

<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>DRAFT MINUTE</b>	<b>1 December 2020 – 9.00am</b>	

**Present** Dr Gaener Rodger, Non-Executive Board Director and Chair  
Tim Allison, Director of Public Health (Teams)  
Elspeth Caithness, Staffside Representative (Teams)  
Alasdair Christie, Non-Executive Board Director (Teams)  
Deirdre MacKay, Non-Executive Board Director (Teams)  
Margaret Moss, Chair of Area Clinical Forum (Teams)  
Adam Palmer, Employee Director (Teams)  
Dr Boyd Peters, Medical Director

**In attendance** Mary Burnside, Head of Midwifery (Teams)  
Louise Bussell, Chief Officer, North Highland (Teams)  
Fiona Campbell, Clinical Governance Manager, Argyll and Bute (Teams)  
Sarah Campbell, Clinical Governance Support Manager, Argyll and Bute (Teams)  
Linda Currie, Occupational Therapist, Argyll and Bute (Teams)  
Ruth Daly, Board Secretary (Teams)  
Jim Docherty, Clinical Director of eHealth (Teams)  
Liz Higgins, Practice Education and Development, Argyll and Bute (Teams)  
Donellen MacKenzie, Area Manager, South and Mid (Teams)  
Brian Mitchell, Board Committee Administrator  
Mirian Morrison, Clinical Governance Development Manager  
Katherine Sutton, Chief Officer (Acute) (Teams)

## 1 WELCOME AND APOLOGIES

Apologies were received from Paul Davidson, Rebecca Helliwell, Joanna Macdonald, Heidi May, Iona McGauran, Ian Rudd, Bob Summers and Claire Wood.

### 1.1 Declarations of Conflict of Interest

Mr 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 6 OCTOBER 2020

The Minute of Meeting held on 6 October was **Approved**, subject to the following amendment:

Page 4, Item 6.3, Para.2, Line 4 - Amend to read "...Aberdeen, who had been providing a service on behalf of NHS Highland through relevant contingency arrangements, and Dr Peters...".

Associated Actions were then considered as follows:

- **Raigmore Exception Report** (Junior Doctors) – Members were advised the Chair had discussed relevant Medical Education matters with E Watson in the past. Noted Dr H Freeman, Director of Medical Education would provide future reports from Acute Services to Committee. The Action Plan would be amended to reflect recent discussion and staffing changes. The Chair confirmed Dr Freeman would be requested to provide an update.
- **Recruitment of Lay Representative(s)** – The Chair confirmed activity in relation to recruitment would be taken forward early in the New Year.

**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.

## 2.1 MATTERS ARISING

- **CAMHS (Argyll and Bute) Concerns** – Dr Peters confirmed the matters raised at the last meeting had been the same as raised in July of 2020. It was confirmed improvement action was being taken forward at this time.
- **Medication Training (Lochaber)** – The Chair advised T Ross would be working with J Hodges to review training for Care Home staff as part of the review of the Policy for Medicines Management in Care Homes. A similar review was underway in relation to Care at Home staff.

There had been development of "induction" level training resources for any staff new to a care service and there was a requirement this be completed within a short period of a new person starting. Thereafter, training for care home staff is then stipulated by the Care Inspectorate who will require anyone working in a care home administering medication to have completed a Professional Development Award (PDA) in Medication, equivalent to SVQ level 3.

A practice competence assessment tool had also been developed, to routinely assess, through observation, the competence of all staff involved with medicines administration. The role of this tool would be strengthened as part of the associated policy review. Work would be undertaken to look at mandatory refresher training in the same way that nurses have to complete the medicines administration LearnPro module every two years.

There had also been discussion with J Agnew regarding the training community pharmacies provide to the Care Homes that they dispense for and have signed up to a locally negotiated service for provision of pharmaceutical services. The content and quality of training is variable between different community pharmacies, with the large multiples able to offer high quality e-learning material, for example. It was stated this was another area that could benefit from a nationally agreed standard.

A Palmer emphasised a need for Staffside consideration of Human Resource implications.

