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	**2 September 2021 – 9.00am (via MS Teams)**

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)
Ruth Daly, Board Secretary
Dr Paul Davidson, Associate Medical Director
Fiona Davies, Interim Chief Officer Argyll and Bute HSCP (from 10.30am)
Jim Docherty, Clinical Lead (eHealth) (from 9.10am)
Alison Felce, Senior Business Manager (Medical Directorate)
Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
Marian MacKinnon, Consultant Anaesthetist
Jo McBain, Deputy Director for AHPs
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy (from 9.10am)
Cathy Steer, Head of Health Improvement (Health Promotion)
Simon Steer, Director of Adult Social Care
Katherine Sutton, Director of Acute Services

1 WELCOME AND APOLOGIES

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

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 Item 9.4 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 1 JULY 2021 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 1 July 2021 was **Approved,** subject to the following:

Page 1, List of Those Present – Amend F Campbell title to read "Clinical Governance Manager".
Page 3, Item 4, Para.3, Last Line – Amend to read "Out of Hours Mental Health support, through the Children's Unit remains in place."
Page 7, Item 9.1, Paras 2 and 3 – Noted this as general discussion not directly related to Argyll and Bute Clinical and Care Governance Committee deliberations. Agreed no change required.

Associated Actions (Including Actions 1-12 from last meeting) were then considered as follows:

- **Actions 2, 3, 7 and 10** – Actions to be removed and included within Committee Work Plan. Associated Committee dates to be identified by the Chair, Lead Officers and report authors.
- **Action 4** – Action to be closed.
- **Action 6** – HIS Formal report available and to be circulated post meeting.
- **Actions 8** – Action in hand, discussion with Chief Executive later in September 2021.
- **Actions 9 and 14** – Matters included on Agenda.

The Committee otherwise:

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

2.1 MATTERS ARISING

- **NHS Highland Remobilisation Plan 2021 Risk Register** – Noting version 4 of the NHSH Remobilisation Plan was being developed, it was anticipated this would be brought to the November 2021 meeting along with the associated updated Risk Register. The matter would be raised with the Head of Strategic Planning and Performance.
- **Committee Self Evaluation Exercise Development Session** - The Chair advised a short Committee Development Session would be held at 1pm-2pm on 9 September 2021. Initial and additional feedback would be considered, with an associated draft action plan to be developed and brought to the November meeting.

The Committee Noted the position and associated action points to be taken forward.

The Committee agreed to consider the following Item at his point in the meeting.

3 ORGAN AND TISSUE DONATION COMMITTEE SIX MONTHLY UPDATE/EXCEPTION REPORT

M MacKinnon spoke to the circulated report on actual and potential deceased organ donation activity and provided a presentation to members on the wider NHS Highland Organ Donation performance in 2020/2021. Members were advised as to key definitions relating to deceased organ donation activity, 2020/2021 donor outcomes, and donor potential performance over the previous 5 years as overseen by the Organ and Tissue Donation Committee. There was an update on ensuring Good Practice was followed in terms of Specialist Nurse for Organ Donation (SNOD) attendance when approaching a family, associated authorisation rate performance and associated family overrides, Emergency Department Performance and overall performance by NHS Highland within the wider UK context. It was reported NHS Highland had been categorised as a Level 3 Board (provisional Level 2). The challenges successfully faced by NHS Highland staff in continuing to ensure Organ Donation activity during a pandemic were highlighted, although the position in relation to eye donation was noted as challenging due to an absence of appropriately trained mortuary technicians. It was hoped NHS Highland could take advantage of a mobile

service developed within the Central Belt, with the help of a supportive mortuary team and Ophthalmology Department. The priorities for the service in 2021/2022 would be in relation to re-establishing relevant training activity, ensuring equity of service access across hospital sites via a Potential Donor Audit within Rural General Hospitals; and further development of the eye donation service. From a governance perspective, regular Committee meetings would be re-established, the Chairmanship of which remained unclear over the longer term. The reintroduction of organ donation promotional activity was a desired key aim. Any support that could be provided by the Clinical Governance Committee would be welcome.

