

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	18 January 2024 – 9.00am (via MS Teams)

Present

Alasdair Christie, Non-Executive Board Director, and Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Nursing Director
 Muriel Cockburn, Non-Executive Board Director
 Liz Henderson, Lay Representative
 Joanne McCoy, Non-Executive Board Director
 Boyd Peters, Medical Director

In attendance

Dr Gaener Rodger, Non-Executive Board Director
 Gareth Adkins, Director of People and Culture (Item 9.3)
 Rob Cargill, Deputy Medical Director
 Ann Clark, Board Vice Chair
 Claire Copeland, Deputy Medical Director
 Pamela Cremin, Chief Officer Highland Health and Social Care Partnership
 Caron Cruickshank, Divisional General Manager (Maternity Unit)
 Ruth Daly, Board Secretary
 Lucy Dornan, Lead Nurse
 Tracey Gervaise, Head of Operations, Woman and Child
 Elizabeth Higgins, Associate Nurse Director
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Elizabeth Sage, Consultant Respiratory Physician
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer Acute Services
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

There were no apologies from committee members.

It was noted that Stephanie Govenden, Rebecca Helliwell and Fiona Davies would not be in attendance at the meeting.

1.2 DECLARATIONS OF INTEREST

The Chair stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

1.3 MINUTE OF MEETING ON 2 NOVEMBER 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 2 November 2023 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 Neuro Developmental Assessment Service (NDAS)

The Head of Operations confirmed that she presented the detail contained within the report that went to Clinical Governance Committee in November to the Integrated Children's Services planning board meeting on 6 December 2023; there had also been a multi-agency meeting on 18 December 2023 which had representation from CAMHS, Child Health and Education and Learning with discussions covering pre-assessment, the NDAS referral system and the waiting list.

She advised there was a lack of awareness around neurodiversity at a workforce, family and community level with clear needs to improve workforce skills and competency around neurodiversity along with child planning.

The Head of Operations confirmed that there was agreement at the national meeting on 18 December 2023 that the programme of work required to progress the service must be led and owned by all strategic partners with Education and Learning providing key input and support. She also referenced continued work around engagement and communication with Integrated Children's Services staff with an FAQ due for distribution in due course and a review of the NDAS referral process was underway with key learning being taken from Drummond School in Inverness.

During discussion, the following points were raised:

- In response to the recruitment challenges, the Head of Operations confirmed an Assistant Clinical Psychologist post had been shortlisted and interviews were due to take place; she also confirmed that time-limited funding for two neuro-divergent practitioners had come to an end and they'd left post, however discussions had taken place to encourage a collaborative approach to strategic direction and she had asked the interim Head of Psychology to provide this to the NDAS team. The Head of Operations acknowledged there was an expectation our partners worked utilised this collaborative approach across the team, specifically the clinical lead for CAMHS and the Paediatric Allied Health Professions lead.
- The Medical Director noted that it would be helpful to include some additional data within the report in future such as a breakdown of incidents or concerns within DATIX and where those on the waiting list were presenting to other departments so the wider picture could be understood; The Head of Operations agreed and suggested data was provided from community paediatric services; she also suggested securing some data from local authority colleagues to determine what support is being provided in schools. The Head of Operations confirmed she would reach out to the aforementioned colleagues in due course.

The Committee:

- **Noted** the verbal update.
- **Agreed** a formal update be submitted to the next meeting.

2 SERVICE UPDATES

2.1 SCI Gateway Referral Update Process

The Deputy Medical Director spoke to the circulated report and confirmed that an update to the electronic system nationally wasn't deployed successfully resulting in an incident in August 2023. The team identified the scale of the issue and implemented robust incident management processes to resolve the issue and no harm was caused to any patients because of the fault. She also mentioned that some key learning points had been taken on board as part of the incident.

