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/	NHS Highland
DRAFT MINUTE	**6 October 2020 – 9.00am**	

Present Dr Gaener Rodger, Non-Executive Board Director and Chair
Tim Allison, Director of Public Health (Teams)
Jean Boardman, Non-Executive Board Director (Teams)
Alasdair Christie, Non-Executive Board Director (Teams)
Heidi May, Nurse Director
Margaret Moss, Chair of Area Clinical Forum (Teams)
Adam Palmer, Employee Director (Teams)
Dr Boyd Peters, Medical Director

In attendance Ruth Daly, Board Secretary (Teams)
Paul Davidson, Associate Medical Director (Teams)
Jim Docherty, (Teams)
Liz Higgins, (Teams)
Ian Kyle, Head of Integrated Children's Services, Highland Council (Teams)
George McCaig, (Teams)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager (Teams)
David Park, Chief Officer (North Highland) (Teams)
Karen Ralston, (Teams)
Bob Summers, Head of Occupational Health and Safety (Teams)
Katherine Sutton, Chief Officer (Acute) (Teams)
Claire Wood, Associate Director (AHPs) (Teams)

1 Welcome and Apologies

Apologies were received from Elspeth Caithness, Deirdre Mackay and Kate Patience-Quate.

The Chair advised members that Graham Peach had resigned from his position as Public/Lay representative and took the opportunity to pay tribute to his previous contribution to the considerations of the Committee and to thank him well in to the future. Activity in relation to recruitment of replacement public representatives would now be taken forward.

The Chair further took the opportunity to apologise for the confusing meeting administration on this occasion, which had been impacted by associated technology issues.

1.1 Declarations of Conflict of Interest

There were no Declarations of Interest made.

2 NHS Highland Code of Corporate Governance

R Daly spoke to the circulated report, outlining the component elements and advising the final version was to be presented to the Audit Committee in December 2020 and the NHS Board in January 2021. Governance Committees were being asked to consider the circulated document, and associated Committee Terms of Reference, as part of this process. Terms of Reference for the Clinical Governance Committee would be considered later on the agenda for this meeting.

During discussion, a question was raised as to whether there was an intention to change the name of this Committee to the Clinical and Care Governance Committee. Noting this would require a change in emphasis and membership it was further noted oversight of Adult Social Care activity was being provided through the Highland Health and Social Care Committee at that time. D Park emphasised any proposed change to the remit of this Committee would require to be fully informed and further require the approval of the NHS Board. R Daly took the opportunity to advise members that NHS Boards were directed and expected to operate with a 'Clinical Governance Committee' as part of its overall governance framework. Any reference to discussion of national Terms of Reference documents for NHS Board Governance Committees was premature and was unlikely to address the governance position in North Highland where a Lead Agency model prevailed.

In relation to the circulated document itself, A Christie welcomed the activity that had been involved in developing the same and emphasised the importance of this in relation to the wider NHS Board and associated governance framework. R Daly indicated the approved Code of Corporate Governance would be reviewed on an annual basis.

After discussion, the Committee:

- **Considered and otherwise Noted** the circulated draft NHSH Code of Corporate Governance.
- **Noted** revised Committee Terms of Reference would be discussed under Agenda Item 10.
- **Noted** a further update would be provided to the next meeting on any national level discussion.

3 Minute of Meeting on 25 August 2020

The Minute of Meeting held on 25 August 2020 was **Approved,** subject to the following amendment:

Page 5, Item 7, Para.2 – Amend to read "…ICYPCGG would report in to the revised Acute and Community QPS structure, with reporting through this Committee until such time as that structure was fully functional."

Actions were then considered as follows:

- **Infection Prevention and Control** – H May advised the unannounced scrutiny visit had yet to take place. A summary update would be provided, once available, following the anticipated visit.
- **Update on Ongoing Argyll and Bute Activity** – Item closed.
- **North and West (Vulnerable Adults)** – It was stated clarity was required as to what particular issues should be raised with HHSCC, and which should remain under the scrutiny of this Committee. Confirmation relevant escalation was required.
- **Risk Register Workshop** – Noted this would be held as part of the next meeting.
- **Complaints** – Item closed.
- **ICYPCGG Exception Report** – Item closed.
- **S&M Exception Report** – Item closed.
- **A&B Exception Report** – Item closed.
- **Inpatient Experience Survey** – Item closed.

- **Gosport/Controlled Drugs Inspections** – Agreed the specific action outstanding be referenced.
- **Raigmore Exception Report** – Noted the issues in relation to junior doctors had been listed as to be raised with Director of Public Health. B Peters stated any assurance required should be sought from Acute Services.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** further discussion on outstanding actions be taken out with the meeting and the relevant Action Plan be updated accordingly prior to the next meeting.

