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	**12 February 2020 – 9am**

Present Mr Alasdair Christie, Non-Executive (substitute for Ann Clark)
Ms Elspeth Caithness, Staff-side representative
Ms Heidi May, Nurse Director
Ms Margaret Moss, Chair of Area Clinical Forum
Mr Adam Palmer, Board Non-Executive
Mr Graham Peach, Public Representative
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, Non Executive and Chair

In attendance Ms Mary Burnside, Interim Head of Midwifery
Ms Fiona Campbell, Clinical Governance Manager, A&B – VC
Dr Jim Docherty, Clinical Lead for eHealth
Dr Rebecca Helliwell, Associate Medical Director, A&B - VC
Ms Fiona MacBain, Committee Administrator, Highland Council
Ms Iona McGauran, Lead Nurse, Raigmore
Ms Louise MacInnes, Risk Manager
Dr Stewart MacPherson, Associate Medical Director
Ms Mirian Morrison, Clinical Governance Development Manager
Mr Andrew Nealis, Information Assurance & IT Security Manager
Ms Kate Patience-Quate, Depute Nurse Director
Dr Ian Rudd, Director of Pharmacy
Ms Claire Wood, Associate Director, AHPs

1 Apologies

Committee Members:
Ms Deirdre Mackay, Non-Executive Director
Ms Ann Clark, Non-Executive Director
Dr Louise Wilson, Interim Director of Public Health

Attendees:
Ms Donellen Mackenzie, Depute Director, Adult Social Care
Dr Ken MacDonald, Associate Medical Director, Raigmore
Ms Susan Russel, Principal Officer (Nursing), Highland Council
Ms Sara Sears, Lead Nurse, North and West
Dr Stephanie Govenden, Lead Doctor for Child Protection

Preliminaries

The Chair thanked Ms Fiona MacLean for her valuable contribution as a public representative on the Committee. Recruitment for replacement public representatives was being undertaken for the Clinical Governance Committee and for the Highland Health and Social Care Committee.

1.1 Declarations of Conflict of Interest –

Mr Alasdair Christie wished to record that he had considered making a declaration of interest as a member of the Highland Council but felt his status was too remote or insignificant to the agenda items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting. He declared a potential financial interest in Item 8, Complaints, as General Manager of Inverness, Nairn, Badenoch and Strathspey Citizens Advice Bureau, who provided assistance to people in formulating complaints to the NHS. However, he did not feel this interest was significant enough to preclude his participation in discussion of that item.

2 Minute of meeting on 3 December 2019 and Action Plans

Actions were considered as follows:

- **RD&I Group**: It was clarified the RD&I Director had, in January 2020, indicated his intention to step down in summer 2020 and the post would be filled following due process.
- **AAA Screening**: The title of this action was inaccurate as the report had included wider issues, including colposcopy. Assurance was provided that the concerns raised had been addressed through meetings and written submissions and that a further update was due to the Committee in approximately nine months.
- **Medical Education Governance Group annual report:** the issues raised were being considered by the various QPS Groups but the planned meeting between Emma Watson and Gaener Rodger was awaited, having been cancelled twice.
- **Antenatal Scanning Internal Audit Report**: the Audit Committee was monitoring uncompleted actions and clinical concerns had been addressed.
- **Maternity Transfers**: This would be further considered by the Committee in April when a suite of maternity-related annual reports were due.
- **N&W Exception report**: The East Lothian triage system discussed was being implemented due to the needs of recruitment and demand. It would be considered as a potential case study for a future meeting.
- **Raigmore Exception report / eHealth Order Comms project:** This had been escalated to the Board and assurance received that the project would re-commence in 2020-21.
- **Raigmore Exception report / lack of tracking of junior doctor errors:** This had been raised by the outgoing Director of Public Health and consideration was required on how to pass his actions to his successor, Dr Louise Wilson on an interim basis. This remained outstanding.
- **Point of Care Testing / Medical Devices etc**: a meeting was planned in March 2020 between Gaener Rodger and Paul Davidson.
- **Emergency Blood stocks at Mackinnon Memorial:** New procedures had been put in place, all except one staff (on maternity leave) had been trained, and assurance in relation to management was provided.
- **Scottish Patient Safety Programme:** the lack of regular reporting had been highlighted to the Board, along with concerns about staffing levels for Quality Improvement, and the Medical Director summarised the situation in relation to SPSP which required review to rationalise various strands of quality work including SPSP, Excellence in Care, Value Management and the Highland Quality Approach. Data was being gathered ahead of a workshop in April 2020, being organised by Cameron Stark on behalf of Boyd Peters. Reference was also made to the national situation where rationalisation was also being investigated to avoid duplication or gaps. Gaener Rodger would also discuss the matter with the new Chief Executive, Paul Hawkins.
- **Gosport Report Actions**: These were now considered to be complete, but discussion took place around the recruitment of a Controlled Drug Inspector (CDI) for only 16 hours when 24 was recommended. It was likely that a full cycle of inspections could take around two years, therefore it was not practical to keep an action open for that length of time. There was a full-time CDI in A&B and it was suggested the resources might be shared. Following discussion, it

