

<b>CLINICAL GOVERNANCE COMMITTEE</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a> 
<b>MINUTE</b>	<b>12 January 2023 – 9.00am (via MS Teams)</b>

**Present**

Alasdair Christie, Non-Executive Board Director and Chair  
 Jackie Agnew, Head of Community Pharmacy and Services and Controlled Drug Governance (For Director of Pharmacy  
 Dr Tim Allison, Director of Public Health (from 9.05am)  
 Muriel Cockburn, Non-Executive Board Director  
 Robert Donkin, Independent Public Member  
 Rebecca Helliwell, Depute Medical Director (For Chief officer Argyll and Bute IJB)  
 Dawn Macdonald, Community Staff Nurse  
 Joanne McCoy, Non-Executive Board Director  
 Dr Boyd Peters, Medical Director  
 Dr Gaener Rodger, Non-Executive Board Director and Chair  
 Emily Woolard, Independent Public Member

**In attendance**

Isla Barton, Director of Midwifery  
 Sarah Bowyer, Scottish Health Council  
 Louise Bussell, Chief Officer, HSCP  
 Robert Cargill, Deputy Medical Director (from 9.05am)  
 Ann Clark, Non-Executive Board Director  
 Lorraine Cowie, Head of Strategy and Transformation  
 Pamela Cremin, Deputy Chief Officer, Community Services  
 Elizabeth Higgins, Associate Nurse Director  
 Fiona Hogg, Director of People and Culture  
 Margo Howatson, Clinical Governance Manager, Argyll and Bute  
 Carolyn Hunter-Rowe, Public Health Intelligence Manager  
 Karen King, Associate Director of Midwifery (from 9.45am)  
 Brian Mitchell, Board Committee Administrator  
 Mirian Morrison, Clinical Governance Development Manager  
 Simon Steer, Interim Director of Adult Social Care  
 Catherine Stokoe, Infection Control Manager  
 Bob Summers, Head of Occupational Health and Safety  
 Katherine Sutton, Director of Acute Services  
 Constantinos Yiangou, Deputy Medical Director (from 9.55am)

## 1 WELCOME AND APOLOGIES

Apologies were received from F Davies, S Govenden, Kate Patience-Quate and Ian Rudd.

The Chair took the opportunity to recognise and pay tribute to the role played by Dr G Rodger in her capacity as previous Committee Chair and to the role and work of the Committee throughout her tenure.

He further advised an Item would be placed on the agenda for the next meeting in relation to election of a Committee Vice Chair.

## 1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting. It was stated the same criteria applied to M Cockburn, as a Director of the Citizens' Advice Bureau.

## 2 MINUTE OF MEETING ON 3 NOVEMBER 2022, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 3 November 2022 was **Approved**.

In relation to the circulated Work Plan, members were advised this had been updated to reflect recently agreed changes. This would be further updated following this meeting, with future actions to be scheduled on a themed basis and with a view to looking to celebrate success.

### The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the updated Committee Work Plan would be brought to the next meeting.

## 2.1 MATTERS ARISING

### 2.1.1 Clinical Governance Clinical Governance Quality and Performance Data (Adverse Events) - Medication Incidents (Prescribing) including Vaccines

J Agnew spoke to the circulated report, providing assurance that NHS Highland (NHS) clinical staff were actively aware of, and participated in, pharmacovigilance activity which contributed to safer patient care and that there was active review of incidents reported on Datix relating to the most reported medications. It was stated Yellow Card reporting remained at a high level within NHS, with the Medicines Safety Sub-Group considering the incidents and agreeing relevant action plans such as the introduction of Insulin charts. There was a continued focus on training relating to reporting of medicines errors. It was stated whilst introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) would enable the proposition of Substantial assurance it was proposed the Committee take **Moderate Assurance** at this time.

