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	**29 April 2021 – 9.00am (via MS Teams)**

Present
Dr Gaener Rodger, Non-Executive Board Director and Chair
Tim Allison, Director of Public Health
Elspeth Caithness, Staffside Representative
Fiona Campbell, Clinical Governance Manager, Argyll and Bute
Alasdair Christie, Non-Executive Board Director
Heidi May, Board Nurse Director
Margaret Moss, Chair of Area Clinical Forum
Adam Palmer, Employee Director (Vice Chair)
Dr Boyd Peters, Medical Director

In attendance
Ruth Daly, Board Secretary
Dr Paul Davidson, Associate Medical Director
Jim Docherty, Clinical Director (eHealth Services)
Ruth Fry, Head of Communication and Engagement
Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
Alan Grant, Consultant Surgeon (General Surgery)
Rebecca Helliwell, Associate Medical Director
Liz Higgins, Associate Nurse Director, Argyll and Bute
Samantha Mills-Bodkin, Staff Nurse (Community Mental Health Services)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Kate Patience-Quate, Interim Deputy Head of Nursing
Ian Rudd, Director of Pharmacy
Duncan Scott, Consultant Physician (General Medicine)
Simon Steer, Director of Adult Social Care
Catherine Stokoe, Infection Control Manager
Bob Summers, Head of Occupational Health and Safety
Katherine Sutton, Chief Officer (Acute)

1 WELCOME AND APOLOGIES

Apologies were received from Mary Burnside and Dr Emma Watson.

The Chair took the opportunity to welcome Samantha Mills-Bodkin to the meeting as an observer as part of her ongoing Professional Development activity.

On the point raised, the Board Secretary undertook to look at the current schedule for this Committee and that of the Financial Recovery Board to avoid future meeting conflicts.

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 the Code of Conduct and had concluded this interest did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 4 MARCH 2021

The Minute of Meeting held on 4 March 2021 was **Approved,** subject to the following amendment:

Page 5, Item 5.1, Line 3 – Amend to read "…NHS Highland One Year Organisational Strategy (Remobilise, Recover and Redesign)…"

Associated Actions were then considered as follows:

- **Covid 19 Update (advice for those vaccinated)** – T Allison advised national advice had been given that those who are vaccinated should not change current behaviour patterns. Action closed.
- **Additional Clinical Governance Risks** - Risk Register on agenda. Action closed.
- **Adverse Events and SAERs (26 Week completion)** – Chair confirmed now included within IPR. Action closed.
- **NHSH Response to Ockenden Report** – The Chair advised the NHSH Gap Analysis submission had been delayed to July 2021, to enable appropriate clinical input. The relevant SBAR had been circulated.
- **Infection Prevention and Control Report (Raigmore HSE Visit)** – The Chair advised the HSE Report had not been circulated to members. H May advised she would clarify if this could be shared more widely as requested.
- **Clinical Governance Committee Risk Register** - The Chair advised discussion had been held and individual Risks would be presented to the Committee for consideration at each meeting. Action closed.
- **Raigmore QPS Group (Radiation Safety)** – The Chair advised this Item could be closed.
- **Recruitment of Lay Representative** – Recruitment was now concluded, with two Representatives to be in place from the next Committee meeting in July 2021. The Chair took the opportunity to thank the Board Secretary and Head of Communication and Engagement for their assistance in concluding this activity. Action closed.
- **Integrated Performance Report (Complaints Performance)** – M Morrison advised this Item could now be closed, following relevant discussion with K Sutton.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** further discussion on outstanding actions be taken out with the meeting and the relevant Action Plan be updated accordingly prior to the next meeting.
- **Agreed** Action Points be numbered on future iterations.

2.1 MATTERS ARISING

- **Covid 19 Vaccination Communications** – The Chair reminded members that an example Covid Communication Plan (North Highland Community Planning Partnership) had been circulated at the last meeting. An update in relation to Argyll and Bute activity in this area, received from R Fry and D Ritchie, had also now been shared with Committee members.

The Committee so Noted.

3 NHS Highland Remobilisation Plan 2021/2022

The Chair introduced the circulated Plan and advised this should be considered in the context of the role and remit of this Committee, with the identification of associated Clinical Governance risks where appropriate. She advised many of the aspects of the Plan were reported via the Integrated Performance and Quality Report submitted to each Committee meeting. B Peters went on to provide further detail in relation to Plan, which set out the wider NHS Highland response to Covid19 and recovering performance in the context of the NHS Scotland Covid19 Framework for Decision Making of Remobilise, Recover and Redesign. The Plan focussed on the priority areas agreed with the Scottish Government for the first two quarters of 2021/2022. A further Remobilisation Plan would be submitted to Government in September 2021. He emphasised that Clinical Governance considerations cut across much of the Plan detail and invited discussion on this in terms of assurance in relation to current and planned activity as well as that activity that will be required in relation to addressing clinical backlogs.