There followed discussion on the following:

- Transplant Activity Success. Advised Organ Utilisation monitored nationally by NHS Blood and Transplant (NHSBT). Local data not received.
- Support Requirements. Board Nurse Director took the opportunity to recognise the specialist nature of activity and offered/agreed to discuss any relevant Nursing issues.
- RGH Potential Donor Audit. K Sutton acknowledged the work undertaken in this area and agreed to relevant discussion on this activity.
- Current Utilisation of Donations. NHSH service relying on levels of goodwill, with much activity taking place Out of Hours. The potential benefits accrued from a single donor event could not be understated and these should be subject to clinical prioritisation. Organ and Tissue Donation Committee Chair. Confirmed position could be re-advertised at short notice should the current incumbent be unable to continue in this role.

The Committee:

- **Noted** the position and associated action points to be taken forward.
- **Agreed** the thanks of the Committee be relayed to all staff involved in donation activity across NHS Highland, including in Intensive Care, during an extremely challenging time for all.

M MacKinnon left the meeting at 9.50am.
The meeting reverted to the original agenda at this point in the meeting.

4 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.

5 EXCELLENCE IN CARE REMOBILISATION

H May spoke to the circulated report highlighting the current status of the Excellence in Care (EiC) Programme following a pause at the beginning of the Covid19 pandemic. A status report was provided in relation to care assurance and quality measure development for Nursing and Midwifery care. Quality improvement aspects were considered of high relevance given the current circumstances of fewer staff to patient ratios. Current standards of care were a concern among the nursing community, given increased patient frailty and extending lengths of stay. Key recommendations had been also been listed, including development and implementation of an NHSH EiC phased recovery/implementation plan with agreed priority timescales for implementation of measures. This would be aligned to the existing Clinical Governance Committee Balanced Scorecard. It was further reported the National Work Stream had recommenced including standardisation of associated documentation and measurement across Scotland, with much of the activity required within NHS Highland had been progressed prior to

work being paused. The Board Nurse Director requested that the Committee agree to the restarting of EiC activity within NHSH, subject to appropriate monitoring of the impact and burden placed on relevant staff. If the burden was considered to be overly onerous then an updated proposal would be brought back to the Committee.

The following points were raised:

- Dashboard Users. Noted as variable across NHS Boards. Within NHSH there is a plan in place to improve this position. Draft Phase1 Measures. Request for consideration and discussion of these at a future Clinical Governance Committee.

After discussion, the Committee:

- **Agreed to Support** Excellence in Care activity being remobilised at this time.
- **Noted** the Committee would have an opportunity to consider and comment on Phase1 Measures.

6 VACCINATION STRATEGY – TRANCHE 2

T Allison spoke to the circulated report outlining the requirement placed on NHS Highland to plan for an extended influenza vaccination and Covid vaccination programme to take place between 6 September and 6 December 2021(Tranche 2 of the national programme). This was anticipated to involve approximately 232,000 influenza vaccinations and 187,000 Covid immunisations. There remained uncertainty in relation to the timing and scope of the Covid booster (3rd dose) immunisation programme. In Highland, a whole system approach to the delivery of the programme had been agreed, utilising a mix of GP practice and NHS Board run clinics and additional capacity provided through Scottish Ambulance Service and Community Pharmacies. This mixed model reflected the unique challenges faced in Highland. The most significant risk to delivery of Tranche 2 was the level of staffing resource available to deliver the required volume of activity within a three month period. The latest performance figures for Tranche 1 in Highland showed 93.3% of eligible individuals having received a first dose and 84.4% being fully vaccinated; this being above the Scottish national average. Tranche 3 would follow, likely on a 'business as usual' basis.

