committee asked what work was being done regarding infection rates in the community. Work had started on this and was included in the infection control annual work plan.</td>
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### 7. ISSUE: Anticoagulation Monitoring

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<tr>
<td>The Committee’s role and remit includes interrogating clinical governance systems</td>
<td>The Committee requires assurance that systems and processes in place to ensure safe and effective patient care</td>
<td>The General Manager, Medical and Diagnostics Division Raigmore Hospital informed the committee of plans to implement new arrangements for anticoagulation/warfarin dosing. Some issues still had to be resolved including training of BMS staff and providing a service to some remote GP practices.</td>
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8. **Internal Audit Report – Incident Management System**

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<tr>
<td>The Committee’s role and remit includes interrogating clinical governance systems</td>
<td>The Committee requires assurance that systems and processes in place to ensure safe and effective patient care</td>
<td>• The committee asked that an action plan and progress against this be brought to the next meeting</td>
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<tr>
<td>The committee were informed of a recent internal audit report on the incident management system. A number of improvements had been identified particularly around the analysis of incidents and to ensure that action is followed up and closed.</td>
<td><strong>Action</strong>: Mirian Morrison, Clinical Governance Development Manager</td>
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9. **ISSUE: NHS Quality Improvement Reviews**

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<td>The Committee’s role and remit includes review outcomes against NHS QIS clinical standards</td>
<td>The Committee requires assurance that the comprehensive self assessments are completed and action plans developed to address areas where standards were not being met.</td>
<td>• The QIS Sexual Health Services report would be submitted to the next meeting</td>
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<td>The Committee were informed of the feedback following the QIS review of sexual health services. Overall this had been positive. The report was expected in March. The assessment of the Board’s self assessment against the coronary heart disease standards had not met,</td>
<td><strong>Action</strong> – Mirian Morrison, Clinical Governance Development Manager</td>
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### 10. ISSUE: NHS Highland Responses to Mid Staffordshire NHS Foundation Trust Reports

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<tr>
<td>The Committee’s role and remit includes interrogating clinical governance systems</td>
<td>The Committee requires assurance that the operational units have systems and processes in place to ensure safe and effective patient care.</td>
<td>• The report would be discussed at the next meeting</td>
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<td>The Committee received a report detailing the outcome of a gap analysis and the action which had been developed.</td>
<td>Action – Dr Ian Bashford, Board Medical Director</td>
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<td>Committee members were asked to consider the report and action plan and feedback any comments and views to the chair.</td>
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<td>The committee agreed to discuss this further at the next meeting</td>
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### 11. Reports from the Operational Unit Clinical Governance and Risk Management Groups

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<td>The Committee’s role and remit includes providing assurance that clinical governance systems are in place and working</td>
<td>The Committee requires assurance that systems and processes in place to ensure safe and effective patient care</td>
<td>• The committee would consider alternative ways to receiving information from the operational units.</td>
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<td></td>
<td>Each of the operation units submitted minutes of their clinical governance and risk management groups to the committee.</td>
<td>Action: Ms Sarah Wedgwood, Non Executive Director</td>
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<td>The committee considered whether this gave them assurance. A number of suggestion were proposed including the chairs submitting a summary report highlighting key issues or the submission of annual reports detailing how risks and issues had been addressed.</td>
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1 WELCOME AND APOLOGIES

Welcoming everyone to the meeting, the newly appointed Chair, Sarah Wedgwood, introduced herself. She gave a brief outline of her background in quality assurance and her involvement with the Care Commission. She aimed to promote and embed a culture of patient safety and patient focused care. She intended to evaluate the meetings of the Committee on a six monthly basis in terms of its effectiveness and to ensure it was fulfilling its role and remit in an open and transparent way. In this connection the agenda would be reviewed to ensure it reflected core business and gave due prominence to relevant issues. Margaret Davidson suggested it might be helpful to have a development session to take stock and consider the way forward for the Committee.

Elaine Mead, attending her first meeting of the Committee as Chief Executive, regretted that she was unable to stay for the whole meeting due to another commitment. She echoed the Chair’s sentiments regarding the role of the Committee, and emphasised the importance of having robust systems in place and a well trained and supported workforce equipped to carry out their responsibilities. Ms Mead wished to thank the outgoing Chair, Dr Vivian Shelley, for her significant contribution to the clinical governance agenda.