A Palmer, noting the associated Risk register had not been circulated to members, then stated that many of the existing risks around implementation of the circulated Plan related to staffing and capacity issues. He sought advice on how the Plan could be achieved without a full staffing complement, and in the context of an exhausted workforce more generally. It was stated the impact on staff through the pandemic period was recognised however an acceptable balance would require to be struck. H May advised that one of the potential positives emerging from the pandemic was an increased level of numbers applying for Nurse training at this time.

A Christie sought advice on how, as the organisation moved away from Covid activity to address the current backlog of cases, the Plan would be more widely communicated to the Highland population and how activity may be suitably benchmarked in terms of performance. There followed more general discussion, during which members welcomed the inclusion of aspects relating to children's mental health and the continued involvement of clinicians in contributing to the development of the Plan. Members were reminded the Plan was not written with public communication in mind, with the associated One Year Strategy document helping to provide more context when read in conjunction with the Plan. It was stated Committee members should seek to continue to focus on those elements relating to current Clinical Governance systems, processes and assurance in line with the Clinical Governance Committee Terms of Reference. B Peters referenced the Board Development Session on governance held earlier in the week, and stated that should help current Committee consideration of the type and format of data etc required to fulfil that role. The Chair emphasised that the ability of the Committee to consider in detail, data such as that in relation to Complaints activity, provided a guide for how the Committee can fulfil that function in relation to, for example, quality of care delivered.

After discussion, the Committee:

- **Noted** the NHS Highland Remobilisation Plan 2021/2022.
- **Agreed** the relevant Risk Register be submitted to the next meeting for consideration in a Clinical Governance context.
- **Agreed** members consider the associated matters they wish to consider at future meetings.

4 NHS Highland Integrated Performance Report

B Peters introduced the circulated report and stated focus should be in relation to the relevant Clinical Governance measures. He emphasised the Report itself was iterative in nature and would continue to be developed over time. H May confirmed the Report was currently being used to identify, consider and respond to matters relating to variation etc. The Chair highlighted the request at the last meeting for the inclusion of data relating to readmissions and further urged the adoption of control charts for data analysis purposes where appropriate. She went on to reference

data relating to Complaints Handling, which would be discussed later on the agenda, and SAER activity which had indicated a top trend in relation to self-harm.

S Steer took the opportunity to emphasise the circulated Report sought to provide data relating to Clinical Governance, not Clinical and Care governance. Integration of Care governance data, such as that in relation to Large Scale Investigations or Adult Support and Protection would help supplement those considerations. The Chair stated that as NHS Highland moved to develop a Clinical and Care Strategy, there would need to be further discussion of the remit of this Committee and the need for this to be expanded to include a Care element. M Moss stated she would support such a move and took the opportunity to highlight that the Committee did already consider information relating to Freedom of Information (FOI) requests that included a Social Care element.

On the matter of self-harm, H May advised the current Mental Health agenda, and National Strategy was helping to direct focus on aspects relating to the post lockdown period and providing Guidance where appropriate. The NHS Highland Mental Health Team had also been looking at this matter and had recently presented to EDG on their views on how to take matters forward. Other activity included current consideration of Child Health matters, and the impact of lockdown on this patient cohort, with a number of groups looking at child protection etc. She added that in relation to staff wellbeing consideration was being given to aspects including clinical supervision, staff breaks and the wider role of the Occupational Health Service. The Chair welcomed the level and breadth of activity ongoing at this time in relation to Mental Health.

