

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/	
MINUTE	3 November 2022 – 9.00am (via MS Teams)	

Present

Dr Gaener Rodger, Non-Executive Board Director and Chair
 Dr Tim Allison, Director of Public Health (from 9.05am)
 Alasdair Christie, Non-Executive Board Director
 Robert Donkin, Independent Public Member
 Kate Patience-Quate, Interim Board Nurse Director
 Joanne McCoy, Non-Executive Board Director
 Dr Boyd Peters, Medical Director
 Catriona Sinclair, Non-Executive Board Director and Area Clinical Forum Chair
 Emily Woolard, Independent Public Member

In attendance

Louise Bussell, Chief Officer, HSCP
 Robert Cargill, Deputy Medical Director (from 9.05am)
 Lorraine Cowie, Head of Strategy and Transformation
 Fiona Davies, Chief Officer, Argyll and Bute (from 10.40am)
 Ruth Fry, Head of Communications and Engagement
 Elizabeth Higgins, Associate Nurse Director
 Karen King, Associate Director (from 9.45am)
 Moranne MacGillivray, Service Manager (Medical & Diagnostics) (from 10am)
 Marie McIlwraith, Project manager, Communications and Engagement
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Ian Rudd, Director of Pharmacy (from 10.40am)
 Simon Steer, Interim Director of Adult Social Care
 Catherine Stokoe, Infection Control Manager (from 10.45am)
 Katherine Sutton, Director of Acute Services
 Constantinos Yiangou, Deputy Medical Director (from 9.55am)

1 WELCOME AND APOLOGIES

Apologies were received from M Cockburn, S Govenden, R Helliwell and D MacDonald.

The Chair took the opportunity to recognise that the meeting held on 1 September had been the last attended by Heidi May in her capacity as Board Nurse Director prior to her formal retirement. She took the opportunity to pay tribute to her commitment to the work of the Committee and thank her for her input and formal guidance/advice provided throughout her tenure.

1.1 Declarations of Conflict of Interest

A Christie 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.

2 MINUTE OF MEETING ON 1 SEPTEMBER 2022, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 1 September 2022 was **Approved**, subject to the updating of formal titles relating to E Gray and K Arrow, and removal of reference to M Cockburn as Present (maintain reference to being In Attendance).

Associated Actions (Including Actions 13 to 16 from last meeting) were considered as the meeting progressed, noting Actions 2 and 16 were now complete. Action 3 would be discussed in association with the Older People in Acute Hospital update scheduled for January 2023. Actions 6 and 8 would be scheduled for March and January 2023 meeting respectively. Item 13 would be reworded to reflect a CAMHS report would be brought to the March 2023 meeting, including an update in relation to Distress Brief Intervention.

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.

The Committee otherwise:

- **Approved** the draft Minute, subject to the amendments discussed.
- **Noted** the updates on the circulated Committee Action Plan.
- **Noted** the updated Committee Work Plan.

2.1 MATTERS ARISING

There were no matters discussed in relation to this Item.

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:

- Reporting from Short life Working Group (Discharge). Advised consideration would be given to current reporting arrangements.
- Positive Feedback Data Capture. Noted a Compliments Log in place and local teams captured this for their areas. Care Opinion feedback also captured and could be brought to Committee.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Noted** K Sutton would report back on Working Group reporting arrangements.
- **Agreed** consideration be given to positive feedback reporting at next meeting.

4 NHS HIGHLAND DRAFT ENGAGEMENT FRAMEWORK

R Fry spoke to the circulated report outlining the position in relation to development of an NHS Highland Engagement Framework, also circulated and advised this had been co-produced via a Short Life Working Group (SLWG) in accordance with a recommendation from the earlier Sturrock

Report. The Framework would fulfil the function of a strategic-level blueprint to shape and guide engagement activity across all service areas. It provided the relevant guidance, procedures, templates and training for services to implement appropriately and proportionately with support and advice from the Communications and Engagement Team. Key Performance Indicators were also included. The Framework would be submitted to the NHS Board for final approval and future reporting would be via an Oversight Group, supported by an engagement Advisory Group, to both this Committee on an annual basis and the Highland Health and Social Care Committee. The views of the Committee were sought in relation to the proposed governance structure, quorum for the oversight group and frequency/content of reporting. It was proposed the Committee take **Substantial Assurance**.

