CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
MINUTE	**9 June 2020 – 9.00am**

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

In attendance Fiona Campbell, Clinical Governance Manager, A&B (Teleconference)
Ruth Daly, Board Secretary
Dr Jim Docherty, Clinical Lead for eHealth (Videoconference)
Ian Kyle, Head of Integrated Children's Services, Highland Council (Videoconference)
Dr Stewart MacPherson, Associate Medical Director (Videoconference)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Jane Park, Head of Service (Health), Highland Council (Videoconference)
Dr Ian Rudd, Director of Pharmacy
Dr Emma Watson, Associate Medical Director, Raigmore (Videoconference)
Claire Wood, Associate Director, AHPs

1 Welcome and Apologies

Apologies were received from Ann Clark, Paul Hawkins, Dr Rebecca Helliwell, Dr Willem Nel, David Park, Catherine Stokoe and Bob Summers.

The Chair took the opportunity to thank Dr K MacDonald and Ms Susan Russel for their respective contributions to the work of the Committee over the period of their membership tenure and welcomed both Mr I Kyle and Ms J Park to the Committee as Highland Council representatives. She further took the opportunity to thank all those present for enabling the meeting to proceed, albeit on a partially restricted physical attendance basis.

1.1 Declarations of Conflict of Interest

Alasdair Christie wished to record that in considering making a formal Declaration of Interest as a member of the Highland Council 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 7, 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 relevant discussion. Heidi May, stated as a Non-Executive Director of the University of the Highlands and Islands she

had considered making a formal Declaration however felt this did not represent a conflict requiring her preclusion from the meeting discussion.

2 Minute of meeting on 12 February 2020 and Action Plans

The Minute of Meeting held on 12 February 2020 was **Approved** subject to the following amendment:

Page 2, Item 1.1, Line 5 – Amend to read "…of Inverness, Badenoch and Strathspey…"

Actions were then considered as follows:

- **Controlled Drugs Annual Report:** It was agreed this subject be included within the Rolling Action Plan.
- **Medical Education Governance Group Annual Report:** E Watson advised Helen Freeman, Consultant Paediatrician would be the Officer to approach in this regard.
- **Maternity Transfers**: Noting a wide-ranging report on Maternity matters had been scheduled for this meeting, the chair sought an update. It was confirmed the Head of Midwifery had provided D MacKay with information on the delivery of the relevant decision making tool. The matter of Operational Unit transfer rate variance required further investigation, with a report to come back to Committee in due course. It was confirmed the Head of Midwifery had addressed the Audit Committee in relation to the timescale for actions following an Internal Audit review.
- **Raigmore Exception Report:** There was no further update provided. The Item to remain live on the Rolling Action Plan.
- **Point of Care Testing/Medical Devices etc**: The Chair advised she had spoken to Dr P Davidson regarding the submission of a report. It has been established that Point of Care testing could be available within 17 Salaried Practices, Rural General Hospitals, Community Hospitals and Raigmore. E Watson advised she was unsure as to whether the Point of Care Test Lead role was pan-Highland in nature however she did confirm a rigorous system was in place for testing activity. The status of the Medical Devices Group had still to be established, and on that point M Morrison advised a governance framework was being developed in relation to the Management of Medical Devices. It was agreed the outstanding issues relating to Medical Devices be identified for inclusion within a future update to the Committee.
- **Gosport/Controlled Drugs Inspections**: Actions were agreed to be substantially complete. I Rudd confirmed the relevant Action Plan, including in relation to Care Homes, would be submitted to the Committee.
- **Argyll and Bute**: An update on Lorn & Islands Hospital Patient Experience Survey Action Plan had been provided to the Committee Chair. There were no outstanding actions.
- **Information Assurance Group**: J Docherty confirmed the matter of Clinical representation had yet to be resolved.
- **Clinical Governance Committee Terms of Reference:** The Chair advised she was a member of the Short Life Working Group considering future NHS Highland governance arrangements. This included consideration of the Terms of Reference for Governance Committees. R Daly confirmed a report would be submitted to the NHS Board meeting at end June 2020. Draft Terms of Reference documents would be taken to the NHS Board, discussed and refined at Committee level, then re-submitted to the NHS Board for final approval. It was agreed the Committee Administrator invite K Sutton, D Park and J Macdonald to be members of this Committee. This followed conversation between H May and K Sutton who advised she would wish to attend given her overarching accountability for Clinical Governance. The group had on a number of previous occasions sought representation from the Operational Lead Managers who it considers critical group members.

