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	**13 January 2022 – 9.00am (via MS Teams)**

Present
Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Elspeth Caithness, Non-Executive Board Director (Substitute Member)
Alasdair Christie, Non-Executive Board Director
Robert Donkin, Lay Representative
Graham Hardie, Non-Executive Board Director (from 9.10am to 9.50am)
Dawn MacDonald, Staffside Representative (from 10.30am)
Heidi May, Board Nurse Director
Dr Boyd Peters, Medical Director
Catriona Sinclair, Area Clinical Forum Chair
Emily Woolard, Lay Representative

In attendance
Kate Arrow, Anaesthetics Consultant and Lead for Realistic Medicine (Observing)
Louise Bussell, Chief Officer, Highland Health and Social Care Partnership
Fiona Campbell, Clinical Governance Manager (Argyll and Bute)
Dr Robert Cargill, Deputy Medical Director (Management)
Ruth Daly, Board Secretary
Fiona Davies, Interim Chief Officer, Argyll & Bute Health & Social Care Partnership
Alison Felce, Senior Business Manager (Medical Directorate)
Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics Division)
Rebecca Helliwell, Depute Medical Director (Argyll and Bute)
Moranne MacGillivray, Service Manager (Medical and Diagnostics Division)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Katherine Sutton, Director of Acute Services

1 WELCOME AND APOLOGIES

Apologies were received from S Govenden, A Nealis, K Patience-Quate and B Summers.

The Chair took the opportunity to welcome Elspeth Caithness as a substitute Non-Executive Director member, Catriona Sinclair and Dawn McDonald to membership of the Committee and Kate Arrow as an Observer.

1.1 Declarations of Conflict of Interest

There were no Declarations of interest made.

2 MINUTE OF MEETING ON 4 NOVEMBER 2021 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 4 November 2021 was **Approved.**

Associated Actions (Including Actions 15-17 from last meeting) were then considered as follows:

- **Action 17** – Action Complete. Risk Register to be reviewed March 2022.
- **Actions 16** – Timescale to be amended to read May 2022.
- **Actions 12** – Action Complete. Item 8.1 on agenda for this meeting.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 MATTERS ARISING

There were no matters discussed in relation to this Item.

3 PATIENT EXPERIENCE AND FEEDBACK

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

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

4 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

M Morrison introduced the circulated report, advising the revised format and content remained a work in progress. She went on to advise that the performance measures included had been discussed and agreed with relevant Clinical Leads etc. For future iterations the performance measures can be dropped in or out of the report according to Committee requirements. The Chair reminded members the report would be referenced by the Committee and help to identify relevant subject matter for escalation to the NHS Board. She suggested the inclusion of data relating to deteriorating patients, Hospital Standardised Mortality Rates (HSMR), cardiac arrest rates and the Scottish Patient Safety Programme. B Peters advised data related to HSMR had previously been removed from the Report as the figures did not change significantly over time, with NHS Highland performance consistently comparable with other mainland NHS Boards in Scotland. He emphasised the Report format and content would continue to be developed and confirmed relevant individual datasets and metrics would move in and out of the Report as required.

The following points had been raised in discussion:

- Medication Errors. Confirmed the associated rise in blank consequence data could be attributed to quality issues relating to DATIX process completion. Plans were in place to review data monthly and hold process events to ensure relevant staff were able to improve the quality of the data being input. Director of Pharmacy had been approached with a view to supporting and enhancing associated clinical governance reporting elements. Successful introduction of

hospital electronic prescribing and medicines administration system HEPMA would assist in a number of areas.
- Tissue Viability. Noting the rising trend indicated in the number of grade 2-4 pressure ulcers known/deteriorating, H May advised work was underway to understand the underlying data and whether this related to a process matter or represented a real area of concern to be addressed.

