CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
MINUTE	**1 September 2022 – 9.00am (via MS Teams)**

Present
Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Alasdair Christie, Non-Executive Board Director
Muriel Cockburn, Non-Executive Board Director
Robert Donkin, Lay Representative
Heidi May, Board Nurse Director
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director
Catriona Sinclair, Non-Executive Board Director and Area Clinical Forum Chair
Emily Woolard, Lay Representative

In attendance
Kate Arrow, Lead for Realistic Medicine
Louise Bussell, Chief Officer, HSCP
Robert Cargill, Deputy Medical Director
Ann Clark, Non-Executive Board Director
Lorraine Cowie, Head of Strategy and Transformation (from 9.35am)
Fiona Davies, Chief Officer, Argyll and Bute (from 10.20am)
Alison Felce, Senior Business Manager
Tracey Gervaise, Head of Operations (Woman and Child)
Julie Gilmore, Associate Nurse Director
Evelyn Gray, Associate Nurse Director
Elizabeth Higgins, Associate Nurse Director
Derick MacRae, Service Manager (from 11.05am)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Kayrin Murray, Interim Service Lead, NDAS (from 10.15am)
Ian Rudd, Director of Pharmacy
Cathy Steer, Head of Health improvement (from 10.50am)
Simon Steer, Interim Director of Adult Social Care (from 9.10am)
Katherine Sutton, Director of Acute Services (from 9.10am)
Nathan Ware, Governance and Assurance Coordinator (from 9.05am)
Donald Watt, Service Manager (Argyll and Bute)

1 WELCOME AND APOLOGIES

Apologies were received from K Patience-Quate.

H May took the opportunity to introduce Julie Gilmore, Associate Nurse Director (Highland Health and Social Care Partnership to the Committee.

The Chair then welcomed Muriel Cockburn to her first meeting as a member of the Committee.

1.1 Declarations of Conflict of Interest

J McCoy advised that being a manager at Let's Get on with it Together (LGOWIT) she had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that this interest did not preclude her involvement in the meeting.

A Christie advised that being an elected member of the Highland Council, and general manager at the Citizens' Advice Bureau (CAB), he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 30 JUNE 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 30 June 2022 was **Approved.**

Associated Actions (Including Actions 13 to 16 from last meeting) were considered as the meeting progressed. In relation to the circulated Work Plan, members were advised the NHS Highland Winter Plan had been replaced by the Annual Delivery Plan on the agenda for this meeting. The Winter Plan document would be presented to the NHS Board in 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 relevant data collection issues had been resolved, with the Integrated Performance and Quality Report having been updated to provide the same. Relevant improvement work was underway, with mitigating actions having been established and introduced.

The Committee so Noted.

2.1.2 Corporate Parenting

H May advised that discussion at the last meeting had raised a number of questions. In relation to the point raised regarding the relevant Risk Assessment it had been considered that no associated Impact Assessment would be required at this time. On relevant training for NHS Highland Board members, this would be provided at the October 2022 Board Development Session, along with a draft revised Corporate Parenting Plan and associated Multi-Agency Plan. Learning from work undertaken in Argyll and Bute on accessibility of Plans would be taken forward in North Highland.

The Committee:

- **Noted** the position.
- **Agreed** Action Plan Point 11 be **Closed.**

3 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated.

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

4 REALISTIC MEDICINE UPDATE

K Arrow spoke to the circulated NHSH Realistic Medicine Action Plan 2022/2023 and presented to members, indicating the level of health inequalities across Scotland and within Highland, these having widened and worsened over the previous ten years. The principles of Realistic Medicine were outlined, based on international evidence, with a National Action Plan having been developed. A hub and spoke approach had been adopted in NHSH, supporting a wide range of teams in delivering Realistic Medicine. Members were taken through recommendations from a Realistic Medicine Citizen's Jury held in 2019, which helped shape the Highland Action Plan. A range of communication activity was underway, including creation of a Podcast and series of "How To" guides/case studies. A series of Project Echo events would start the following week, seeking shared learning of expert knowledge while seeking reciprocal learning from within individual communities. Work was ongoing with the Research, Development, and Innovation Team to ensure appropriate innovation and improvement activity was continuing. An outline was provided as to the inclusive nature of public and patient shared decision-making activity, and it was advised relevant data management arrangements were in place. K Arrow emphasised the need to be able to consider how best to both deliver and flex arrangements to make sure teams are supported etc and advised this would be taken forward through "How might we…" considerations at all levels. All work was being taken forward in the context of the NHS Highland Together We Care Strategy.