There followed discussion on the following:

- Whole Schools Programme. Confirmed as part of Tranche 2. Detail being worked through. Noted approximately 32,000 pupils across NHS Highland area. The adoption of creative approaches encouraged.
- Vaccine Availability. Storage issues remain in relation to Pfizer product. Three holding centres used in Highland. Uncertainty remains in relation to detail of vaccine delivery, as reported.
- NHS Highland Performance. Request that success to date be better publicised.
- Future Vaccine Delivery Assurance. Confirmed existing known barriers being considered. Further updates to be provided to Committee with a view to providing ongoing assurance.
- Vaccine Transformation Programme. The committee was advised that this programme was now in Year 4, with hybrid model being adopted in Highland. Questions remain in relation to use of Fixed Term Contracts (FTCs) ahead of development and introduction of permanent teams. Transference of vaccine responsibility issues, from April 2022, required to be considered in further detail at a future Clinical Governance Committee meeting.
- Private Purchase (3rd Dose). Advised no national discussion or plan to enable private access.
- Impact of GP Practice Withdrawal on Vaccine Delivery. Particular issue in Lochaber leading to development of alternative clinics, based on previous learning. Across NHSH the number of GP Practices engaging was higher than expected. A Highland locality structure would be required.

- Vaccination Passports. Certification process for overseas travel has been operational for some time. Some groups would continue to be disadvantaged by introduction of a certification scheme. Exemption aspects would be for Scottish Government to consider. Certification was not an aim of the Vaccination Programme.

The Committee:

- **Noted** the approach to Tranche 2 and the action taken to deliver this to date.
- **Noted** further assurance reports would be provided in relation to vaccine delivery, with a further update on Tranche 2 activity to the November 2021 meeting.
- **Agreed** an update be received in relation to School Nurse capacity considerations.
- **Agreed** a Vaccination Transformation Programme update be scheduled for January 2022.
- **Agreed** the formal thanks of the Committee be given to all involved in vaccine delivery to date.

The Committee adjourned at 10.35am and reconvened at 10.40am.

7 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

The Chair advised the circulated report was the same as that provided to the last meeting and which had been circulated so late as to not be fully considered ahead of that meeting. The report had been re-circulated for consideration and discussion. The attention of members was drawn to the indicators directly related to Clinical Governance aspects.

Discussion was as follows:

- Complaints (Stage 2). Improvement Plan in place.
- SAERs. Current focus on closing outstanding actions.
- Revised Measures. Discussion held with Deputy Chief Executive on development of Clinical Governance measures in IPQR. Update to D Park due within two weeks. Report sought to provide assurance across a range of areas. Committees should agree what is required, such as Summary Dashboards to provide data and associated narrative. Avoid data overload.
- Committee Governance. Assurance matrix considered with Board Secretary. Number of areas not presently addressed by IPQR. Further suggestions for inclusion of additional activity areas welcome, noting recent government discussion around 4 key health indicators.

The Committee otherwise:

- **Noted** the reported position.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

8 PUBLIC HEALTH – HEALTH IMPROVEMENT ACTIVITY

T Allison introduced the circulated report, advising whilst the majority of current activity related to mitigating the wider impacts of Covid-19, there had been no loss of focus on wider Public Health improvement activity. C Steer gave a presentation to members including the World health Organisation (WHO) definition of Health Improvement and Promotion and the wider determinants of health and wellbeing. Referring to the previous Christie Commission Report, the six existing Public Health Priorities for Scotland were outlined, in relation to which NHS Highland Public Health activity had been aligned. There was a graphic illustration provided of the wider impact of Covid-19 measures on health, and it was noted a Social Mitigation Plan had been approved by the NHS Highland Board earlier in 2021. A development session had been planned to discuss how to progress the relevant Action Plan. A briefing was provided in relation to three current programmes

of work (Smoking Cessation, Alcohol Brief Interventions, Breastfeeding and associated ongoing improvement work).