- **Test Strips Update** – This matter was discussed under Item 6(1) on the agenda.
- **Paediatrics Assessment Unit Update** – K Sutton advised an increase in HDU staffing was required to enable the scaling up from the existing 2 beds to 4 beds. Funding had been received and this work was being taken forward. This represented an additional cost pressure that had been accepted.
- **Overview of NHS Children and Adolescents Mental Health Services** – B Peters advised a report had been requested by the Committee and stated this remained a work in

progress. The matter had been reported to the Infants, Children and Young People's Clinical Governance Group and included within the Risk Register. The Group had considered an SBAR document, prepared by the Argyll and Bute Partnership, with an associated letter from staff having been referenced at the last meeting of the Committee. He advised a series of actions had been undertaken since the matter had first been raised, with initial oversight provided through the Argyll and Bute Clinical and Care Governance Group. Relevant issues could be raised and escalated to this Committee in the normal manner. A formal update would be provided to the Committee in due course.

**The Committee:**

- **Noted** the updates provided.
- **Noted** a formal update in relation to overview of NHS Children and Adolescents Mental Health Services would be provided to the Committee in due course.

### 3 EMERGING ISSUES - COVID 19 UPDATE

T Allison spoke to a circulated report and provided a presentation to members advising as to the level of infection in Highland and the measures taken to tackle the virus. It was reported that most Covid infections in Highland had been sporadic or as part of small clusters, with a small number of outbreaks having taken place. Actions by NHS Highland had included increasing the availability of local testing capacity, provision of additional contact tracers and the management of local cases and outbreaks. A programme of testing for asymptomatic care home staff and specific NHS staff was in place, with high levels of associated coverage. For care home staff, over 85% were tested every week. An update was provided in relation to contact tracing activity and members were advised the number of contact tracing staff was expanding through recruitment in order to reach a target of 25 staff working each day to provide both local tracing and mutual aid to other NHS Boards. NHS Highland draft plans for vaccination activity had been submitted to Scottish Government, the start date for which had yet to be determined. Any vaccination programme would be considerably more complicated than that for Influenza, and would be a significant logistical and delivery challenge. It was indicated that considerable efforts would be required over the winter to control sporadic cases, clusters and outbreaks. Community control measures would be vital in reducing the impact of the virus and would continue to be necessary while vaccination is delivered. The combination of successful vaccination, local and national control measures as well as individual actions would be required.

During discussion, there was reference to case contacts being followed-up by letter and on this point it was advised this method was only utilised as part of a suite of communication methods and where these had otherwise not reached the intended individual. It was noted the number of contacts requiring to be reached could vary considerably depending on the individual case. In relation to vaccination activity, the key issues in Highland would relate to logistics and vaccine storage. There were only three suitable freezer locations in North Highland, with Argyll and Bute stocks being taken from Glasgow. The Pfizer vaccine, by its nature, was likely to be used for Healthcare Workers given the associated issues identified. Staff vaccination would not be mandatory, with uptake in Highland expected to be high. In relation to plans for expansion of testing activity, it was advised that again logistics would be the main issue in Highland, with relevant matters being taken through the current Command structure. A further update on this area would be provided to the next meeting.

**The Committee:**

- **Noted** the position.
- **Agreed** a further update on expansion of contact tracing be submitted to the next meeting.

#### 4 NHS HIGHLAND WINTER PLAN

B Peters advised the NHS Highland Winter Plan document remained a live document and would be brought to the Committee at the meeting to be held on 14 January 2021. D MacKenzie emphasised the need for appropriate linkages to the National Adult Social Care Preparedness Winter Plan which was also under development at that time.

##### The Committee:

- **Noted** the position.
- **Noted** the Winter Plan document would be presented to the next meeting.

#### 5 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT

The Chair spoke to the circulated Integrated Performance and Quality Report (IPR), advising the detail contained therein had already been reported to the last meeting. It was noted future iterations of the report would be considered by the Committee prior to being submitted to the NHS Board thereby enabling appropriate Committee scrutiny of relevant Clinical Governance measures. The Chair then invited Committee members to consider the report format, identification of any required additional data measurements and provide any other relevant feedback as necessary. B Peters added that the document would inevitably evolve over time and stated this would be utilised at Operational level, with relevant feedback coming to this Committee via existing Exception reporting arrangements. M Morrison advised local QPS Groups continued to consider the Clinical Governance Dashboard and the Chair emphasised the need for Operational areas to fully consider and provide feedback in relation to both documents, confirming consideration of the same when reporting to the Committee. B Peters took the opportunity to highlight key aspects relating to SAER analysis and improved metrics, HSMR data, Inpatient Falls with Harm, Tissue Viability and Complaints. M Morrison confirmed that Freedom of Information data would also be included within the next iteration of the report. Data relating to emergency re-admissions, within seven days, would be included in due course.