The following points were discussed:

- How specific elements are measured and recorded. Advised new reporting template aligned to elements contained within Annual Delivery Plan (ADP), further detail of which would be provided. ADP now a Standing Item on Committee formal agenda for reporting purposes.
- Review and Evolution of Framework. Layout and format of Framework welcomed. Confirmed will be subject to an engagement cycle and continual iterative improvement process, seeking to capture relevant learning where appropriate.
- Oversight Group. Noted membership required greater clarification. Had been suggestion quorum should require either a Lay or Carer representative to be present. Agreed need to avoid reference to "Patient Representatives".

After discussion, the Committee:

- **Noted** and **Endorsed** the circulated draft Engagement Framework.
- **Noted** detail of measurement and recording elements to be provided to members.
- **Noted** reporting to Committee would be on an annual basis, reflecting Statutory duties relating to Community Engagement and providing relevant examples.
- **Agreed** to take **Substantial** 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 Events, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported Complaint's activity performance was the subject of a range of ongoing improvement activity; with high compliance being evidenced in relation to Freedom of Information requests. With regard to Adverse Events data, further consideration would be given to the categorisation of 'Other'. The number of Significant Adverse Event Reviews being declared continued to reduce significantly, a training event in relation to which had been held in August 2022. There continued to be a proactive focus on reducing the overall number falls across all settings, with incidents of Falls with Harm having been reduced over recent months, and positive outcomes and feedback received.

The following areas were discussed:

- Falls. Continued focus on reducing falls, with number of Falls with Harm coming down and positive outcomes and feedback being evidenced as a result of a more proactive approach.
- Tissue Viability. Detailed review ongoing in context of a current national focus on pressure ulcer incidents across all care settings, homes and Care Homes. A 20% reduction target was expected to be set by Scottish Government. Innovative research was being conducted in association with NHS Lanarkshire on pressure ulcers within Care Homes and wider teams on the effectiveness of early intervention activity.

- Managing FOI Requests. Advised level of requests can vary for number of reasons including specific areas of interest and current themes. Noted Highland Council had discussed profile of requests with MPs/MSPs to try and limit FOI numbers by ensuring individuals directed their requests in the most effective and appropriate manner. Formal FOI requests were not always the most effective way of gathering information. Suggested similar approach be taken due to the high number of requests received from this specific group. Noted monthly meeting held with local politicians to discuss areas of current interest etc.
- Medication Incidents (Prescribing). Noted Medicines Sub Committee receive detailed updates, meeting every two months. A range of monitoring systems and processes were in place. An update would be sought from the Director of Pharmacy for the next meeting.

After discussion, the Committee

- **Noted** the reported position.
- **Agreed** data visualisation be further considered in terms of providing clarity.
- **Noted** the Director of Pharmacy would be invited to provide a comprehensive update on all relevant matters to the next meeting.