4 NHS HIGHLAND INTEGRATED PEFORMANCE AND QUALITY REPORT

The Chair spoke to the circulated Integrated Performance and Quality Report (IPR) and asked that the Committee review and discuss the performance outcomes highlighting areas of concern and the role of the new Performance Recovery Board. She advised the Committee, at future meetings should look to interrogate, in particular, relevant Clinical Governance data and provide assurance to the NHS Board on these and escalate as appropriate. The circulated report had already been considered by the NHS Board at their meeting in September 2020, and the Chair advised she had provided assurance on the discussion held at the August 2020 Committee meeting where the Clinical Governance data had had been discussed in isolation. Moving forward, the Clinical Governance Committee would receive and consider the IPR ahead of the NHS Board meetings. Based on the data being presented to this meeting, the Chair asked if there were any matters to be raised at the November NHS Board meeting, including the identification of any suggested additional data measurements such as data on re-admission rates. General feedback in relation to the IPR was also welcomed.

G McCaig went on to advise an improved data set had recently been considered by the Executive Directors Group although had not been made available for circulation ahead of this meeting. M Morrison took the opportunity to advise that complaints data performance had dropped, with weekly reports now being provided to Operational Units, advising as to response deadline requirements and all open cases etc, including those relating to SPSO, with a view to ensuring improved performance. The matter of complaints reporting data was raised by K Sutton, and after a short discussion it was agreed this level of detail be discussed with her out with the meeting.

B Peters advised future iterations of the IPR would be enhanced over time and suggested the Committee focus on relevant data patterns and trend analysis at this meeting in the absence of more up to date data and again with a view to ensuring longer term improvement. He highlighted in particular the need for Significant Adverse Event Review (SAER) training for Committee Chairs/Vice Chairs, this having been severely impacted by Covid. H May took the opportunity to highlight improvement in relation to Falls, Infection Control and Pressure Ulcer activity with the former showing a 34% reduction in Falls overall. She emphasised the importance of ensuring relevant data was fully utilised to help drive associated decision making.

During discussion, A Palmer referenced New Outpatient activity (Finance and Resources) at Raigmore and sought advice as to whether a revised Plan would now be required given the reported level of activity. K Sutton confirmed the matter was regularly scrutinised and discussed by the Recovery Board and took the opportunity to advise Outpatient activity had increased considerably over the previous two month period, with enhanced clinical prioritisation in place. Performance had recovered, especially within Raigmore Hospital.

The Committee:

- **Considered** the performance outcomes and areas of concern highlighted.
- **Noted** future IPR updates to this Committee would be in line with relevant NHS Board reporting cycle arrangements for the January 2021 Board meeting.
- **Agreed** matters relating to Complaints performance data be discussed with K Sutton out with the meeting.

5 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

There were no matters raised in relation to this item.

D Park and J Docherty left the meeting at 9.55am.

6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES

6.1 Argyll & Bute HSCP Clinical & Care Governance Group

The Argyll & Bute exception report had been circulated, along with the Minute of Meeting of the respective Clinical Care and Governance Group held on 21 May 2020. Particular matters highlighted had related to SAER activity, Duty of Candour and complex complaint case activity.

The Chair noted reference to local CAMHS activity risks, and went on to advise both she and the Chair of the Staff Governance Committee had received a written letter from staff highlighting concerns relating to staffing and culture, and quality and safety within the Argyll and Bute service. Following discussion with the Staff Governance Committee Chair, this had in turn been escalated to the Chief Executive, relevant senior Executives and the NHSH Whistle Blowing Champion. Discussion on the matters raised was due to take place in the coming week, with a report expected to be submitted to both this Committee and the Staff Governance Committee in the next cycle of meetings. It was noted that a CAMHS Project Board and Short Life Working Group had been established and the post of CAMHS Manager had been successfully recruited to. B Peters confirmed that a range of positive actions were being undertaken in response to the matters raised in the formal letter and stated he understood the relevant improvement work had been well received to date by relevant staff.

E Higgins further confirmed local management were sighted on all the relevant areas of concern, with support offered where appropriate, and local actions were being taken forward on the historic issues that had been highlighted. The Chair referenced in particular the issues highlighted in relation to staff awareness of current improvement activity and a lack of input in relation to the same. Staffing capacity and the ability to ensure appropriate activity levels had also been raised. B Peters again emphasised a range of activity was underway to address the historic issues that had been raised and questioned the level of communication with staff to date in relation to the same. He further suggested an audit of the matters raised in the recent letter to establish if these related to the same issues raised previously and in relation to which improvement action was underway. H May questioned whether management had formally sat down with the CAMHS Team to discuss the issues raised and action being taken, and was advised there had not been formal discussion with the entire CAMHS Team. There had been initial discussion on the actions being taken, with an explicit commitment given on working with staff in this area. She stated an audit of outstanding concerns would be beneficial. The need for enhanced communication, from all levels, including local management was emphasised. The Chair advised members it was understood a Teams meeting, involving relevant officers including the NHSH Chief Executive, was to be held later that week with a view to making matters forward.

