

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	30 June 2022 – 9.00am (via MS Teams)	

Present

Dr Gaener Rodger, Non-Executive Board Director and Chair
 Dr Tim Allison, Director of Public Health
 Jean Boardman, Non-Executive Board Director
 Pamela Cremin, Deputy Chief Officer (Community Services)
 Dawn MacDonald, Staffside Representative (from 9.10am)
 Heidi May, Board Nurse Director
 Joanne McCoy, Non-Executive Board Director
 Gerard O'Brien, Non-Executive Board Director
 Dr Boyd Peters, Medical Director
 Simon Steer, Interim Director of Adult Social Care (from 9.35am)
 Donald Watt, Service Manager (Argyll and Bute)
 Emily Woolard, Lay Representative

In attendance

Ruth Daly, Board Secretary
 Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics)
 Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)
 Frances Hines, Research Manager (from 11.00am)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Iain Ross, Head of eHealth (from 11.15am)
 Ian Rudd, Director of Pharmacy
 Elizabeth Sage, Consultant Physician (Item 12)
 Katherine Sutton, Director of Acute Services
 Nathan Ware, Governance and Assurance Coordinator (from 9.40am)
 Constantinos Yiangou, Deputy Medical Director (from 10.20am)

1 WELCOME AND APOLOGIES

Apologies were received from Louise Bussell, R Cargill, A Christie, L Cowie, R Donkin and S Govenden.

J Boardman and G O'Brien were welcomed to the meeting as substitute members. It was reported that G Hardie was no longer a member of the Committee following re-election to Argyll and Bute Council. The Chair took the opportunity to thank him for his work on and dedication to the work of the Committee and wished him well for the future.

1.1 Declarations of Conflict of Interest

There were no Declarations of Interest made.

2 MINUTE OF MEETING ON 28 APRIL 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 28 April 2022 was **Approved**, subject to the following amendments:

List of Attendees – Amend to indicate A Clark, S Govenden, M Moss and S Steer were “In Attendance”.

Page 5, Item 5.1, Line 7 – Amend to read “...noted that one senior member of the local Clinical Governance Team was to retire, with one further senior staff member moving to a new role...”

Associated Actions (Including Actions 18 and 19 from last meeting) were considered as the meeting progressed. It was advised that in relation to the Committee forward Work Plan an update in relation to Realistic Medicine would be brought to the next meeting on 1 September 2022.

The Committee otherwise:

- **Approved** the Minute subject to the amendments discussed.
- **Noted** actions would be discussed as the meeting progressed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 MATTERS ARISING

2.1.1 Grade 2-4 Pressure Ulcers

H May advised that existing Tissue Viability data did not automatically distinguish between those patients who had pressure ulcers prior to hospital admission and those who acquired the same whilst within hospital. To ensure appropriate consideration of standards of care, data was being investigated manually with a view to identifying those individual patient cohorts. Activity was being led by S Sears, Associate Nurse Director and it was intended that a further update be brought to the September 2022 meeting.

The Committee:

- **Noted** the reported position.
- **Noted** a further detailed update would be provided to the next meeting.

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

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

3.1 Infants, Children & Young People’s Clinical Governance Group

H May spoke to the circulated report, highlighting the ongoing position in relation to CAMHS, NDAS and Child Protection Services. The CAMHS service was under Special Measures at that time, with a range of improvement activity underway including the recent recruitment of a new Clinical Director. The Child Death Review Processes had begun although a backlog of cases remained, in relation to which an improvement plan had been developed. Relevant governance arrangements included regular quarterly reporting of outcomes to Operational Units and submission of an annual report in relation to the same to this Committee. With regard to the joint inspection of Highland children’s services, inspectors had met with key leads within the partnership and with specific health staff, with a focus on Covid and the measures introduced to keep children safe during the pandemic. Other focus related to outcomes and how these demonstrated that lives

have been improved, or children made safer. There had also been circulated Minute of Meeting held on 1 June 2022. The report proposed the Committee take **Limited Assurance**.