6 NHS HIGHLAND ANNUAL DELIVERY PLAN

6.1 Introduction and Outline of General Committee Expectations

B Peters provided an introduction in relation to the Draft Annual Delivery Plan; outlining the existing position; the importance of quality standards and highlighting the work currently in progress. Work was in progress to develop comprehensive reporting and benchmarking against published Standards. It was reported regular updates would be provided to this Committee through relevant “Well” reporting processes. L Cowie advised the Quality Steering Group would lead on developing the Quality Framework then gave a presentation to members outlining relevant Local Delivery Plan Standards (previously HEAT Targets) advising these had been aligned to relevant “Well” Themes. The range of other, wider Indicators were outlined, and it was stated these further complimented the overall focus on improving quality through a holistic approach. She went on to provide an example of a Quality and Performance Dashboard (Start Well) in development and highlighted the aim to include further data relating to both Finance and Workforce aspects. An indication was provided as to the number of Indicators applied to each of the “Well” themes, noting over 200 metrics had been identified and were in the process of being developed. Specific reporting detail was then provided in relation to CAMHS Waiting Times; NDAS Waiting Times for Assessment (Thrive Well) and for teenage pregnancy; contraceptive prescribing rates; IVF Waiting Times; Drug and Alcohol Waiting Times; supply of THN Kits; and Palliative and End of Life Care. She concluded by advising whilst most quality indicators related to clinical aspects there was need to consider care aspects and joint working with partners. Further mapping work would be taken forward and all aspects would be tied into the Annual Delivery Plan and linked to relevant Strategy, Finance, Digital activity and Workforce considerations.

There was discussion of the following:

- Level of Detail of Reporting to Committee(s). Noting breadth of data can be overwhelming it was emphasised this was required to provide a wider assurance perspective. Need for Committee to reflect on the formal reporting aspect of future performance/assurance updates.

After discussion, the Committee:

- **Noted** the presentation content.
- **Agreed** to reflect on required level of reporting detail for future individual theme updates.

6.2 Start Well

K King spoke to the circulated report outlining that Start Well was the strategic driver for improving quality and performance of maternity and neonatal services and Highland. The aim was to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before, during and after pregnancy. Start Well ambitions were directly aligned to the national strategy the Best Start Five Year Plan for Maternity and Neonatal Care in Scotland (2017), wider activity in relation to which had recently recommenced. The relevant Programme Oversight Board, chaired by the Chief Officer (Acute) had launched in May 2022 to facilitate and support the delivery of Start Well, the Strategic outcomes related to which were outlined and in relation to which a robust governance and accountability structure had been established for escalation and strategic leadership oversight. It was reported whilst progress had been made, some challenges remained in relation to recruitment, retention, colleague experience and joint clinical alignment with NHS Grampian. Adequate staffing was critical in ensuring appropriate continuity of care. Future reporting would be based on relevant process and outcome measures, the dataset in relation to which was in the process of being developed and captured. The report proposed the Committee take **Moderate Assurance**, based on an incremental approach to service delivery improvement and associated mitigating actions.

There was discussion as to the following:

- Committee Reporting Requirements. View expressed clarity required as to the relevant dataset to be considered by Committee. Providing relevant data, comparator information, reasons for variation, detail relating to Community Midwifery Units, and associated complaints activity were initially suggested.
- Critical Areas. Stated staffing position regularly raised as key to ensuring continuity of care.
- Key Performance Indicators. Noted discussion at Acute Services Clinical Governance Group relating to suggested requirement for a Maternity Services Dashboard based on monthly data.

After discussion, the Committee:

- **Noted** reported position relating to Start Well activity.
- **Agreed** relevant mission critical aspects be defined and reporting proposals relating to the quality of clinical services be brought back to Committee for consideration.
- **Agreed** to take **Moderate assurance**.

K Sutton and C Yiangou left the meeting during discussion of the following item.

7 PUBLIC HEALTH

7.1 Vaccination Update

T Allison gave a brief update in relation to the wider disease activity position relating to both Covid and Influenza. He then went on to speak to the circulated report outlining the autumn vaccination programme was well advanced and being delivered directly by NHS Highland. The programme was centrally supported and overseen by the respective Programme Board, although delivery was being taken forward separately within the two Health and Social Care Partnership areas by relevant community teams. In some island communities, vaccination activity continued to be delivered by GPs. The programme was designed to be delivered by early December 2022 (80%) so as to maximise protection and this was earlier than originally planned. Vaccination had moved from GP delivery to NHS Board delivery, with progress having been made in improving appointments and scheduling despite initial problems. There were 65 vaccination centres in North Highland, 28 in Argyll and Bute in addition to school, care home and domiciliary vaccination locations. At the time of reporting, 48% of the total eligible population in Argyll and Bute had been vaccinated, the figure being 34% for North Highland. Staff uptake levels remained low at the time

of reporting. Vaccination had taken place in all Care Homes in NHS Highland. The report proposed the Committee take **Moderate Assurance**.

