

<p>CLINICAL GOVERNANCE COMMITTEE</p>	<p>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/</p> 
<p>DRAFT MINUTE</p>	<p>4 November 2021 – 9.00am (via MS Teams)</p>

Present Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Alasdair Christie, Non-Executive Board Director
Robert Donkin, Lay Representative
Graham Hardie, Non-Executive Board Director (from 9.10am)
Heidi May, Board Nurse Director
Dr Boyd Peters, Medical Director
Emily Woolard, Lay Representative

In attendance Mary Burnside, Deputy Director of Midwifery
Louise Bussell, Chief Officer, Highland Health and Social Care Partnership
Fiona Campbell, Clinical Governance Manager (Argyll and Bute)
Lorraine Cowie, Head of Strategy
Ruth Daly, Board Secretary
Dr Paul Davidson, Associate Medical Director
Catherine Flanigan, Public Health Team (from 10.40am)
Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
Derick MacRae, Service Manager (from 9.45am)
Jo McBain, Deputy Director for AHPs
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy
Katherine Sutton, Director of Acute Services

1 WELCOME AND APOLOGIES

Apologies were received from E Caithness, R Helliwell, and A Nealis.

The Chair took the opportunity to pay tribute to the contribution to the work of the Committee by A Palmer and E Caithness, who were to demit office as Employee Director and assume the same role respectfully. Relevant Committee membership would be updated prior to the next meeting.

1.1 Declarations of Conflict of Interest

A Christie advised that being an elected member of the Highland Council 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 this interest did not preclude his involvement in the meeting subject to the detail of further discussion on the day.

2 MINUTE OF MEETING ON 2 SEPTEMBER 2021 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 2 September 2021 was **Approved**, subject to the following:

Page 3, Item 5, Para.1, Line 5 – Amend to read “... given the current circumstances of fewer staff to patient ratios.”

Page 4, Item 5, Action Point 2 – Consideration and comment on Ph.1 Measures to be included in Committee Action Plan.

Associated Actions (Including Actions 26-31 from last meeting) were then considered as follows:

- **Action 3** – Discussion to be held with Director of Public Health on who leads the action.
- **Actions 22 and 29** – Actions to be combined.
- **Actions 10 and 31** – Actions to be combined.
- **Actions 15, 16 and 25** – To be taken forward out with Committee and removed from Action Plan.

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 relevant outcomes were indicated.

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

4 CARE OF OLDER PEOPLE IN HOSPITAL UPDATE

H May spoke to the circulated report, which included specific progress updates relating to associated Documentation, Dementia, Falls, Tissue Viability (pressure ulcers), and Food in Hospitals. It was reported Older People in Acute Hospitals (OPAH) Standards had been updated in 2015 by Health Care Improvement Scotland. Work stream activity was led by the Board Nurse Director, as part of a suite of initiatives, who was in the process of seeking to develop a formalised Care Assurance Framework for NMAHP Professionals related care. Progress since the last monitoring report to Committee was provided, along with an outline of relevant next steps in relation to each element being reported. It was advised the individual report elements would be discussed, and progress monitored, through the Operational Unit Quality and Patient Safety meetings by the Associate Nursing and AHP Directors. Members welcomed the level of report detail, however indicated the addition of an Executive Summary including an explicit outline of the specific support request of the Committee would have been appreciated.

Associated discussion points were as follows:

- Falls. Noted as an emerging issue for NHS Highland. NHS Highland was actively engaged with the new National Collaborative on Falls Reduction and the Deteriorating Patient. Engagement of a Lead Nurse or AHP was being actively considered. The existing National focus was welcomed.
- Tissue Viability. Specialist Nurse Model a challenge for NHS Highland. Current activity is looking to building on existing capacity and skill mix, with further work required.
- Dementia. Alzheimer Scotland involved in setting relevant Standards, with current focus relating to Inpatient settings. Standards not yet met fully within NHS Highland, with numerous continuous improvement work streams underway at operational level. Recent HIS Inspection was positive.
- Patients with Severe Dementia. Confirmed care pathway for secure care was in place, with key aim of keeping patient close to loved ones. New Craigs available for management of complex cases, with very few patients moved out of area. Recognised as a live and increasing issue and NHSH actively working with Care Homes and care providers on individualised care package provision. Expansion of such support was being considered in association with Alzheimer Scotland. Not all Care Homes in Highland are able to manage severe cases, for variety of different reasons and this can lead to a difficult conversation with families.
- Food and Nutrition. Noting up to one third of Inpatient medical errors can relate to the safe administration of Insulin, a focus on the nutritional need of individual patients was welcomed. I Rudd confirmed Area Drug and Therapeutics Committee had commissioned a report on this particular issue. R Donkin offered his support in this regard.
- Next Steps. Development of the Care Assurance Framework was to be taken forward.