It was advised HEPMA would be formally trialled in Caithness within three months, relevant training in relation to which had been completed. Rollout across NHS Highland Acute sites would follow, with testing in Raigmore Hospital having been completed as part of a pre-pilot exercise.

### After discussion, the Committee:

- **Noted** the presentation content.
- **Agreed** to take **Moderate** assurance.

## 3 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and

in relation to which detail of relevant learning opportunities and outcomes had been indicated. It was confirmed reference to NOK related to Next of Kin.

The following was discussed:

- Carer Recruitment. Stated had been indicated as a potential solution without detail of how would be achieved. Recognised as a national issue with no local solution. Advised seasonal employment in tourism sector affecting position in both Highland and Argyll & Bute in particular. Noted staff retention a pressing issue, with reserve staff in process of being invited and identified. Pay within sector recognised as a contributory factor to current recruitment position.
- Weekend Imaging Activity (Broadford). Stated position statement would be welcomed to clarify position. Noted associated training position understood to have been addressed.

#### **The Committee:**

- **Noted** the detail of the circulated Case Study documents.
- **Noted** updates would be sought on the issues raised and relayed to Committee members.

#### **4 SAFE DELIVERY OF CARE INSPECTIONS AND IMPLICATIONS FOR CARE ASSURANCE IN NHS HIGHLAND**

L Higgins spoke to the circulated report advising that Healthcare Improvement Scotland (HIS) had adapted their approach to scrutiny and assurance for inspections of acute hospitals to focus on safe delivery of care and taking a broader review of care delivery in hospitals, encompassing a range of different standards and guidelines. The most recent methodology had been developed in November 2022. The report gave an update on the evolution of relevant inspection methodology and advised changes had been designed to minimise impact on frontline staff and patients while still delivering assurance on quality of care in efforts to avoid disruption to staff delivering care to patients when system pressures continue. The current position in relation to monitoring and assurance reporting against compliance within NHS Highland was outlined, noting consistent progress had been made in relation to care assurance over the previous twelve months.

It was reported HIS had sent a letter to all NHS Boards at end November 2022 highlighting themes from seven Safe Delivery of Care inspections across Scotland to enable NHS Boards to review their own systems and procedures relevant to safe delivery of care in hospitals. The communication from HIS had prompted the initiation of a pan Highland gap analysis to review practice against the findings and themes from the HIS inspections; development of a safe delivery of care checklist; and development of a standard template for an internal schedule for peer review observations of care to monitor compliance with standards. On review of standards for older people there continued to be gaps in consistency, monitoring, and assurance reporting, with limited progress made on development of an NMAHP Care Assurance Framework. The establishment of an NHSH Quality Steering Group provided opportunity to move from an NMAHP focus toward developing a more comprehensive approach to monitoring and assurance reporting building on existing processes for data collection and reporting at ward, unit, and Board level. This approach would support broader review of quality against standards in the HIS Quality Framework and an ability to develop more focussed plan for local and Board wide improvement priorities in quality-of-care experience in Highland hospitals. It was proposed the Committee take **Limited Assurance**.

The following points were then discussed:

- Impact on Frontline Staff and Patients. Advised current Inspections did not present a major burden to either staff or patients. There was greater emphasis on observation at this time.
- Standards for Patients with Learning Disabilities. Asked if any particular focus on the needs of this patient group. Advised standards in place and will be covered by current gap analysis.

**After discussion, the Committee:**

- **Noted** the content of the circulated report.
- **Noted** results of the HIS gap analysis would be reviewed by the NHS Quality Steering Group.
- **Noted** standard work for monitoring and reporting on compliance with other standards was to be included in safe Delivery of Care scrutiny methodology to be developed in NHS Highland.
- **Noted** a progress report would be brought to the Committee in June 2023.
- **Agreed** to take **Limited** assurance.