The Head of eHealth reiterated significant learning had been achieved as a result of the incident both nationally and locally; he also confirmed a post event incident team had been put in place who have assured if any future incidents occurred the required remediation work would begin instantly to minimise the impact on services.

Board Member J McCoy asked that a report detailing the reviews that have taken place as a result of this incident come back the next meeting.

The Committee:

- **Noted** the content of the report.
- **Agreed** a formal update on the reviews that have taken place in response to the incident be provided to the March 2024 meeting.
- **Agreed** to take **Substantial** assurance.

2.2 Staff Availability and Recruitment Process

The Chair noted that this item would be included on the May Committee agenda.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Policy for Controlled Documents

Members were advised it had been previously identified there were a number of NHS Highland Policies, Guidelines and Standard Operating Procedures (SOPs) that were out of date and in need of review. It was advised the associated Policy for Policies document had subsequently been updated and all relevant documents would now include fixed review dates and have defined routes for ratification of documents established. These control mechanisms were applicable across the whole of NHS Highland.

The Committee so Noted.

3.2 Review of Vascular Services in NHS Highland

There had been circulated report advising as to a formal review of NHS Highland Vascular Services, conducted by Professor Peter Stonebridge following concern as to the sustainability of the Service in light of recent staffing changes. Members were advised there were co-dependencies between Vascular and other surgical specialties, including Obstetrics and Gynaecology, as well as medical specialties such as Renal and Stroke Medicine. Vascular surgical practice linked closely with Interventional Radiology, with specialist centres ("arterial centres") usually hosting both services and case management decisions led by Multi-Disciplinary Meetings involving teams from each specialty. The circulated report by Professor Stonebridge provided detailed informed analysis of the existing situation and considered what NHS Highland should do in response. Dr Peters advised there had been discussion at regional and national level in relation to Vascular Services, with a national review

expected at a future point. It was clear that change was required, and discussions were also underway in relation to relevant patient pathways etc. The National Advisor on Vascular Surgery had been furnished with a copy of the circulated report. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Waiting for National Review. Advised work being taken forward in NHS Highland separately and out with discussion on wider, national concerns/issues.
- Potential Impact on Patients. Emphasised patients need to be able to contribute to future discussion on any associated pathway redesign. Advised scoping activity identified up to 20 emergency cases and up to 200 arterial procedures may be referred out with Highland per calendar year, with relevant patients required to travel for treatment. A number of associated services and services would likely be maintained in Highland.
- Impact on Third Sector Patient Support. Confirmed will be considered as part of any agreed action. Emphasised a sustainable service that met relevant Standards required a volume of patients and level of staffing not available to NHS Highland hence the need for change. Larger NHS Boards in Scotland were experiencing similar issues.
- Communications Plan for Future Action. Advised will be considered as important aspect of any future plans.

The Committee:

- **Noted** the detail of the circulated report.
- **Agreed** a further progress update be scheduled for the July 2024 meeting.
- **Agreed** to take **Limited** assurance.

3.3 Joint Inspection for Adult Support and Protection

L Bussell advised a Joint Inspection was due to take place in March 2024, the relevant scoping work for which was being led by the Director of Midwifery in line with the Public Protection Accountability and Assurance Framework. It was stated arrangements in Highland were operating with a number of health service gaps, lower than required staffing levels and concerns relating to existing roles etc. The absence of an appropriate Lead Nurse role was reported. Dedicated planning and performance resource had been allocated to this area of activity and matters relating to Statutory and Mandatory training were also under active consideration. Initial scoping work had confirmed improvements were required. S Steer advised an initial coordination meeting had been held with Inspectors, with another to take place in February 2024, where a formal position statement would be submitted and considered. He emphasised a number of improvement initiatives had been taken forward at a time of an unprecedented level of service pressure. He emphasised the Inspection also considered relevant Social Work and Social Care as well as clinical and medical leadership components.