The Committee otherwise:

- **Noted** the reported content.
- **Agreed** associated divisor data be checked for accuracy.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

5 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 October 2021. A cluster of Covid19 cases had been reported to ARHAI Scotland in relation to Wards in Raigmore and Caithness General Hospitals, no further action was required. There had been no incidences or outbreaks of Flu or Norovirus reported across the same period. Winter planning in respect to an expected increase in RSV (respiratory syncytial virus) and flu cases continued. NHS Boards had been advised to move to the 2021/2022 Scottish Winter Respiratory Infection Prevention and Control Guidance, this is replacing previous COVID19 Guidance. Current areas of challenge were also outlined for the information of members.

Discussion was as follows:

- EColi. Advised that national improvement aim would not likely be met by end March 2022. However, rates remained within expected levels. Improvement work in relation to Catheter Associated Urinary Tract Infection (CAUTI) may improve overall numbers. This target remains challenging however due to the number of infections originating from the community and being out with the influence of health care.
- Clinical Risk Assessment Compliance. The position would be clarified for the next meeting following an exploration of cause.
- Mandatory Training. Advised position improving and further improvement being sought where possible. The current, wider pressures on staff were having an associated impact.
- Respiratory Syncytial Virus. Advised case rate in young children was rising slightly and continued to be monitored closely.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Noted** an update would be provided to the next meeting in relation to Clinical Risk Assessment Compliance.

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

6.1 Argyll & Bute HSCP Clinical and Care Governance Committee – Minute of Meeting held on 9 September 2021

There had been circulated Minute of Meeting held on 9 September 2021, noting a further meeting had been held in November 2021, the Minute from which had yet to be made available.

Matters raised in discussion were:

- SAER Activity. Reviews being actively taken forward at that time, a number of which related to Mental Health cases. Issues relating to DATIX were reviewed on a weekly basis and additional actions were being put in place to strengthen clinical governance across Argyll and Bute.
- Vaccination of Patients held under Mental Health Legislation. Advised complex legal issues involved, with a number of learning points to be taken from recent case.

6.2 Highland Health and Social Care Partnership Exception Report

There had been circulated an Exception Report in relation to the Highland Health and Social Care Partnership Area, 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. An area of concern to be considered for escalation related to an increase in falls within the Badenoch and Strathspey Community Hospital. It was reported Dr D MacFarlane was to assume the role previously held by Dr P Davidson on an interim basis.

Matters raised in discussion were:

- Badenoch and Strathspey Community Hospital Falls. Advised new Hospital environment, involving single rooms, resulting in process learning activity for many staff members. Position continued to be monitored closely.
- New Craigs Falls. Number of falls appear to be increasing following period of improvement. The position continued to be monitored accordingly.

6.3 Acute Services Exception Report

There had been circulated an Exception Report in relation to Raigmore Hospital, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), 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. Existing areas of concern to be considered for escalation were related to delayed access to acute mental health beds in adult and children services resulting in patients being managed in inappropriate, non-therapeutic environments in acute hospitals.

Matters raised in discussion were:

- Falls Activity. Advised data reviews undertaken with view to identifying contributory factors in relation to both adults and children. Concerns in relation to Out of Hours had been addressed by introducing a number of appropriate mitigating actions. Position improving significantly.
- Mental Health Services. Advised capacity remains a concern and working with colleagues on updating the NHSH Psychiatry Emergency Plan and relevant Acute Service pathways. Overall, continued focus required in this area.

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

H May advised that key discussion points from the most recent meeting of the Infants, Children & Young People's Clinical Governance Group on 10 January 2022 had included the wearing of clear masks by adult staff when interacting with children. The masks to be used were compliant with relevant PPE regulations and appropriate staff training on their use was underway. Child Protection activity continued to be a key area of focus, with Covid having a known significant impact on relevant issues. There was a statutory requirement on NHS Boards to operate a Child

Death Review Panel, with recruitment underway in relation to an associated Coordinator post, and the Panel itself expected to be operational by February/March 2022. Relevant learning would be reported via the Clinical Governance Committee. A review of Neurodevelopmental Assessment Services (NDAS) had been commissioned and a report including a number of improvement recommendations had been received. Actions were being taken forward by senior colleagues and development of an associated Coordinator role was being considered. B Peters added there should be a role for the Committee in considering relevant recommendations and learning points for the development of future services. Activity would be led by Chief Operators.