The Committee otherwise:

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

2.1 Matters Arising – Enhanced Professional Clinical and Care Oversight of Care Homes

H May spoke to the circulated report and provided an update to members in relation to the implications of two letters received from the Cabinet Secretary, dated 17 May 2020. The first letter had detailed new and additional responsibilities on Clinical and Professional Leads in every Local Authority and NHS Board to provide daily support and oversight of the care provided within Care Homes in their respective areas. The second letter, specifically to Board Nurse Directors, had required them to be accountable for the provision of Nursing leadership, support and guidance within the Care Home and Care at Home sectors. This included for private Care Homes. The circulated report sought to detail how the work relating to Care Homes would be taken forward within NHS Highland, with that in relation to Care at Home services to follow. Key actions would include development of a Multi-disciplinary Oversight team. Each Home was to be assessed using an audit tool and relevant support then put in place. Such support could relate to additional staffing, training, guidance and support with infection prevention and control, PPE, approaches to testing etc. It was stated the recent activity in relation to Home Farm, Skye and the 15 Care Homes taken on by NHS Highland following the implementation of the Lead Agency model in 2012 meant NHS Highland would be building on existing knowledge, structures and processes in this regard.

H May advised there had been a degree of pushback regarding the implementation of these new arrangements but in general these were proving productive and relationships were being built. On the point raised, it was advised these extended role arrangements had been introduced under emergency powers and it was unclear how long they would be in place however the extension to the role of the Nurse Director in relation to Care Homes was in place until 30 November 2020. A number of associated questions were then raised, these being answered as follows:

- The Care Inspectorate role remains unchanged in relation to Care Homes. The Care Inspectorate had requested to join NHS Highland on their visits to each of the Care Homes.
- Relevant costs were being monitored in relation to aspects such as staff time, with the expectation Scottish Government would be meeting relevant additional costs directly related to COVID activity. Additional staff/students had been recruited to provide appropriate backfill.
- The breakdown of Care Homes, by type of facility in Highland would be provided to members.
- The associated burden on staff of these new arrangements had been recognised, and responded to in terms of securing additional staff from NHS Highland and NES portals.

The Committee:

- **Noted** the report content and revised arrangements in relation to Care Homes.
- **Agreed** a breakdown of Care Home by type in Highland be provided to members.

3 PLANS FOR REMOBILISATION

Members were advised a formal report would be submitted to the next meeting.

The Committee Agreed to Defer consideration of this Item to the next meeting.

4 QUALITY AND PATIENT SAFETY DASHBOARD REPORT

M Morrison spoke to the circulated report, providing trend information on a number of measures relating to complaints, falls, medication errors, pressure ulcers, staff availability, infections, SAERs and care reviews. Data was based on incidents logged via the DATIX risk management system. The report sought to provide an overview of these measures over a 13 month period and consider whether there had been any impact of the COVID pandemic on incidents in Highland. The report indicated a downward trend in many of the measures although a rise in pressure ulcers had been detected. Pressure ulcer incidents were individually followed-up. M Morrison went on to state the format of the circulated dashboard report remained under development, with a revised format to be in place for the next meeting. Monthly reports were also issued to Operational Units. Recording of incidents on DATIX continued to be of high importance.

During discussion, there was concern that COVID activity may in turn be masking wider issues in relation to the impact on the general health of the wider population, which would need to be addressed both locally and nationally.

The Committee:

- **Noted** the content of the Dashboard Report.
- **Noted** a reporting profile map would be developed and submitted to the next meeting.

5 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

5.1 COVID-19 Update

Dr Peters spoke to the circulated report, outlining the overarching objectives for NHS Highland in its response to COVID-19 and advising the whole system response had been planned through a Gold/Silver/Bronze Command structure underpinned by formal governance and reporting arrangements. The NHS Highland Major Incident Management Plan and Pandemic Flu plan had provided the response structure, with Business Continuity Plans having been reviewed and updated as necessary. Specific updates were provided in relation to patient care activity; service capacity, activity and remobilisation; and workforce and financial implications. Relevant testing activity was developing and being expanded. The Scottish Government was working with all NHS Boards to calculate the overall financial impact of COVID activity. It was advised planning was underway in relation to determining how best provide general services, including elective care, in the COVID era. Testing and contact tracing would be crucial to any lockdown exit strategy, with complex considerations required in relation to how services will be provided moving forward in a new environment. The overall position remained subject to rapid change and the hard work and dedication of all staff to date was recognised.