After discussion, the Committee:

- **Noted** the progress updates provided.
- **Agreed to Support** the development of a NMAHP Care Assurance Framework, incorporating COPH Standards and exploring the possibility of development of a wider multi-professional Care Assurance Framework.
- **Agreed** the NMAHP Care Assurance Framework be submitted to a future meeting.

5 NHS HIGHLAND REMOBILISATION PLAN (VERSION 4)

L Cowie gave a presentation to members in relation to development of Version 4 of the NHS Highland Remobilisation Plan, including provision of a summary overview of what is included within a Remobilisation Plan as required to be submitted to Scottish Government. This included aspects such as Key Performance Indicators (KPIs), Improvement Plans and delivery targets. Progress was monitored via the Performance Recovery Board and examples were provided of the type of reports that were submitted for consideration; including elements relating to key deliverables, assurance level, key challenges and any associated funding requirements. A RAG rated status overview was provided in relation to all Improvement Actions, this closely reflecting the national position. Formal feedback on these was awaited from Scottish Government, including any resource allocation involved. Moving forward there would be quarterly KPI and improvement area reporting to Scottish Government. Discussion was being held in relation to appropriate internal performance scrutiny; and development of three year operating plans, delivery support structures and improvement milestones.

The following matters were discussed:

- RMP4 Operational Risk Register reporting/escalation to Committees. Confirmed discussion ongoing around associated reporting requirements. Risk Register Monitoring Group will look at this point. Committee should primarily consider assurance system elements and also high risk areas by exception, with associated performance reporting to Performance Recovery Board.

Suggestion that, in light of the substantial recovery challenge faced by NHS Highland a Committee Development Session would be beneficial in terms of agreeing areas of focus relating to both Strategy and recovery delivery reporting going forward.

- Waiting Lists position. Noted specific reporting was to NHS Board and Finance, Resources and Performance Committee via Integrated Performance and Quality Report (IPQR). Need to avoid duplication of reporting. Updates should relate to specific Committee areas of remit.
- Clinical Outcomes data. Confirmed Quality Performance Indicators in place in addition to relevant targets. Quality of Care represents a single strand and balanced approach required to measuring strands in process of being considered. Development Session would be welcome.

After discussion, the Committee:

- **Noted** the presentation content.
- **Agreed** consideration be given to a Development Session on future reporting arrangements.

6 NHS HIGHLAND CANCER SERVICES WAITING TIMES PERFORMANCE

D MacRae gave a presentation to members, advising N Abbott was now relevant Clinical Lead and had overseen an improvement in Cancer Service performance in NHS Highland. He outlined the historic position in relation to lack of specialist staffing capacity within complex pathways and scope activity, and indicated an improving position relating to the 62 day waiting target. Current areas of success were indicated as relating to meeting the 31 waiting target and a focus on all patients on timed pathways that allowed the advance identification of probable breaches to enable proactive action to be taken. This had involved buy-in from all relevant staff groups and positive consideration of new ways of working; resulting in speedier patient care and fewer people in the system at any given time. Recent performance was strong and it was indicated further improvement was anticipated as a result of the introduction of the Highland Urology Centre and a new, primarily nurse-led Prostate Pathway. Out of area services remained a risk. It was noted Urgent Suspected Cancer (USC) referral levels were high but stabilising and the level of backlog was decreasing. Performance trend analysis data was provided and it was reported patients were now clearing the relevant pathway in record time. The risks to continued improvement were identified as relating to the ongoing impact of Covid, diagnostic services capacity and Oncology Service capacity. Next steps were indicated as being in relation to reducing the level of backlog to below 25 individuals, increased coordination of out of area service providers, addressing current staffing and capacity issues, and change referral initiatives for Colorectal and Dermatology Services. There would also be a need to further consider the level of priority given to improving other associated cancer care services including quality monitoring arrangements, follow up and high risk patient activity, early diagnostics, participation in trials, Cancer Centre/PET scanner activity and Prehab services.