was agreed Ian Rudd and Heidi May would discuss this outwith the meeting, with Ian Rudd to bring any issues to the Committee by exception and to also present the action plan in due course.

- **Forensic Medical Examiner Service**: It was clarified that the existing police premises would be available for use until the new facility was completed.

The Committee:

- **Approved** the minute.
- **Noted and/or agreed** the actions, as detailed.

2.1 Matters Arising

a. **CGC Terms of Reference**
Gaener Rodger

Proposed revisions to the Membership and attendance lists were in red and the Committee was invited to consider any other amendments that might be required ahead of a formal review in August 2020, once the outcome of the Partnership Agreement renewal with the Highland Council was known.

- It was clarified the Clinical Lead for eHealth should be listed as a regular attendee but that the Head of eHealth did not require to be listed but would attend as a substitute if asked by the Clinical Lead.
- The list of reporting Committees and Groups required updating.
- The attendance listings for Associate Medical Directors and Clinical Leads required amending to reflect the restructure.
- The complex situation in relation to governance of Adult Social Care in North Highland and A&B was summarised. New partnership agreements would soon be in place. It was suggested the Director of Adult Social Care be asked to present a report to the Committee on the management of governance of ASC including synergy with A&B, which had different governance arrangements.
- The importance of having a single clinical governance framework across the whole of NHS Highland was highlighted and a draft framework would be brought to the meeting in June 2020, along with a revised Terms of Reference. In relation to Children's Services, there was a framework in place, with the Council's clinical governance group feeding into the newly established Infants, Children & Young People's Clinical Governance Group, which covered all of NHS Highland.
- The structure and section titles of the agenda had changed.
- It was pointed out that the move from five to six Committee meetings per year had a knock on effect on Operational Division QPS meetings which were usually timed to fit with the Committee's reporting schedule. The Chair clarified there was no expectation of QPS minutes at every CGC meeting, and that emerging issues could be brought up by exception if required at any meeting. However, an Exception and Emerging Issues report was expected from each area at each meeting.

The Committee **noted** the suggestions and **agreed** the actions as detailed.

b. **Lorn & Islands In-patient Action Plan 2018**
Fiona Campbell

The Committee **noted** the action plan which had been missing from the report to the Committee in December 2019 and **agreed** Fiona Campbell would check if the outstanding actions had been completed.

c. **Information Assurance Group Terms of Reference**
Donald Peterkin / Andrew Nealis

A brief summary was provided of the reasons for the changes, mainly GDPR and other digital legislation, and the aim to align meeting frequency with those of the Clinical Governance Committee. There would be a core membership with rotating satellite attenders. Clinical representation would be undertaken by the Caldicott Guardian (a senior person responsible for protecting the confidentiality of people's health and care information and making sure it was used properly). However, if the current Caldicot Guardian was not a practising clinician, this might require consideration and would be discussed at the first meeting of the IAG in April 2020, the outcome to be reported to the Committee via the minutes.