The following was then discussed:

- Access to Vaccine Clinics. Accepted clinic arrangements can be problematic and subject to cancellation, with communication issues contributing to a sometimes, unsatisfactory position. On occasion lower priority individuals can be contacted before those with a higher priority level, even within the same household and thereby raising associated concerns. Relevant challenges were acknowledged, noting other NHS Boards had encountered similar issues with the national appointment system. Communication arrangements required improvement. Failsafe arrangement in place to ensure communication with all eligible residents.
- Enhanced Communication. Advised additional communications approaches to be taken forward with Head of Communication and Engagement, including local newspaper articles.
- Children with Underlying Conditions. Stated any advice issued in this area would be via the Joint Committee on Vaccination and Immunisation (JCVI). Advice may be subject to change.
- Anti-Viral Usage Uptake. Advised no statistics currently available within Public Health brief. Stated anti-viral service continued to be delivered, with treatments based on associated community viral levels. Further advised availability of clinical trial reports enabled targeted approaches to be delivered where appropriate.
- Potential for Extension of Vaccination Programme. Advised this was likely in some format, with targeted approaches for areas of relatively low uptake.
- Further Development of the Online Appointment System. Stated lack of appointments the main concern and could be assisted by ensuring relevant clinic arrangements were in place much earlier in the process. Not in gift of NHS Boards to drive improvement in the national portal.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate Assurance**.

7.2 NHS Highland Screening Programmes Update

T Allison spoke to the circulated report, providing an update in relation to the nine screening programmes undertaken in Scotland and assurance in relation to the effectiveness of the screening programmes across NHS Highland. The report went on to discuss attainment of the required performance standards, Key Performance Indicators, associated benchmarks against Scottish national performance and the challenges faced by each programme. Attention was drawn to the national issues in relation to cervical screening and relevant follow-up activity being taken forward. It was reported all adult national screening programmes, excluding pregnancy screening, had been paused for varying periods during the COVID pandemic. Since remobilisation all programmes have had to address the needs of patients not invited during this gap while inviting newly eligible people to attend. Additionally, COVID had led to increased staff absences, new infection control restrictions and in some cases staff redeployment which had led to additional challenges. Pregnancy and Newborn screening programmes were maintained throughout the pandemic. Annual screening activity reports were provided to all NHS Boards. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate Assurance**.

The Committee adjourned at 10.55am and reconvened at 11.00am.

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 the previous Board Nurse Director and welcomed K Patience-Quate to her first meeting in the capacity of Interim Board Nurse Director. The following areas of interest were also referenced:

- Wider System Pressures. Advised discussion ongoing at all levels, with individual NHS Boards unable to influence matters greatly. Members were assured the NHS Board remained sighted on the relevant system pressure issues ahead of the approaching winter period.
- NHS Winter Plan. Advised final planning workshop event to be held later that day. System-wide Plan being developed.
- Moray Maternity Plan. Noted group of relevant clinicians, midwives and doctors had written direct to Cabinet Secretary to outline a range of safety concerns and inviting a delay to implementation of relevant plans. An independent panel had been appointed earlier in 2022 and was to provide independent scrutiny and assurance to the Health Secretary on the plans to implement Model 4 and Model 6. Part of the panel's work would include ensuring modelling and planning was robust, safety concerns were fully considered, and all reasonable mitigations put in place.
- Planned Visits. Noted the Chief Medical Officer, Professor Gregor Smith and one Deputy Chief Medical Officer Dr Nicola Steedman were to visit NHS Highland in early December 2022. There would be a range of topics discussed and both had indicated a wish to have discussion with members of front-line staff.