B Peters took the opportunity to highlight the hugely varied, diverse and complex areas of activity relating to Cancer Services, including those out of area and advised the Cancer Recovery Board (CRB) had been re-established. Among other aspects the CRB was considering associated matters relating to QPI issues and associated reporting, reflecting earlier Committee discussion. The latter aspect would be considered in agenda setting meetings, in light of earlier discussion.

The following was subsequently discussed:

- Comparative data. This was undertaken where possible but was complex to achieve appropriate comparison in relation to other nations. A future focus on specifically agreed QPI targets would in turn positively impact across a range of NHS Board activity.
- Robotic Activity. Noted machine in place, and training of surgeons has been ongoing, with the first operations having been carried out. Appropriate supervision requirements had been met. NHS Highland RAS (Robotic Assisted Surgery) is linked in to the regional programme.

- Holistic activity. Reference to holistic regime welcomed. Highlighted the need to consider more widely ancillary concerns and activity areas that can have a negative impact on patients out with the actual clinical treatment environment.
- Inequalities and impact on waiting times. Advised Detect Cancer Early activity provided degree of insight. Evidence suggested the Highland population was showing reluctance to engage fully with early detection activity messaging at that time.

After discussion, the Committee otherwise Noted the presentation content and reported position on Cancer Services.

7 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

The Chair introduced the circulated report and highlighted the position in relation to both Tissue Viability and Complaints performance. B Peters advised the future format and content of the circulated report was currently under development. Earlier discussion in the meeting would help inform relevant considerations. M Morrison confirmed the current format and performance measures would be refreshed and changed for future reports. She took the opportunity to acknowledge the issues relating to Complaints performance, advising consideration was being given to whole system improvement through development of an appropriate improvement plan for the Feedback Team. Work was underway with K Sutton (Acute), on a training programme for senior managers on aspects relating to Complaints investigation and response quality etc.

Points raised in discussion included the following:

- Mental Health SAER Case Management. Confirmed findings of case review activity along with update in relation to range of recent improvement activity. Noted bespoke training had been provided and external support had been central to this activity.
- Complaints Management. Training important to ensuring quality of initial response given to complainants addressed the root cause of complaint and avoided need for follow up activity. This would in turn increase performance level.
- Complaints Trend Analysis. Consideration being given to dashboard type reporting to Committee. Advised SAERs and Complaints being used to identify key themes to be addressed by Operational Units. Reporting to Committee should be “by exception” only.

The Committee otherwise:

- **Noted** the reported position.
- **Noted** an update in relation to Mental Health case management review and improvement activity would be brought to the next meeting.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

8 PUBLIC HEALTH

8.1 NHS Highland Screening Programmes 2021 Update

C Flanigan spoke to the circulated report, providing an update in relation to the nine screening programmes undertaken in Scotland, the governance arrangements in relation to which were outlined. It was reported Directors of Public Health were responsible for oversight of screening programmes, with individual programmes having a screening co-ordinator who monitors and coordinates programme activity, responds to screening incidents and represent NHS Highland at the National Screening Programme Boards. Operational aspects are managed by appropriate clinical service managers, with named clinical leads providing clinical input and oversight. All

programmes operated with a series of KPIs, reported on annually by Public Health Scotland and which adhered to screening programme standards set by Healthcare Improvement Scotland (HIS). An update was provided in relation to the level of impact of Covid on individual screening programmes, many of which had been paused for varying times during the pandemic. The update went on to identify the key issues faced by each of the programmes, reported on core KPIs or Standards and described the ongoing work to address the same. A particular update was provided in relation to a national adverse clinical event within the Scottish Cervical Screening Programme, noting this had affected a number of Highland residents. Records of all those impacted, across Scotland, were to be reviewed and this and was expected to take a calendar year to complete.