Discussion points were as follows:

- CAMHS. On reference to improved oversight within Argyll and Bute area, view expressed a more detailed update was required on the overall NHSH position to gauge the overall level of assurance to be taken on the CAMHS service. Confirmed arrangements in Argyll and Bute had significantly improved, with a recent report to the local Clinical and Care Governance Group confirming Consultant oversight was in place, with the service to be fully staffed at senior level in early course. Noted K Sutton was the re-established NHSH Programme Board lead, with T Gervais, Head of Operations (Woman and Child) as Chair. The Board would establish overall current position in detail and look to refresh the relevant Action Plan. Current arrangements and links with Argyll and Bute activity, including aspects relating to governance and ensuring shared learning were to be taken forward. Agreed any detailed update to the Committee should include reference to the overall NHS Highland position, risk mitigation activity, improvement aims and relevant governance structure arrangements.
- Corporate Parenting. Reference made to stated unmet need and timeframe for results from relevant impact assessment, noting potential human rights implications. Advised NHSH Corporate Parenting Plan to be presented to the NHS Board in July 2022, following which Non-Executive Board members would receive relevant training. The position relating to the impact assessment would be investigated and reported back.
- NDAS. Noting concern relating to visibility of Children's Services had been raised at the Highland Health and Social care Committee, the view was expressed little assurance could be taken at this time. Advised Performance Recovery Board providing regular oversight; assurance and governance at this time, including progress against the relevant improvement plan. Acknowledged this was complex area of activity across a number of agency partners. Agreement Committee should receive a detailed update at the next meeting.

The Committee:

- **Noted** the report content.
- **Agreed** matters of interest be discussed by S Govenden with J Boardman out with meeting.
- **Agreed** detailed updates in relation to CAMHS and NDAS be brought to the next meeting.
- **Agreed** to take **Limited** assurance.

4 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 February 2022. All Antimicrobial prescribing targets had been met in 2021/2022 and whilst targets for C.diff, SAB and E.Coli had not been met, associated performance remained within predicted limits. Reported relevant targets were expected to be extended for a further year, due to pandemic impact. The position in relation to Statutory and Mandatory training had improved significantly, with plans for yet further improvement in place. There had been no incidences or outbreaks of Flu across the same period although one outbreak of Norovirus had been reported during May 2022. During the reported period a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside Health Protection staff to continue to manage a number of individual cases, and contacts across all health and social care sectors of NHS Highland. There had been 3 Care Homes closed during May and June 2022. The Team continued to follow the guidance published in the Winter respiratory Infection Prevention and Control Addendum to manage Covid19 cases. The transition back to previous guidance would take place in July 2022. There had been no Healthcare environment inspections carried out since the last reporting period and there had been no risks to compliance with Data Protection legislation. Relevant areas of

challenge were outlined in more detail for the information of members, with a continued focus on aspects relating to Mandatory Training. There had also been circulated relevant 2021/2022 Annual Work Plan End of Year Report, 2022/2023 Annual Work Plan start of year update and Infection Prevention and Control Annual Report 2021/2022. The report proposed the Committee take **Substantial Assurance**.

On the matter raised in relation to target setting, it was advised NHS Boards had a degree of influence over these, in discussion with Scottish Government, reflecting that infections can be acquired out with care settings.

The Committee:

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

5 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

5.1 Children's Services Inspection

H May spoke to the circulated Briefing relating to the joint inspection of services for children and young people at risk of harm in North Highland 2022, Phase 1 of which had commenced. It was reported there was a need for NHS Highland to be aware of the tasks/actions required and to ensure all relevant staff involved or impacted were aware and supported through the process. Phase 1 involved submission of a pre-inspection return; the issue of a staff survey and a review of children's and young people's records. Following this, surveys for children and young people and parents and carers would be issued. Phase 2 would involve the submission of a position statement and supporting evidence, and a week of engagement activity. The overall final report, due in October 2022 would be written with the above in mind, taking account of regulatory reports, partner information and publicly available information that will have scoped the joint inspection.

The Committee so Noted.

H May left the meeting at 9.45am and the Committee agreed to revert to the original agenda order at this point in the meeting.

6 MATTERS ARISING

6.1 Internal Audit Review (Significant Adverse Events) Update

M Morrison advised progress was being made against the relevant Action Plan, with all Significant Adverse Event Reviews (SAERs) and Adverse Events (AEs) with a Duty of Candour element being subject to formal review. An audit had also been established for those AEs that progressed to an SAER designation, with inclusion of a feedback element. It was reported NHS Highland had a high number of AEs and whilst progress had been made there was a need for development of improved data capture and theme identification processes, such as in place for complaints activity. Reported that Patient Alerts were to be re-introduced and the internal "When Things Go Wrong" Webpage was to be updated.