There followed discussion, during which A Christie referenced relevant cascade arrangements and sought an update on how this would be utilised to provide 'added value' to the overall process. He questioned the role of Non-Executive Directors in that process, and the identification of key drivers for their detailed scrutiny, and was advised by B Peters a NHS Board Development Session was being proposed, including consideration of matters relating to relevant cascade arrangements and associated assurance mechanisms. He emphasised the role of a Governance Committee, and members, was to ensure that as part of the suite of reports being considered at operational level that relevant elements of the Integrated Performance Report were being considered and that systems were in place to not only do that but also to seek to make associated improvements where necessary. The Board Secretary confirmed a Board Development session was being planned.

The Chair, in relation to consideration by the Clinical Governance Committee, asked how this would be undertaken. B Peters advised the Committee would likely be directed to consider specific Clinical Governance subject areas and then be invited to consider whether assurance can be taken in relation to ensuring appropriate systems were in place and working, and associated actions being taken forward as required. The Committee heard from members that aspects of the IPR document were already being scrutinised at operational level and this was welcomed. Issues raised in relation to Staff Governance matters should be taken through that particular Committee.

##### The Committee:

- **Considered** the performance outcomes and areas of concern highlighted.
- **Noted** future IPR updates to this Committee would be in line with relevant NHS Board reporting cycle arrangements.

- **Agreed** relevant feedback be provided to the Committee Chair.

## **6 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION**

### **6.1 INR Point of Care Testing Primary Care**

The Chair referenced the circulated report and advised this had been submitted to the Committee for information purposes only. Relevant points had been discussed with the report author and Director of Pharmacy and it had subsequently been agreed the issues raised be discussed at local Senior Management Team level in the first instance.

### **6.2 Unannounced HIS Community Hospital Visit**

B Peters confirmed the unannounced visit had been positive in nature, with a small number of associated issues having been raised. It was advised that a subsequent follow-up visit had not been considered necessary. The Chair requested that the thanks of the Committee, to all involved in the successful visit, be formally recorded.

**The Committee Noted** the updates provided.

## **7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES**

At the commencement of this Item the Chair voiced concern that two of the Exception reports being considered had only been received the day prior to the meeting and highlighted there had been no submission from North and West on this occasion. She emphasised this must be improved for the next meeting. Individual submissions were then considered as follows:

### **7.1 Argyll & Bute HSCP Clinical & Care Governance Group**

F Campbell spoke to the circulated Argyll & Bute Exception Report. She highlighted matters relating to an unusual SAER case involving the death of a young person, where the review had indicated relevant systems and processes had been applied correctly. No Duty of Candour issues had been identified and Complaints performance had reduced. It was reported the number of Violence and Aggression incidents had increased, primarily as a result of the actions of a single patient. Staffing issues remain a concern, including in relation to Mental Health services. It was confirmed the circulated report data was considered by the Argyll and Bute IJB.

### **7.2 North and West QPS (Parent) Group**

There had been no submission to this meeting.

### **7.3 Raigmore QPS Group**

E Watson spoke to the circulated Raigmore Hospital Exception Report and Minute of Meeting of the respective Quality and Patient Safety Group held on 15 September 2020. She confirmed there was detailed consideration of all relevant Clinical Governance matters, with individual Directorates supported where appropriate. She reported that, following an HEI Investigation in relation to a fall incident, carried out in 2020 there had been a review of systems relating to Falls with Harm.

### **7.4 South and Mid QPS Group**

There had been circulated an Exception Report relating to South and Mid, the content of which was Noted.

## 7.5 Infants, Children & Young People's Clinical Governance Group

S Govenden spoke to the circulated Exception Report and highlighted activity relating to Significant and Initial Case Reviews for Child Protection, Risk Register items, recommendations from review of complaints, Mortality and HSMR, issues of concern and other successes and areas of good practice. In particular, she highlighted that funding had been secured in relation to a Lead Nurse post for Child Protection plus two additional beds within the Children's Unit HDU. The development of a Child Protection Annual Report was being considered.