The following was then discussed:

- Community Capacity, Resource and Finance. Acknowledging the increasingly challenging factors facing the wider community and stating the need to hear these to be able assist advised avoiding unnecessary journeys for care would be one area of assistance. The NHSH scheme was based on a cost-neutral approach, seeking to employ innovation and reduce harm, inefficiency and waste within healthcare services. "How might we…" activity would be key in this area, as would engagement with partner and Third Sector organisations.
- Internal Engagement. Nursing and AHP staff initially engaged to a larger extent. Principle of shared decision making becoming embedded and helping better medical staff engagement. K Arrow also sought ideas for a Podcast name change to help wider engagement.
- Key Patient Benefits. Stated agreeing shared care goals, holding motivational discussions, and taking joint decisions on the way forward would all benefit those involved. Additionally, this approach would help to avoid receipt of complaints via strong communication and engagement. Strong links with patient empowerment activity through "What's realistic for me" discussion.

After discussion, the Committee Noted the circulated Action Plan and presentation content.

5 CHILDREN'S SERVICES UPDATES

5.1 CAMHS Service

T Gervaise spoke to the circulated report and provided a short presentation advising that following a national review of Child and Adolescent Mental Health Services (CAMHS) and introduction of a

national service specification a local CAMHS Improvement plan had been developed that described a person-centred approach to the actions required to meet the national service specification. The report gave data and performance information for the whole of NHS Highland, sourced from Public Health Scotland and provided comparative data for NHs Scotland overall. It was stated current resource was mainly deployed to meet the needs of the most risky and unwell young people in the service. In terms of actions and progress, specific updates were provided in relation to workforce and recruitment activity including at Consultant Psychiatry level; Service remodelling; restructuring of the Clinical Service Model; and associated Clinical Governance structures. Emphasised whole system approach required in Highland, incorporating the voice of relevant children and families. It was proposed the Committee take **Moderate Assurance.**

There followed matters were raised in discussion:

- Increasing Number of Long Waits and Associated Harm Impact. Advised increased service management and input support being given at this time, alongside additional resource. Need to be able to monitor and produce accurate data to help gauge harm impact levels associated with long waits for treatment. CAMHS Programme Board taking forward series of workstreams relating to model of service etc across NHSH including Argyll and Bute.
- Unscheduled Care Activity. Stated need to understand underlying themes. Advised capacity issues having a continuing impact, with recruitment a challenge. Requirement to consider current service model roles and responsibilities to ensure the appropriate service level required. New ways of working would be required including in relation to joint working with Highland Council.
- Argyll and Bute. Noted improving position. Improvement plan in place, monitored by Clinical and Care Governance Group and being taken forward.
- CAMHS/Education/Distress Brief Intervention. Advised yet to be able to determine if this will be provided face to face or digitally. All options to be explored and discussed with wider CAMHS team.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** Assurance.
- **Agreed** an update on Distress Brief Intervention activity be brought to a future meeting.

5.2 Neurodevelopmental Assessment Service (NDAS)

K Murray, Interim Service Lead spoke to the circulated report advising a comprehensive review of NDAS had been conducted in Summer 2021, with focus groups and surveys indicating the majority of concern among respondents was related to a lack of support, poor communication and waiting times. Existing waiting list levels reflected that it was very challenging to provide an NDAS service through online resource. Demand levels remained constant at this time. A new NDAS Hub Team and associated roles were being developed and recruited to, with current service aims including reducing waiting times and improved waiting list management; improving communication and individualised signposting to support; and provision of high-quality multidisciplinary assessment by well-trained and supported staff. Interim leadership and administrative support had been put in place, and through co-production with families and other professionals an appropriate Action Plan had been developed and was being taken forward to improve the service, including reducing waiting times. Opportunities for accessing Clinical Psychology within private healthcare was being considered, clinical pathway trials were underway, communication was improving and receipt of financial resource for Test of Change activity had been welcomed. It was proposed the Committee take **Moderate Assurance.**