The following points were raised in discussion:

- Datix System concerns. Advised range of improvement activity underway, including in relation to the Action Plan module. Noted Datix operated primarily as a risk management system and was being used to provide relevant IPQR data. Noted ensuring effective incident management systems was a national issue, with potential learning from a system in Wales being considered.
- Trend/Theme Identification. Advised activity should be undertaken at Operational Unit Quality and Patient Safety (QPS) Group level, with the Mental Health Service having shown positive action in that area. Confirmed Datix does include reporting categories and sub-categories, including bullying and harassment, some of which were subject to restricted access given the nature of the information. Other processes were also available to record such issues as bullying and harassment. Reviewer training was key and made readily available, including in relation to relevant feedback arrangements. Training was regularly reviewed; updated and applied across all NHS Highland, including Argyll and Bute. Training was regularly advertised. Confirmed Argyll and Bute Council did not have access to Datix system, limiting available data.
- Datix for Shared Learning. Noting system used widely across NHS Boards in Scotland, with feedback elements crucial to seeking learning and implementing associated improvements. Recognised that system not easiest to navigate and utilise most effectively for this purpose. Informed engagement with the system and better identification of high tariff trends and themes would help drive such learning and improvement activity through improved intelligence gathering. It was suggested Committee receive a detailed report on Datix at a future meeting.

After discussion, the Committee otherwise Noted the update provided.

7 ADVERSE EVENT REPORTING PROCESS

M Morrison spoke to the circulated report outlining the process for managing adverse events. The NHSH process followed the national framework for adverse events and ensures that adverse events are reported, acted upon analysed at the appropriate level and that knowledge gained as disseminated to improve quality, patient safety and performance of the organisation. Relevant key challenges and current developments were outlined. There had also been circulated Adverse Event and Significant Adverse Event processes, including relevant flow charts. It was advised over 1,000 individual adverse events were reviewed every month by relevant Quality and Patient Safety Groups, learning from which was utilised to make relevant changes to Datix where required. Similar work was ongoing in relation to Maternity care. A meeting was to be held with NHS Grampian colleagues to discuss and take learning from how Datix was utilised effectively within that organisation. The report proposed the Committee take **Moderate Assurance**.

The Committee Noted the content of the report and **Agreed** to take **Moderate Assurance**.

8 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Study documents, 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. Acknowledged the requirement for patient identifiable information to be redacted from such reports. In terms of ensuring appropriate staff learning, it was advised this would be led by the relevant Investigating Officer.

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

9 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Events, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. With regard to Complaints, some improvement had been evidenced, with Chief Officers having been tasked previously with developing and setting an appropriate performance improvement plan. On FOI request performance, it was reported NESH was subject to Level 2 intervention by the Scottish Information Commissioner for the following nine months in relation to which improvement was required to ensure the target of 95% was met over that entire timeframe. An improvement plan was in place. In general terms, members were advised that relevant reporting would be kept under active review and additions/changes made where considered appropriate. It was proposed the Committee take **Moderate Assurance**.

The following areas were then raised in discussion:

- FOI Request Trends. Advised is variable and can be dependent on current issues in the public domain locally or nationally. A large number of requests came from MSPs and commercial organisations. Recent increase in requests relating to Maternity Services. All request information was captured, and Executive Lead Officers were in place to ensure timely responses. On occasion the nature of a request would require to be clarified and in some cases the requesters were signposted to information already publicly available. Some requests were resource intensive to respond to and some could be considered quite unusual in nature.
- Clinical Governance Dashboard. Confirmed active senior level consideration being given to development of an appropriate Dashboard, how this could be presented and what level of relevant data should be included etc. Discussion was ongoing regarding ensuring this would be relevant to Committee members.
- Falls. Noting position relating to Caithness, members were advised targeted improvement activity was underway and producing positive results. Contributory factors had been identified as relating to and including staffing and the number of patients subject to multiple fall events.

After discussion, the Committee otherwise Noted the reported content and **Agreed** to take **Moderate Assurance**.

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

10.1 Argyll & Bute Health and Social Care Partnership

There had been circulated Minute of Meeting held on 28 April 2022. It was confirmed a formal report would be brought to the next meeting.

The Committee otherwise Noted the circulated Minute.