On the point being raised in discussion as to the involvement of the Third Sector, members were advised the Inspection would focus on governance, process, and procedures and as such they would be within scope. No formal Statutory Responsibilities were delegated to Third Sector bodies. The volume of work involved in such an Inspection was recognised, as was the potential impact on services hence initial scoping included the identification of relevant staff and resource requirements.

The Committee otherwise Noted the reported position.

3.4 Audiology Services – National Review Update

The Head of Audiology spoke to the circulated report which detailed the NHS Highland position in relation to the recently published National Review of Audiology Services. This had been based on a Scottish Government exercise seeking assurances from all NHS Boards they had, or were working towards, having the correct safeguards and systems in place to mitigate the risks highlighted and

were recruiting to a national standard and training new and current staff members to the standards recommended. There were 55 recommendations in total. In seeking to bring the Committee further up to date, A Graham advised a National Implementation Group was being established, with a Programme Manager now appointed to work with that Group.

It was reported NHS Highland had already developed and begun to implement a Service Improvement Plan for Audiology Services, as indicated. When the National Review Report had been published the relevant recommendations had been incorporated and staff continued to work through the plan. The plan would ensure relevant service improvement and clinical governance within the service and in turn provide improved levels of care to all NHSH and Western Isles patients. It was reported a Head of Service, along with other members of staff, had been recruited to work alongside an existing locum Audiologist who is trained in ABR (Auditory Brainstem Response) testing. NHSH were working with NHS Grampian to ensure peer review of ABR testing. Existing team members had been scheduled to attend national training in ABR as well as new team members. This would ensure increased patient care and quality of service. A Paediatrics Audiologist Lead had also been appointed. Issues relating to training and equipment were being taken forward as indicated. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Argyll and Bute Services. Confirmed Audiology Services in area, with relevant links established to ensure whole system NHSH approach and reporting arrangements. Links also established with NHS Greater Glasgow and Clyde and NHS Western Isles as appropriate.
- Community Audiology. Advised separate national group considering current position. This activity was being progressed in parallel with that already reported.
- Additional Recruitment. Advised looking to recruit to provide peripheral clinic activity within the Caithness area.

The Committee:

- **Noted** the detail of the circulated report.
- **Noted** a further detailed progress update would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

3.5 Update on Cancer Services

D MacRae spoke to the circulated report advising as to the work of the Cancer Service, recent successes and improvements, and the significant issues and risks regarding the safe and effective staffing of the Oncology Service due to an inability to recruit or retain staff both currently and in the longer term. It was noted the Cancer Delivery Group and Cancer Strategy Board provide oversight and governance on all aspects of Cancer Services from primary care and referral to Secondary Care and treatment and living with Cancer. The Delivery Group provided a focus on operational aspects and was prioritising improvements to Systemic Anti-Cancer Treatment (SACT) an Oncology Services as well as the expansion and redevelopment of the Cancer Centre Accommodation to provide additional accommodation for OP Clinics and the SACT Treatment Unit. The Group also had specific oversight of performance against the national 31 and 62 day Cancer Waiting Times Standard and compliance with the Scottish Government Health Department (SGHD) Framework for Effective Cancer Management, with work overseen by the Cancer Strategy Board under the Chairmanship of the Board Medical Director. The Delivery Group and Strategy Board served two main functions in both overseeing the operational issues relating to cancer performance and quality by ensuring the service complied with Cancer Waiting Times Standards and National Quality Performance Indicators, and also by providing strategic direction on development of Cancer Services, ensuring the aims and objectives of the Annual Development Plan and the SGHD Cancer Strategy were agreed and fulfilled.