The Committee **approved** the Terms of Reference.

3 Case Study: Whole System Flow
Katherine Sutton, Head of Acute Services

The presentation focused on Day of Care Surveys on 31 October 2019 in Raigmore and in Highland Community Hospitals, comparing issues including occupancy, boarding, top reasons for not being discharged, age profiles and length of stay of patients. Various key statistics were highlighted including Raigmore having a 98% occupancy rate and community hospitals only 71%. Raigmore had 33% of patients boarded out of area, 29% of patients surveyed did not meet the criteria for an acute hospital stay, and 1% of patients had used 30% of overall occupied bed days.

The Winter Plan 2019-20 was summarised, with the aim of having rapid access to care at home capacity, a coordination facility / hub, additional community hospital capacity and the block purchase of care home beds. However the latter aim had not been achieved due to the unexpected closure of a 28-bed care home in Inverness, and the impact of this on unscheduled care performance was detailed.

Reflections were as follows:

- 1% of patients occupy 30% of bed days Raigmore
- 168 patients in the survey were in beds inappropriately
- Demography Population and Patients
- Elderly patients in hospital beds lose muscle mass and function
- Insufficient capacity to accommodate current clinical practice models

How do we redesign our whole system Acute / Community and Social care to better meet current needs?

- PMO Flow workstream
- Clinical leadership
- MDT approach
- Multiple marginal gains
- Clinical strategy

During discussion, the following issues were considered:

- The presentation was praised as being extremely helpful in demonstrating the complexity of the situation in an understandable manner, as well as the opportunity to change ways of working. It would be circulated to all.
- It was noted the delayed patients at Raigmore were on average older than in community hospitals and it was thought this was in part due to nervousness of moving frail elderly people over the age of 90, and a tendency to therefore leave them in an acute setting for a few extra days while waiting for them to be ready to return home or to a care—based situation. Ideally systems were required to try to reduce the numbers of admissions.

- There were considerably higher occupation rates in Raigmore than in community hospitals and this was in part due to geographical considerations, either avoiding patients being in a community hospital far from their homes and families, or in a community hospital which was more difficult for required health professionals to access.
- Discharges increased over the festive period, perhaps a desire for people to have family at home, and it would be ideal to be able to replicate this pattern at other times, and also to spread the view that hospital stays should be as short as possible, with prevention of admission being a key factor.
- Shifting the balance of care had been discussed for a long time and information was sought on progress other Boards were making on this. A holistic approach was urged, with Adult Social Care and community factors being vital to the flow within the system. Realistic conversations with patients and families were encouraged, especially to dispel the notion that hospital was the best place for an elderly relative to be cared for other than for specific reasons. It was occasionally challenging to obtain the patient's own wishes if they differed from those of their family.
- It was confirmed that unscheduled care included mental health.
- Information was sought and provided on what the future situation was likely to be without the necessary change to clinical pathways.
- Attention was also drawn to the recruitment problems being faced in Highland, and to a Flow Management Group, being run by Katherine Sutton, which was considering the issues presented. There was no shortage of ideas, but increased pace of change was required.
- Boyd Peters pointed out that flow and pressure in the system were regularly cited as the greatest concern by clinicians across the Board.

The Committee **noted** the presentation.