## **5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA**

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Event Review, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported complaints performance had slipped and was being monitored by the Executive Directors Group (EDG) and Senior Leadership Team (SLT). High compliance continued to be evidenced in relation to Freedom of Information requests. The Datix system had been updated to include new reporting categories. The number of Significant Adverse Event Reviews being declared continued to remain stable. There continued to be a proactive focus on reducing the overall number of falls across all settings, and a number of initiatives had been identified in relation to reducing pressure ulcers. The NHS Board had agreed an aim of 10% reduction in hospital acquired pressure ulcers. A plan has been developed to identify how levels of infection could be improved. It was proposed the Committee take **Substantial Assurance**.

The following areas were discussed:

- Adverse Events. Advised number of Events recorded had reduced following development of new methodology. Issues of harm were now reported to weekly meetings, where decision then taken on how to take matters forward i.e. Significant Adverse Event Review or Case Review.
- Freedom of Information Requests. Advised further consideration to be given as to where this data should be reported. Not an effective measurement of organisational clinical governance.

**After discussion, the Committee**

- **Noted** the reported position.
- **Agreed** to take **Substantial** assurance.

## **6 NHS HIGHLAND ANNUAL DELIVERY PLAN**

### **6.1 Overview of Journey Well/Cancer Services**

B Peters spoke to the circulated report and provided a brief presentation in relation to Cancer Services, noting these were reviewed in the Cancer Recovery Board through a largely operational lens and the more strategic focus of the newly formed Cancer Programme Board. It was advised the Journey Well (Outcome 13) workstream related to support for the population on their journey with, and beyond, cancer by having equitable and timely access to the most effective evidence-based referral, diagnosis, treatment and personal support. An outline was provided as to the strategic progress made to date, including delivery actions agreed as part of the Annual Delivery Plan and noting a National Cancer Strategy was expected to be published in Spring 2023. Services were provided on a collaborative working basis across North of Scotland, with the NHS Cancer Recovery Board chaired by N Abbott, Breast Surgeon. The NHS Highland position was indicated in relation to 31 and 62 day national performance targets, this being slightly lower than the NHS

Scotland average. The position more widely across NHS cancer services was also indicated, this highlighting where increased focus and associated improvement/action planning was required through 2023, noting some services were provided by other NHS Boards in Scotland. A series of national slides were also shown to members, illustrating an increase in Systemic Anti-Cancer Treatment across Scotland since 2020; administered via different methods and representing a marked increase in workload for services and associated staff. With regard to existing Medical and Clinical Oncology establishment levels (wte per 100,000 population), it was advised this had reduced in North Scotland while increasing elsewhere over the same time period and overall did not reflect an increasing demand level. In summary, the existing key risks for NHS Highland in this area related to recruitment and retention of workforce across all clinical colleagues; ability of current capacity and infrastructure to meet increasing demand; and the additional strain placed on services as a result of new prescribing for breast and prostate cancers. It was proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Impact on Patient Outcomes. Advised actual position unknown although recognised there was evidence that Covid has had specific impact on cancer patient outcomes more generally.
- Realistic Medicine Activity. Confirmed forms part of current activity, with specific direction on SACT activity. Degree of concern among clinicians as to appropriateness for all relevant patients and this had been recognised at national level.
- Prevention Strategies. Advised Cancer prevention activity declined during Covid period.
- Development of and Reporting on New Dashboard. Advised QPI data is retrospective and reports infrequent, so reporting within NHS would be less frequent. Members were encouraged to consider the current data provided from a clinical governance perspective.
- Public Messaging Relating to Screening. Advised prevention activity more generally will form part of the NHS Highland Director of Public Health Annual Report for 2022/2023 being submitted to the NHS Board at end January 2023. Highlighted that prevention activity can overlap with Realistic Medicine activity, such as in relation to prostate cancer.
- Health Inequality Impact. Advised evidence indicated that generally those from less affluent areas less likely to present to a GP at an early stage. This led to poorer outcomes overall. Impact of distance from Cancer Centres being actively considered in light of potential further centralisation of cancer care. Impact of early Diagnostic Centres was also being considered.
- Early Diagnosis Centres. Advised represented vital secondary prevention activity. Primary Care access to diagnostics such as CT and other scanning discussed as something to be developed locally, subject to appropriate referral criteria.
- Cancer Trial Activity. Advised lack of NHS Oncologists impacting on ability to recruit patients to potential trials, thereby narrowing treatment options for patients, further impacting on success of medical recruitment and resulting in loss of potential financial benefit relating to provision of new medicines funded within the research project.