The following was discussed:

- Anti-Depressant Use in Highland. Issue recognised, with current Mental Health and Wellbeing Strategy inclusive of Social Prescribing, Green Health Partnership and green prescribing.
- Suicide Prevention. Adoption of suicide review processes suggested. Advised being actively considered alongside a range of other review activity (Drug Deaths etc) given the likely overlaps. Suicide Prevention Steering Group Sub Group considering relevant issues and data. Members reminded not all events are Highland residents, many travelling here to take their life.
- Alcohol, Tobacco and Other Drugs. Lack of outcome data provided to Committee. Confirmed data reported to Argyll and Bute IJB and Highland Health and Social Care Partnership. System of performance reviews established, longer term trends considered and a Director of Public Health Annual Report produced.

The Committee otherwise:

- **Noted** the approaches being taken to improve population health and reduce health inequalities in Highland.
- **Noted** the proprieties for health improvement and the ongoing programmes of work to implement these priorities in Highland.
- **Noted** the actions to mitigate against the wider impact of Covid-19.

9 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

9.1 Update on Development of Clinical and Care Strategy

B Peters advised the newly appointed Head of Strategic Planning and Performance had been tasked with developing the Strategy and taking this forward. An associated Board Development Session had been held earlier that week. He emphasised the need to take an engagement based approach rather than one that was consultative in nature. It was important to get the process right and take the relevant time required to develop the Clinical and Care Strategy. The current One Year Statement would be refreshed and extended in the meantime.

The Committee so Noted.

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. The next meeting of the Argyll and Bute Clinical and Care Governance Group would be held on 9 September 2021.

Matters raised in discussion were:

- Covid Impact on Care Homes. Currently no Care Homes closed to admissions in the A&B HSCP area but this position is subject to change . Review Group meetings held every two weeks to discuss issues and data routinely reported at Huddles. Members reminded Covid is the context for closures, not the underlying cause. Care at Home also impacted, with a whole system approach required across all hospital and community based activity areas. Regular reporting to Scottish Government was continuing.

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.

Matters raised in discussion were:

GP Practice Complaints. Similar challenges to those faced by NHS Highland. Staff absence, for variety of contributory reasons; and the imposition of relevant safety measures all involved. Complaints relating to a lack of direct GP access had been a theme.

10.3 Raigmore Hospital 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), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice to share.

Matters raised in discussion were:

- H May took the opportunity to record her thanks to all staff members involved in successfully caring for a patient who had suffered high blood loss due to a ruptured ectopic pregnancy.

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

S Govenden spoke to the circulated report highlighting an increased need for psychiatric input and specialist support on the Children's Unit; outcomes from a Significant Case Review highlighting difficulties associated with the transition from Children's to Adult Services; and a continuing large waiting list for neurodevelopmental assessment services (NDAS) in relation to which relevant issues had been escalated and proposals had been put in place to resume as much activity as possible. It was reported Action Plans would be developed and the detail brought to this Committee at a furture meeting.

Matters raised in discussion were:

- NDAS. Service currently under review, with associated improvement recommendations expected in October 2021. Advised that there were issues in relation to the wearing of masks by staff which resulted in a real challenge for some children and young people. In response to this a report has been submitted to EDG on the use of clear masks within this setting.Service capacity not sufficient to meet current demand. . Service level expected to reach pre-Covid levels prior to service improvement recommendations emerging.
- CAMHS. Service in Special Measures. There had been successful recruitment activity in Argyll and Bute, but concerns remain. Highland wide review outcomes yet to emerge. Improved Committee oversight of CAMHS required.

The Committee:

- **Considered** the issues identified and received assurance appropriate action was being taken/ planned.
- **Agreed** the Chair would discuss the requirement for a report on NHS Highland CAMHS with Board Medical Director.
- **Agreed** the Committee receive future updates on NDAS improvement activity.
- **Agreed** Exception Reports to November 2021 meeting would include updates and trend data relating to outstanding follow-up actions for previous Adverse and Serious Adverse Event Reviews.