The Chair referenced the two Significant Care Reviews, asking what implications there may be for wider NHS Highland Corporate Parenting activity. It was advised the two cases had involved care experienced young people and both had been reported to the Care Inspectorate as required. Matters relating to successfully meeting Statutory Corporate Parenting Guidance requirements were being discussed with the Board Nurse Director. Case Review processes were able to pick up relevant issues although process timescales were being affected by the impact of Covid-19. Solutions were being sought that would enable this to be addressed while also continuing to support relevant staff members. D MacKenzie took the opportunity to advise that in relation to care experienced young people, current reviews were being conducted on a joint basis with Children's Services and reported to the Child Protection and Adult Protection Committee who would look to take forward relevant agreed actions. This would include agreed Guidance in relation to managing young people and their respective cases through transition from Children to Adult Services.

### The Committee:

- **Considered** the issues identified and received assurance that appropriate action was being taken/ planned.
- **Noted** a Child Protection Annual Report would be submitted to the next meeting.
- **Noted** matters relating to Adult Protection reporting would be discussed out with the meeting.

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

## 8 INFECTION CONTROL

### 8.1 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 September 2020.

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

### 8.2 Annual Work Plan 2020/2021

There had been circulated an updated Annual Work Plan 2020/2021.

**The Committee Noted** the updated Annual Work Plan document.

## 9 CLINICAL GOVERNANCE COMMITTEE RISK REGISTER WORKSHOP

M Morrison spoke to the circulated report and advised that as part of NHS Highland Board Risk Assurance Framework considerations, Governance Committees were being asked to review their

respective risks; agree how these risks were to be managed and reviewed; look at risks within Operational level Risk Registers to establish if these should be escalated to the Governance Committee Risk Register and identify any additional risks that should be on their own Governance Committee Risk Register. The review of Committee Risk Registers would thereafter be conducted on a quarterly basis or as determined by the individual Committees. Support for the development of Risk Registers would be provided through the Clinical Governance Support Team.

M Morrison then went on to advise there were two main areas for the Clinical Governance Committee to consider, in relation to Public Health and Clinical Strategy & Redesign. She stated the Committee should seek to agree when these Risks would be reviewed in 2021, identify those Risks requiring to be escalated to the Board Assurance Framework or included within the Committee Risk Register, and identify those operational level risks where further assurance is required in terms of mitigation activity. It was reported that Operational Level Risk Registers remained in development and were in the process of being reviewed to ensure these were in the appropriate format and that following organisation change respective Risks were included within the correct Registers and graded appropriately. This work was to be concluded by end December 2020/early January 2021.

There had been circulated a report indicating those Operational level Risks relating to Clinical Governance, as extracted from Datix, with M Morrison confirming relevant Grading assessments were being reviewed given the associated impact on previously agreed escalation arrangements. The Committee was being asked to consider when they would wish to see updates on Clinical Risks identified within the Board Assurance Framework, identify any additional Risks that should be included and further identify any Operational level Risks they would wish to have formal assurance on at Committee level.

The Chair advised, under the Committee Terms of Reference, her understanding was that the Committee would report quarterly to the NHS Board on matters relating to Risk. The Committee Work Plan included an Item for that was to be included within the March 2021 agenda. As such, the agenda would be required to reflect the formal role of the Committee in considering identified Risks and taking/giving assurance in relation to the same to the NHS Board. She sought the view of members as to whether identified Risks should be considered altogether or be spread across a series of meetings. In response, B Peters stated the first priority for the Committee should be to establish if the list of current Risks was complete and that these were the correct ones to be considering at this time. He went on to emphasise the Committee should not hold Operational level Risks within its own Register but seek to receive appropriate assurance in relation to the same in an oversight and governance capacity.

The Chair then sought the views of members in relation to three Clinical Governance Risks identified within the Board Assurance Framework relating to the absence of an NHS Highland Clinical and Care Strategy, Brexit (potential no deal scenario) and possible Covid resurgence impact on health outcomes. She also asked members to consider if any additional Risks should also be included within the Committee Risk Register and on this point, B Peters suggested there was a piece of work to be undertaken in relation to considering actual Committee Risk such as the absence of assurance when Exception Reports are not being received from Operational Units.