**After discussion, the Committee:**

- **Noted** the circulated report and associated presentation content.
- **Noted** to circulate the relevant workforce slide to members following the meeting.
- **Agree** to take **Moderate** assurance.

## **7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS**

### **7.1 Argyll and Bute**

R Helliwell spoke to the circulated report advising the Argyll and Bute Clinical, Care and Professional Governance Strategy and Framework review was complete and had been ratified on 26 October

2022. Further updates were provided in relation to systematic identification and review of clinical incidents; two specific RIDDOR incidents in the process of being taken forward as SAERs; and actions relating to concerns raised regarding services within Lorn and Islands Hospital for HIS and NHS Education Scotland. On this latter point, both organisations were satisfied with progress on relevant improvement work, with a successful participatory medical workshop held where staffing models to ensure good clinical care had been explored and developed. The report proposed the Committee take **Moderate Assurance**.

**After discussion, the Committee:**

- **Noted** the content of the circulated report.
- **Noted** the Clinical, Care and Professional Governance Strategy and Framework.
- **Agreed** to take **Moderate** assurance.

## 7.2 Highland Health and Social Care Partnership

Having taken the opportunity to recognise the work of D MacFarlane as previous Associate Medical Director and introduced C Copeland as newly appointed Deputy Medical Director, L Bussell then spoke to the circulated report outlining output from the Community Quality and Patient Safety (QPS) and Clinical Governance structure and advised weekly QPS Check-In meetings continued to be held. QPS Sub-Group meetings were held on a monthly basis where Datix/case review/SAER and complaints were reviewed, and associated actions agreed. An update was provided in relation to HSE visits to mental health settings in November 2022, with plans for improving staff uptake of Violence and Aggression training, and removal of ligature points having been submitted to HSE. Revised plans for the rollout of the Morse system for electronic patient records were being considered. Concerns had been raised in relation to Tissue Viability staffing matters, with a leadership post recently agreed although Scottish Government funding for care home liaison nurses would cease at end March 2023. A report was to be provided to the Care Home Oversight Group in addition to follow up with operational areas. It was noted there were issues relating to the availability of pressure relieving equipment for patients; and the Highland Sexual Health Service were facing a series of challenges relating to significantly increased activity levels, recruitment, access to educational courses and provision of clinical premises. It was reported that development of a Sexual Health App to enable younger people to respond had been positive, with this having been successfully introduced. Identification of priority areas was ongoing. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 6 December 2022. The report proposed the Committee take **Moderate Assurance**.

**After discussion, the Committee:**

- **Noted** the report content and associated Minute.
- **Agreed** an update on the national position regarding Sexual Health Services be provided to members out with the meeting.
- **Agreed** to take **Moderate** assurance.

## 7.3 Acute Services

C Yiangou spoke to the circulated report in relation to Acute Services, indicating there had been reviews undertaken of national Audit Programmes relating to Scottish Hip Fracture and the Intensive Care Society. It was noted Delivery Directorate reports continued to highlight capacity and flow challenges in all Acute sites, incorporating increased incident reporting. The Acute Services Clinical Governance Committee had recently considered relevant mortality data for all NHS acute sites, noting this to be broadly stable, with data relating to Caithness General Hospital being further audited for more detailed consideration at the next meeting. It was stated the most recent HSMR data had indicated NHS acute was not an outlier in this respect. An action plan had been developed in relation to

