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| **CLINICAL GOVERNANCE COMMITTEE** | Assynt House<br>Beechwood Park<br>Inverness IV2 3BW<br>Tel: 01463 717123<br>Textphone users can contact us via<br>Typetalk: Tel 0800 959598<br>www.nhshighland.scot.nhs.uk/ |
| **DRAFT MINUTE** | **25 August 2020 – 9.00am** |

**Present** Dr Gaener Rodger, Non-Executive Board Director and Chair
Alasdair Christie, Non-Executive Board Director
Elspeth Caithness, Staffside Representative
Deirdre MacKay, Non-Executive Board Director
Heidi May, Nurse Director
Margaret Moss, Chair of Area Clinical Forum
Graham Peach, Public Representative
Dr Boyd Peters, Medical Director

**In attendance** Tim Allison, Director of Public Health
Fiona Campbell, Clinical Governance Manager, A&B
Linda Currie, Lead AHP (A&B)
Ruth Daly, Board Secretary
Paul Davidson, Associate Medical Director (until 10.00am)
Pamela Dudek, Deputy Chief Executive (from 11.00am)
Leah Girdwood, Board Committee Administrator
Dr Rebecca Helliwell, (until 10.00am)
Rachel Hill, Clinical Governance Manager
Ian Kyle, Head of Integrated Children's Services, Highland Council
Joanna MacDonald, Chief Officer (A&B)
Dr Stewart MacPherson, Associate Medical Director
Mirian Morrison, Clinical Governance Development Manager
David Park, Chief Officer (North Highland)
Jane Park, Head of Service (Health), Highland Council
Catherine Stokoe, Infection Control Manager
Katherine Sutton, Chief Officer (Acute)

## 1 Welcome and Apologies

Apologies were received from James Docherty, Claire Wood, David Bedwell, Paul Hawkins, Adam Palmer, Karen Marnoch, Iona McGauran, Elizabeth Higgins, Emma Watson and Ann Galloway.

### 1.1 Declarations of Conflict of Interest

Alasdair Christie wished to record that in considering making a formal Declaration of Interest as a member of the Highland Council felt his status was too remote or insignificant to the agenda Items under discussion to reasonably be taken to fall within the Objective Test, and on that basis he felt it did not preclude his participation at the meeting.

## 2 Minute of Meeting on 9 June 2020

The Minute of Meeting held on 9 June 2020 was **Approved** subject to the following amendment;

- Page 9, Actions Box – 'Child Protection report' to be changed to 'Infant, Children and Young People report'.

Actions were then considered as follows:

- **Enhanced Professional Clinical and Care Oversight of Care Homes** – A breakdown had been sent to members, action completed.
- **Quality and Patient Safety Dashboard Report** – Mirian Morrison advised the detail was contained in the Integrated Performance Report (IPR) which would be discussed later on the agenda.

**The Committee otherwise:**

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.

### 2.1 Matters Arising

There were no matters raised in relation to this item.

## 3 NHS HIGHLAND REMOBILISATION PLAN

There had been circulated a report detailing the process and next steps for the delivery of the NHS Highland remobilisation plan in response to Covid-19 and recovering performance. The plan focussed on areas as priorities with Scottish Government. There were 10 workstreams identified with associated projects to improve patient care and transform services to ensure they were fit for purpose post Covid-19. NHS Highland's approach was to engage with patients and follow the realistic medicine philosophy. There was continued development of models of virtual care delivery to keep care as close to home as possible through optimisation of digital technologies. A multi-disciplinary approach was being used, with workshops and table top exercises being undertaken to develop and test plans. B Peters noted the plan was a live document which was still being developed and updated to cover the entirety of NHS Highland. Members' feedback was welcomed.

In relation to the table top exercises mentioned within the report, D Mackay sought clarification on when these events were likely to take place. K Sutton confirmed events had already taken place within the Inverness area and there were plans to expand on this in other areas.

K Sutton advised members she had been nominated as the unscheduled care lead for winter planning. Plans were being developed to try to move care closer to patient's homes, away from the acute setting. On this point, H May recognised the opportunities presented by the new ways of working throughout the pandemic which could be built upon for learning opportunities and service redesign. A Christie highlighted NearMe had been used by Citizen's Advice Bureau (CAB) to provide non-clinical advice to the public to provide more holistic care. GP's had been supportive of the use of NearMe but it was noted that the main method of communication by GP's was telephone consultation. It was difficult to monitor patient's response to NearMe in GP practices as complaints were managed by the individual practice. Members recognised there were a number of different technological solutions which could be looked at but there was a need to ensure methods were not to the detriment of the quality of care provided.