Apologies were noted from Mr Garry Coutts and Dr Vivian Shelley.
2 CONFLICT OF INTERESTS

Clarification having been received from the Board Secretary in relation to this requirement, members were asked to consider whether they had an interest to declare in relation to any Item on the agenda of this meeting. There were no declarations of interest made.

3 MINUTE OF MEETING HELD ON 9 NOVEMBER 2010

The Minute of the meeting held on 9 November 2010 was approved.

Referring to the use of locums for waiting list initiatives, Quentin Cox reported on the discussion that took place at the Area Clinical Forum around using short term locums and the impact on continuity of care and sustainability of services. Ian Bashford indicated that he would be referring the general issue of employing locums at Raigmore to the Raigmore Management Team for its consideration and would ask for a report to be submitted to the Committee in due course on the outcome of the discussions.

4 MATTERS ARISING

4.1 Groups reporting to Clinical Governance Committee

The Chair advised that discussions were ongoing with the Board Secretary to identify the groups that should appropriately report to the Clinical Governance Committee.

4.2 Public / Patient Representation

Several applications had been received and interviews had been arranged for 12 April 2011. It was proposed to appoint two representatives. The position would be reviewed in a year’s time.

Dr Roderick Harvey joined the meeting

4.3 Radiological incident at Raigmore

The Chair welcomed Dr Roderick Harvey, Clinical Director, Raigmore, who presented the final draft report of the Raigmore radiology review. He gave the background to the incident, outlined the scope and purpose of the review which was to identify any significant reporting errors to enable prompt remedial action to be taken to minimise harm to patients, and described the methodology. A communication plan was developed to inform patients of the review and the further steps to be taken. All the patients concerned had received a letter of explanation of the final findings. The anxiety and distress caused to patients was acknowledged.

The report made a number of recommendations to reduce the risk of a similar situation arising in the future:-

- NHS Highland should not employ Locum Radiologists unless their work can be quality assured.
- A policy for quality assurance of Locum Radiology staff should be developed.
- Establish a contingency plan to maintain service continuity which does not rely on employing Locums, eg quality assured commercial reporting contract.
- Advocate the establishment of an NHS Scotland Radiology remote reporting unit which would be able to provide quality assured reporting for all NHS Scotland Boards. This would provide a cost effective and clinically robust alternative to the use of locums.
Ian Bashford clarified the respective responsibilities of the Board and of the agency supplying the locum in this situation. It was felt the GMC had a role in relation to ensuring locum doctors registered with agencies had the requisite skills and competencies.

The Committee endorsed the recommendations, in particular the application of a quality assurance process and the development of a national medical locum bank. With regard to capacity issues and service sustainability, it was acknowledged that situations would arise where it would be necessary, particularly in smaller departments, to use locums to cover gaps caused by, for example, sickness absence.

Noting that this had been a very thorough investigation, the Chair thanked Dr Harvey for his comprehensive report. Dr Bashford echoed the Chair’s sentiments and wished to record his thanks to Dr Harvey for all his work in the course of the review.

### The Committee:

- **Noted** the final draft report of the Raigmore Radiology review.
- **Endorsed** the recommendations contained in the report.
- **Requested** that an update be submitted to a future meeting on progress with implementation of the recommendations.

Dr Harvey left the meeting
Ms Mead left the meeting

### 5 EMERGING ISSUES

#### 5.1 Screening Programmes

**5.1.1 Newborn Hearing Screening Incident**

There was circulated copy of the action plan developed in response to the incident which Dr Margaret Somerville had drawn to the Committee’s attention at the last meeting. On the point raised in relation to disseminating relevant information about the incident, the Committee recommended that the action plan be circulated to each of the Operational Units’ Clinical Governance and Risk Management Groups for information and follow up action as necessary.

**5.1.2 Bowel Screening Incident**

The Committee noted the report of the incident which Dr Somerville had previously notified to the Committee, the lessons learned and the actions to be taken. The report highlighted the need for appropriate administrative support to ensure the efficient operation of screening programmes.

Dr Somerville advised that work was ongoing in relation to the reporting arrangements for the various screening groups and closing the loop. Further consideration was also being given to the feasibility of providing the Committee with a consolidated annual report of the activities of all the programme specific steering/coordinating groups rather than receiving individual reports from each group.
The Committee:

- Noted the reports and the actions taken/planned to address the issues.
- Noted that further consideration was being given to reporting mechanisms in relation to the programme specific steering/coordinating groups and would receive an update on progress at the next meeting.