4 Executive and Professional Reports by Exception

The Committee was asked to consider the issues identified and receive assurance that appropriate action was being taken/planned.

a. Belford Hospital verbal update – Boyd Peters

Regular support was being provided by Emma Watson and ongoing engagement and monitoring with Belford colleagues was being undertaken along with a recruitment drive to increase the numbers of substantive or long-term staff and reduce locum usage. NHS Highland was supportive of the Belford as a key element of overall service delivery.

b. Internal Audit report – Maternity Redesign – Mary Burnside

- Maternity & Neonatal Services was a workstream in the Clinical and Care Strategy which was being developed.
- Clinical governance reporting arrangements were being mapped with the Best Start Steering Group.
- There was a Project Manager and an Executive Senior Responsible Office (Heidi May) in place, the latter to chair the Steering Group.
- Progress would be reported to the Committee in April and October 2020 and, to date, this was positive in A&B, with North Highland not far behind.
- The report had been to the Audit Committee in December 2019, at which it had been agreed to move the timescales to 31 March 2020 instead of 31 January 2020. It was important Internal Audit was informed of this change to avoid actions being noted as late.

c. Internal Audit report – Controlled Drugs – Jackie Agnew

Areas of good practice and for improvement, with actions, were detailed, some of which had been completed, some were in hand, due in April 2020, and some were awaiting follow-up, with details

provided. Discussion had taken place with the auditors on the possibility of slippage on actions due to unforeseen service requirements. It was recommended that any action dates that were unlikely to be met were followed up as a matter of importance, with reference to the Section 22 Hearing that took place in November 2019 at which NHS Highland had been strongly criticised for the number of Internal Audit actions that were outstanding. It was confirmed that the first annual governance report was due to be presented to the Committee in April 2020.

5 Operational Unit Reports by Exception and Emerging Issues with Minutes of Meetings of Patient Quality & Safety Committees / A&B Clinical and Care Governance Group

The Committee was asked to consider the issues identified and receive assurance that appropriate action was being taken/planned.

5.1 Argyll & Bute IJB and minutes of Clinical & Care Governance Group of 14 November 2019

Heidi May drew attention to the significant rise in Datix entries relating to staff shortages, which was being considered by the Senior Leadership Team. Performance in A&B was good and there were concerns about possible under-reporting, and this required to be reviewed on a regular basis. Attention was drawn to the staff availability section on the quality dashboard, which was updated on a daily basis. Several reports had referenced vacancies and shortages and Heidi May also drew attention to the importance of considering service redesign for any areas where there had been vacancies for over 3-6 months, and the importance of being proactive in managing vacancies. Stewart MacPherson asked that staff shortages be added to the exception report template and Mirian Morrison explained that it was being updated to tie in more closely with the dashboard. It was requested that congratulations be passed on to staff in Campbelltown for their recent award.

5.2 North and West, and minutes of QPS group

- The complaints response rate was 36%, not 18% as stated in the report.
- Stewart MacPherson had taken over clinical leadership of N&W in addition to S&M. In relation to management of the Rural General Hospitals, this role was being shared with Emma Watson. Boyd Peters thanked both for their help during the transitional period of structure review.

5.3 South and Mid, and minutes of QPS group of 16 January 2020

- Attention was drawn to Health & Safety incidents which resulted in clinical recommendations but without clinical representation, therefore in future a parallel system had been developed with the QPS group to avoid this, and this was recommended for other Operational Divisions across the organisation.
- Attention was drawn to challenges around mental health escorts.
- Discussion took place on licence issues for dashboard access for some committee members, which was being negotiated with eHealth. Consideration was given to the type of dashboard report required and attention was drawn to a leaflet produced by NHS Fife which provided key information in a simple manner. This would be investigated and a draft brought to the meeting in April 2020.

5.4 Raigmore, and minutes of QPS group of 19 November and 17 December 2019

- Attention was drawn to an SAER which had highlighted the need for improved awareness of a training for dealing with patients on the autistic spectrum.
- The practice of inviting clinicians to the weekly Duty of Candour meetings was having positive results.
- An update was provided on preparations for possible corona virus cases, of which there had been no positive results to date in Scotland.

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

- The group was working well with processes being put in place to tackle the issues being brought to the group.
- The minutes of the group meetings were requested for future.