With regards to a separate minor injuries unit in Raigmore, as mentioned in the circulated paper, the Chair questioned the impact on patient safety and the quality of service provided. K Sutton confirmed that the space available within the Emergency Department (ED) at Raigmore was limited and with an increasing number of patients coming into the department following Covid-19 restrictions easing, there was a need to look at how to improve the service and ensure safety in line with the new social distancing measures. There were minor injuries units throughout NHS

Highland, but not in Inverness. It was suggested that a paper providing more detail on this could be brought to future meeting. The Chair agreed to consider this at a future agenda planning meeting. K Sutton went on to note there had been a drive by Scottish Government to schedule less urgent cases for the emergency department, assessing how quickly patients were required to be seen using telephone. K Sutton felt this would help with the challenges faced by NHS Highland and the high volume of patients. It was recognised that not all patients were immediately critical but were required to be seen within a number of hours and being able to schedule the access into services would help manage some of the congestion and keep patients safe in terms of social distancing.

**The Committee:**

- **Noted** the content of the plan and the ongoing requirement of quality assurance around new and emerging models of care.
- **Agreed** the Chair would consider the addition of a detailed report relating to the minor injuries unit in Raigmore to a future meeting.

## 4 INTEGRATED PEFORMANCE REPORT

There had been circulated the Integrated Performance Report (IPR) which would be brought to all NHS Highland governance Committees in future. The new style report used a cross system view of performance and had a particular focus on the Remobilisation Plan targets, reflecting the performance of NHS Highland in the context of remobilisation and the ongoing presence of Covid-19. The scorecard detailed performance against National Standards and the Key Performance Indicators agreed with the Board pre-covid to ensure ongoing surveillance of the situation when considered against historical targets. M Morrison noted there were still sections to be added to the IPR in the future, including SAERS and readmission rates. Some of this information was already available on the Quality and Patient Safety (QPS) dashboard which was being promoted and further training provided.

During discussion, the Chair highlighted the ED performance as the reported figures were higher than had been anticipated. K Sutton advised the analysis for this was complex. It was suggested the increase figures could be due to an increase in ‘staycations’ during the pandemic. There could also be a link to the wearing of facial coverings and increases in falls, which was adding pressure to the orthopaedic department. K Sutton also noted an increase in the number of inappropriate cases coming to the ED, such as patients seeking treatment for tick bites, but assured members that action was being taken to redirect these patients to the appropriate service.

**The Committee:**

- **Considered** the performance outcomes and areas of concern highlighted.
- **Noted** the role of the new Performance Recovery Board.

## 5 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

There were no matters raised in relation to this item.

## 6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES

### 6.1 Argyll & Bute HSCP Clinical & Care Governance Group

The Argyll & Bute exception report had been circulated. J MacDonald advised there had been significant work in Argyll & Bute which was not fully articulated in the previously circulated report. B Peters requested that the work be captured in the report for the next meeting to provide assurance to the Clinical Governance Committee.

### 6.2 North and West QPS (Parent) Group

There had been circulated an exception report for the North and West QPS group. The Chair sought assurance that the concerns around staff morale were being raised at the appropriate Committees. S MacPherson advised the concerns had been raised within the team but had not yet been escalated to Staff Governance Committee. The Chair further sought assurance that the concerns relating to vulnerable adults contained within the report had been raised with the Highland Health and Social Care Committee (HH&SCC). S MacPherson advised this had not yet been flagged up to HH&SCC but agreed to follow up. S MacPherson went on to note that the concerns relating to face-fit testing and FFP3 masks were being escalated through Bob Summers to the System Leadership Team (SLT).

### 6.3 Raigmore QPS Group

The Chair noted there had been no report submitted for this item.

### 6.4 South and Mid QPS Group

There had been circulated an exception report for South and Mid QPS group which provided information and updates on SAER learning, ligature risks and the SAER process in Mental Health and Learning Disabilities.

The Chair highlighted the improvement in the number of stage 2 complaints in the South and Mid area. B Peters also recognised the work to improve performance in relation to complaints. It was important to think about relatives of patients as well, and how the public perceive the organisation and its value, as this could also impact performance.