6 HEALTH, WELLBEING AND CARE

6.1 Better Together – The Patient Experience Programme

Mirian Morrison updated the Committee, noting that the 2011 Inpatient Survey questionnaire would be issued later in the week. It was anticipated that the results would be available towards the end of August. In response to the findings of last year’s survey, all the operational units had developed plans to address those areas where improvement was indicated. The comments made by patients provided valuable information and would also be made available to the units to supplement the findings of the survey.

Mrs Morrison reported on a stand alone patient feedback tool developed by the Clinical Governance Support Team which was to be piloted in a number of wards in Raigmore Hospital and in North Highland CHP. Real time patient feedback and the outcomes of the improvement plans would be displayed on patient quality boards to ensure engagement with patients throughout the process. Discussion followed on effective means of publicising the outcomes of this and other initiatives as widely as possible to keep patients informed, and also to ensure that the information is disseminated to front line staff to inform their working practices.

The Committee:

- Noted the work ongoing to address the areas identified in the 2010 Inpatient Survey as requiring improvement.
- Noted that the results of this year’s patient survey should be available towards the end of August 2011.
- Agreed that further consideration should be given to means of communicating the results of the surveys and follow up action to patients and to staff at the coal face.

6.2 Maternity Services Strategy and Coordination Group

There was circulated the minute of the inaugural meeting of the Group held on 4 November 2011. It was noted that a flow diagram was to be prepared along with a report showing how actions are monitored on a Highland wide basis, and providing assurance that any learning points are shared across the organisation and loops closed.

The Committee Noted the minute.

6.3 Cancer Steering Group

The minute of meeting held on 11 November 2010 was received and noted. The Chair proposed to contact the Group with a view to clarifying its role, accountability and reporting arrangements in order to ensure that both clinical governance and operational issues were appropriately addressed.
The Committee Noted that the Chair would liaise with the Cancer Steering Group regarding its role, remit and reporting arrangements.

6.4 Spiritual Care Committee

The Committee received the reports of meetings held on 15 September and 13 December 2010. It was noted from the September minute that the provisional findings of the Inpatient Survey had identified some areas for improvement in relation to meeting patients’ spiritual and religious care needs. The need to raise awareness of the Chaplaincy service and the support it could provide to patients, was acknowledged.

The Committee Noted the reports.

6.5 Annual Reports

6.5.1 Local Supervising Authority Midwifery Officer (LSAMO) Annual Report to the Nursing & Midwifery Council 2009 – 2010

Heidi May spoke to the circulated report on behalf of Mary Vance, LSAMO, who was unable to be present. A number of points were raised.

- It was noted that the ratio of supervisors to supervisees in the North of Scotland LSA Consortium, to which NHS Highland belonged, was well within the Nursing & Midwifery Council standard of 1:15. However, with few midwives coming forward for training, and a number of supervisors likely to retire over the next few years, consideration was being given to developing local training programmes in order to encourage and support midwives to become supervisors so that the supervisory framework can be sustained.

- While the North of Scotland Consortium did not have an agreed escalation policy for serious untoward incidents for maternity services, where the number of such incidents remained low, the Committee supported the development of a local escalation policy within Highland.

- As the majority of births took place in Raigmore, there was a potential risk around maintenance of skills in the smaller units. This was being followed up by the Maternity Services Strategy and Coordination Group.

- An issue was raised relating to the release of midwifery staff to undertake supervisory duties, and associated remuneration, which it was agreed to refer to the Staff Governance Committee for consideration.

Overall, however, there were no major concerns.

The Committee Noted the report, the issues identified and the actions being taken.

7 INFECTION CONTROL

7.1 Control of Infection Committee

Liz McClurg spoke to the circulated minute of the meeting held on 15 December 2010, highlighting salient points. She noted the various work streams ongoing in relation to
performance against the HEAT target for SABs and Clostridium difficile; progress against the action plan for Caesarean Section Surgical Site Infections; decontamination issues relating to GI Endoscopy; and antimicrobial prescribing. Concern was expressed about the funding of the antimicrobial pharmacist post. A risk assessment had been undertaken of the impact of not re-appointing to this post, to support the case for continuing funding. Mrs McClurg referred to work being done around new methodologies, and in this connection she outlined the Aseptic Technique Project which was to be piloted in a ward in Raigmore.