During discussion, the absence of Equality and Diversity information was questioned given the known variations in impact across communities. Dr Peters acknowledged this point and advised a national steer would be taken in relation to equality and diversity in COVID19, including any relevant associated reporting arrangements.

There was reference to the increased use of new technology, including Near Me, and it was noted C Morrison had been seconded to Scottish Government on a full-time basis. Near Me was being utilised extensively within GP Practices, overall usage was therefore increasing and issues relating to barriers to use, such as bandwidth were being actively considered. Near Me would from part of the overall NHS Highland Modernisation Programme. E Watson confirmed more than 1000 consultations per week were now being conducted over Near Me in Highland, including in relation to Mental Health services. She highlighted the associated cognitive burden on GPs of new methods of working as a matter to be monitored closely. I Rudd confirmed the Scottish Government had commenced the roll out of Near Me in to Community Pharmacies with effect from

22 June 2020. Moving forward, appropriate support arrangements for Community Services, AHPs etc were all being considered by Operational Management in association with the eHealth Service. In terms of future reporting requirements of the Committee in relation to this area, the Chair advised she would discuss relevant requirements with the Board Medical Director. Dr Peters suggested the Committee should provide a focus on relevant governance and safety aspects. It was noted the Information Assurance Group also reported in to this Committee, and would be considering aspects relating to relevant data capture and sharing arrangements/requirements. Wider aspects relating to the impact of using new technology, on staff, was considered to be a Health and Safety/Staff Governance issue.

The Committee:

- **Noted** the report content.
- **Agreed** the suggested reporting route for equality and diversity data, through Community Planning Partnerships be raised with the NHS Board and Chief Executive**.**
- **Noted** future Committee reporting requirements relating to the wider use of new technology would be discussed with the Board Medical Director**.**

6 MINUTES OF MEETINGS OF PATIENT QUALITY & SAFETY COMMITTEES/A&B CLINICAL AND CARE GOVERNANCE GROUP

Noting that formal exception reports would be submitted to the meeting, the Committee was asked to consider the issues identified and receive assurance that appropriate action was being taken/ planned.

6.1 Argyll & Bute HSCP Clinical & Care Governance Group Meeting of 26 March 2020

There had been circulated Minute of Meeting held on 26 March, 2020. Members were advised a further meeting had been held on 25 May 2020.

F Campbell advised the latest meeting had provided a focus on delivering activity during the COVID period. During this time steps had been taken to address the complaints backlog, which had now been reduced to zero. The requirement to reply to complaints within 20 days had been reiterated to all relevant staff. To ensure performance was maintained, an appropriate process was in place and relevant training had been rolled out accordingly.

6.2 North and West QPS (Parent) Group Meeting of 18 March 2020

There had been circulated Minute of Meeting held on 18 March 2020.

S MacPherson advised he now Chaired both this and the associated group relating to the South and Mid area, with processes being aligned across the Divisions. He advised the Group had considered in detail a series of incidences and other high level cases. Such discussion had been more integrated across the Division. E Watson was engaged and provided an Acute Services perspective that had been very beneficial in avoiding a silo based approach. As such the Group provided a wide ranging view, including in relation to Rural General Hospital and Mental Health activity. It was likely the North & West and South & Mid Groups would be merged over time.

6.3 Raigmore QPS Group Meetings of 21 January and 18 February 2020

There had been circulated Minutes of Meetings held on 21 January and 18 February 2020.

E Watson advised she had been unable to attend the meeting however confirmed ongoing work relating to governance was appropriately linked to the activity referenced by Dr MacPherson earlier in discussion. As previously indicated structural changes were being introduced in this area, and

the Chair confirmed the Clinical Governance Committee agenda would be adjusted to reflect this. Dr Peters took the opportunity to thank those involved in these discussions, reminding members of the assurance role of the Governance Committee in this regard. Any associated issues or questions relating to the circulated Minute would be raised with I McGauran.

6.4 South and Mid QPS Group Minute of 17 March 2020

There had been circulated Minute of Meeting held on 17 March 2020.

The Chair sought an update in relation to Mental Health SAER processes and MDT Review Best Practice Sharing. S MacPherson advised an appropriate structure had been developed in relation to case consideration and type of review activity etc. External scrutiny was welcomed and the Mental Health Service were actively engaged in providing input into other service areas. He confirmed that Clinical Governance activity had maintained positively high profile during the COVID period to date and stated MDT Review activity, whilst resource intensive, had been inspirational in nature. Aspects of this process could beneficially be shared more widely as best practice.