The circulated report went on to provide detail relating to performance against Cancer Waiting Times, noting this was broadly in line with the national average although below target at a time of increasing

patient numbers being referred, diagnosed then treated. Patient referrals had increased by 110% since 2019, and by 15% in the previous 12 months. These increases were occurring at a time when the number of available clinical staff to assess and treat patients was reducing. It was noted Breast, Prostate, and Colorectal/GI tumour types accounted for about 70 per cent of cancers detected and subject to the Cancer Waiting Times Standards. Improvements were being targeted within these areas, as detailed and would make a significant improvement in performance. The national Framework for Effective Cancer Management continued to be utilised in order to ensure processes and systems were as efficient as they could be and lessons were learned from every patient experience that did not meet the Standard (Breach Analysis). Priorities also included working with Primary Colleagues to ensure all referrals complied with good practice guidelines and variation between practices was minimised. Work was also underway to maximise the efficiency of Multi-Disciplinary Team meetings. Further detailed updates were provided in relation to both Cancer Centre Accommodation and overall wider Oncology/SACT staffing levels, the latter considered the biggest risk to future provision of the Oncology Service and the viability of the Highland Cancer Centre. It was emphasised the status quo could not be maintained. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Scottish Government Discussion. Questioned if Prof Stonebridge style report required to highlight fragility of services in Highland. The requirement for regional and national discussions was acknowledged. Advised no clear expert candidate to conduct such a review and stated relevant issues had been, and continued to be, highlighted to Scottish Government over number of years through various routes. The need for a local Highland Strategy was emphasised.
- Public Messaging and Expectation Management. Encouraged patient and third sector involvement in an open and transparent approach. Advised existing delivery Standards were reasonable and cautioned against creating unnecessary public anxiety.
- Cumulative Impact and National Support. Concern expressed as to cumulative impact on existing local clinical model of issues and service pressures being reported across service areas including Cancer. Questioned level of national support available given potential requirement for more collaborative working arrangements. Advised NHS Highland not in a unique position. Noted Head of Strategy and Transformation leading on national work relating to fragile services. NHS Scotland aware of issues and concerns across NHS Boards, with further consideration being given to the way in which Boards work together across boundaries. Wider, whole system fragility issues require to be discussed at NHS Highland Board level.

After discussion, the Committee:

- **Noted** the work of the Cancer Strategy Board; the concerns expressed regarding service fragility and the need for change solutions based on achievable, reliable and sustainable service delivery on local, regional and national bases.
- **Noted** the improvement measures being undertaken in relation to improving compliance with Cancer Waiting Times Standard, and the wider Cancer Service Estate.
- **Agreed** to recommend an NHS Board Development Session be arranged to consider all relevant service issues raised across discussion areas highlighted in this meeting.
- **Agreed** to take **Limited** assurance.

4 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. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints, SPSO activity, Hospital Inpatient Falls, Infection Control and Tissue Viability. The report highlighted performance over the previous 13 months and had been based on information from the Datix risk management system. It was reported the Qlikview Dashboard was successfully move to the new PowerBi platform in December 2023. Open training sessions have been set up along with resources to support staff use the dashboard. It was stated complaints performance against the 20-day working target remained a concern, with 26 cases open with the SPSO. There had been a sustained reduction in falls with harm, and the NHHSH Tissue Viability Leadership Group had agreed to aim to reduce hospital acquired Pressure Ulcers incidents by 21% by June 2024. The IPC annual work plan continued to be monitored. The report proposed the Committee take **Moderate Assurance**.

M Bell then provided members with a demonstration of the new Qlikview Dashboard, advising this was being developed and introduced in a phased approach. Members were encouraged to access the live Dashboard out with the meeting. Relevant links were to be provided to Committee members following the meeting. Relevant User Guides and FAQ documents were also available.

The Committee

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Noted** the Qlikview Dashboard presentation content.