Margaret Davidson wished to record her appreciation of all the work that had been done in the acute sector and the continuing progress. She felt the focus now needed to move to the community setting. Mrs McClurg confirmed that work had begun to address infection control issues in the community, and key areas for action were included in the Infection Control Annual Work Plan.

The Committee:

- Noted the minute and the various workstreams underway.
- Noted that work had begun to address infection control issues in the community setting.

Kenny Steele joined the meeting

8  ANTICOAGULATION MONITORING

The Chair welcomed Kenny Steele, Divisional General Manager - Medical and Diagnostics, Raigmore, who spoke to his circulated paper regarding anticoagulation services. He outlined the issues relating to patient dosing requirements and gave details of the measures taken to date to address these and the further developments that were planned. The integration of the Blood Sciences Department at Raigmore and the installation of new equipment had realised some efficiencies, and the aim now was to transfer the anticoagulation dosing work currently undertaken by consultants to biomedical scientists (BMS) based at the hospital. There were also BMS staff at the Caithness General Hospital and Belford Hospital who would be able to undertake this work for practices in their area, thereby reducing the reliance on the postal service for sending blood samples. BMS staff would require to be trained to carry out this function, however to ensure the existing service was not compromised they could not be released for this purpose until June 2011 when the integration process would be complete and staff fully trained in the safe use of the new equipment.

There were a number of remote GP practices that did not have access to the hospital van transport service. The options in this case were to continue using the postal service, invest in a transport service, which would have significant financial implications, or invest in point of care testing. This latter raised a number of issues for GPs relating to software, equipment and cost. It was noted that the Laboratory Manager at Raigmore was in discussion with the practices concerned and the CHP management to try and resolve the issues.

In addition to the issues identified above, the Committee noted that there were new drugs coming on line which could impact on the way the service is currently delivered.

Noting the interim arrangements and the proposals for further developments, the Chair thanked Mr Steele for his update. She would wish to have an assurance that the issues and risks were being managed appropriately and invited Mr Steel to attend the August meeting of the Committee to report on progress with implementation of the revised arrangements.
The Committee:

- Noted the current position and the work ongoing to resolve the issues.
- Requested that Mr Steele attend the August meeting to update on progress.

9 ASSURANCE AND ACCOUNTABILITY

9.1 Clinical Governance and Risk Management Performance

Speaking to her circulated report, Mirian Morrison explained that the information contained in the reports generated for the operational units related to incidents that had been finally approved and signed off. With effect from April this year the reports would include data on all reported incidents irrespective of their status. She advised that a new incident category of Tissue Viability had been introduced. In addition, pressure sores were now being recorded on DATIX. More detailed data analysis would be undertaken at operational level in order to identify any trends and areas for improvement.

The Committee Noted the report.

9.1.1 Internal Audit Report – Incident Management System

There was circulated for the Committee’s information the report of a review undertaken by the Internal Auditors to ascertain the adequacy and effectiveness of incident reporting and management processes in place within NHS Highland. A number of areas for improvement were identified, particularly around the analysis of incident data and the implementation and follow up of remedial action and closing the loop. Mirian Morrison gave details of the measures planned/being taken to address these issues. She noted in particular the aim to upgrade the DATIX system to facilitate reporting. There was also a need to ensure that managers and staff with responsibility for reviewing and closing off incidents received the necessary training and support to fulfil this role and provided feed back to staff on the outcome of investigations. Discussion followed on a proposal that there should be an operational manager included in the membership of the Clinical Governance Committee. Differing views were expressed as to whether this was necessary or appropriate, given the role and remit of the Committee. It was suggested that representatives from the operational units might be invited to give presentations to the Committee on specific issues to discuss the governance implications.

Due to technical problems occurring at this point with the teleconference link, Steven Wilson was no longer able to participate in the meeting.

With regard to complaints, the Committee reinforced the need for the operational units to give high priority to ensuring prompt investigations took place and that complaints were timeously signed off. It was agreed that the Chair would write to Elaine Mead, Chief Executive, to express the concerns of the Committee regarding performance at local level against the 20 day response target.