10.2 Highland Health and Social Care Partnership

P Cremin spoke to the circulated report relating to Child and Adolescent Mental Health (CAMH) Services, the Scottish Government having recommended services be provided up to 18 years, independent of whether still within Education. This required to be agreed in each NHS Board and resources provided to ensure a service may be provided. It was reported work was required to review current NESH Policy in respect of the care to be provided to young persons over the age of 16 and under 18 years who are not enrolled in school-based education. Until the review was

complete there was a need to ensure that the requirement for these young people to be supported by Adult Mental Health Services to be ratified and communicated to all CMHT Team Leaders.

It was advised there was currently no Operational Clinical and Care Governance Group within the Highland Health and Social care Partnership (HSCP) area, with proposed Terms of Reference for the same to be submitted to the next meeting. B Peters confirmed the existing Quality and Patient Safety structure would also be maintained, with continued regular reporting to this Committee. The exact nature and detail of reporting to this Committee required further discussion and agreement. It was noted the assurance mechanism for the Chief Social Work Officer and associated governance alignment (The Highland Council) had been established. The report proposed the Committee take **Moderate Assurance**.

Matters raised in discussion were:

- Transitions Team Impact. Advised working with Highland Council to ensure improvement in the functionality of the Transitions Team more generally. Individual cases involving 16 to 18 years old children would be handled through the general Adult Psychiatry Service. North of Scotland Planning Group involved in discussion relating to implementing national CAMHS service specifications, standards and shared supervision arrangements etc.

The Committee otherwise:

- **Noted** the report content.
- **Agreed** to communication with CMHT Team Leaders on service provision for 16 to 18 years old children.
- **Noted** Care and Clinical Governance Group Terms of Reference would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

10.3 Acute Services

E Gray spoke to the circulated report in relation to Acute Services, indicating the Clinical Governance framework previously discussed had been implemented, with weekly meetings of the Quality and Patient Safety Review Group; monthly meetings of the QPS Validation Group; and bimonthly meetings of the Acute Services Division (ASD) Clinical Governance Committee. Issues highlighted by exception had included capacity and flow, the impact on delivery of the elective surgical programme, issues arising from access block to emergency and admitting departments, increasing Inpatient Falls, staff availability within professional groups, and poor performance against measures included in the Scottish Stroke Care Audit now the subject of a focussed improvement plan within Emergency Care. There had also been circulated Minute of Meeting of the ASD Clinical Governance Committee held on 17 May 2022. The report proposed the Committee take **Moderate Assurance**.

Matters discussed related to the following:

- Elective Surgical Programme. Noted programme delays reflect the national position. Learning to be taken from the positive position around the Orthopaedic surgery recovery programme and applied elsewhere. Aim also to make best use of capacity within Rural General Hospitals.
- Wider Service Delivery. Advised regular meetings held with Clinical Teams to discuss areas of concern. Clinicians are anxious that concerns are recognised and acknowledged, up to and including at NHS Board level. Active consideration being given to existing and future patient pathways, for the frail and elderly, in association with community-based colleagues. Staffing will be a continuing pressure and limiting factor in relation to service delivery.
- Scottish Stroke Care Audit. Noted number of admittance standards to be met, with NHS Highland performance having been improved significantly prior to advent of Covid but having

fallen back since. Focussed improvement work being undertaken, including in relation to direct admission arrangements from the Emergency Department. Future assurance reporting to Committee would be via the relevant Quality and Patient Safety Group. Matters were also reported to the Performance Recovery Board.

After discussion, the Committee:

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

The Committee adjourned and 10.55am and reconvened at 11.05am.

11 PUBLIC HEALTH UPDATE

T Allison spoke to the circulated report outlining the work of the Public Health Directorate and giving assurance in relation to the work and improvement activity being undertaken. He referenced existing governance and assurance reporting arrangements, citing a desire to improve this element in relation to reporting of Public Health matters to the NHS Board. It was reported the NHS Highland Public Health Directorate comprised a number of different teams, with some staff managed through the Argyll and Bute Health and Social Care Partnership. Wider Public Health activity was being remobilised at this time, following a reduction in Covid related Public Health activity. With reference to NHS Highland Corporate Objectives, specific updates were provided on activity relating to Improving Health; Keeping You Safe; Innovating Our Care; Working in Partnership; Listening and Responding and Communicating Well; Growing Talent; Leading by Example; Being Inclusive; Learning from Experience; Improving Wellbeing; Protecting Our Environment; and In Control and Well Run. A work stream had been established to oversee savings and efficiencies relating to Covid reporting to the Finance Recovery Board. The circulated report also included an organogram of the Public Health Directorate structure, for information. The report proposed the Committee take **Substantial Assurance**.