6 Scottish Patient Safety Programme

a. Mental Health
b. Primary Care
c. Adult

This had been covered at Item 2, Minutes and Actions from previous meeting.

7 Corporate Risk Register Update
Louise McInnes, Risk Manager

Risk Management was being reviewed as a result of an Internal Audit report, including revised strategy and policies, taking best practice from other Boards, and ensuring alignment with appropriate governance groups. Chairs and clinical leads would be discussing guidance and scrutiny in March 2020.

- A typo in the report was highlighted – 'extremely likely risks' should be 20 not 200.
- Attention was drawn to Risk 576, Highland's Vascular Surgery, for which performance was improving. This was being reviewed and clarification was still required around de-escalation processes.
- Concern was expressed that the Clinical and Care Strategy that was being developed had not yet been considered by the Committee and Boyd Peters would present on this in April 2020. With reference to the clinical governance risk register, it was important the committee had appropriate ownership and oversight of the strategy.
- Attention was drawn to the importance of balancing risk appetites across different governance committees.
- Previous Chief Executive, Iain Stewart, was praised for having the vision to get the changes in motion.
- Discussion took place on risk reporting processes, and the importance of alignment of risks with the Annual Operational Plan was highlighted. It was hoped there would be a Board development session on this in March 2020. The corporate risk register was considered by the Senior Leadership Team on a monthly basis and by the Board every 6 months, with specific risks going to the relevant committees.
- Attention was drawn to the importance of completing Internal Audit actions on time, to avoid them being placed on the risk register.
- Information was sought and provided on how issues were escalated to the risk register.

The Committee **noted** the update.

8 Complaints
Mirian Morrison, Clinical Governance Development Manager

- Complaints would be presented to every second Committee meeting, with a bi-annual Scottish Public Services Ombudsman report.
- Information was sought and provided on what was included in the 'other' category. New coding would be used from April 2020 which would be more informative.
- The significant improvement in Stage 2 response times was welcomed.
- The merits of including compliments as well as complaints was considered. Compliments were usually entered onto Datix, and shown to the Chief Executive and to the relevant staff. An overview could be added to the complaints report.

- Other issues discussed included increasing focus on Stage 1 as well as Stage 2 complaints, identifying themes, proactive contact with MP / MSPs, and the need to consider Care Opinion reporting.

The Committee:

- **Reviewed** the complaints performance by operational unit
- **Noted** the emerging themes by operational unit
- **Noted** action taken to improve performance

9 Older People in Acute Hospitals (OPAH)
Heidi May, Nurse Director
a. Falls

NHS Highland had overachieved against target, which was welcomed, although there was local variance in performance. It was likely the targets would be re-based and internal targets were another option to ensure continued improvement.

b. Food, Fluids and Nutritional Care

Longstanding gaps in metrics and outcomes had resulted in new priorities which would be reported on in 6 months. It was encouraging to be part of national work developing outcomes for FFNC for hospitals and communities.

c. Tissue Viability

The key priority across NHS Highland was targeting care at home and care home education, noting the range of patients coming into hospital with pressure damage. There had been some well-attended education events the previous year, also planned for the coming year, and there had been good engagement with Care at Home and Care Home representatives on the Tissue Viability Leadership Group.

During discussion, reference was made to good practice in early diagnosis undertaken in N&W which was being shared through the TVLG.

d. Dementia – This would be presented in April 2020.

e. Documentation - This would be presented in April 2020.

The Committee **noted** the updates.

10 Assurance Map
Ruth Daly, Board Secretary

The Map detailed the assurance needs and pathways within the organisation, with each governance committee being invited to consider their own areas of assurance. The Map was a live document that would be regularly updated and amendments were invited.

During discussion, attention was drawn to the list of clinical governance issues that had mainly been derived from the committee's terms of reference, of which a significant re-write was planned. Key issues to be considered included the balance between acute and community services, the clinical and care strategy, the North Highland partnership review and adult social care.