11 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 June 2021. There had been no outbreaks/clusters or multidrug resistant isolates to report since the last meeting. There had been no incidences or outbreaks of Flu or Norovirus reported across the same period. An update had 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.

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

12 INFORMATION ASSURANCE GROUP

There were no reports/papers submitted for consideration.

The Committee Noted the requirement for regular Governance Committee reporting would be discussed further with the Deputy Chief Executive.

F Davies and H May left the meeting at 12pm.

13 DUTY OF CANDOUR ANNUAL REPORT 2020/2021

A Felce spoke to the circulated NHS Highland Duty of Candour Annual Report, the requirement for production and publication of which had been placed on NHS Boards as part of the Health (Tobacco, Nicotine etc. and Care)(Scotland) 2016 Act. It was anticipated that the number of declarations would increase as understanding of the legislative requirements among clinicians matured. All formal complaints continued to be appropriately reviewed. There was need for a plan for improving communication with families, and streamlining of reporting processes. The following points were raised:

- Case Contact. Advised was expected within 10 days of the Duty of Candour declaration. Not always possible, with matters of appropriateness to be considered. Cases may be historic.
- Mental Health Service Cases. Reviews conducted where an Adverse Event occurs, for whatever reason or cause.
- Support for Children Reporting. Agreed to investigate if any cases involved dependent children.

The Committee Agreed to Ratify the Duty of Candour Annual Report 2020/2021 for publication.

The Committee Agreed to Defer Agenda Items 10 and 15.2 to the next meeting.

14 COMMITTEE ADMINISTRATION

14.1 Review of Committee Terms of Reference

The Chair spoke to the circulated revised Committee Terms of Reference and highlighted the inclusion of the Deputy Nurse Director, Associate Nurse Directors and Head of Midwifery within the Committee 'In Attendance' membership. The following points were raised in discussion:

- Clause 4.4. Five working days noted as the minimum Period of Notice. Reflects relevant Directorate Standards. Agendas are issued ahead of receipt of reports where necessary.
- Clause 4.8. Agreed to reflect on this requirement, on a general basis.
- Maternity and Neonatal Services Strategy Committee reporting. Confirmed as initially being taken through the QPS structure, with Exception Reporting to this Committee where required.

After discussion, the Committee otherwise Approved the revised Terms of Reference, subject to any final change based on discussion during the meeting.

15 ANY OTHER COMPETENT BUSINESS

Members were advised there would be a requirement for further detailed discussion, at future meetings, in relation to the following subject areas:

- National Blood Tubes Supply. A supply issue has arisen nationally and all Boards will be required to comply with mitigations and system adjustments. This is in hand locally.
- Cervical Screening. Information regarding a national issue (sub-total hysterectomy patients who were subsequently not offered cervical screening) with case lookbacks will be included within wider Screening Update to next meeting.
- Potential Sample Contamination issue has arisen, which will require a Patient Notification Exercise to be conducted. There is no patient harm issue, but there may be an undiagnosed patient in the community who has a blood borne infection, inadvertently discovered via laboratory, and an exercise to look for this patient is recommended. A plan to progress this is being formed and communication issues considered.
- GP Practice Activity data – a brief presentation by B Peters to indicate pre and post pandemic GP work patterns and how some activity has increased enormously since covid appeared. GPs continue to be available to patients but the contact methods are now much more via technology especially telephone. Face to face access is subject to clinical risk assessment, balancing the benefits against the risks, and where examination is needed or emergency treatment likely. Item well received by committee and suggested as a topic for a NHS Board Non-Executive Development Session.

The Committee so Noted.

16 REPORTING TO THE NHS BOARD

The Chair confirmed there were no matters to be escalated to the NHS Board from this meeting.

17 DATES OF FUTURE MEETINGS

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

4 November

18 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 24 November 2021 at 9.00am.

The meeting closed at 12.40pm