The following was discussed:

- Covid Impact on Directorate Focus. Advised aim was to ensure principles of Public Health were at core of wider NHS Highland activity. There would be greater focus on championing and facilitating a prevention agenda, and health inequalities.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **Substantial** Assurance.

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

12 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

12.1 National Quality Measures Report

B Peters spoke to the circulated report advising that oversight of specific conditions occurs through analysis of nationally agreed quality measures. Data was collected within each NHS Board, with Public Health Scotland and Health Improvement Scotland providing analysis and publishing reports at intervals. Benchmarking of quality measures was therefore possible. National audits would be reported in to the Quality and Patient Safety Groups to provide local governance and assurance

would be provided to this Committee from those Groups. The report included the May 2022 NHS Highland Quality Performance Indicators Quarterly Report and links were provided to relevant Cancer Quality Improvement Indicators and Scottish Healthcare Audits relating to Renal Registry, Intensive Care Audit, Electroconvulsive Therapy, Hip Fracture, Arthroplasty, Stroke, Trauma Management and Multiple Sclerosis. He went on to state that NHS Boards had experienced increased mortality (excess deaths) and morbidity rates since the onset of Covid, although not all could be attributed to Covid itself. An example of the relevant Risk Escalation Report documents being provided by the North Cancer Alliance to NHS Boards was shown to members and it was confirmed a Cancer Recovery Board had been established and was working well. The view was expressed the Clinical Governance Committee could be better sighted on relevant activity.

The following was discussed:

- Reporting to Clinical Governance Committee. Cancer Recovery Board should provide interval reports to Clinical Governance Committee. Where performance was not at the required level, and there were no formal mitigating actions in place, then those matters should be escalated to this Committee. Formal mechanism for reporting yet to be agreed.
- Question: Cancer Service Consultant Staffing. Advised increased adoption of advanced technological solutions were anticipated to have a positive impact on both recruitment and retention. Concerns around performance were not always staffing related.
- Question: Theatre Capacity Maximisation. Advised ongoing piece of work. Complex and continual challenge for NHS Boards, with numerous contributory factors to be considered.

The Committee Noted the circulated report content.

12.2 Other Emerging Issues

B Peters then provided updates in relation to the following:

- NHS Highland Policies and Guidelines. Advised high proportion of existing documents currently out of date, with the issue having been highlighted at recent meeting of the Executive Directors Group. Concern relating to lack of governance and oversight of this area. A plan to address these issues will be developed. Some of the Policies and Guidelines are relevant to clinical work and therefore to Clinical Governance.
- Breast Screening Programme. Concern relating to ability to meet relevant performance targets. The current number of key staffing vacancies across Radiographers, Radiologists, Pathologists, and other staff groups in addition to the existing screening schedule having a major impact. National developments were outlined. Noted an SBAR document, including a range of recommendations, had been developed and would be shared with members.
- MATS (Addictions) Services. Advised Scottish Government currently seeking an update on position against implementing relevant Standards. Quality Programme Manager engaged to help develop relevant improvement Plan across of areas within Primary and Secondary Care.
- Medical Staffing. Deanery visit and HIS Inquiry recently taken place, with particular concerns noted in relation to junior staffing levels at locations in Oban. A number of service and staff sustainability concerns required to be addressed. Further updates on activity would be brought to the Committee.
- Cancer Recovery Board. Concern across NHS Boards relating to a lack of available Oncologists. The delivery of Systemic Anti-Cancer Therapy (SACT) remained a challenge and was a continuing area of risk. A National Oncology Task Force now in place as this was a national issue.
- Paediatric Rheumatology Team. NHS Highland multidisciplinary team had won a national prize for their recent development work and would collect their prize at an upcoming National Event. Members asked that the congratulations of the Committee be passed to team members.