The Committee otherwise Noted the reported position.

9 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

9.1 Argyll and Bute

L Higgins spoke to the circulated report advising the Argyll and Bute Clinical and Care Governance Framework review was complete and had been ratified on 26 October 2022. Further updates were provided in relation to identification and review of clinical incidents; identification of Health and Safety as a priority improvement area; an imminent IJB Development Session looking at improving engagement; actions relating to services within Lorn and Islands Hospital; work in relation to supporting 2C GP Practices; an approved plan relating to meeting Medication Assisted Treatment standards for treating drug and alcohol addiction; consideration of a paper regarding supply of medicines in Argyll to address non-conformance with Medicines and Healthcare Products Regulatory Agency (MHRA) good distribution practice, ongoing work relating to Dementia pathways; and introduction of patient initiated returns relating to services delivered from Oban. It was advised there had been agreement to purchase the Kintyre Care Centre thereby sustaining the only nursing home in the West of Argyll and Bute. An update had also been provided in relation to the NHS Education Scotland Deanery fact finding meeting relating to the standards of training and environment for junior doctors within Lorn and the Islands Hospital, and the Action Plan arising therefrom. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Deanery Fact Finding. Stated ensuring the correct hospital (non-bypass) staffing model was key, with further work required in relation to senior level clinician recruitment. Recent feedback from relevant trainees had been positive.

- Non-Bypass Definition. Advised this related to medical emergency arrangements, usually within remote hospital locations whereby medical emergencies are addressed by specifically trained clinicians prior to being transferred to their eventual end care destination.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to receive the Clinical and Care Governance Framework at the next meeting.
- **Agreed** to take **Moderate** assurance.

9.2 Highland Health and Social Care Partnership

L Bussell spoke to the circulated report outlining output from the Community Quality and Patient Safety (QPS) and Clinical Governance structure and advising weekly QPS Check-In meetings were being held. QPS Sub-Group meetings were also held on a monthly basis where Datix/case review/SAER and complaints were reviewed, and associated actions agreed. Updates were provided in relation to recruitment and on-boarding of clinical staff; development of a Mental Health Search Policy (circulated for information); development of a Standard Operating Procedure for mental Health/Learning Disabilities patients refusing observations (circulated for information); concerns raised relating to Nursing and AHP establishment agreements and clinical leadership; consideration being given to establishment of a NHS board-wide educational newsletter for sharing areas of good practice; and joint working undertaken to address an educational and staff support requirement relating to smear testing activity. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 13 September 2022. The report proposed the Committee take **Substantial Assurance**.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to take **Substantial** assurance.

9.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, indicating there had been reviews undertaken of national Audit Programmes relating to Neurology and Trauma Care. It was noted Delivery Directorate reports had been introduced, highlighting capacity and flow challenges in all Acute sites, and incorporating increased incident reporting. Issues highlighted by exception had related to a Multiple Sclerosis audit demonstrating higher NHSH activity and satisfactory benchmark performance; improvement work underway following a Trauma audit and exception report in reporting of CT brain scans following head trauma; increased reporting of Inpatient falls; the impact of nursing vacancies on clinical care delivery; use of day case and elective care areas leading to reduced elective capacity and poor patient experience; and the impact of a rising number and complexity of CAMHS patients in paediatric services especially at weekends and Out of Hours. Other matters highlighted had related to access to emergency and elective care as a result of delays in social care provision and the impact of reduced immediate access to the Emergency Department and Medical Admissions on the Scottish Ambulance Service. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 13 September 2022. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to take **Moderate** assurance.