H May confirmed that the concerns relating to adult social care in some residential and care homes in the area should be raised with Simon Steer. The Board Nurse Directors role in relation to care homes was an oversight role for infection control and clinical support. On this point, B Peters sought to broaden discussion to oversight of risk. It was suggested that a revised risk register be brought to the next meeting. The Committee did not hold any risks operationally but should have oversight and further discussion was required to agree which risks members should be sighted on throughout the year. Moreover, the Chair noted that ligature risks were no longer on the strategic risk register and asked if the Committee should have oversight of this. S MacPherson advised ligature risk was on the South and Mid risk register as Mental Health was contained within the areas remit. There may be opportunities to highlight risks relating to Mental Health services to the Committee through the new QPS group structure.

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

The Chair noted there had been no report submitted for this item. H May apologised for the missing report assured the Chair that a report would be brought to a future meeting as required.

**The Committee:**

- **Noted** the circulated Reports.
- **Agreed** J MacDonald produce a more detailed report on the ongoing work in Argyll & Bute for presentation at the next meeting.
- **Agreed** S MacPherson would highlight the concerns in North & West relating to vulnerable adults to the HH&SCC.

- **Agreed** a revised risk register for Clinical Governance Committee oversight be brought to a future meeting for discussion.

**At this juncture, the Committee took a short break. The meeting reconvened at 10.35am.**

## 7 REVISIONS TO QUALITY AND PATIENT SAFETY ARRANGEMENTS

There was a requirement to amend NHS Highland QPS arrangements to align with the proposed new organisational structures, ensuring there was a consistent approach across the whole organisation. These revisions would also provide opportunities for learning by looking at what had not previously worked for QPS structures and resolving issues moving into the new structure. The current arrangements consisted of an operational unit based approach in North Highland and Argyll & Bute which largely operated at 4 levels; QPS weekly check-ins, QPS Sub-group, QPS Committees and Clinical Governance Committee. The previously circulated proposed structure sought to expand existing responsibilities to build a greater focus on quality improvement.

There was detailed discussion relating to Infants, Children & Young People's Clinical Governance Group (ICYPCGG). It was confirmed that ICYPCGG would report into operational units which would feed into the Clinical Governance Committee reporting structure, but would continue to provide an annual report to the Committee.

During discussion, the Chair suggested the proposals should be more explicit on the arrangements for The Highland Council as it was unclear whether there would be separate arrangements or an arrangement more similar to that in Argyll & Bute. Further discussions were scheduled to look at reporting structures into Clinical Governance Committee out with the meeting.

To allow further discussion, the Chair questioned whether implementation of the new structure could be deferred until January 2021; however, B Peters confirmed it was important to have the structure ready for when the organisational structure is implemented. The Chair asked B Peters to undertake to keep the Committee updated on the progress.

**The Committee Discussed** the revised QPS structure in line with the changing organisational arrangements and **Agreed** it would report back to a future meeting.

## 8 INFECTION PREVENTION AND CONTROL

There had been circulated the Infection Prevention and Control report which detailed NHS Highland's position against local and national indicators. H May confirmed the report was the first with the new standards set by Scottish Government. There were targets contained in the report which were over 2 years, for example the target for Clostridium Difficile (C Diff) of 14.9 per 100,000 bed days was to be achieved by 2022. H May recognised that month on month these targets may not be achieved but the team were looking to ensure the targets were achieved in the longer term. There was an additional focus on antibiotic prescribing indicators as this was now a critical area of work for NHS Highland. H May went on to advise Scottish Government had confirmed that unannounced scrutiny visits were to begin again and a visit to NHS Highland was expected in the near future. The Chair requested that a summary of the visit be brought to Committee when available.

With regard to Covid-19, H May confirmed there were no specific indicators but the Committee would be alerted as soon as any indicators were created. There was work ongoing for the reporting of Covid-19 to decide whether these reports would stay with Public Health or move to Infection Prevention and Control teams. T Allison advised there was more focus on other control measures,

such as staff testing in care homes, which meant there was currently less need for infection control reporting.

**The Committee:**

- **Noted** the Infection Prevention and Control report.
- **Agreed** H May would bring a summary of the unannounced scrutiny visit to a future Committee meeting when available.