G McCaig left the meeting at 10.05am.

6.2 North and West QPS (Parent) Group

There had been circulated exception reports from the North and West Patient Safety Group. The Chair highlighted matters relating to the newly taken over Home Farm and relevant Pharmacy activity. On the latter point, it was noted the Area Drug and Therapeutic Committee would now report directly in to the Clinical Governance Committee on a six monthly basis, with effect from 1 January 2021. In relation to Pharmacy matters, I Rudd advised he was to take up and discuss relevant issues raised in relation to test strips with Biochemistry colleagues, and in relation to the medication training issue in Lochaber this had been recognised at an early stage of Covid activity, with J Hodges taking matters forward at that time.

6.3 Raigmore QPS Group

The Raigmore Hospital Exception Report had been circulated, along with the Minute of the respective Quality and Patient Safety Committee held on 18 August 2020. K Sutton advised Committee members that the move to a one hospital, four-site model would impact on future reporting to this Committee.

The Chair referenced matters relating to the Paediatrics Assessment Unit and K Sutton agreed to follow up on this issue. She advised that Interventional Radiology for Paediatric Services was specialist in nature, with NHS Highland not operating as Specialist Centre in relation to the same. The nearest Unit was in Aberdeen and Dr Peters emphasised the service had not been stopped in Highland as this was not delivered in area other than in exceptional circumstances. The provision of any level of specialist care, in a safe manner within Raigmore would require further discussion. K Sutton further emphasised activity relating to Order Comms would be taken forward by eHealth and introduced during the 2021/2022 financial year.

The Chair further referenced relevant HMSR data published in September 2020 and requested a report on this to the next meeting.

6.4 South and Mid QPS Group

There had been circulated Minute of Meeting of the South and Mid QPS Group held on 5 August 2020. It was suggested attendance at these meetings were being impacted by members attending relevant Covid-related Clinical Huddles held at the same time every morning.

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

There had been circulated relevant Exception Report from the Infants, Children & Young People's Clinical Governance Group. H May advised she welcomed any comments in relation to the report along with any suggestions for improved reporting moving forward. She advised the Governance Group in question operated on an NHS Highland-wide basis and had developed an associated Risk Register which had included the issue discussed earlier on the agenda in relation to the CAMHS Service in Argyll and Bute. In addition, she advised NHS Highland was to participate in the national Review of Child Death Processes, with this activity aimed at bringing Scotland in to line with the rest of the UK.

The Chair referenced the high demand for Neurodevelopmental Assessment Services and was advised the relevant Operational Unit had been requested to consider relevant issues and report back to ICYPCCG. K Sutton further advised this challenging matter had also been raised at the Performance Recovery Board as part of wider discussion in relation to improving capacity and access to CAMHS Services across NHS Highland. NHS Highland was working closely with Scottish Government specialist advisors on this issue. A range of services were involved in ensuring early associated care, with a view to reducing Acute presentation levels, and developing associated pathways etc. This was all being coordinated through a recently established Sub Group of the Performance Recovery Board.

The Committee:

- **Considered** the issues identified and received assurance that appropriate action was being taken/ planned.
- **Noted** an update report on CAMHS improvement activity in Argyll and Bute was expected at the next meeting.
- **Agreed** I Rudd discuss issues relating to test strips with Biochemistry colleagues.
- **Agreed** K Sutton follow up on issues relating to the Paediatric Assessment Unit.
- **Agreed** the Committee Administrator seek an update report on HMSR data published in September 2020, from I Douglas.

7 SPSO QUARTERLY REPORT

M Morrison spoke to the circulated report outlining the open cases being considered by the SPSO at the time of the meeting. It was reported, of the 22 cases open 13 related to Raigmore Hospital, 6 for North Highland and 3 for Argyll and Bute. The report indicated that a number of recommendations had been made to NHS Highland in August 2020 and were being taken forward, including that complaint handling and governance systems should ensure complaints are investigated and responded to in accordance with the NHS CHP. A new consent form had been introduced in January 2018 however this would be subject to audit in 2020/21 to ensure compliance. Monthly reports on open SPSO cases and outstanding actions were now provided to Operational Units.

On the point raised by the Chair, M Morrison confirmed that SPSO targets relating to timely completion of required actions were being both appropriately monitored and met. NHS Highland maintained continuous contact with SPSO. In terms of identifying recurrent themes, complaint handling processes had been identified and actions taken to address the same.