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

K Patience-Quate spoke to the circulated Exception Report relating to Children's Services, providing detail in relation to the work of the NHS Highland Child Death Review Panel; the Assurance Framework for the new Scottish Government Child Protection Guidance; leadership; Perinatal Infant Mental Health Services across NHS Highland; NDAS Service governance arrangements; relevant NHS Board Strategy and Annual Delivery Plan elements; and publication of an updated Getting it Right for Every Child (GIRFEC) Policy. There had also been circulated Minute of Meeting of the NHS Highland Infants, Children and Young People's Clinical Governance Group held on 5 October 2022. The report proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Child Death Review Activity. Advised very low number of child deaths within Highland on an annual basis. Suggested the Committee receive a formal update on the relevant governance structure and associated guidelines at a future meeting.

The Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to take **Moderate** assurance.

10 CLINICAL GOVERNANCE COMMITTEE RISK REGISTER

10.1 Strategic Risks 715 and 959 – Public Health (Covid-19 and Influenza) and (Vaccination Programmes)

There had been circulated a report providing an update on action being taken in relation to the two Risks identified, highlighting Covid levels had shown signs of increasing in the population and more hospital patients were being diagnosed as positive. The number of people with serious illness from Covid remained low, with disease effects heavily mitigated by vaccination, with the risk of new variants and mutations remaining. It was noted the prominence of the influenza season in the southern hemisphere, combined with lower natural immunity in the population posed a significant risk of harm. It was also reported Covid vaccination programmes had been successful, although challenges for delivery and communication had remained. The autumn Covid and influenza vaccination programmes had started well but clinic capacity and staffing remain significant issues in some areas. Delivery was through Board clinics other than in some island areas where GP practice delivery continued. Comprehensive delivery of the Vaccination Transformation Programme (VTP) was not yet in place although progress was being made towards April 2023. Performance was monitored via the Vaccination Programme Board. It was proposed the stated levels of risk remain as High. The report proposed the Committee take **Moderate Assurance**.

During discussion, members were advised further consideration was being given as to the reporting of Level 2 clinical Risks at this Committee. Whilst the Committee would not manage such Risks, there was a role for provision of high-level oversight on an annual or biannual basis. This would serve to enhance Committee awareness of Operational level challenges.

After discussion, the Committee Considered the relevant Strategic Risks and:

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to maintain the current Risk Level assigned to **Risks 715 and 959 as High**.
- **Noted** consideration was being given as to future Committee reporting of Level 2 clinical Risks.

11 INFECTION PREVENTION AND CONTROL REPORT

C Stokoe spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end September 2022. NHS Highland had been reporting a favourable position against the targets set for SAB, and CDI, however the target rate for Ecoli has not been met for the quarter July-September 2022 and was above target. No areas of concern had been raised by the Scottish Government. Antimicrobial prescribing targets were being met. Improvements had been made to compliance rates with Infection Prevention and Control mandatory training, with 80% compliance being reported. Over the previous month reporting of patients with COVID had increased and additional Infection Prevention and Control (IPC) staffing hours and posts continued to be supported to assist with the significant increase in workload for the IPC Team. 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 Infection Prevention and Control 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 and indicated good progress continued to be made in relation to the NHS Infection Prevention and Control Annual Work Plan 2022/2023. The report proposed the Committee take **Substantial Assurance**.

K Patience-Quate took the opportunity to advise that funding to support Adult Social Care, Care Homes and Care at Home activity was not guaranteed beyond 31 March 2023. The World Health Organisation had recently launched their two-year HAI Strategy (and 5 year follow-up), the relevant health and social care implications of which were in the process of being considered.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Noted** the update on the NHS Infection Prevention and Control Annual Work Plan 2022/2023.
- **Agreed** to take **Substantial** assurance.

12 SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO) REPORT

M Morrison introduced the circulated report providing details on SPSO activity from April 2021 to September 2022, incorporating activity, issues raised, outcomes and themes emerging from relevant recommendations. It was reported existing challenges related to ensuring the NHS Board responded to SPSO enquiries on time and recommendations were actioned within the timescales set out by the SPSO. Open SPSO cases would be incorporated into the weekly complaints reports and cases would be included in weekly meetings with Operational Units. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the report content and welcomed inclusion of relevant trend data.
- **Agreed** to take **Moderate** assurance.