The Committee adjourned at 10.55am and reconvened at 11.05am

6 ANNUAL DELIVERY PLAN 2023/24

L Bussell gave a short presentation to members outlining the position in relation to Strategic Planning/Annual Delivery Planning activity. She advised as to relevant national recovery activity drivers and timeline for strategic way forward including development of relevant Charters, commencement of transformation workstreams and redrafting of the relevant Performance Framework. Detail of Annual Delivery and Financial Plan governance and reporting arrangements was provided, advising the Draft Financial Plan was due for submission on 29 January 2024; Three Year Delivery plan submission due by 7 March 2024; and the Final Financial Plan due by 11 March 2024. Formal confirmation to NHS Boards regarding contentment with Plans was expected to be received by 12 April 2024. Further detail on the associated expectations and contributory elements relating to Plans was also provided.

The Committee

- **Noted** the presentation content.
- **Noted** the presentation content would be circulated to members following the meeting.

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

7.1 Argyll and Bute

L Dornan spoke to the circulated report providing an update in relation to the introduction of the new Clinical and Care Governance Framework for the Argyll and Bute area, the meeting structure for which had been implemented. The focus of the next stage would be in relation to monitoring and improving quality. Further detailed updates were provided in relation to Adverse Events; Children, Families and Justice staff vacancies and service gaps; Acute and Complex Care activity; Primary Care; Health and Community Care; and Corporate Services/Planning activity. There had been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 6 December 2023. The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Sexual Health Service. Questioned what being done to address position. Advised this was subject to ongoing discussion with NHS Greater Glasgow and Clyde. Board Medical Director to attend next Argyll and Bute Clinical and Care Governance Committee meeting.
- Acute and Complex Care Issue Concerns. Advised had been interaction with Healthcare Improvement Scotland following concerns being raised. Satisfactory conclusion of discussions in December 2023.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to provide more detail in relation to Sexual Health Service issues to the next meeting.
- **Agreed** an update on Acute and Complex Care concerns be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Performance data was provided in relation to Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Issues. Further detail was also provided in relation to relevant Statutory and Mandatory training activity. It was noted all areas were reporting on issues relating to recruitment and retention; there had been two new SPSO cases received; with a review and refresh of the complaints process underway as indicated. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings, with Professional Leads reviewing weekly adverse events for issues relating to medication' falls and tissue viability. The next scheduled learning event was to take place on 12 March 2024. It was reported the SAER process was being reviewed, with the proposal made that HHSC Partnership commission a SAER team with a Lead Reviewer, supported by the Clinical Governance Support Team and appropriate subject expert. Within the partnership, some 20 senior managers had been trained in leading investigations and had the skills to lead SAER reviews. The HHSCP Risk register was being reviewed on a monthly basis. Current issues were highlighted as relating to the Vaccination Programme and were being escalated via the Vaccination Programme Board and professional nursing line. In terms of positive news, it was noted a letter of commendation had been received from the Undergraduate Review Panel, recognising the quality of educational experience for medical students in psychiatry, representing a fantastic collaborative effort from all disciplines involved. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 5 December 2023. In response to the matter raised at the previous meeting, an update was provided in relation to medication errors it was advised a multi-professional short life working group had been established to review medicines management policies for care services. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Medication Errors and HEPMA. Noted Short Life Working Group looking into incidents within Care Homes, with no major harm implications identified. Advised increase in reported errors expected at point of HEPMA implementation as the system would routinely identify these where they occur. Most incidents relate to administration errors as opposed to prescribing concerns.
- Feedback to Staff Around QPS. Sought clarity on whether matters discussed were more widespread or confined mainly to the Community Directorate. Advised issues identified mainly relate to staff training and access, with early improvement expected following recent discussion. QPS pilot introduced in Skye area and will provide valuable learning for other areas. Confirmed monthly staff training in place, including functionality aspects. Noted continually assessing how to improve wider DATIX use and adverse incident reporting. The value for staff in seeing meaningful change as a result of reporting incidents was also emphasised.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Noted** a detailed report on Complaints performance would be brought to the next meeting.
- **Noted** invites to an SAER shared learning event would be issued to Committee members.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