There was discussion of the following:

- Key Clinical Risks and Mitigation Activity. Requested data for latest year be provided in future updates, along with indication of key risks and associated mitigating actions. Noted administrative staff collating relevant information and will be included in future reporting.
- Ensuring Shared Learning. Advised NHSH part of national group that will be considering outcomes from a series of five trials across Scotland, including in NHS Highland where there was a focus on support arrangements. There was a requirement to reflect on an increasing demand level and need for integrated specialist services.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** Assurance.
- **Agreed** a further update, including relevant data, be brought to Committee in six months.

K Murray left the meeting at 10.15am.

6 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. It was reported Complaint's activity performance was showing significant improvement. All Adverse Events currently outstanding were to be reviewed and operational areas would be provided with individual updates on their respective positions. The number of Significant Adverse Event reviews remained low, with relevant associated training for senior managers having been undertaken the previous week with a view to increasing capacity. It was advised recruitment of Tissue Viability specialists remained challenging. Members welcomed the level of data presented. It was proposed the Committee take **Moderate Assurance.**

After discussion, the Committee otherwise Noted the reported content.

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

7 NHS HIGHLAND ANNUAL DELIVERY PLAN

L Cowie gave a presentation to members in relation to the Draft Annual Delivery Plan (ADP) document, and how this related to the NHS Highland Together We Care Strategy and Clinical Governance Committee. She provided members with an overview of the ADP and associated Programmes, the associated development process; high level risks; health inequalities; quality aspects; actions, outcomes and KPIs; and key financial or workforce risks. The supporting structure was outlined, noting the meeting schedule for the Performance Oversight Board had now been agreed, this feeding into this Committee and the Staff Governance, and Finance, Resources and Performance Committees. Professional Advisory Groups would provide continuous guidance and advice. Reporting to Scottish Government would be on a quarterly basis. In terms of reference to the work of the Clinical Governance Committee, it was stated there would be a rolling programme of assurance aligned to twelve population facing outcomes; with Quality and Performance Indicators demonstrating relevant performance. Quality Standards would be aligned to each area via relevant Dashboards and there would be an agreed question set for each outcome area following provision of advance dashboard overviews. The ADP would be completely aligned to the overarching Strategy through a clinically enabled approach. The Draft ADP had also been circulated for the information of members.

Discussion areas related to the following:

- Reporting to Committee. Advised discussion to be held in relation to agreeing a rolling programme of updates.
- Reference to Population Groups. Agreed the need to reflect on potential use of generic terms when considering wider distribution and communication.
- ADP Clinical Governance Links. Committee members asked to reflect on this point in terms of the NHSH Strategy and ADP document, in terms of defining reporting requirements and how best these can be met for the benefit of the Committee. On structuring the Committee agenda around the various Clinical Governance elements of the ADP, this would be considered further.
- Professional Assurance Framework. Noted this required updated, improved and incorporated ahead of any formal reporting to Governance Committees.
- ADP Content. Agreed to avoid using acronyms and standardise clinical terms where possible.

After discussion, the Committee:

- **Noted** the presentation content.
- **Noted** a rolling programme of updates to Committee would be discussed and agreed.

The Committee adjourned at 10.40am and reconvened at 10.50am.

8 EXCEPTION REPORTING AND ANNUAL REPORTS

8.1 Argyll & Bute Health and Social Care Partnership

There had been circulated report advising as to a review and test of change in relation to the Argyll and Bute Clinical and Care Governance Committee and Quality and Patient Safety Group (QPS). An update was also provided on the Deanery visit to Lorn and Islands Hospital, Oban, in relation to which Dr Peters emphasised the importance of appropriate medical training at hospital level. He advised he was involved in relevant discussions, with provision of senior support to trainees being actively taken forward. He suggested the Committee receive a detailed update on this matter at the next meeting. There had also been circulated Minute of meeting of the Argyll and Bute Clinical and Care Governance Committee held on 28 April 2022. It was proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the circulated report and associated Minute.
- **Agreed** a detailed update on the Deanery Report and formal response be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

8.2 Argyll and Bute Health and Social Care Partnership Annual Report 2021/2022

There had been circulated an Argyll and Bute Health and Social Care Partnership Annual Report 2021/2022, the relevant content of which was noted. It was proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the circulated Annual Report.
- **Agreed** to take **Moderate** assurance.