the mixed Hip Fracture audit findings relating to NHS, including aspects relating to access to physiotherapy, early mobilisation of certain patients and use of cement for hemi-arthroplasty procedures. In relation to Intensive Care Unit (ITU) patients it was advised delayed discharge continued to be a major issue, with capacity on-site a contributory factor to be addressed. Other issues highlighted by exception had related to a rise in Inpatient Falls recorded at Caithness General Hospital; the impact of nursing vacancies on clinical care delivery; investigation of an infection cluster relating to Arthroplasty; use of day case and elective care areas for emergency flow reasons leading to reduced elective capacity and poor patient experience; and the impact of the rising number and complexity of CAMHS patients within paediatric services. It was reported there had been software issues, now resolved, relating to patient documents generated in Formstream not being transferred and not reaching the patient Docman record within GP Practice. In addressing this matter, a plan had been developed to ensure clinical filtering to determine clinical risk for differing form types. No material impact had been identified. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 15 November 2022. The report proposed the Committee take **Moderate Assurance**.

The following was raised in discussion:

- Recruitment and Retention. Agreed exit interviews beneficial to improving understanding why staff are choosing to leave the NHS. Action required on both recruitment and retention activity.

**After discussion, the Committee:**

- **Noted** the report content and associated Minute.
- **Noted** an update in relation to Formstream issues would be brought to a future meeting.
- **Agreed** to take **Moderate** assurance.

**The meeting adjourned at 10.30am and reconvened at 10.40am.**

## **8 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION**

B Peters took the opportunity to further acknowledge the commitment and contribution made to the work of the Committee by G Rodger as the previous Chair and welcomed A Christie to the role. The following areas of interest were then referenced:

- Wider System Pressures. Advised pressure continues to be high and will continue to impact services for some time to come, presenting challenges in relation to patient flow, discharge etc. The provision of comprehensive briefings to NHS Board members was welcomed, noting clinicians valued the support of the Board in recognising the range of challenges being faced. The need to recognise the work of all staff members was emphasised as was the need to formally communicate the same.
- NHS Winter Ready Action Plan. Advised the approach adopted and delivered had been a success, with real improvements having been realised. There was a question relating to whether there are increased numbers of hypothermia cases this winter, members were advised there had been no increase above relevant expected patient numbers.
- Operational Pressures Escalation Level Adoption (OPEL). Advised this had proved to be a useful resource, providing colleagues in Acute Services with data-based real time information. Consideration being given to extending this into both Community and Primary Care Services.
- Lookback Activity. Advised both UK and Scottish Government Covid Inquiries progressing. NHS will contribute as required. Updates would be provided to future meetings.
- Infected Blood Inquiry. Advised NHS had contributed to national submission, including detail of relevant individual patient cases.

**The Committee otherwise Noted** the reported position.

## 9 INFECTION PREVENTION AND CONTROL REPORT

C Stokoe spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators and outlining NHSH remained on track to meet all nationally set antimicrobial prescribing targets as well as targets set for SAB and CDI. It was not expected to meet the relevant Ecoli target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. Funding for this was due to end in March 2023, with a business case having been developed to extend this arrangement moving forward. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period although a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The IPC team continued to work alongside staff and external agencies to ensure the delivery of national guidance in the management and control of Covid across NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update. The report went on to outline a number of areas of challenge including prioritisation of workloads to meet service demand. The report proposed the Committee take **Substantial Assurance**.

Members took the opportunity to thank all relevant staff for their hard work and commitment in meeting relevant targets where appropriate and improving training compliance levels overall.

### **The Committee:**

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Agreed** to take **Substantial** assurance.