The following points were discussed:

- Diabetic Eye Screening. Evidence suggested there would be no benefit in a wider national programme to identify cases of Diabetes. Such considerations were undertaken by the National Screening Committee.
- Diabetic Eye Screening Demographic issues. Advised 80% uptake level in Highland requires an 18 month programme as opposed to 12 months, due in part to geographical constraints.
- KPIs. Confirmed NHS Boards had no discretion on what considered.
- Pre-School Vision Screening. Request made to improve importance awareness among relevant families in Highland. Agreed to feed back to screening co-ordinator.

The Committee:

- **Noted** the screening programme updates provided.
- **Agreed** the level of associated detail provided was sufficient for members.

8.2 Vaccination and Immunisation Strategy – Tranche 2 Update

T Allison gave a presentation to members, including an update as to the current position in terms of the number of newly confirmed positive Covid cases in Highland, noting this was increasing in children but not leading to an increase in hospital admissions. It was clear vaccination activity was having a significant impact in this regard, the delivery model for which, in Highland, was complicated in nature. With regard to Tranche 2 vaccination activity, involving delivery of influenza and Covid vaccinations, including booster provision, this was being facilitated by the use of both GPs and NHS Board clinic approaches in Highland. Local situations were varied. Staffing capacity challenges had resulted in a number of options being utilised, with significant associated communication issues having to be addressed. Vaccinations were again being delivered according to Priority Groups, with strong progress to date in relation to vulnerable groups. Care Home Flu and Covid vaccination activity was complete. Overall, the uptake of the Flu vaccination in Highland was promising, noting the national target of 80% by end of the calendar year.

Discussion points included the following:

- Communication (Argyll and Bute). Recognised a confusing message is being put out in relation to who should be attending clinics at any given time. Feedback always welcome.

After discussion, the Committee otherwise Noted the progress to date.

The Committee adjourned at 11.05am and reconvened at 11.10am.

9 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

9.1 New Child Protection Guidance Update

S Govenden introduced the circulated Guidance Update document, advising this was for the information of members only at this time. A Standards Framework was expected to be issued to NHS Boards in the New Year and would be taken through the existing governance structure. The Clinical Governance Committee received an Annual Report on relevant activity.

The Committee Noted the circulated document and took assurance that appropriate action was being taken/planned.

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

10.1 Argyll & Bute Clinical and Care Governance Committee (Health and Social Care) Exception Report

There had been circulated an Argyll and Bute Exception Report 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. It was reported the Argyll and Bute Clinical and Care Governance Group would and reporting structures were to be reviewed, with the aim of introducing a system wide operational group and smaller CCG Committee by January 2022. Existing areas of concern to be considered for escalation were related to staffing levels and an increase in the number complaints being received relating to Covid and vaccination activity.

Matters raised in discussion were:

- SAER progress. Most open cases relate to Mental Health/Learning Disability Services, with monthly meetings held to review progress, utilising protected time. The need for process improvement was recognised. Weekly incident reporting had been introduced.

10.2 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 (Staffing challenges referenced), 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 staffing within Primary Care, Tissue Viability Specialist recruitment, and pressures relating to both Mental Health Services and the vaccination programme

Matters raised in discussion were:

- Mental Health SAER Assessment Project. The Chair welcomed the update provided and requested progress updates to be provided in future reports.

10.3 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; staffing capacity and hospital flow; SAS transport for urgent transfers from RGHS; Emergency Department x-rays and out of hours access to CAMHS.

Matters raised in discussion were:

- SAER backlog. Chair noted a progress update was awaited.
- Mental Health Services. Range of actions being taken forward, including additional investment. A specific focus on this area, in a future agenda, was welcomed. Chair reminded members the Committee was primarily focussed on taking assurance on issues relating to process, systems and quality matters.

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

There had been circulated a report providing updates in relation to CAMHS Service pressures, implementation of the Child Death Review Process, NDAS service evaluation, preparation for an anticipated Respiratory Syncytial Virus surge, availability of Paediatricians trained in examination of children for possible child sexual abuse, and the Women’s and Children’s Directorate Remobilisation Plan. The latter included a business case for increased medical staff to provide cover for the Neonatal Unit and increase capacity in acute paediatrics. Current risks were specifically noted as relating to CAMHS staffing, Forensic activity and associated wider building and staffing capacity, and the NDAS waiting list position.