8.3 Highland Health and Social Care Partnership

There had been circulated report advising as to recent consideration of issues relating to Human Resources recruitment procedures and policies; abnormal laboratory tests; communication and distribution of learning across the organisation; Care Home staffing levels; and a recent Adastra outage. The view was expressed matters relating to shared learning should be taken through the Executive Director's Group. It was noted the Adastra situation was ongoing and the subject of national issues that would require detailed analysis. Local support teams had been successful in maintaining a degree of relevant functionality. It was confirmed this would not impact on the implementation of HEPMA in NHS Highland. A degree of associated risk would require to be accepted at this time. There had also been circulated Minute of meeting of the HHSCP Quality and Patient Safety Parent Group held on 2 August 2022. It was proposed the Committee take **Limited Assurance.**

The following was raised in discussion:

- Abnormal Laboratory Results (Out of Hours). Enquired as to number of cases, patient impact and position of other NHS Boards. Advised wider national picture unknown and would be investigated accordingly with a view to seeking any shared learning.

The Committee:

- **Noted** the circulated report and associated Minute.
- **Agreed** to take **Limited** assurance.

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

9.1 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, indicating there had been a review undertaken of capacity and flow impact on emergency and elective service quality and patient safety. Issues highlighted by exception had included capacity and flow; reinstatement of Ward 5c as a common admission lounge and Day Case Unit and a reduction in scope for inpatient surge capacity; an increasing number of patients across Acute services due to delayed discharge or community hospital transfer waits; staff availability; and submission of a report on access to inpatient stroke care to Public Health Scotland as part of the Scottish Stroke Association Audit Programme. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 19 July 2022. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

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

H May spoke to the circulated Exception Report relating to Children's Services, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share. There had also been circulated Minute of Meeting held on 14 July 2022. The

attention of members was drawn to the ongoing Joint Inspection of Children's Services in relation to Children who are at Risk of Harm. Key issues and risks were detailed as relating to Children's Dietetic Service provision within Raigmore Hospital; anticipated temporary leadership gaps across NHS Highland including Child Health Commissioner roles both in North Highland and Argyll and Bute, and the impending retiral of the Board Nurse Director (Executive Lead for Child Protection); and Perinatal Infant Mental Health Services.

Discussion points were as follows:

- Leadership Risk and Joint Inspection. Advised wide range of mitigating actions put in place prior to Inspection commencing. Appointment of T Gervaise as Head of Operations (Woman and Child) had helped provide stability in this regard. Board Nurse Director had also been actively involved. Recruitment activity expected to be successful across all areas.

The Committee Noted the report content and associated Minute.

10 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

10.1 Nursing Workforce Challenges and Measures Reduce impact of These on Quality of Care and Staff Wellbeing

H May spoke to the circulated report, providing a high-level overview of the steps which had been taken to mitigate the risk of nursing staff shortages and minimise the adverse impact on staff wellbeing and quality of patient care. The report also highlighted other measures being proposed to further improve the position in light of continued system pressures and workforce instability (Covid and staff leaving NHS employment). Specific updates were also provided on operational nursing workforce planning, monitoring and development; electronic rostering for nursing, midwifery and Allied health professionals; nursing recruitment and retention; nursing health care support worker pathway development and other areas for further improvement. The report proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the reported position.
- **Agreed** to support action in the areas detailed for further development.
- **Agreed** to take **Moderate** assurance.

10.2 Review of Nosocomial Covid Infection During Pandemic

B Peters stated likely to be a review of Nosocomial Covid infection during the pandemic period to assess and ensure appropriate shared learning. A report would be brought to the Committee in due course.

The Committee so Noted.