The Chair, in noting the number of risk areas and associated mitigating actions highlighted in discussion, suggested the Committee should receive detailed updates in relation to each. B Peters stated any reporting would need to be through Operational area updates and would be required to include reference to any and all relevant mitigating actions, in particular where there may be a risk of potential harm to patients. There was need to recognise a changing clinical practice and patient engagement environment. In relation to inclusion of the stated issues within Risk Registers, it was advised this would not be the case to date for all the matters identified in discussion. The Committee should remain sighted on all relevant matters of concern.

The Committee:

- **Noted** the updates provided.
- **Agreed** the Cancer Recovery Board provide regular reports to this Committee.
- **Agreed** future reporting on identified matters and associated mitigating actions would be via Operational areas.

13 NHS BOARD RISK ASURANCE FRAMEWORK

13.1 Strategic Risk 662 - Clinical Strategy and Redesign

The Chair stated that following further consideration, the recommendation was to be made that Strategic Risk 662 be re-designated as relating to the NHS Board and not this Committee. Relevant Strategy elements would continue to be of interest to the Committee moving forward.

The Committee so Noted.

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

There had been circulated a report providing an update on action being taken in relation to the two Risks identified, highlighting that whilst population Covid levels had reduced in recent weeks there continued to be significant community transmission of the virus. Covid vaccination programmes had been successful to date despite some stated delivery and communication issues. Comprehensive delivery of the Vaccination Transformation Programme (VTP) had not been possible by April 2022 and the risk target for this had been revised to April 2023. The report proposed the Committee take **Moderate Assurance**.

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

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to reduce the current Risk Level assigned to **Risk 715 from Very High to High** and maintain the Risk Level assigned to **Risk 959 as High**.

13.3 Clinical Governance Committee Risks 927 and 928

The Chair spoke to the circulated report outlining two Risks (927 and 928) included in the Committee Risk Register, also circulated, and on the basis of the updates on actions being taken, and previous reporting on associated aspects, recommended the Committee review their respective risk ratings at this time. The report proposed the Committee otherwise take **Substantial Assurance**. The Chair reminded members that suggested Risks may be submitted for consideration and inclusion.

The Committee:

- **Agreed**, based on mitigating action, to reduce the existing Risk Level for **Risk 927 to Low**.
- **Agreed**, based on mitigating action, to reduce the existing Risk Level for **Risk 928 to Low**.
- **Agreed** to take **Substantial** Assurance.

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Area Drugs and Therapeutics Committee

There had been circulated report providing the Committee with assurance on action being taken to strengthen governance of non-medical prescribing in NHS Highland. It had been agreed that the Medicines Governance Nurse Team would be provided with additional resource to enable it to provide operational oversight of the governance of Non-Medical Prescribers (NMP) in NHS Highland and to support the NMP Sub-Group in its governance function. The report proposed the Committee take **Moderate Assurance**.

The Committee Agreed to take **Moderate** Assurance.

14.2 Hospital Transfusion Committee

There had been circulated report providing a summary of the activity of the Hospital Transfusion Committee in relation to Governance and Safety, and Quality Improvement. The Committee met quarterly and included local and national blood transfusion representation. The key issues highlighted related to the lack of a Consultant Haematologist to function as a member of the group and absence of National Blood transfusion Practitioner due to sickness. A number of issues had been raised at national level, as indicated and the implementation of national Policies was likely to carry additional resource requirements, with appointment to a full-time educator post awaited. There was also circulated a separate report on the potential removal of the Transfusion number (Tnumber) for cross matching blood within NHS Highland, noting this may incur a cost saving to potentially offset any increased cost of adoption of the National Transfusion Record across Highland. The risk to NHS Highland of adopting national guidelines was indicated as minimal.

The Committee:

- **Noted** the content of the circulated reports.
- **Agreed** to continue to receive regular detailed reports on the work of the Hospital Transfusion Committee.

14.3 Information Assurance Group

I Ross spoke to the circulated report providing an update on the key activities of the Information Assurance Group and on issues previously raised by the Clinical Governance Committee in relation to both improving the medical and dental compliance with Safe Information Handling training and clinical representation contained within the Terms of Reference for the same Group. It was reported that ensuring compliance with training activity was the responsibility of operational areas and that an organisation wide action plan had been developed in response to the associated Internal Audit review. It was noted that agreement had also been reached in relation to implementing a 'hard control' for staff who had not completed the Safe Information Handling training, meaning that access to clinical systems would be revoked until such training was complete. With regard to the matter of clinical representation on the Information Assurance Group, it was advised Dr C Williams (GP) was a Group member, and that discussion would be held at the

next meeting to consider whether that representation should be extended further. There had also been circulated Minute of Meeting of the Information Assurance Group held on 16 March 2022.