The Committee:

- **Noted** the circulated report.
- **Agreed** Readmission data be included in future iterations, as previously requested.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

J Docherty and I Rudd left the meeting at 10.00am

5 PUBLIC HEALTH

5.1 Health Protection Activity

T Allison then went on to provide a short presentation advising as to the level of infection, the unfortunate number of deaths in Highland to date, and an overview of the Covid testing and tracing activity being undertaken. There was an update in relation to the overall vaccination programme in Highland, with approximately 200,000 people having received their first dose and approximately 100,000 having received both doses across the NHS Highland area. Stock availability remained a restraining factor. He then spoke to the circulated report which provided a high level overview of the activity within the Health Protection Team over the previous tear and outlined the future priorities for the Team. It was noted that Health protection was a sub-specialty of Public Health that is responsible for the surveillance, prevention, investigation and management of communicable diseases and environmental hazards in addition to incident and outbreak management. It was indicated that whilst the demands of the pandemic had necessitated an almost wholesale transformation of the Service, the reactive response to the management of other infectious diseases had continued unabated. There was evidence that increased public vigilance in relation to Covid had also positively impacted on the level of other diseases having to be managed. An update was provided in relation to Covid-19 activity (Case, cluster and outbreak management); the expansion of Health Protection Teams and contact tracing; wider health protection activity and future priorities.

During discussion, the Chair sought an update in relation to the potential for a Covid vaccination booster programme and was advised this was likely, probably based on the annual Influenza programme model. T Allison emphasised this would present a challenge for NHS Boards, given the level of activity required and with many parts of the workforce having been deployed in areas

other than their substantive roles. Remobilisation activity would also likely impact on this area. In terms of impact on the Vaccination Transformation Programme, he advised whilst there was a national Plan, local solutions would be required across Highland. The overall aim remained constant in seeking to deliver appropriate, patient focussed activity. The current delivery model could not be sustained in the long term. P Davidson advised the current GP contract position remained in place and as such there were associated contractual discussions to take place around this particular Programme. It was stated that any agreed Transformation Programme would require to be delivered, the Clinical Governance Risks in relation to which were recognised.

The Committee otherwise Noted the reported position.

6 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

There were no matters discussed in relation to this Item.

7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS/ARGYLL AND BUTE CLINICAL AND CARE GOVERNANCE GROUP

7.1 Argyll & Bute Exception Report, Quality Improvement Plan and Minute of meeting held on 18 March 2021

There had been circulated an Argyll and Bute Exception Report, CAMHS Quality Improvement Plan and Minute of meeting held on 18 March 2021. The Chair drew the particular attention of members to the circulated CAMHs Quality Improvement Plan.

B Peters highlighted reference to a significant complaint case involving the SPSO and was advised this had arisen following admission to Community Hospital and had resulted in a draft Admission Criteria Protocol (risk and benefit of treatment) being developed in association with local clinicians. Issues around Governance in relation to Community Hospitals had also been raised and would be further discussed in addition to the draft Criteria protocol document. A Community Hospitals Governance meeting had been scheduled for June 2021 and it was stated agreement of a generic Protocol would be challenging given each Community Hospital was unique to its local population needs. B Peters echoed this point, adding that there was no set definition of what Community Hospital is or does.

F Campbell took the opportunity to advise that the Fatal Accident Inquiry, referenced in the circulated Report, had now provisionally been scheduled for 28 June 2021.

7.2 North Highland Exception Report (incl. North and West Acute Hospitals)

There had been circulated a North Highland Exception Report, in relation to which P Davidson drew the attention of members to the reorganisation of the relevant Clinical Governance structure across North Highland (North & West and South & Mid). He advised the North Highland Clinical Governance structure had now been agreed, put in place and was operating well. The Chair welcomed the Exception Report approach to reporting and the inclusion of shared learning points.

7.3 Raigmore Hospital Exception Report

There had been circulated a Raigmore Hospital Exception Report and associated Learning Bulletin document. A Grant took members through some of the detail of the report and took the opportunity to pay particular tribute to the recent efforts of one particular member of ITU clinical staff in saving the life of a small child, despite Covid risk and the child having been on ventilation, following

catastrophic equipment failure. The Board Nurse Director requested her personal thanks be relayed to the member of staff concerned.

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

In the absence of an Exception Report, S Govenden gave a verbal update to the Committee and advised the CAMHS Service, both in Argyll & Bute and north Highland, remained under Special Measures at that time. Discussion with Scottish Government was ongoing. Neurodevelopmental Assessment Services continued to represent a major concern and it was reported the Performance Recovery Board had agreed to fund a six month post to assess and appraise the Service prior to presenting and recommending on how to meet the current level of demand. She took the opportunity to welcome establishment of a Women and Children's Division as part on ongoing structural review and confirmed activity was underway in relation to the development of relevant Clinical governance links and associated escalation pathways. There had been no significant Child Protection issues raised since the last Committee meeting.

After discussion, the Committee Considered the issues identified and received assurance that appropriate action was being taken/ planned.

The meeting adjourned at 10.40am and reconvened at 10.45am.