## 9 DUTY OF CANDOUR ANNUAL REPORT

There was a legal requirement to publish an annual report which describes how NHS Highland had operated the Duty of Candour procedures each year. In line with other Boards, Duty of Candour requirements had been incorporated into the adverse events policies and procedures. R Hill noted some of the adverse events included in the circulated report occurred prior to 1 April 2019 and were investigated and assessed as meeting Duty of Candour within 2019/2020. Adverse events which occurred within 2019/2020 but where the status of Duty of Candour was not confirmed within this time period were not included. These cases would be included in the 2020/2021 annual report.

B Peters highlighted that each Primary Care practice would also produce their own report which was separate organisation due to the contractual nature of the relationship with NHS Highland.

**The Committee Ratified** the Duty of Candour report prior to publication.

## 10 NEUROPSYCHOLOGICAL SERVICES WITHIN NHS HIGHLAND

The previously circulated report detailing the concerns with staffing in Neuropsychological Services within NHS Highland had previously been raised to the Board, through the Area Clinical Forum. The Board had asked that Clinical Governance Committee be made aware of the report contents. The recommendations in the report had been passed to D Park and K Sutton for action within the acute and community settings.

B Peters recognised the need to ensure the matter was on a risk register within the organisation, but clarity was required on which register it should be held on. Neuropsychologists were Mental Health practitioners but this did not necessarily mean it should sit on the Mental Health risk register as the scope of work was broader. P Dudek added that management of the service was hosted by psychological services but neuropsychology was a specialist service and involved a multidisciplinary team.

The Chair raised concerns with the significant waiting list times, recognising that patients were thought to have already been harmed by the issue. K Sutton confirmed Dr Ann Galloway had met with P Hawkins to seek an increase in capacity for the service and work to create a model which would allow recruitment to begin. The Chair was assured that work was ongoing to mitigate the risks identified and suggested that the matter did not need to be brought back to the Committee unless through the new QPS structure.

**The Committee Noted** the concerns with Neuropsychological Services in NHS Highland.

## 11 INFORMATION ASSURANCE GROUP REPORT

There had been circulated a summary report of discussion from the Information Assurance Group meeting on 30 July 2020 as the minute was not yet available for distribution. The Chair noted that the group reports into the Committee due to the remit for assurance of GDPR compliance. P Dudek confirmed there would be a follow-up audit on GDPR in October or November 2020.

**The Committee so Noted.**

## 12 ANNUAL COMPLAINTS REPORT

NHS Highland's annual complaints report had been circulated. The report contained information on the Board's performance in handling complaints, concerns, comments and feedback. The Chair highlighted that there were some concerns comments in the report which were post-March 2020 which was to be changed as these comments should be contained in the report for 2020/21. The Chair sought an update on the previous recommendation for an extension process and whether this had been implemented yet. M Morrison confirmed the extension had been recommended for stage 1 complaints, however, these were often dealt with by the department so were not recorded in the same manner and extensions were not usually requested. The focus should be on improvements of stage 2 complaints which required a written report.

**The Committee Ratified** the Annual Complaints Report, subject to the concerns comments being amended.

## 13 REVISED COMMITTEE TERMS OF REFERENCE

B Peters advised members the terms of reference had been revised to reflect changes to the role and remit of the Committee, changes to membership and changes to the sub-committees which reported into the Committee. It was hoped this would provide refreshed guidance to what business the Committee should have oversight of to provide the correct assurance to the Board. It was noted that additional revisions may be made following the implementation of the revised QPS structure. The Chair went on to note that there would be discussions with P Hawkins around the reporting structure.

M Morrison highlighted an amendment to be made relating to the risk register which should be reporting quarterly, rather than annually as the terms of reference stated.

**The Committee Approved** the revised Committee Terms of Reference, subject to amendments identified.

## 14 AOCB

B Peters noted this was the last meeting which S MacPherson would be attending as he was taking on a new role. He took the opportunity to thank S MacPherson for his contribution to the Committee and management of the QPS and SAERs.

## 15 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2020 as follows:

**6 October**

**1 December**

The Chair advised the 1 December date may be subject to change due to the new meeting timetable for 2021 to better align with reporting to the Board.

**16 DATE OF NEXT MEETING**

The Chair advised members the next meeting would take place on 06 October 2020 at 9.00am. The associated timetable for consideration of reports by the EDG on 28 September would require draft reports to be prepared by 23 September 2020.

**The meeting closed at 12.00pm**