The following matters were then discussed:

- General Information Governance Assurance/eHealth. Noted issues previously escalated regarding missing patient results due to reliance on paper-based systems. Rollout of Order Comms regularly raised as potential solution. Implementation delays causing frustration among some clinicians who cite associated patient safety concerns. Advised Secondary Care delays in part due to associated upgrades required to TrakCare. Interim mitigating process solutions being considered and introduced. Replacement of Clinical Lead for eHealth required further discussion on approach to be taken.
- Hospital Electronic Prescribing and Medicines Administration (HEPMA). Advised to go live toward end of calendar year, with testing being taken forward over coming months. Will go live within Caithness General Hospital in first instance around early December 2022. System provides enhanced governance and security. Will also enable data on prescribing patterns as well as inappropriate use of prescription medicines, providing additional levels of governance.
- Data Breaches. Noted breaches continue to occur, representing an area of concern and risk. Advised series of mitigating systems and associated training activity being taken forward as part of the MS365 Programme. Stated no system will ever eradicate all breaches but these can be significantly reduced in number.

The Committee:

- **Noted** the circulated Risk Register document.
- **Noted** the circulated Minute.
- **Agreed** to update the Committee Action Plan to reflect the reported position.

15 RESEARCH, DEVELOPMENT, AND INNOVATION (RDI) ANNUAL REPORT

F Hines spoke to the circulated report providing an overview of the research, development, and innovation activity within NHS Highland in 2021/2022. The report gave detail on key activity areas, financial status and the development of future strategic plans that in turn aligned with the NHS Highland Together We Care Programme. Specific updates were provided in relation to the status of relevant Policies and Procedures, launch of a formal comprehensive website, and Divisional staffing arrangements. Noted Scottish Government had indicated all NHS Boards should carry an RDI Division. Noting the impact of Covid on activity, it was stated the Division had focussed on recovering clinical trial, overall research, and innovation activity as well as expanding its portfolio in relation to new models of service delivery. Structurally there had been significant change to working practices in line with national guidance however staff had now returned to working flexibly according to the needs of their individual role and the wider Division. An update was provided in relation to ongoing activity, including relating to the management of Lyme Disease and it was advised that an Innovation Infrastructure Group had been established to streamline review and approval processes for proposed innovation projects. Private companies continued to work with NHS Highland on a range of projects and research areas and in turn NHS Highland was an active participant in both regional and national projects. The Division continued to map all current, expected and opportunity identified activities against the Together We Care Strategy to provide all staff with an understanding of how the Division contributes to the work of the service, and how it can be used to address all issues at all levels across NHS Board activity. B Sage took the opportunity to state that any service transformation or innovation within healthcare was dependent upon effective and successful research activity and urged the Division be included in relevant discussions where possible. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial Assurance**.

16 ANY OTHER COMPETENT BUSINESS

16.1 Internal Audit Review (Statutory and Mandatory Training)

The Chair spoke to the circulated Internal Audit report and confirmed reference to Operational reporting to Committee level was in place with regard to this Committee in relation to relevant Infection Prevention and Control, and Health and Safety elements.

The Committee otherwise Noted the circulated report.

16.2 Recent Audit Committee Discussion on Impact of Unfilled Shifts

The Chair advised that an advisory report received by the audit Committee had raised concerns relating to the impact of unfilled shifts and a range of other matters, further detail in relation to which would be brought to the next meeting.

The Committee so Noted.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to discussion and agreement around the Strategic Risk Register, wider concerns raised by the Board Medical Director in discussion, and the ongoing position in relation to CAMHS. B Peters advised a number of the concerns discussed, in particular relevant operational system pressures being experienced locally in Highland, had already been escalated to NHS Board level but were ongoing and not easing. Escalations to NHS Board and Executive level had been made, reflecting the clinical staff concerns. It was important to keep the NHS Board informed of these while also acknowledging that decision making needs to be primarily at Operational level, by those most experienced in the organisation and the delivery of clinical and care services.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

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

- 1st September**
- 3rd November**

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 1 September 2022 at 9.00am.

The meeting closed at 12.30pm