8 CLINICAL GOVERNANCE RISK REGISTER

M Morrison spoke to the circulated report indicating the Committee was being asked to consider one amended Risk for inclusion within the Clinical Governance Committee Risk Register. The individual matter to be considered was "the Risk of the negative impact that the completion of the organisational change process is having on the Operational Units quality and patient safety arrangements and the subsequent embedding of this within the relevant Quality and Patient Safety arrangements."

During discussion, and having agreed the revised Risk Descriptor members then considered the associated scoring level for the Risk in the context of current mitigation, as outlined earlier in the meeting, and further action required. M Morrison advised as to the progress made in North Highland with regard to Clinical Governance system and process arrangements as well as the work remaining to be undertaken in this area such as in relation to associated Datix information flow. The Chair emphasised the value of reporting from Quality and Patient Safety Groups to the Committee from both an awareness and assurance perspective. The Risk would remain under review moving forward and in light of impending mitigation activity.

After discussion, the Committee Considered the two identified Risks and:

- **Agreed** the revised Risk Descriptor for inclusion within the Committee Risk Register.
- **Agreed** the Current Risk Rating Likelihood be set at Likely (4).
- **Agreed** the Current Risk Rating Impact be set at Major (4).
- **Agreed** the target Risk Grading Likelihood and Impact be set at Possible (3) and Moderate (3).

9 COMPLAINTS THEMES AND ACTIONS/IMPROVEMENTS

M Morrison spoke to the circulated report providing a summary of the analysis of complain issues, outcomes and the key action/improvements taken for the period April 2020 to March 2021. It was noted the level of complaints received had yet to reach pre-pandemic levels. She advised as to the key themes, indicating whilst Communication and Staff Attitude/Behaviour were recurring issues, the identification of physical environment was relatively new as a key theme. Aspects

relating to Adult Social Care and procedural issues had also been highlighted. In terms of action taken, it was stated that the offer of meeting with patients and/or their families had been very much welcomed as a forum for better understanding of issues, and that staff reflection was extremely valuable. It was further reported NHS Highland was working with Scottish Government on initiatives to reduce waiting times. It was emphasised that associated Case Reviews can be a time consuming process to complete, with patients kept informed as the process progressed.

During discussion, A Palmer raised the subject of staff attitude and behaviour, commenting this may reflect the pressure on staff during the Covid period. It was advised this was a recurring theme even prior to Covid and would require deeper investigation to determine the exact nature of the individual complaint and the potential impact that staff pressure during Covid may have had.

A Christie declared a non-financial interest in relation to discussion under this item, as General Manager of the Inverness, Badenoch and Strathspey Citizen's Advice Bureau. The Bureau held a contract with Scottish Government to assist individuals in relation to complaint submission. He advised some 500 contacts were received per quarter in relation to Healthcare associated issues, with many seeking explanations or apologies rather than seeking to raise formal complaints. He advised the move to providing physical meetings had been much appreciated and valued by patients and families as an opportunity in many cases to discuss and clarify any associated misunderstandings in a manner that can't be achieved through written communication. He stated that communication issues existed across a range of areas and should be reflected upon more fully with a view to avoiding formal complaints initially being made. He then offered to share the detail of quarterly reports in this area, as submitted to Scottish Government, and advised that Case Workers would welcome the opportunity to discuss Cases with NHS staff if that was considered to be beneficial. In response, and welcoming the offer, M Morrison advised the circulated report related to Stage Two Complaints, and as such many of those cases with issues such as those described in discussion are recorded as being Stage 1, with the aim of being resolved within a five day timeframe.

H May stated the key matter to consider was how best to analyse the data received with a view to addressing the issues raised. Enhanced theme identification may assist in this activity and on this point M Morrison advised the next logical step would be to break down the data to Operational Unit, Hospital and potentially Ward level. She confirmed that where a concern has been identified three or more times that is then flagged to the relevant Service and/or Manager. Where a complaint is considered to require immediate action then that is also acted upon. The Chair welcomed the range of approaches being implemented.

The impact of Covid on the nature and level of complaints being received relating to care delivery was raised as a suggestion for further detailed local level investigation in terms of shared learning, with M Morrison stating that it would be important to include consideration of Adverse Event data as part of that consideration. P Davidson emphasised the complaints data was already included within the Integrated Performance and Quality Report and sought an update in relation to meeting relevant local and national standards. M Morrison advised that performance was variable and stated she had held discussion with the Chief Executive in relation to implementing internal measures to ensure improvement in meeting the relevant 20 working day target. She emphasised that not all complaints could be addressed within that timescale due to their respective complexity, and where this was the case then early contact was made with the relevant complainant and the offer of an interim meeting made. A Grant advised this approach, which can be difficult to arrange within the response standard timeframe, had been welcomed and emphasised this can be a useful tool that enables much more efficient communication of sometimes complex matters than can be achieved via written letter. It gave a more personal touch and helped to avoid miscommunication.