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

The Chair advised Minutes from the Group would be submitted to future meetings as per the reporting arrangements previously agreed. C Wood advised there had been two meetings to date, a further meeting had been scheduled for two weeks' time, and confirmed the relevant Minutes would be circulated for the next meeting along with an appropriate Exception Report. The position in relation to the associated Highland Council Clinical Care & Governance Committee, relating to commissioned services, was unknown.

I Kyle advised he had yet to become fully engaged with the Infants, Children & Young People's Clinical Governance Group to date however both he, and J Park, had been engaged in positive detailed discussion on relevant partnership governance arrangements. This involved how best to provide appropriate assurance, and ensuring necessary support processes would be in place.

6.6 General Discussion

The Chair sought feedback in relation to the current Exception Reporting process for Operational Units. S MacPherson advised this was working well, with Professional Leads continuing to consider what individual areas to report on. It was requested the current reporting template be continued, to enable processes to be further embedded. F Campbell echoed this view, adding guidance on Exception Report content would be beneficial. It was stated it was key to ensure an Exception Reporting process as opposed to one that provided performance reporting detail. The Chair stated the current reporting template should also be adopted for the Infants, Children & Young People's Clinical Governance Group.

The Chair went on to advise the reporting arrangements across NHS Highland were presently under review and this may impact on the current exception reporting process. Future reports would be prepared well in advance of Committee meetings, and be based on high level detail. In terms of the Clinical Governance Committee this would place extra emphasis on the verbal updates provided by reporting officers.

The Committee:

- **Noted** the circulated Minutes.
- **Agreed** an Exception Report and Minutes of meetings of the Infants, Children & Young People's Clinical Governance Group be submitted to the next meeting.
- **Noted** the position regarding consideration of future reporting arrangements in NHS Highland.

7 COMPLAINTS PERFORMANCE REPORT

M Morrison spoke to the circulated report, which provided an update in relation to progress on ensuring that Stage 2 complaints are responded to within the national timescale of 20 working days. It was stated that significant progress had been made in this area, with the total of 86 outstanding complaints at the end of February 2020 having been reduced to 27 open complaints as at the date of this meeting, a number of which remained within the required reporting timeframe. The report indicated that performance targets had been set, for responding within 20 working days, resulting in 60% of complaints being responded to within timescale as at end April 2020. The performance target was reviewed on a monthly basis and was now set at 70% for end June 2020. M Morrison advised the number of complaints being received had reduced markedly during the COVID period however the numbers were now beginning to increase again.

The Chair welcomed the revised 70% target and sought an update in relation to points previously raised in relation to the tone and content of Complaints response letters. It was confirmed that responses were now more focussed in their content and this in turn had reduced the level of negative feedback received in relation to the same. A Christie welcomed the improvements in the quality and timescale for responses and B Peters took the opportunity to thank those involved in achieving such improvement.

The Committee otherwise Noted the content of the report.

Dr B Peters left the meeting at 10.50am

8 CONTROL OF INFECTION

8.1 Infection Prevention and Control Report

There had been circulated an Infection Prevention and Control Report which the Chair confirmed had been considered by the NHS Board in May 2020. She advised future reports would be submitted to the Control of Infection Committee, which in turn would report to this Committee moving forward as a Standing Agenda Item. The attention of members was drawn to the RAG rated performance data relating to the NHS Highland Infection Prevention and Control targets.

8.2 Infection Prevention and Control Annual Work Plan

There had been circulated report including an update on progress against the Infection Prevention and Control Annual Work Plan for 2019/2020, and an updated Annual Work Plan for 2020/2021. The Chair confirmed this report had also been submitted to the NHS Board in May 2020.

The Committee:

- **Noted** the content of the Infection Prevention and Control report.
- **Noted** the progress against the 2019/2020 Annual Work Plan.
- **Noted** the updated Annual Work Plan for 2020/2021.

9 CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT

The Chair spoke to the circulated Clinical Governance Annual Report for 2019/2020. This had been considered by the Executive Directors' Group and NHS Board, and submitted to the Audit Committee as part of the Annual Accounts process. She drew the attention of members to the section relating to Emerging Issues/key Issues to Address/Improve and advised consideration was

being given to using these as a basis for development of an Annual Work Plan for the Committee moving forward. She sought views from members as to any additional subjects for inclusion.