During discussion, it was suggested consideration be given to inclusion of a Risk relating to organisation structural change, however the identified risk itself was considered to appropriately rest at Operational Unit level and in relation to which the Committee would receive regular Exception Reporting as required. There was reference to changes looking to be introduced to the QPS structure on the back of organisational change and the associated impact on consideration of relevant cases and risk. The view was expressed that the current structural, administrative and case management arrangements, including in relation to appropriate communications aspects were proving ineffective and thereby currently posed an identifiable risk. B Peters confirmed he was currently sighted on the key issues that had been highlighted in relation to this matter, both in the meeting and more widely, including the need to ensure a shared and agreed understanding of the responsibility and roles of clinicians and others to engage fully with relevant QPS processes.

The adoption of a 'community' QPS approach would help to alleviate issues including perceived Operational Unit divide and ensure all relevant people were involved irrespective of location or service area. He agreed this remained a live Risk. After further detailed discussion on a range of associated aspects, including the ability of staff to participate in care reviews, the Chair stated the points raised in discussion highlighted a live Risk and agreed this be included within the Committee Risk Register. M Moss emphasised a Plan for structural change would be welcomed. The Chair then referenced a Risk identified within the Raigmore Exception report relating to radiation safety and requested a more detailed report on mitigating actions be submitted to the next meeting.

There followed more general discussion, and in relation to risk ownership within the Argyll and Bute operational area it was stated these would be jointly held between the IJB and NHS Highland Board in some cases depending upon the nature and wider implications of that identified Risk. B Peters emphasised the need for Risks to be allocated to a specific individual officer with responsibility for taking matters forward, in relation to which the appropriate Governance Committee would then seek adequate assurance in relation to the same without owning that risk. Professional accountability ultimately rested with the NHS Highland Board. M Moss highlighted activity in relation to development of an NMAHP Professional Assurance Framework, seeking advice on whether there was need for the Committee to be sighted on this. Again, B Peters emphasised the associated Risk would not be held by this Committee although assurance would be sought that appropriate action was being taken forward. Where a matter was considered of sufficient concern this should then be escalated to Governance Committee level for appropriate scrutiny. It was suggested this may be a subject worthy of discussion at the Area Clinical Forum. Where appropriate assurance could not be taken that Risk would then be included within the Committee Risk Register.

B Peters articulated the need to reflect on discussion, in the context of what Clinical Governance Risks had been identified within the Board Assurance Framework, and use this to consider what the Committee Risk register may look like and ultimately contain. It would be advantageous to take learning from good practice elsewhere and also further consider how to identify and further articulate risk relating to associated underlying reporting structures.

#### **The Committee:**

- **Noted** the identified Board Assurance Framework Clinical Governance Committee Risks would be reviewed in March 2021 via Exception Reports from identified Risk Holders.
- **Agreed** the Committee Risk Register be reviewed quarterly thereafter.
- **Agreed** ability to scrutinise Exception Reports be included within the Committee Risk Register.
- **Agreed** QPS structural change be included within the Committee Risk Register and raised at both Executive level and the Organisational Change Oversight Group.
- **Agreed** a report on mitigating actions relating to identified radiation safety concerns be requested for the next meeting.
- **Noted** the Chair would further discuss the points raised with B Peters, H May and M Morrison.

#### **10 AOCB**

There were no matters discussed in relation to this Item.

#### **11 DATES OF FUTURE MEETINGS**

Members **Approved** the following Meeting Schedule for 2021:

**14 January**  
**3 March**  
**29 April**  
**1 July**



**2 September**  
**4 November**

**12 DATE OF NEXT MEETING**

The Chair advised members the next meeting would take place on 14 January 2021 at 9.00am.

The Chair took the opportunity to emphasise that Exception Reports must be prepared for that meeting, even in the absence of an associated circulated Meeting Minute. The meeting would provide for a focus on the Integrated Performance Report. Reports would be received in relation to Serious Adverse Events, Adult Protection Annual reporting, and an update would also be received from the Area Drug and Therapeutics Committee.

**The meeting closed at 11.40am**