Discussion points were as follows:

- NDAS Review. Noting there would be a review of relevant leaning, it was agreed the Clinical Governance Committee have a key role in that process. An item to be placed on the agenda for April/June 2022 enabling appropriate consideration of the Review recommendations.
- Scottish Approach to Service Design. Following on from earlier NDAS Review discussion, F Davies encouraged members to consider the relevant model Framework.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/ planned.
- **Noted** the identified risk areas highlighted in individual reports.
- **Agreed** the NDAS Review report and associated Scottish Approach to Service Design Framework be brought to the April/June 2022 meeting for consideration of learning points.

6.5 Planned Workshop with Operational Areas

The Chair advised the planned Workshop on future reporting from Operational Areas, on matters of concern and associated learning points, had been deferred to later in 2022.

The Committee so Noted.

7 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

7.1 Internal Audit Report on Significant Adverse Events

B Peters spoke to the circulated report, which had been considered previously by the Audit Committee who had in turn set a timescale of three to six months for relevant key actions. An Action Plan, including a review of current QPS resource and development of process consistency, had been developed by M Morrison and was being taken forward at pace. The report had been brought to the Clinical governance Committee for awareness. A Christie, Audit Committee Chair welcomed the inclusion of the report on the agenda for this meeting and advised there should be a focus on seeking/taking assurance in relation to the various action point timescales involved, some of which were challenging. He went on to highlight that training issues were common to a high number of Internal Audit reports, these tending to focus on mitigating the “what if” and outlining relevant learned points. The circulated report also touched on aspects relating to culture and staff resource and areas of good practice whilst highlighting where improvement was required. B Peters emphasised that complex Significant Adverse Event Reviews (SAERs) can be challenging in terms of meeting the stated six-month timescale, and as such the current focus on learning, ensuring process consistency and seeking improvement had been welcomed. M Morrison assured members that a number of actions were being taken forward as a priority.

Discussion was as follows:

- Due Dates for Actions. Noting some actions were due for completion at end March 2022, the Chair welcomed the focus on areas the Committee had already been sighted on from a number of sources but queried whether these timescales could be met. Ensuring process consistency across NHS Highland may be a longer-term issue to address.
- Associated Workshop Event. The Chair proposed a short Committee Member Workshop Event be held in relation to Adverse Event and Serious Adverse Event Review processes, and Duty of Candour responsibilities.
- Internal Audit Reports. The Audit Committee Chair undertook to discuss the process for finalising Internal Audit reports, including agreement of Management Responses, with relevant Argyll and Bute representatives.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken.
- **Agreed to take LIMITED Assurance** in relation to the current position.
- **Agreed** progress updates be provided to the March and April meetings of the Committee.
- **Agreed** to hold an associated Committee Member Workshop Event**.**

7.2 Health Improvement Scotland – Sharing of Information

H May advised as to the process whereby Executive Directors of the NHS Board met annually with Health Improvement Scotland (HIS). The supportive in nature process was usually Chaired by the HIS Medical Director and involved sharing of relevant information and outcomes from the previous year; based on an extensive and detailed information gathering process. Matters discussed at the most recent meeting had included aspects relating to Workforce, Complaints Management, Quality Improvement, Leadership and Staff Vacancy levels. A formal letter from the meeting was expected.

The Committee:

- **Noted** the position.
- **Agreed** the formal letter from HIS be shared with members once this had been received.