The Committee:

- Noted the findings of the Internal Audit review and the work ongoing to address the areas for improvement.
- Agreed that further discussion was required and that progress would be reported to a future meeting.
9.2 Clinical Governance Forum

The minute of the meeting held on 15 September 2010 was circulated for information. Ian Bashford reported on the meeting held on 12 January 2011, noting that some changes had been made to the format and operation of the Forum, to give it a more clinical focus. There was a need to ensure that the work of the Forum tied in with the Clinical Governance Committee’s action plan. It was suggested that the Forum might also include on its agenda appropriate national issues or recommendations arising from QIS reviews to ensure appropriate action and follow up.

The Committee Noted the reports of the meetings and the revised format of the Forum’s operation.

9.3 Information Governance Committee

The Committee received and noted the minute of meeting held on 22 November 2010 noted.

9.4 Clinical Ethics Committee Update

The Committee noted that discussions were ongoing around the development of a formal role and remit for the Clinical Ethics Committee, its reporting arrangements and administrative and financial support. The Committee agreed to give further consideration to the issues at the next meeting.

The Committee Noted the current position and would have further discussion on the issues at the next meeting.

9.5 Risk Management Steering Group

Mirian Morrison advised that the Group was scheduled to meet on 17 March 2011 focussing on the risk register. It was felt there was a need to review risk management systems and procedures, to ensure a coordinated approach was taken to identify and manage areas of high risk and avoid potential fragmentation. The Chair would liaise with Elaine Mead, Chief Executive, on this issue and the role of clinical governance in relation to risk management.

The Committee Noted the position.

Liz McClurg left the meeting

10 SAFE AND EFFECTIVE CARE

10.1 NHS Quality Improvement Scotland (NHS QIS)

10.1.1 Clinical Governance and Risk Management Standards

Mirian Morrison reported that NHS Highland had achieved a score of 10 out of a possible 12 points. She updated the Committee on the work ongoing across the organisation to further improve performance against the Standards.

The Committee Noted the update.
10.1.2 Update on recent Review Visits

(a) Sexual Health Standards

Mirian Morrison reported on the visit of the peer review team. While some areas had been identified for improvement, overall the feedback had been positive. The draft report of the visit was anticipated shortly. Mrs Morrison advised that NHS Highland’s Sexual Health Strategy was being refreshed and would take account of the recommendations made by QIS.

The Committee Noted the feedback and that the draft report would shortly be available.

(b) Coronary Heart Disease (CHD) Standards

Mirian Morrison advised that the central panels set up to review the self assessments submitted by NHS Boards had not yet met. She outlined the process to be followed to address any issues or concerns identified by QIS from the self assessments and assure governance.

The Committee Noted the position.

10.2 NHS Highland Response to Mid Staffordshire NHS Foundation Trust Reports

Mirian Morrison submitted a report detailing the outcome of the gap analysis against the findings of the Healthcare Commission Investigation and the recommendations from the Independent Inquiry (The Frances Report). A copy of the high level action plan which had been developed to address the issues identified was also circulated. The Chair proposed that the members give consideration to the report and action plan outwith the meeting and feed back views and comments to her. Further discussion would take place at the next meeting.

The Committee:

- Remitted to its members to consider the paper and feed back views and comments to the Chair in advance of the next meeting.
- Agreed that the paper would be discussed in detail at the next meeting.

10.3 Area Drug and Therapeutics Committee

The Committee received and noted the minute of meeting held on 17 November 2010.

10.4 Nursing Record Keeping Audit

This was deferred to the next meeting when the report of the Audit would be available for consideration.

11 REPORTS FROM OPERATIONAL UNITS

The following reports were received:-

- Argyll & Bute CHP Clinical Governance & Risk Management Group minute of 14 September 2010
Noting the minutes, the Committee considered other ways of receiving relevant information from the operational units. One suggestion was that the Chairs of these committees might submit a summary report highlighting the salient points from the minutes. Alternatively the committees might prepare action plans and recommendations for submission, say, on an annual basis, to provide the Committee with assurance that issues and risks were appropriately addressed. The Committee would give some further thought to this matter.

The Committee:

- **Noted** the minutes.
- **Agreed** to give consideration to alternative ways of receiving information from the operational units.

Margaret Davidson left the meeting

### 12 ANY OTHER COMPETENT BUSINESS

#### 12.1 Clinical Governance Committee Annual Report

The Committee was reminded that it would be necessary to prepare an annual report for submission to the Audit Committee meeting in May 2011.

### 13 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 17 May 2011 at 9.15am in the Board Room, Assynt House, Inverness.

The meeting concluded at 12.45 pm