Heidi May suggested using the term 'clinical workforce' rather than 'doctors and nurses' and this would be discussed with Ruth Day outwith the meeting. Heidi May offered to take the Map to the Children's Services Clinical Governance Group and to the Control of Infection Committee.

It was clarified that the usefulness of the Map was to identify gaps and avoid duplication and waste, and to ensure governance of issues was being undertaken in the most appropriate ways.

The Committee **noted** the assurance map, which highlighted the assurance routes of the organisation and had been recently agreed by the Audit Committee.

11 Health and Care (Staffing) (Scotland) Act update
Stephen Loch, title, on behalf of Heidi May, Nurse Director

A presentation covered the following:

- Staffing statistics – the increased odds of death, longer stays, nurse burnout, and poor quality of care when the number of staff per patients was reduced
- Journey so far – legislation was passed in May 2019, and the NHS Highland Nursing and Midwifery Implementation Group was in place since October 2019, with the Group's scope now widened
- Detail of the Act – the legal duty to provide appropriate staffing levels
- Clinical leadership roles
- Provision of professional advice
- High costs of agency use
- Duty to have real time staffing assessments and risk escalation processes in place.
- Evolving Common Staffing Method
- Excellence in Care
- NHS Boards were required to publish and submit an annual report to the Scottish Government
- Responsibilities of Healthcare Improvement Scotland
- Care Services and the Care Inspectorate
- Actions Currently Underway: engagement with Board Senior Management Teams and Chief Operating Officers; testing elements of the Act to inform guidance; national working groups developing guidance with NHS Highland input; government advisors supporting Boards; workload tools and establishment reviews; Board Lead appointed, Director of HR Fiona Hogg
- Next Steps: develop an NHS Highland Programme Board; continue with NMAHP implementation group which is developing an action plan, issues log, risk register & communications plan; sub groups to be set up for each group of clinical and care staff; develop FAQ information & team updates; develop support systems for all groups implementing the Act

During discussion, the following issues were considered:

- In relation to the requirement that 'NHS Boards should not use agency that costs more than 150% of NHS Staff cost', NHS Highland were currently not meeting this, and would therefore be required to submit a report to the Scottish Government.
- It was clarified that commissioned care staff were included but contracted services were not. However, there was a responsibility when contracting care home services to consider their compliance. A test case on this was anticipated.
- Information was sought and provided on the objectivity of the staffing model, and this included the triangulation process which comprised thousands of observations, professional judgement and patient outcomes.
- With reference to the delays that had been experienced, it was important to progress with implementation of the next steps.

The Committee:

- **Noted** the progress made in preparing for Health & Care Staffing Act 2019
- **Agreed** the recommended reporting structure
- **Agreed** the recommendations contained in this update

REPORTING GROUP ANNUAL REPORTS

12 Area Drugs and Therapeutics Committee – Ian Rudd, Director of Pharmacy

- Subgroups were functioning well with support, however it was proving challenging to attract adequate medical representation and it was thought this was due to capacity pressure.
- An emerging issue was the increased levels of regional working without a regional clinical governance structure. This was hampering efficiency and examples of this were provided. Boyd Peters explained that a process had been started and a meeting had been held in January 2020 with key stakeholders, with a focus on cancer, which increasingly required a regional approach. Heidi May referenced the individual accountability held by each Board for its finances, and the complexity of regional governance and decision making as a result. Working together in the future was vital and required further consideration.

13 Pregnancy, Newborn and Vision Screening Programmes – Sally Amor

It was **noted** a haemoglobinopathies screening incident would be presented to a future committee.

14 Cancer Quality and Improvement Group – Derick Macrae

This was **deferred** to April 2020.

15 Any Other Competent Business

There was none.

16 Reporting to the Board

The Committee **agreed** to delegate to the Chair to decide which items should be reported to the Board.