8 PUBLIC HEALTH

8.1 Vaccine Transformation Programme Update

T Allison spoke to the circulated report and gave a presentation to members providing an update in relation to the number of new positive Covid cases identified by PCR testing in Highland, the seven-day positivity rate (PCR testing) and detail of vaccination coverage in Highland on 10 January 2022. It was reported the overall delivery of vaccination was changing through implementation of the Vaccination Transformation Programme, this due to be fully implemented by April 2022 with the aim of having vaccination activity transferred from general practice to NHS Board delivery. Practices had been given notice that their current vaccination arrangements will end, and planning was taking place for future services. Detailed delivery models were being developed. Members were advised that oversight of vaccination activity would be via a Vaccination Planning Programme Board, based on experienced gained via NHS Board run clinics. Further work was being undertaken in relation to developing local service models, matching demand and supply, and associated training requirements. Further updates would continue to be brought to the Clinical Governance Committee.

Discussion points including the following:

- Key Risks. The Chair sought an update on the level of assurance that could be given in relation to the Vaccination Transformation Programme being implemented by April 2022 and associated governance arrangements. Advised governance would be via Health and Social Care Partnerships, with NHS Board providing oversight of the relevant Programme Board. Highland would not have a completely Board led approach by April 2022 for geographical reasons. GP led services, in line with Scottish Government guidance, would be required. A mixed delivery model would be required, the final detail of which remained in development. Overall, a moderate level of assurance could be given at this time.

The Committee otherwise Noted the reported position.

9 HEALTH AND SAFETY COMMITTEE – 6 MONTHLY EXCEPTION REPORT

There was no update provided in relation to this Item.

10 AREA DRUGS AND THERAPEUTICS COMMITTEE – 6 MONTHLY EXCEPTION REPORT

There had been circulated Minute of Meeting of the Area Drugs and Therapeutics Committee held on 18 August 2021. Members noted the proactive approach taken by the Committee in relation to escalation of matters where required.

The Committee Noted the circulated Minute.

11 TRANSFUSION COMMITTEE – 6 MONTHLY EXCEPTION REPORT

The Chair advised consideration of this Item would be deferred to the March 2022 meeting, noting a significant programme of work was underway in this area at that time.

The Committee so Noted.

12 COMMITTEE GOVERNANCE AND ADMINISTRATION

12.1 Draft Revised Committee Terms of Reference

The Chair spoke to the circulated draft revised Terms of Reference and advised these had been updated with a view to ensuring consistency across NHS Highland Governance Committees. Key changes related to references to Strategy, designation of Independent Public Members, and an update of members designations to reflect new role titles etc. B Peters confirmed the references to Associate Medical Directors had been removed, reflecting recent changes at Operational Level as outlined. Reference to Deputy Medical Directors had been included. The following additional changes were agreed:

- Para.2.3 - Amend membership designation to Lead Paediatrician for Child Protection and Children in Care where appropriate.
- Realistic Medicine Clinical Lead (currently K Arrow) to be added to those formally routinely invited to attend Committee meetings.

The Committee otherwise Approved the revised Terms of Reference, subject to the additional amendments agreed in discussion for onward ratification by the NHS Board.

13 PUBLIC PROTECTION

13.1 Child Protection Annual Report 2020/2021

The Chair advised, at the request of the Lead Paediatrician for Child Protection and Children in Care consideration of this Item had been deferred to the next meeting.

The Committee so Noted.

14 ANY OTHER COMPETENT BUSINESS

The Chair advised she was seeking a date for a one-hour Development Session for Committee members in February 2022 to consider the Committee Work Plan for 2022/2023. The Work Plan would require to be approved at the March 2022 meeting.

The Committee so Noted.

15 REPORTING TO THE NHS BOARD

The Chair agreed, after discussion, the NHS Board would be advised as to the current position in relation to not meeting the national C Diff target as set by Scottish Government.

16 DATES OF FUTURE MEETINGS

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

3rd March
28th April
30th June
1st September
3rd November

17 DATE OF NEXT MEETING

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

The meeting closed at 11.15am