B Peters took the opportunity to emphasise that complaints management was a multi-stage process, undertaken by a centralised team in association with supporting admin and front line resource. He stated that Stage 2 complaints provided a real opportunity for service learning and represented a powerful improvement tool. He further stated that all working in the NHS should be

striving to behave with absolute professionalism at all times and that having direct face to face contact with complainants would help embed that message.

After discussion, the Committee;

- **Noted** the analysis of complaint data.
- **Agreed** A Christie discuss the potential of Case Worker discussion with NHS officers.

10 SCOTTISH PUBLIC SERVICE OMBUDSMAN

M Morrison spoke to the circulated report which indicated a recent significant increase in the number of cases being reviewed by the Scottish Public Service Ombudsman (SPSO), with 25 cases open across all Operational Units. The detail of relevant open cases was provided. It was reported that a review of recent SPSO decision letters had brought about a number of improvements relating to the handling of complaints. These included recruitment of a Complaints and Feedback Manager; implementation of a process for issuing holding letters where required; development of complaints training; and meetings with Operational Units to discuss and review complaints handling. Operational Units were responsible for ensuring action against recommendations is completed on time and this was closely monitored to ensure timescales were indeed met and that evidence is submitted to the SPSO, again within timescale. All open SPSO cases and outstanding actions were subject to monthly reporting.

The Chair welcomed the report and sought a future update on the percentage of Complaints originally submitted to NHS Highland then went on to become SPSO cases. On the matter of completion dates and cases subsequently being closed, M Morrison advised that can be an issue as the SPSO did not always provide relevant and appropriate feedback on these points.

The Committee otherwise Noted the content of the circulated report.

11 INFECTION CONTROL

11.1 Infection Prevention and Control Report

There had been circulated the Infection Prevention and Control report which detailed NHS Highland's position against local and national key performance indicators to end March 2021. There had also been circulated the Minute of Meeting of the Control of Infection Committee held on 10 February 2021. H May provided a more detailed verbal update in relation to the figures being reported and level of associated activity being undertaken both in Hospital and within the community setting, highlighted that NHS Highland had achieved considerable success in relation to reducing the level of Antibiotic prescribing in area. She added that whilst improvement was evident in relation to relevant Infection Prevention and Control Statutory and Mandatory training activity, such progress, while welcome, had to be maintained and would require continued focus.

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

11.2 NHS Highland Control of Infection Committee Annual Work Plan 2020/2021 End of Year Update

H May spoke to the circulated end of year update in relation to the Control of Infection Committee Annual Work Plan for 2020/2021. It was stated the report had demonstrated a strong end of year

position whilst providing areas for future focus. She took the opportunity to highlight the importance of the Infection Control Team during the extended pandemic period and paid tribute to their continued dedication and commitment. This sentiment was echoed by the Chair who also commended their work in relation to the suppression of other diseases such as Influenza and Norovirus during this challenging time.

The Committee:

- **Noted** the end of year update in relation to the Control of Infection Committee Annual Work Plan 2020/2021.
- **Agreed** the heartfelt thanks of the Committee be recorded and passed to the entire NHS Highland Infection Control Team for their continued efforts and commitment.

11.3 NHS Highland Control of Infection Committee Annual Work Plan 2021/2022

H May spoke to the circulated Control of Infection Committee Annual Work Plan for 2021/2022 and advised subsequent reporting would be adjusted to reflect the new organisational structure, once implemented. There would be continued focus in relation to Statutory and Mandatory Training.

The Committee otherwise Noted NHS Highland Control of Infection Committee Annual Work Plan 2021/2022.

12 ACUTE SERVICES REPORT

B Peters spoke to the circulated report which provided an overview of the current systems in place to oversee the safety of care in Acute Services, noting that Clinical Governance activities had continued throughout the pandemic period subject to adjustment to allow for new ways of working. The report provided an outline of the work undertaken at regular patient safety meetings and the monthly Quality and Patient Safety (QPS) Sub Group. It was indicated that the system aim was to oversee all issues which may be of a patient safety nature and in particular those which have been logged as being ether risks or episodes of harm. It was emphasised that colleagues from a variety of professions were involved in the work of the QPS Group; that QPS facilitators in Raigmore provided appropriate support and that support should also be provided by the Clinical Governance Team. A number of workforce challenges would require to be addressed to ensure the overall QPS system can operate effectively. B Peters confirmed existing QPS systems would be adjusted to reflect any future changes to organisational structure, including Rural General Hospitals being brought in to the wider Acute Service system.