17 Close of meeting: 1pm

18 Information Items

The latest Hospital Standardised Mortality Ratio publication had been emailed to the Committee that morning, having been embargoed until 11 Feb 2020.

Rolling Action Plan – Items to be brought back to the Clinical Governance Committee

Item	Action	Lead	Status
Review of mortuaries/body stores and the development of a policy on their management	Update to be provided to the CGC once review complete	Boyd Peters IDing Lead	TBC
Point of Care testing equipment / Medical Device Management Group / Obsolete or out of date equipment	An annual report be submitted by the Raigmore Point of Care Testing Committee for secondary care issues in North Highland to the CGC (In due course this might go to the HHSCC's Clinical and Care Sub-Committee). 10/9/19: Agreed a presentation would be sought for CGC in due course by the Medical Device Management Group once it was functional – GR to discuss with relevant people 20/11/19: emailed AL and RD to seek update 25/11/19: update received from Peter Cook 3/12/19: meeting about this was cancelled 12/2/20: meeting planned in March 2020 GR and PD	Dr Rosemary Clark, POC testing Cttee Chair Gaener Rodger / Paul Davidson	Annually – when to start? Ongoing
Emergency Readmission Issues	Discussion to take place on the way forward, following consideration of report on pilot analysis of readmissions in 2 areas at CGC 10/9/19	Gaener Rodger / Boyd Peters / Heidi May	TBC
CGC terms of ref / ASC inclusion	Agreed to hold further discussions on issues around ASC, with a further amendment to the Terms of Reference to be brought back to the Committee once the position in relation to ASC had been clarified.	Gaener Rodger / Simon Steer / Heidi May / Mirian Morrison	Draft to CGC June 2020
N&W Exception Report – impact of PMO on staffing levels	Update on SPSP issues / leadership etc (following on from presentation 3/12/19) Update 12 Feb 20: Workshop being held in April 2020, further update thereafter	Boyd Peters / Cameron Stark	Update after April 2020 – June 2020 agenda?
Diabetic Retinopathy Screening (3/12/19)	Report / Update on making appointment system failsafe / coordination for DRS appointments and how they are failsafe and	Hugo Van Woerden / Lisa Steele / Sally Amor	When?

	coordinator for DRS screening		
Vaccination transformation programme	Update report	Ken Oates	April 2020
Video consulting in mental health	Requested by email	clare.morrison2@nhs.net National Near Me Lead	April 2020
CGC Terms of Ref 12 Feb 2020	Management of governance of ASC including synergy with A&B	Simon Steer	TBC
CGC Terms of Ref 12 Feb 2020	Draft clinical governance framework and revised Terms of Reference	Mirian Morrison	June 2020
Corporate Risk Register	Input to the Clinical and Care Strategy has not been sought from the CGC	Boyd Peters	April 2020
Pregnancy, Newborn and Vision Screening Programmes	Haemoglobinopathies screening incident	Sally Amor	TBC (SA emailed re date 17-2-20)

Clinical Governance Committee – Rolling Action Plan - Standing Items

Item	Action	Lead	Status
Case Study	Case to be presented by Clinical Director by rotation **Possible Future Topics**: • Clinical and Care Strategy – Boyd Peters – April 2020 • Care Home Closure – Simon Steer – TBC • East Lothian Triage System – Stewart MacPherson?	Clinical Directors	Every meeting
Exception Reports	Exception Reports A&B Infants, Children & Young People's Clinical Governance Group Raigmore N&W S&M	Clinical Directors / Leads	Every meeting
Executive & Prof Lead Issues	Issues by Exception	Executive Directors	Every meeting
Control of Infection	Report New standing item requested by Ruth Daly 4-3-2020	Nurse Director	Every meeting
Complaint & SPSO Report	Report	Clinical Governance Development Manager	Every second meeting starting Feb 2020 plus annual report in Aug 2020
Mortality Oversight Group / HSMR	Annual report HSMR published reports to be added to agenda when available – see table at end of document	Ken MacDonald Ian Douglas	Annual – Oct 2020