## 10 PUBLIC HEALTH INTELLIGENCE AND SUPPORT FOR HEALTH SERVICES

C Hunter-Rowe spoke to the circulated report advising as to the effectiveness of the public health intelligence function across NHS Highland and providing an overview of the public health intelligence work plan and examples of key work areas. It was noted the Public Health Intelligence (PHI) team were part of the Public Health Directorate, providing expert resource on epidemiology, demography and population health evidence. This function was supported by application of the Team's specialist skills in relation to epidemiology, large dataset handling, evaluation of public Health programmes and healthcare interventions, geographical mapping and provision of scientific advice and evidence-based review of public health and non-pharmacological healthcare interventions. Examples of key work areas delivered in 2022 were provided alongside example outputs from individual projects. The report went on to give an overview of relevant activity relating to population needs assessments, development of profiles for community planning partnerships, geospatial activity, Clinical Advisory Group support arrangements, data management and recent developments. The report proposed the Committee take **Substantial Assurance**.

### **The Committee:**

- **Noted** the reported content.
- **Agreed** to take **Substantial** Assurance.



## 11 PUBLIC PROTECTION REPORTING

There were no matters discussed in relation to this Item.

## 12 COMPLAINTS – PATIENT EXPERIENCE VIEWPOINT, THEMES AND ACTIONS TAKEN

M Morrison spoke to the circulated report outlining compliments received by the Feedback Team over the previous 12 months to November 2022, the themes arising, and action taken. All were logged on Datix and passed to the relevant Chief Officer and staff/team/department involved. Most compliments were related to Acute Services and sent direct to the team/department involved. The number of compliments received remained broadly static. It was stated where a formal complaint response had been approved and before being issued to the complainant, the Feedback Team code the response to identify the issues/themes. Many complaints involve multiple issues. Any action and improvement detailed in the response letter was recorded on Datix and where relevant an action owner and timescale for completion was recorded. The top four themes from complaints related to communication, treatment, waiting times/delays and staff. Examples were provided of the improvement and actions taken against each of those themes, with associated data reported to Operational Division Quality and Patient Safety Groups/Programme Boards. The Feedback Team actively followed up on actions agreed to be taken forward to ensure this was completed. These were reported to and discussed at a weekly complaints meeting. Moving forward, work continued on refining data on themes for improved reporting to relevant groups and projects. The report proposed the Committee take **Moderate Assurance**.

During discussion the following points were discussed:

- Communication. Recognised as a key issue for most organisations. Identification of easy wins was discussed; with agreement these be brought back to the Committee for consideration.
- Information Cascade to Front Line. Issues relating to dissemination of Local Partnership Fora information and lack of easy access to IT among certain staff groups were highlighted. Agreed leaders had key role in ensuring appropriate cascade of information within teams.

### The Committee:

- **Noted** the report content.
- **Agreed** proposed actions relating to improving communication be reported to a future meeting.
- **Agreed** to take **Moderate** assurance.

## 13 MATERNITY SERVICES

I Barton spoke to the circulated report providing detail in relation to the NHS Highland gap analysis undertaken in response to recommendations from both the Ockenden and East Kent Maternity Reports. An Action Plan had been developed to progress relevant recommendations from both Maternity Reports insofar as they related to planning, service delivery, and a review of maternity and neonatal services across all NHSH to ensure these were consistent with NHSH Board Strategy, and specifically the Start Well ambition. It was reported the Reports had identified three main themes, these reflecting priority areas of work already in progress to address existing challenges and improve standards for maternity services in NHSH, under the topics of workforce, culture and governance. Where possible, work would be taken forward via existing workstreams such as workforce planning, colleague experience and Best Start and be directly linked to service delivery and quality improvement. An outline was provided as to the work being taken forward under the three topics identified. The report proposed the Committee take **Limited Assurance**.

- Role of Clinical Staff. Acknowledged clinical staff have key role in driving local improvement activity and change, noting a Clinical Staff Workshop was to be held the following day.

- Informed Consent. Stated actions in this area being considered in association with medical colleagues and were expected to be complete within the stated three-month timeframe.