11 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 March 2022. NHS Highland remained on track to meet all Antimicrobial prescribing targets, and whilst some other targets were not being met, plans were

in place to reduce the incidence of infection. A National infection prevention and control team was working with NHSH on C.diff activity, with an improving position evidenced for April 2022. It was reported there had been a rise in Pseudomonas aeruginosa, with relevant water sampling and remedial Estates Service work undertaken and overseen by the Water Safety Group. Further testing would be undertaken however there was no indication of relevant cases having been linked. There had been no incidences or outbreaks of Flu or Norovirus across the same period. 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, across all health and social care sectors of NHS Highland. There had also been circulated a progress update in relation to the NHSH Infection Prevention and Control Annual Work Plan 2022/2023. The report proposed the Committee take **Substantial Assurance.**

Discussion points were as follows:

- Level of Assurance. Advised level of assurance related to mitigating actions and process improvements undertaken rather than actual case number performance. Members urged this definition be applied consistently across all reporting areas. Noting the Committee sought to provide assurance to the NHS Board, it was therefore for the NHS Board to reflect on the nature and level of assurance being received.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Noted** the update on the NHSH Infection Prevention and Control Annual Work Plan 2022/2023.
- **Agreed** to take **Substantial** assurance.

12 PUBLIC HEALTH UPDATE – HEALTH IMPROVEMENT ACTIVITY

T Allison spoke to the circulated report outlining the main programmes of work being developed and delivered to mitigate the impact of the Covid-19 pandemic and tackle health inequalities and giving assurance in relation to the work being undertaken. Specific updates were provided in relation to the NHSH Social Mitigation Strategy and Action Plan; Child Poverty Action Plans; Highland information Trail; Best Start Grant and Best Start Foods; Healthy Start Vitamins; Infant feeding support workers; DWP Link Worker role; welfare support in healthcare settings; Move On project; development of a Directory of Services; Highland Action poverty Network; Argyll and Bute Flexible Food Fund; living Well activity; Let's Get on with it Together (LGOWIT); Community Link Worker services; Health improvement training, Violence Against Women activity; trauma informed practice; Independent advocacy; and work with Gypsy/Traveller groups. There had also been circulated the relevant NHSH Social Mitigation Strategy and Action Plan referenced in the report. The report proposed the Committee take **Substantial Assurance.**

The following was then discussed:

- Long Term Conditions and Trend Analysis. Confirmed number of datasets available and discussed at both Highland and Argyll & Bute Partnership Governance Committees, and Public Health Performance Board.

The Committee:

- **Noted** the reported position.
- **Agreed** to provide trend analysis data to R Donkin out with meeting.
- **Agreed** to take **Substantial** Assurance.

13 SIX MONTHLY EXCEPTION REPORTS

13.1 Organ and Tissue Donation Committee

There had been circulated report providing the Committee with an update in relation to the work of the NHS Highland Organ and Tissue Donation Committee. It was reported the post of Committee Chair had been filled, there had been no missed potentials within the reporting period and the eye donation service had been re-established. The report proposed the Committee take **Moderate Assurance.**

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

13.2 Cancer Services Recovery Board

There had been circulated report providing a summary of the work of the Cancer Services Recovery Board, highlighting recent successes and improvements and in particular the emerging issues and risks regarding the safe and effective staffing of a number of key Cancer areas due to an inability to recruit or retain staff. Specific updates were provided in relation to service improvements and developments including ongoing development of a Cancer Centre Business Case; waiting time performance; and recruitment and retention activity relating to key staff roles. The report proposed the Committee take **Limited Assurance.**

Discussion related to the following:

- Committee Support. Members advised role of Committee to provide overview of position and take assurance or otherwise in relation to processes and action being implemented. Emphasised recruitment a national issue, with specialties a particular area of concern. Performance was improving but services remain fragile. Scottish Government kept up to date. Consideration of increased national and regional approaches continually under review and adopted where required. Removing unnecessary work from the system was key.
- Impact on Existing Staff. Advised actively working with colleagues on mutual aid packages. Staff working large number of additional hours and being paid accordingly however potential long-term impact was recognised. Financial resource was not the issue.
- Breast Unit. Referenced potential changes in practice. No further update provided.

The Committee Noted the content of the report and **Agreed** to take **Limited** assurance.