The Chair advised there had been scheduled, for the next meeting, a similar report in relation to Community and Social Care Clinical Governance. There would be increased reporting in relation to these matters at this Committee moving forward. M Moss stated both the organisational and associated QPS structural change, as referenced throughout the meeting, had generated a large degree of angst among staff members and as such there was learning to be taken in relation to how such change was communicated. Advanced notification of the timescales involved would have helped alleviate the level of anxiety experienced. In response, B Peters advised there had been advance notice given of the proposed changes in relation to QPS frameworks however these could not be progressed until the organisational structural change had been implemented. The Organisational Change Group had been across all relevant activity and associated workshops would be held to help guide staff through the change process.

After discussion, the Committee:

- **Noted** the report content.
- **Noted** a further update would be scheduled for the November 2021 meeting.
- **Noted** a report on systems relating to Community and Social Care would be brought to the next meeting.

13 TRANSFUSION COMMITTEE – SIX MONTHLY UPDATE/ EXCEPTION REPORT

The Chair introduced the circulated report providing a summary of the activity of the Hospital Transfusion Committee in relation to Governance and Safety, and Quality Improvement. It was reported the Committee also had representation nationally and as such reviewed and implemented any National changes in practice that improved the safety and governance of the Blood Transfusion Service or the quality of associated practice.

During discussion, B Peters highlighted mention in the report that the work of the Transfusion Committee was likely to increase over time, with an absence of dedicated administrative secretarial resource to support the Committee. There were a number of smaller Committees, such as the Area Drug and Therapeutics Committee, in a similar position. The Board Secretary had been approached in this regard and had indicated, in the absence of available resource, this matter would require to be considered in association with the Director of Human Resources and Organisational Development. Members stated this was a matter of concern across a range of NHS Highland Committees and agreed this should therefore be escalated accordingly.

The Committee:

- **Noted** the report content.
- **Agreed** to support escalation of a request for dedicated secretarial support for Committees to be formally considered by the Director of Human Resources and Organisational Development.

14 INFORMATION ASSURANCE GROUP EXCEPTION REPORT

There had been circulated a report providing the Committee with a summary of the agenda and associated discussion points from the meeting of the Information Assurance Group held on 10 March 2021. There had also been circulated the approved Minute of Meeting held on 23 December 2020. It was reported the Information assurance Group every two months, under the Chairmanship of D Park, Senior Information Security Officer for NHS Highland.

The Chair advised she was seeking an update in relation to actions being taken to improve medical and dental compliance with safe information handling training. She also drew attention to an action on the Clinical Governance Committee Action Plan in relation to the Group's need for discussion relating to the respective Terms of Reference and the need for clinical representation. No update had been received in relation to this point.

The Committee:

- **Noted** the circulated Exception Report and associated Minute.
- **Agreed** the matter of medical and dental compliance with safe information handling training be followed up with A Nealis.
- **Agreed** the matter of Clinical representation be followed up with A Nealis.

15 COMMITTEE GOVERNANCE AND ADMINISTRATION

15.1 Clinical Governance Committee Self-Evaluation Exercise

The Chair advised, after discussing the matter further, there had been agreement to extend the self-evaluation exercise across all NHS Highland Governance Committees. The self-evaluation document previously referenced had been shared with respective Committee Chairs to consider prior to the formal exercise commencing. Early implementation of the exercise would be discussed with the Chief Executive. It was planned that the exercise be repeated in January 2022 to help inform Committee Annual Reports and associated Work Plans.

The Committee so Noted.

16 AOCB

E Higgins referenced recent NHS Highland Board governance training, delivered by NES and sought the sharing of further detail in relation to the same. H May advised that NES had been seeking to pilot the training with NHS Highland and as such the associated materials were not yet available for general circulation. She urged direct contact with NES to establish what resource could be made available at that time.

17 REPORTING TO THE NHS BOARD

There were no matters identified that would require escalation to the NHS Board from this meeting.

18 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2021 as follows:

1 July
2 September
4 November

14 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 1 July 2021 at 9.00am.

It was advised the newly appointed Lay Representatives were expected to be in attendance at this meeting.

The meeting closed at 12.00pm