SPSP general update 12 Feb 2020: workshop planned April 2020 to discuss way forward – Cameron Stark / Boyd Peters. Gaener Rodgers to discuss with Paul Hawkins.			
Scottish Patient Safety Programme – mental health See above	Progress Report	Brian Keil or Tom Allan	Feb 2020 (last time: Feb 2019)
Scottish Patient Safety Programme – primary care See above	14 Jan 20 – advised by Maria that report awaiting restructure and guidance for the programme from Nurse and Medical Directors	Maria Anderson	Last presented Feb 2019
Scottish Patient Safety Programme – Maternity, paediatrics and neonates – See above	Progress Report	Maternity, paediatrics and neonates. Maternity: Mary Burnside and Jaki Lambart. Paeds: April Emott, and Neonates : Mary Law	Oct 2020 (6 months after the annual reports on same subject)
Scottish Patient Safety Programme – Adult programme See above	Progress Report	Dr Stewart Lambie – Consultant Nephrologist	TBC (deferred from June, Sept, Dec 2019)
Scottish Patient Safety Programme – Medicines See above	Progress report	Jackie Agnew	Dec 2020
Clinical Risk Register	Update on actions For info, last seen at Board: Sept 2019	Medical Director/Clinical Governance Development Manager	6 monthly with annual review Feb 2020
OPAH	6 monthly report and by exception with slot at every meeting if required: **Falls** - Feb 2020, due again Aug 2020 **Tissue Viabilit**y - Feb 2020, due again Aug 2020	Nurse Director	6 monthly report – see main section for dates

	Food, Fluids and Nutritional Care - Feb 2020, due again Aug 2020 **Dementia –** due April 2020 **Documentation** – due April 2020		
Management of Adverse Events, including Significant Adverse Event and Duty of Candour		Mirian Morrison / Rachel Hill	Bi-annually. April 2020 & Oct 2020
Control of Infection	Annual Report C of I Cttee minutes to every CGC for information only	Nurse Director	April 2020 Annually
Organ Donation Committee	Annual Report	Lead for OD	June 2020 Annually
ADTC Annual Report	Annual Report	Ian Rudd	Feb 2021 Annually
Resuscitation	Annual Report	Grant Franklin, Chair of Resuscitation Group (alt Pam Gowie	April 2020 Annually
Abdominal aortic aneurysm, bowel, breast and cervical screening	Annual Report	Rob Henderson	Annual Sept 2020
Pregnancy and new born screening	Annual Report	Sally Amor	Annual Feb 2021
Neonatal	Annual Reports for the following: • Neonatal Maternity Services Strategy & Coordination Group • Neonatal Report	Mary Burnside	April 2020

	• Community Maternity Unit Report (to include A&B as well as NH) • Raigmore Maternity Report		
Transfusion Committee	Annual Report	charles.lee2@nhs.net	June / Aug 2020
Care Experience Group (especially for Older People in Acute Care)	Annual Report	Heidi May	Dec 2020
Cancer Quality and Improvement Group	Annual Report	Derick Macrae	April 2020
Medical Education Governance Group	Annual Report	Emma Watson	Sept 2020
Research, Development and Innovation	Annual Report	angus.watson@nhs.net	Sept 2020
Information Assurance Group	Annual Report	Andrew Nealis	Dec 2020
Diabetic retinopathy screening	Annual Report	Lisa Steel / Sally Amor	A/R Aug 2020 (rep on nat incident was Dec 2019)

HSMR Publication Period	Pre-release to Boards	Public Release	CGC agenda
Oct 2018 to Sept 2019	24th Jan 2020	11th Feb 2020	12 Feb 2020 (print only)
Jan 2019 to Dec 2019	24th April 2020	12th May 2020	2 June 2020