S Govenden took the opportunity to advise, in relation to Forensic services, suitably Standards compliant facilities within the Raigmore campus were now available for use. Initial activity would be in relation to planned Paediatric cases. There would be continued liaison with Police Scotland as required. Adult self-referral arrangements would be introduced in 2022. The lack of a Nurse Coordinator for the Child Death Review process, providing a point of contact for families continued to be a real concern, with a business case having been developed in that regard. A report on the review of NDAS had been prepared and submitted to Chief Officers for consideration of relevant key risks. It was confirmed Raigmore Hospital did include an Inpatient Children’s Unit.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/planned.
- **Noted** the identified risk areas highlighted in individual reports.

11 NHS BOARD RISK ASURANCE FRAMEWORK

11.1 Updated Strategic Risk Register

There had been circulated the current Strategic Risk Register document (November 2021).

The Committee Noted the circulated Strategic Risk Register document.

11.2 Strategic Risk 662 – Clinical Strategy and Redesign

L Cowie gave a presentation to members, advising her role was in relation to coordinating the development of a Strategy for 2022 to 2027, the relevant Framework for which had been put in place. The “Together We Care” Strategy would be a whole system approach that sought to partner

with communities to improve the health and wellbeing of the people of Highland and Argyll and Bute. The rationale for development of the Strategy was outlined, including ensuring service sustainability and resilience into the future in the face of increasing demand levels. Underlying strategic imperatives were stated as relating to Population, People, Pathways, Performance and Progress, and provided a framework for engagement. An outline was provided as to what Strategy success would involve in the context of present and emerging risks relating to workforce pressures, engagement process and timescales, public and partner engagement, Covid and other system pressures, and matters relating to inequalities aspects.

The Chair reminded members as to the Strategic Risk profile concerned and heard a plea that new technology designed to help manage Long Terms Conditions be at the heart of any agreed Strategy. This point was accepted and L Cowie asked that all and any relevant comments be relayed to her.

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

- **Agreed** Significant assurance could be given to the NHS Board, based on the update provided.
- **Agreed** the EDG be recommended to maintain the current level assigned to Risk 662.

11.3 Strategic Risk 715 – Public Health (Covid-19 and Influenza)

T Allison spoke to the circulated report providing an update on managing the potential impact of Covid-19 and Influenza on NHS Highland services, noting the risk of significant disruption to services resulting from both disease occurrence and the impact of control measures. It was stated the current position saw a greater impact on Educational activity as opposed to wider Health Care Services. Access to timely testing in some parts of Highland remained a concern. A workshop had been held in relation to implementation of the Social Mitigation Strategy Action Plan, which was likely to remain in place for a considerable period of time.

The Committee Considered the relevant Strategic Risk and:

- **Agreed** Significant assurance could be given to the NHS Board, based on the update provided.
- **Agreed** the EDG be recommended to maintain the current level assigned to Risk 715.

11.4 Updated Clinical Governance Committee Risk Register

The Chair spoke to the circulated report outlining the two Risks (927 and 928) currently included within the Committee Risk Register and sought the view of members as to the continued inclusion of the same and their respective risk ratings. Discussion was as follows:

- Risk 927. Advised Community Midwifery Service yet to be brought under Acute Services and represented current risk. Noted the revised Quality and Patient Safety structure involved groups across NHS Highland and Argyll and Bute; based on Acute, Community and Mental Health/Learning Disabilities. This was considered to provide a significantly reduced risk profile.
- Risk 928. Mitigating actions included an extended Committee membership and the introduction of an annual self-evaluation exercise. The IPQR remained a work in progress.

After discussion, the Committee:

- **Agreed**, based on mitigating action, to assign a Likelihood of Unlikely and Consequence of Moderate to Risk 927 within the Committee Risk Register. Current Risk level was maintained.
- **Agreed**, based mitigating action, to assign a Likelihood of Unlikely and Consequence of Moderate to Risk 928 within the Committee Risk Register. Current Risk level was maintained.