The Committee:

- **Noted** the open SPSO cases and the recommendations being progressed at that time.
- **Agreed** future SPSO reports be submitted to the Committee every six months, the next to be received at the meeting in March 2021.

8 INFECTION CONTROL

8.1 INFECTION PREVENTION AND CONTROL

There had been circulated the Infection Prevention and Control report which detailed NHS Highland's position against local and national key performance indicators. H May confirmed the report related to the new Standards set by Scottish Government, as reported to the last meeting. In terms of issues for consideration, a number of specific areas were highlighted, in particular an unexpected rise in C.diff cases within the North and West area during June 2020. A similar rise was observed within the South and Mid area during July 2020 and in both cases no links had been established. Emerging themes were being investigated. The overall position had been shared with Health Protection Scotland, who had not raised any concerns and had been assured all required actions were in place. H May went on to highlight the challenges being faced by the Infection Control Team at this time and stated the introduction of increased capacity had been of real benefit during this period. Relevant issues were being considered at a national level by NHS Scotland Board Nurse Directors.

The Committee otherwise Noted the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.

8.2 Control of Infection Committee Constitution and Terms of Reference

There had been circulated the revised Constitution and Terms of Reference relating to the NHS Highland Control of Infection Committee. The Chair advised the Control of Infection Committee would now report directly in to the Clinical Governance Committee.

The Committee Agreed to Ratify the circulated Constitution and Terms of Reference.

9 EMERGING ISSUES

The Chair, including from earlier discussion, identified the following matters requiring further consideration:

Argyll and Bute CAMHS Service – The Committee was to take a watching brief, and a report to be submitted to the December meeting, on relevant Clinical Governance aspects. It was reported a similar report would be submitted to the Staff Governance Committee on relevant aspects.
Risk Register Workshop – Workshop scheduled for December meeting.
NHS Highland Winter Plan – Schedule to be received at December meeting.

During discussion, A Palmer highlighted the need to be sighted not only on aspects relating to the CAMHS Service in Argyll and Bute but also in relation to North Highland. This was acknowledged.

Dr Peters went on to state the need to recognise a second Covid wave was now underway, with NHS Highland Silver Command arrangements reinvigorated in response. It was noted this would likely impact on a range of other planned meeting arrangements and attendance. It was noted Covid clusters were appearing in Highland and the likelihood was that such incidences would continue to arise. Relevant winter vaccination programmes were being considered, and a Covid vaccination clinical trial was also taking place in Scotland that may require a vaccination programme to be considered for the end of 2021 if successful. He added it was important to note that staff, who had been impacted heavily during the first phase of Covid, would now be required to face the second phase, and would require to be supported through this upcoming period accordingly. It was noted NHS Boards had also been instructed to re-mobilise and re-establish previous levels non-acute service levels, such as in relation to Cancer Care and Elective Surgery. It would be difficult for NHS Boards to strike an appropriate balance.

The Chair sought an update on whether the NHS Highland Winter Plan would include an update in relation to Covid activity and was advised specific Executive level updates would be provided to each Clinical Governance Committee meeting. Given the fast moving position with regard to Covid, it was likely the updates to Committee would be verbal in nature. T Allison echoed this latter point, adding a written report would be submitted to the next meeting, including in relation to wider planned immunisation activity up to Easter 2021. The position in relation to formal reporting to Governance Committees would be confirmed for reporting Officers.

The Committee otherwise Agreed the identified emerging issues.

10 REVISED COMMITTEE TERMS OF REFERENCE

The Chair spoke to the circulated revised Clinical Governance Committee Terms of Reference, adding that anticipated changes to the role and remit of the Highland Health and Social Care Committee may have an associated impact on the Terms of Reference for this Committee. The title of Clinical Governance Committee would be retained at this time.

B Peters referenced the In Attendance element of the Committee membership and the Chair advised that, as the document remained live at this time this would remain as is pending further clarification as to the formal role of the Committee moving forward and associated governance/reporting requirements including for commissioned services.

The Committee otherwise Agreed to Ratify the revised Committee Terms of Reference, with a view to further amendments anticipated in early 2021.

11 CLINICAL GOVERNANCE COMMITTEE ANNUAL WORK PLAN

The Chair introduced the circulated Committee Work Plan document, this having been completed to March 2021. A Committee Work Plan Workshop would be held on March 2021 to agree the next iteration for 2021/2022.

The Committee Agreed to Note the circulated Work Plan.

12 AOCB

There were no matters discussed in relation to this Item.

13 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2020 as follows:

1 December

14 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 1 December 2020 at 9.00am. The meeting would include a Workshop event relating to the new NHSH Risk Register.

Both the meeting schedule for 2021, and reporting schedule for the next meeting would be confirmed to members by the Committee Administrator. Meetings in 2021 would be held approximately every two months.

The meeting closed at 10.55am