**The Committee:**

- **Noted** an initial self-assessment against the final Ockenden Report had been completed.
- **Agreed** to support development and implementation of a Board-wide Action Plan, monitored by the Maternity & Neonatal Programme Board for North Highland and the Maternity and Neonatal Governance Group for Argyll and Bute

## 14 SIX MONTHLY EXCEPTION REPORTS

### 14.1 Health and Safety Committee

B Summers spoke to the circulated report providing an update in relation to the activity of the Health and Safety Committee over the previous six months and further providing an update on progress with the risks and recommendations highlighted to the Committee in April 2022. In terms of emergent new issues, particular areas highlighted had included HSE Enforcement activity at New Craigs (Ruthven and Morar Wards), Raigmore (Microbiology) and the provision of advice to Acute Services on the Management of Violence and Aggression in Acute Services (Lessons for Learning from Recent HSE Enforcement Activities). Improvement Notices had been received in relation to Ligature Removal and Violence and Aggression Arrangements including Training, relevant requirements in relation to which were also outlined for members. Both Improvement Notices represented substantial pieces of enforcement work, requiring strong governance, sound leadership & accountability, multi-disciplinary teamworking and planning, financial investment and robust monitoring and remedial intervention to ensure work remained on track, and met the requirements of the Improvement Notices in good time to improve the safety of staff and patients. The report proposed the Committee take **Moderate Assurance**.

F Hogg took the opportunity to advise as to a review of the Committee reporting and membership profile, and the wider work of the Committee to avoid duplication of activity. The Committee would move to quarterly meetings in 2023 and would continue to prepare Annual Reports. Discussion was ongoing in relation to the role of the Occupational Health Service in supporting Services more widely. She invited comment from members on how reporting to this Committee may be improved.

The following was then discussed:

- Ligature Removal. Questioned whether the 2024 deadline for removal of ligatures within New Craigs would be met. Advised was a complex area of activity, and subject to annual audit. Associated risk assessments are rated according to priority, with those listed as High/Very High being addressed. Improvement Notice requirements for Morar Ward likely to be met. A costed plan for the remainder of New Craigs, including a date for completion of work was also to be submitted to HSE by July 2023.
- Support from Clinical Governance Committee. Advised this would relate to maintaining a strong monitoring brief at this time.

**The Committee:**

- **Noted** the Health and Safety Committee six monthly exception report.
- **Agreed** further updates would be scheduled as part of the Committee Work Plan.
- **Agreed** to take **Moderate** assurance.

## 14.2 Transfusion Committee

Members **Noted** discussion would be held out with the meeting on future reporting arrangements.

## 14.3 Information Assurance Report

I Ross spoke to the circulated report providing an update on the key activities of the Information Assurance Group from May to December 2022, advising this had met on 4 occasions since last reporting to this Committee. Specific updates were provided in relation to an upcoming Information Commissioner Office (ICO) audit, Network and Information Systems (NIS) audit and safe handling of information mandatory training activity. The report went on to highlight a number of actions agreed by the Information Assurance Group over the respective reporting period and indicated the Group had also received updates in relation to missing documents within the GP Docman system, a cyber incident that had impacted on the Aadastra out of hours system, and missing records within the prison system. Minutes from meetings held in March, May, July and September 2022 were circulated and the latest edition of the relevant Newsletter was about to be released. The report proposed the Committee take **Substantial Assurance**.

### The Committee:

- **Noted** the report content.
- **Noted** the circulated Minutes.

## 14.4 Area Drug and Therapeutics Committee

An update in relation to this matter was considered under Item 2.1.1 on the agenda.

## 15 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

## 16 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the emerging issues highlighted in discussion under Item 8 on the agenda.

### The Committee so Noted.

## 17 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2023 as follows:

8 March (2 pm)  
27 April  
22 June  
31 August  
2 November

## 18 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 8 March 2023 at 2.00pm.

**The meeting closed at 11.40am**