13 IMPACT OF UNFILLED SHIFTS INTERNAL AUDIT REVIEW

K Patience-Quate spoke to the circulated report outlining the Internal Audit review concerned had been commissioned by the NHS Project Management Office (PMO). Following review of the

relevant findings by the Audit Committee, it had been agreed a paper on the report be submitted to the Executive Directors Group (EDG), Clinical Governance Committee and Staff Governance Committee to ensure the process and findings of the report were appropriately considered and managed within the Board governance structures and executive sponsorship was confirmed. It was reported the findings of the review suggested further analysis of the impact of unfilled shifts would be beneficial, with the Board Medical and Nursing Directors meeting with Internal Audit and PMO to review the methodology and discuss the findings/recommendations with the purpose of agreeing next steps and confirming the most appropriate Executive Lead. A number of suggested recommendations had emerged which would be incorporated into existing programmes of work to monitor the impact and mitigate the risk of staffing shortages on quality of care and staff wellbeing. A copy of the Internal Audit report was also circulated. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Percentage of Unfilled Shifts versus Expectation. Advised this represented one of the dataset issues that had arisen, impacted by Bank Staff and other associated contributory factors.
- Internal Audit Activity Commissioning Process. Emphasised key role of Executive Sponsors in commissioning such activity, noting this can carry a financial cost to NHS. Internal Audit had taken activity forward as an advisory piece of work as opposed to a formal review. Acknowledged some of the findings and data had value and was worth further consideration.
- Taking Matters Forward. Advised findings passed to HIS as part of their ongoing work in this area. Some of the review findings would also be useful for Operational teams to consider. Further data validation may be required in some areas. Director of People and Culture to assume Executive Lead role, supported by wider Executive Team where appropriate. Further updates would be provided to the Audit Committee moving forward.
- Advantages of Group Learning. Noting earlier discussion, highlighted importance of recognising when move away from that approach. A supportive Group culture, based on the safety of members to seek learning, add value and drive improvement was key to success.

The Committee:

- **Noted** the reported position.
- **Agreed** the results of the Internal Audit report be shared with Chief Officers; Deputy Medical, Associate Nurse, Midwifery and AHP Directors for further review and consideration within their operational area senior leadership teams.
- **Agreed** the Clinical Lead for Health and Care staffing share the methodology used by the Internal Auditors in this review with HIS as part of the learning network in development of national common staffing methodology development.
- **Agreed** the Director of People and Culture as Executive Lead for workforce and Health and Care Staffing legislation take ownership and oversight of the actions within the People and Culture Programme Board and further considers the report as part of this Programme Board.
- **Agreed** to take **Moderate** assurance.

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Health and Safety Committee

Consideration of this Item was deferred to the January 2023 meeting.

15 SAER Review Audit

There had been circulated a report outlining progress against each of the recommendations contained within the Action plan relating to an Internal Audit on Significant Adverse Event Reviews. The report included detail of the areas identified as requiring action, with members noting most actions were now complete. The final outstanding action was being taken forward by the Clinical Governance Support Team, with work having commenced in relation to reviewing and updating the "When Things Go Wrong" website. A small team were meeting weekly to draft a Newsletter to be issued in November 2022. The report proposed the Committee take **Substantial** assurance.

The Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Substantial** assurance.
- **Noted** a formal update would be provided to the Audit Committee.

16 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the following discussion areas:

- Strategic Risk Register recommendations relating to Risk levels.
- Ongoing system pressures.
- Clinical Governance Quality and Performance Data. Welcome the positive iterative development of Dashboard, allowing greater assurance for members and to the NHS Board.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

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

12 January
2 March
27 April
29 June
31 August
2 November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 12 January 2023 at 9.00am.

The meeting closed at 11.55am