7.3.1 Exception Report

R Cargill spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there remained baseline variability, with no significant temporal trends identified. Updates were provided in relation to Hospital Acquired Infection activity; access concerns relating to Raigmore and Caithness General Hospitals, and associated service pressures. It was reported formal reporting and escalation continued to be taken through the relevant clinical governance structures, with onwards reporting to the Clinical Governance Committee of risks associated with clinical quality and safety. It was noted workforce constraints within Cancer services were continuing, with further service review and stabilisation activity ongoing. Further updates were provided in relation to quality and patient care, workforce and financial matters. There had also been circulated summary slides from the Scottish Arthroplasty Project Annual Report, as well as the Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 21 November 2023. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

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

7.3.2 Clinical Risk and Impact on Professionals

R Cargill spoke to the circulated report, seeking to articulate and provide assurance around clinical risk and its impact on clinical professionals, following formal notification to Executive Medical and Nurse Directors as to acute hospital capacity pressures in Raigmore Hospital and the associated impact on clinical quality and safety. The report outlined the key concerns that had been highlighted by staff and raised through relevant internal clinical governance structures. It was noted similar concerns across all Secondary Care sites had been raised to the Chief Officer (Acute) by the Chair of the Hospital Sub Committee of the Area Medical Committee. It was reported senior level meetings had been held, with Chief Officers Acute and HHSCP further meeting to agree a number of measures linked to the Winter Plan to address relevant capacity concerns. This work was reported through a weekly Winter SLWG, ensuring the Urgent and Unscheduled Care Priorities for winter were being

implemented. A meeting had been held with the Chair and Representatives from the Hospital Sub-Committee to address concerns and share the relevant action plan. Follow up meetings had also taken place. Further activity included the holding of Clinical briefing sessions for all hospital staff at times of sustained pressure (ie OPEL Black); daily review of all DATIX cases and discussion through a weekly clinical governance check in. Concerns relating to Emergency Department access delays had been highlighted to the weekly check via an SBAR update and were currently under review. There had been a review of the existing hospital configuration to reduce the number of patients boarding out of Speciality. Surge capacity beds had been initiated to maintain front door access; however, these had no funding attached and were reliant on supplementary staffing. Associated medical care was provided by existing clinical teams. It was noted when supplementary staff was not available this required existing nursing staff to be taken from other wards. It was advised there was significant risk associated with these additional beds from a staffing, safety, and quality perspective. The Report proposed the Committee take **Moderate** assurance.

The following points were discussed:

- **Surge Capacity Impact.** Advised this represented a short-term solution with associated financial, performance and service quality impacts. Can result in service reduction elsewhere in system. Wider impact on staff members recognised, with a number of quality and safety concerns noted.
- **Success of Winter Planning/System-Wide Integrated SLT Approaches.** A mixed position was recorded in relation to Acute services, with increased recognition and understanding of the capacity pressures and issues being faced as well as the associated impact. Increased community capacity was welcome, as was joint pathway and process improvement activity. Emphasised the increasing number of patients in Acute areas impacted by delayed discharge due to capacity issues.
- **Impact of Surge Planning.** Advised had been areas of success however the action taken did not always address the underlying position issue. A dynamic and continuing situation was noted.
- **Evaluation of Success.** Agreed effective evaluation of the success or otherwise of the Winter Plan 2023/24 would help inform future Plans. Advised similar learning approach adopted for the 2023/24 Plan and would be repeated. Progress against relevant Winter Plan actions was shown, noting optimising patient flow remained a key issue to address. Noted Highland Health and Social Care Committee had also recently considered matters relating to actions around addressing Care at Home/Care Sector capacity issues.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** success of the Winter Plan 2023/24 be evaluated in a Committee Development Session.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

L Bussell spoke to the circulated report, advising as to planned discussion around review of the Group Terms of Reference. It was noted NHS Highland had been requested to provide the national hub for reviewing and learning from child deaths with a local policy for any death of a child up to the age of 18 which occurs in the community, with discussion ongoing across both partnership areas. A status update had also been provided in relation to the NDAS Service, with assurance provided in relation to future plans and governance arrangements. It was noted referrals continued to be made in very high numbers, with families increasingly provided with support in seeking private assessment and waiting list review. There had also been circulated Child Death Review Report (November 2023) and Minute of Meeting of the Infant Children and Young People's Clinical Governance Group held on 5 December 2023. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content.