13 ANNUAL REPORTS

13.1 Complaints Annual Report 2021/2022

There had been circulated NHS Highland's Complaints Annual Report, as required to be submitted to Scottish Government. The Report represented a summary of the feedback received by NHS Highland from 1 April 2021 to 31 March 2022 and included description of the lessons learnt and improvements made. A summary of the approaches taken to proactively gather feedback to inform and develop local services were also included in this report. It was noted the format of the circulated Annual Report was proscribed by Scottish Government. The report proposed the Committee take **Substantial Assurance.**

After brief discussion, the Committee Agreed to Approve the NHS Highland Complaints Annual Report 2020/2021 for onward transmission.

13.2 Duty of Candour Annual Report 2021/2022

There had been circulated NHS Highland Duty of Candour Annual Report 2021/2022, the requirement for production and publication of which had been placed on NHS Boards as part of the Health (Tobacco, Nicotine etc. and Care)(Scotland) 2016 Act. The Act provided detail of the requirements of communicating openly and honestly with patients and/or their families when Duty of Candour was declared. In the reporting period, 36 cases in Highland met the criteria for declaring organisational Duty of Candour and in the majority of cases the requirements of the relevant procedure had been partially or fully met. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Agreed to Ratify** the Duty of Candour Annual Report 2020/2021 for publication.
- **Agreed** to take **Moderate** assurance.

13.3 Highland Health and Social Care Partnership Annual Report 2021/2022

There had been circulated a Highland Health and Social Care Partnership Annual Report 2021/2022, the relevant content of which was noted. The attention of members was drawn to the number of unclosed reports relating to New Craigs, in relation to which progress was being made. It was considered there was a large degree of Datix under-reporting within NHS Highland, in relation to which a cultural change was required. It was suggested this was a matter for consideration by the Executive Director's Group. It was proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the circulated Annual Report.
- **Agreed** to take **Moderate** assurance.

14 EXCELLENCE IN CARE UPDATE

There had been circulated report providing an update on the next steps for implementation of the Excellence in Care Framework and Strategy, and the Care Assurance and Improvement Resource (CAIR) dashboard, designed to display quality data across Nursing and Midwifery families. Phase 1, being taken forward in 2022/2023 would focus on People, Process and Product as outlined. Through an analysis of the existing position, the key areas of concern related to matters around the EiC Framework and the data presented on the CAIR dashboard, with the risk that the CAIR dashboard would have limited functionality whilst reliant on manual data extraction. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the direction of travel for nursing and midwifery.
- **Agreed** to support the establishment of a functioning IT platform to support data capture for the CAIR system.
- **Agreed** to take **Moderate** Assurance.

15 REVIEW OF COMMITTEE TERMS OF REFERENCE

There had been circulated the latest Committee Terms of Reference document for formal review and amendment by members. It was suggested relevant quoracy requirements include the need for a Lay Representative to be present and it was agreed this be investigated with the Board Secretary. E Woolard suggested inclusion of an NHS Board agreed definition of assurance would be beneficial for members and report authors. The Chair emphasised the importance of Officers utilising the current agreed SBAR format when providing reports to Governance Committees.

The Committee:

- **Noted** the circulated report.
- **Agreed** to raise potential Lay Representative quoracy requirements with the Board Secretary.
- **Agreed** to raise potential inclusion of an agreed assurance definition with the Board Secretary.

16 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the following discussion areas:

- Deanery Report
- Nursing Workforce Challenges and Measures Reduce impact of These on Quality of Care and Staff Wellbeing
- Infection Prevention and Control Briefing (and process for reporting to NHS Board)

There was discussion in relation to raising the recruitment and retention issues highlighted by the Cancer Services Recovery Board update and agreed the Recovery Board was across the issues and significant progress and performance improvement had been made. The NHS Board should remain sighted on the pressures affecting all services at this time. The Clinical Governance Committee should continue to receive reports on risks highlighted by clinicians and seek to take appropriate assurance or otherwise in relation to the same.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

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

3rd November

Members then **Ratified** the following provisional 2023 meeting schedule:

12 January
2 March
27 April
29 June
31 August
2 November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 3 November 2022 at 9.00am.

The meeting closed at 12.15pm