On the point raised in relation to the Clinical Expert Group (CEG), M Moss advised Pam Dudek had addressed the Area Clinical Forum in relation to the relevant link arrangements. Discussion continued on that point, including the need for a review of the membership of the group. H May stated that whilst further discussion was required in relation to the wider governance of the group, the CEG to date had been expertly led and had functioned well. Discussion was required in relation to Terms of Reference and membership. Whilst the Group was linked to Operational Units in terms of providing relevant advice, governance of the Group should be through the Clinical Governance Committee. It was confirmed both H May and B Peters were sighted on this Group, which was currently chaired by E Watson. The Group also considered matters relating to Ethics concerns.

The Chair stated there should be further consideration of the existing and future links to the Area Clinical Forum to ensure duplication of activity was avoided. She stated she would welcome greater clarity in that area and in relation to wider governance arrangements. H May emphasised that the CEG was not a formal Committee of the Board, but established to inform decision making at the COVID19 Gold, Silver and Bronze decision making structure. She stated the Clinical Alliance Group also remained active at this time although consideration should be given to standing this down in light of the continuation of the CEG. The Board Secretary reminded members the Area Clinical Forum (ACF) was a mandatory Committee of the NHS Board and M Moss emphasised the need to consider and reflect on the role of both the ACF and CEG and the necessary synergy required between the two.

There followed general discussion, including support for the reinstatement of Governance Committee meetings at this time. I Rudd stated there would be benefit in reinstating the Area Drugs and Therapeutics Committee at this time and advised there had been discussion with E Watson in relation to relevant links to the CEG. CEG was part of the Command structure under current COVID19 arrangements. R Daly advised any move to reinstate Governance Committees would require to be sanctioned by Scottish Government. In terms of future reporting on COVID, whilst it was considered this should be through the Clinical Governance Committee no formal decision had been taken in this regard. I Rudd sought an update in relation to future Professional Alliance meeting arrangements and whether this would be conducted virtually over Microsoft Teams in line with other meetings. The Chair advised she would be comfortable taking this approach if relevant meetings were to proceed.

The Committee:

- **Noted** the Clinical Governance Committee Annual Report 2019/2020.
- **Agreed** further consideration be given to developing a Committee Annual Work Plan.
- **Agreed** the Board Medical and Nurse Directors reflect on discussion in this meeting and at the ACF and prepare a formal report for consideration at the next meeting in relation to the CEG.
- **Agreed** consideration be given to asking EDG to reinstate Governance Committee meetings.

10 CHILD PROTECTION REPORT

S Govenden spoke to the circulated report, outlining the key impact on child protection health services, of current service changes and recommendations for Chief Officers for public protection and the NHS Board to mitigate the risks described. The Scottish Government had introduced temporary emergency legislation in the Coronavirus Bill 2020 and Coronavirus (COVID-19): supplementary national child protection guidance in April 2020. It was reported that nationally child protection services had seen dramatic falls in referral numbers since the introduction of lockdown restrictions/school closures and a significantly reduced number of formal concerns raised, but higher levels of call to Third Sector organisations and the NSPCC Childline. The child protection health service had seen fewer cases however those presenting had been very serious and

required much staff time and resource to manage. The Committee were further advised as to a Significant Case Review by the Highland Child Protection Committee and other further child protection proceedings underway. The circulated report included a table of priorities, and mitigation plans, for child protection services in respect of health provision and in the context of multi-agency working in child protection across NHS Highland. H May advised discussion was ongoing in relation to the requirements/arrangements for child protection in relation to The Highland Council and NHS Highland.

S Govenden advised that service referrals were beginning to rise again and that discussion was ongoing with the Board Nurse Director in relation to the issues that had arisen, in the absence of the relevant Infants, Children & Young People's Clinical Governance Group meetings. The Chair advised as to earlier discussion in relation to that Group, including the requirement for an Exception Report to accompany future submissions to the Committee. Feedback on the Exception Report template document was welcome.

The Committee:

- **Noted** the report content.
- **Agreed** the Exception Report template be disseminated to H May and S Govenden.
- **Noted** Infant, Children and Young People reports would be submitted to future meetings and a further Infant, Children and Young People Exception report would be submitted to the next meeting.

11 AOCB

11.1 Future Meeting Arrangements

The Chair advised she had been reviewing the Terms of Reference of Clinical Governance Committees across NHS Boards with a view to taking any appropriate learning points. She was also considering joining a number of those meetings to consider the same.

The Committee so Noted.

12 2020 COMMITTEE MEETING SCHEDULE

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

25 August
6 October
1 December

13 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 25 August 2020 at 9.00am. The associated timetable for consideration of reports by the EDG on 10 August would require draft reports to be prepared by 4 August 2020.

The meeting closed at 11.40am