- **Agreed** to take **Moderate** assurance.

8 INFECTION PREVENTION AND CONTROL REPORT

The Nurse Director asked if there were any questions or comments in relation to the circulated report. The Chair expressed concern that a target in the report could be perceived as unachievable as there were no clear actions that could have been taken in order to prevent the issue encountered. The Nurse Director explained the content within the report may seem direct however there would always be occasions where some issues could not be resolved, depending on the circumstances involved but it was important colleagues understood the context and that is what this report was outlining.

The Chair queried the issues around staffing and proactive prevention of infection. It was noted that the level of infection prevention and additional staff in place during Covid had reduced, there was a transition period taking place to manage this. The Nurse Director explained that there is a post out to advert at the moment and they are working with the Director of Public Health to ensure the model of care home provision can be appropriately addressed and developed further. This has enabled some changes being implemented quickly as a result.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

9 SIX MONTHLY EXCEPTION REPORTS

9.1 Public Protection Reporting

The Nursing Director advised there would be further discussion within social care and progress would continue improve Public Protection reporting.

9.2 Hospital Transfusion Committee – Minute of Meeting on 7 November 2023

The Committee **noted** the circulated draft Minute.

9.3 Health and Safety Committee

The Director of People and Culture highlighted substantial discussions in the Staff Governance Committee on work required to strengthen the governance and assurance around Health and Safety. There were no major concerns in relation to activity within the organisation in the management of Health and Safety issues. It was noted that improvements could be made to the assurance and reporting to enable consistency across all areas of the organisation. A workshop was held in December 2023 with senior managements leads from across the organisation in attendance that focused on the governance structure. There was no Health and Safety Committee held in December 2023 due to improvements being made. A more detailed update would be provided to the Clinical Governance Committee in May 2024 as governance themes and trends would be reviewed to ensure updates are relevant from the Health and Safety Committee to encourage a more informed discussion.

Action: The Director of People and Culture to provide report to May 2024 committee meeting detailing reviews that have taken place to ensure updates from the Health and Safety Committee are relevant.

9.4 Information Assurance Group

The Head of e-Health highlighted that the Information Commissioners Officer Audit Report had been received. The report had categorised highland as reasonable, which is average across Boards in Scotland. Recommendations have been provided that the Board are required to work through; Five have been given high priority category and twelve have been given medium priority. The Information Assurance Group has oversight of the recommendations and progress has been ongoing to work through them.

The organisation had received the final report from the Network and Information Systems (NIS) Audit which detailed the approach to security taken by NHS Highland in terms of process and supply chain. NHS Highland received a rating of 73 per cent. It was not clear how NHS Highland had ranked to other Health Boards as scores had not been published. The report did highlight some improvements required and an action plan had been created to monitor actions taken. The NIS Audit is a three yearly audit report with the next one due toward the end of the year.

There had been two reportable incidents received, one to the Scottish Information Commissioners Office about a note found at Inverness Airport. There had also been a reportable incident to the Scottish Health Competency Authority, which was the Sky Gateway incident.

The Committee Chair questioned action taken in response to the incident reported to the Scottish Information Commissioners Office. The Head of e-Health noted recommended improvements had been implemented NHS Highland wide with the move to electronic patient records.

The Committee noted the report and took substantial assurance .