12 SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORT

M Morrison spoke to the circulated report outlining the open cases being considered by the SPSO at the time of the meeting and advising there continued to be an increase in the number of cases being reviewed at that time. It was reported there were 24 cases open across Operational Units. The report went on to indicate a number of recommendations had been made to NHS Highland in relation to the handling of complaint regarding not responding to all the issues raised and not keeping the complainant informed when there was a delay and the reason for the delay. Members were advised each Operational unit was responsible for ensuring action against recommendations was completed on time. This was closely monitored to ensure timescales were met and evidence submitted to the SPSO within the relevant timescales. Due to work pressures there had been slippage in ensuring actions were completed on time. This had been escalated to the relevant Operational Units.

Discussion points were as follows:

- Future reporting. Chair requested inclusion of trend analysis, with a greater focus on associated SPSO targets and trends. There should also be more focus on lessons learned, improvements implemented, and risks to the NHS Board.

The Committee Noted the open SPSO cases and the outcome of recent SPSO investigations regarding complaints handling.

13 COMPLAINTS ANNUAL REPORT 2020/2021

NHS Highland's Complaints Annual Report, as required to be submitted to Scottish Government had been circulated. It was reported the complaints process Experience Survey had not been undertaken over the reporting period on this occasion due to the impact of the Covid pandemic. The Report represented a summary of the feedback received by NHS Highland from 1 April 2020 to 31 March 2021 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.

- Future reporting. The Chair sought future inclusion of year on year comparison data where possible, and development of data presentation that was more reader accessible.

The Committee otherwise Agreed to Approve the NHS Highland Complaints Annual Report 2020/2021 for onward transmission.

14 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 August 2021. A cluster of Covid19 cases had been reported to ARHAI Scotland in relation to Ward 4C, Raigmore Hospital. There had been no incidences or outbreaks of Flu or Norovirus reported across the same period. NHS Boards had been asked to complete an assessment of COVID19 positive Elective Inpatient Areas, in line with the algorithm produced by ARHAI Scotland. No issues had been identified with the controls in place for identified Red/High risk zones in NHS Highland. The increased incidence in Endophalmitis cases had resulted in national discussion around Fluid resistant surgical facemasks use. No outcome has been issued to date. Winter planning in respect to an expected increase in RSV (respiratory syncytial virus) and flu cases was underway. An update had also been provided

in relation to an unannounced Covid-19 HEI Inspection of Raigmore Hospital on 15-17 June 2021, and current areas of challenge were outlined for the information of members.

Discussion was as follows:

- Recruitment to Critical Posts. Advised a number of appointments had been made however there remained risk associated with regard to level of vacant posts.
- EColi. Advised no realistic assurance could be given in relation to meeting national target. NHS Highland remained within predicted limits as aligned to existing individual case mix. Cases were not subject to isolation protocols, these being managed through good nursing practice and associated Infection, Prevention and Control procedures.

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

15 TRANSFUSION COMMITTEE – Six Monthly Update/Exception Report

In the absence of a report there were no matters discussed in relation to this Item.

16 INFORMATION ASSURANCE GROUP – Minute of Meeting held on 15 September 2021

There had been circulated Minute of Meeting of the Information assurance Group held on 15 September 2021. The Chair confirmed there would be discussion with relevant senior officers in relation to provision of an Exception Report for future meetings with a view to the Committee receiving appropriate assurance on relevant matters of concern.

The Committee otherwise Noted the circulated Minute.

17 COMMITTEE ADMINISTRATION

17.1 Committee Self Evaluation Action Plan

The Chair spoke to the circulated Self-Evaluation Report Summary and associated Action Plan, advising this had been developed and based on the feedback provided by Committee members. The following updates were also provided:

- Timing/Agendas. Advised this document was fluid in nature, subject to change based in part on Committee discussion.
- Development Sessions. Sessions would be scheduled as and when appropriate and would include the discussion of emerging issues, relevant Committee administration and function, training and development for members etc.

The Committee otherwise Approved the Self Evaluation Action Plan.

18 ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

19 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be advised as to the Strategic Risk Register discussions from this meeting.

20 DATES OF FUTURE MEETINGS

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

13th January

3rd March

28th April

30th June

1st September

3rd November

21 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 13 January 2022 at 9.00am.

The meeting closed at 12.30pm