9.5 Risk Register

The Medical Director noted previous discussions in the Committee regarding high-level expressions of clinical risk, so the Board risk register has one risk from the Clinical Governance Committee. This would be to capture the risks of not being able to deliver safe, effective clinical services that it would be appropriate to have the risk feed into the Board Risk register. The Medical Director had researched how other Health Boards had done this and found a variation of approaches taken. A report on would be provided at a future Clinical Governance Committee meeting to provide a high-level statement that helps reflect and mitigate risks taken to ensure good service for patients continued.

Action: The Medical Director to provide report to committee detailing high-level expressions of clinical risk, so the Board risk register has one risk from the Clinical Governance Committee.

The Committee noted the update.
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10 PUBLIC HEALTH

10.1 Health Intelligence and Support for Health Services

The Director of Public Health introduced the circulated report which covered Public Health Intelligence. The paper outlined how and why decisions had been taken around support for Health Service providing assurance of those decisions to NHS Highland.

The Head of Health Intelligence spoke to the paper and noted the key areas covered were:

- Work had taken place in supporting the profiles of public health across NHS Highland, one third of these had been in respect of babies, children, and young people's health. These documents were included in the appendix of the submitted report and are publicly available, confirming the partnership and improvement work underway.

- There was a dedicated post in the department supporting end of life care and the improvement work which was ongoing.
- There was ongoing support provided to the Clinical Advisory Group around the decision-making process in relation to out of area referrals.

The Chair asked if there was any information on the impact of the cost-of-living crisis on inequalities within NHS Highland and whether there needed to be consideration of this when comparing data from previous years. The Director of Public Health agreed and explained how this information is considered and confirmed it was not shown as a separate indicator, but rather the information is contained as a whole within data so it can be presented coherently in the reports.

The Committee:

- **Noted** the content of the report.
- **Agreed** to take **Substantial** assurance that the appropriate delivery and performance improvement arrangements are in place.

10.2 Vaccination Transformation Programme Update

The Director of Public Health gave a verbal update to the committee, during discussion it was noted:

- Vaccination uptake is reasonable, but uptake is slightly lower than the national average given we near the end of the Winter Flu & Covid Vaccination programme.
- Staff vaccination is low but higher than the national average.
- Uptake issues tend to relate to clinics that have been cancelled or where patients had been asked to travel long distances. These were mostly legacy issues in the way the service was delivered but work continued to improve this.
- Work was underway in conjunction with the Chief Officer to identify options to enable a more effective delivery of vaccination services.
- Collaboration is underway with Public Health Scotland in order to identify improvements in the delivery of the NHS Highland programme.
- Work continued to improve the confidence the public had in the vaccination programme whilst working through the noted challenges; however, it was noted that confidence had reduced both at a local and national level.

Board Member A Clark queried the patient safety issues referenced in the North Highland and QPS report and asked for reassurance these were being addressed as no update had been submitted to committee. The Chief Officer stated there had been several DATIX incidents raised as part of the vaccination programme with a report being collated which would come to committee in due course.

The Deputy Medical Director gave assurance to committee that whilst the report had only recently gone to the QPS committee the remedial actions necessary had already begun and the report would be scrutinised and subsequently come to the Clinical Governance committee.

Committee members queried which vaccinations Public Health Scotland were looking at to improve. It was confirmed that the focus was on all vaccinations, not just those for Covid/flu. It was noted that most of the vaccinations being delivered were for Covid and Flu, and the volume/time frame for these was part of what was being looked at in order to deliver vaccinations more efficiently across NHS Highland.

After discussion, the Committee:

- **Noted** the update.
- **Agreed** that a report would come back to committee in due course.

11 2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

- 7 March
- 2 May (replaced original proposed date of 9 May 2024)
- 11 July
- 5 September
- 7 November

12 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the actions taken relating to the Vascular and Cancer Services Update.

The Nurse Director requested an update be provided around the imminent inspection as part of the Public Protection piece of work.

The Committee so Noted.

13 ANY OTHER COMPETENT BUSINESS

There was no AOCB.

14 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 7 March 2024 at 9.00am.

The meeting closed at 12.01pm