CLINICAL GOVERNANCE COMMITTEE (On Teams)	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/
DRAFT MINUTE	**14 January 2021 – 9.00am**

Present Dr Gaener Rodger, Non-Executive Board Director and Chair
Tim Allison, Director of Public Health (from 11.40am)
Elspeth Caithness, Staffside Representative
Alasdair Christie, Non-Executive Board Director
Deirdre MacKay, Non-Executive Board Director
Heidi May, Board Nurse Director
Margaret Moss, Chair of Area Clinical Forum
Adam Palmer, Employee Director
Dr Boyd Peters, Medical Director (from 11.40am)

In attendance Louise Bussell, Chief Officer, North Highland
Fiona Campbell, Clinical Governance Manager, Argyll and Bute
Dr Paul Davidson, Associate Medical Director (Primary Care)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy
Simon Steer, Head of Strategic Commissioning
Katherine Sutton, Chief Officer (Acute)
Dr Emma Watson, Deputy Medical Director
Claire Wood, Associate Director (Allied Health Professionals)

1 WELCOME AND APOLOGIES

Apologies were received from Stephanie Govenden, Rebecca Helliwell, Joanna Macdonald, Iona McGauran and Bob Summers.

At the commencement of the meeting D MacKay expressed concern in relation to lack of an Exception Report from the North and West area, commenting this had also been the case at the last meeting. The Chair confirmed the matter had been raised following the previous meeting. P Davidson took the opportunity to assure members that Clinical Governance activity was continuing and advised he chaired weekly reviews of relevant cases for both North & West and South and Mid areas. There had been discussion held, and existing meeting and reporting arrangements were to be realigned to the Clinical Governance Committee meeting cycle. There were no Clinical Governance matters requiring escalation to the Committee.

The Chair took the opportunity to remind members as to the formal remit of the Committee insofar as this was to provide scrutiny and assurance to the NHS Highland Board that clinical and care governance systems are in place and working throughout the organisation; that decision making about the planning, provision, organisation and management of services which are the responsibility of the Board takes due cognisance of the quality and safety of care and treatment; and to support the development and implementation of a Clinical and Care Strategy. At a time

when NHS Highland was undergoing such rapid change due to the ongoing pandemic it was important the Committee continued to meet and undertake that scrutiny and assurance function.

1.1 Declarations of Conflict of Interest

Mr A Christie advised that being an elected member of the Highland Council he had applied the test outlined in the Code of Conduct and had concluded this interest did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 1 DECEMBER 2020

The Minute of Meeting held on 1 December 2020 was **Approved.**

A number of associated actions were then considered as follows:

- **Argyll and Bute Clinical and Care Governance Group** (CAMHS Improvement Activity) – Members were advised that a report, following investigation of the issues previously raised, was to be presented to the Argyll and Bute CCGG, confirming acceptance of relevant recommendations. J Macdonald would also be meeting with relevant staff members. A Highland-wide report on the CAMHS Service would be submitted to this Governance Committee in due course.
- **North and West QPG Group** (Test Strips) – Members were advised relevant matters had been discussed with Biochemistry colleagues. Funding issues were to be remitted to L Bussell and K Sutton to consider.
- **Clinical Governance Committee Risk Register** – M Morrison advised the Risk Management Steering Group had met the previous week and had sought to review relevant Corporate Risks. Specific Risks assigned to the Clinical Governance Committee would also be reviewed, an update in relation to which would be submitted to the next meeting.

The Committee otherwise:

- **Approved** the Minute.
- **Noted and/or agreed** the actions, as discussed.
- **Agreed** further discussion on outstanding actions be taken out with the meeting and the relevant Action Plan be updated accordingly prior to the next meeting.

2.1 MATTERS ARISING

- **Update on NHS Highland Winter Plan –** The Chair advised the Winter Plan had been considered by the NHS Board, with regular updates to be brought to this Committee.

The Committee so Noted.

3 EMERGING ISSUES - COVID 19 UPDATE

E Watson spoke to a circulated report and provided a presentation to members advising as to the level of infection in Highland and the measures being taken to tackle the virus. It was reported that most Covid infections in Highland had been sporadic or as part of small clusters, with the only recent significant outbreak having taken place at Faslane Naval Base where this had been appropriately contained. Actions by NHS Highland had included increasing the access to testing in rural areas and for NHS staff, patients and within Social Care. There had been an expansion in both community symptomatic and asymptomatic testing activity, with an associated expansion of

the postal scheme and a successful Fire station pilot. Contact tracing performance had been maintained, with the majority of cases and staff contacted by telephone. New contact tracing staff had been recruited. In relation to vaccination, the commencement of the rollout programme was welcome although this would take several months to complete. Vaccination of the over 80s population, by GP Practices, had commenced and would move on to younger age groups in early course. Progress continued to be made in relation to vaccination of Health and Social Care staff. While the vaccination programme was being implemented, other Covid control measures would continue to be applied as it was likely there would be many months before community transmission could effectively be stopped. Members were advised there continued to be immense pressure on Acute Services at this time, with two ITUs currently in operation and impacting on elective activity levels. Urgent and Cancer patients were being prioritised. The aim was to keep infection away from the Rural General Hospital setting wherever possible, with the Scottish Ambulance Service having played a significant supporting role in successfully achieving this to date.

With regard to community activity, Dr Davidson advised all 98 Highland GP Practices were engaged and currently operating within Level 1 (majority of routine activity continues) although a meetings were being held with a number of Practices looking to move into Levels 2 and 3 mainly as a result of staffing concerns. Consideration would be given to re-opening Assessment Centres should that be required. There were concerns that routine Dentistry and Optometry activity may also require to be stepped down to emergency services only. Community Pharmacies continued to operate whilst under significant pressure. Acute Mental Health Services were being coordinated through NHS24, with Inpatient Services also continuing. S Steer advised some 28 of 68 Care Homes were closed to new admissions, removing 123 beds from the overall level of capacity available. Outbreaks were being manged within three Care Homes, with Infection Prevention and Control a key concern despite increasing vaccination levels. The Care at Home sector continued to function while under significant pressure. It was stated the quality of care provided must continue to be monitored in order to be appropriately maintained.

There followed discussion, during which the Chair took the opportunity to record the thanks of the Committee to all staff, in all settings who continued to work incredibly hard during an extremely challenging time. D Mackay sought clarification as to options in relation to prioritisation for vaccination, within remote and rural areas, and whether this was determined on a Highland-wide basis or at locality level. Did priority groups require to be vaccinated across Highland prior to moving to the next priority group or was this location specific, for example. P Davidson stated current vaccine supply levels determined that a prioritisation protocol was required for both staff and the wider population. In the community, this meant the first priority was Care Homes and their staff members (almost complete), followed by the over 80s group (commenced) then the over 75s and so on. It was anticipated, at that point, and as vaccine supply increased consideration would require to be given to utilisation of mass vaccination clinics in addition to GP Practices. Further discussion would be required with Scottish Government as to how best to take this forward in small communities in the context of Scotland as a whole and may involve whole community vaccination. Active consideration was being given to the latter approach, where this would be most efficient.

The Chair sought an update on the support arrangements for those testing positive and isolating at home in terms of determining if and when further clinical support was required and was advised all positive cases were followed up by the Covid follow-up team. The team primarily dealt with those who had been the subject of hospital admission but also took GP referrals for those on the Amber pathway (known risk factors for potential decline). Otherwise the 111 service and GP Practices operated as the front line in this regard. There were a series of key triggers that would see patients admitted to hospital. P Davidson emphasised 90% of positive cases were successfully managed within the community and would not require medical input. Efforts continued in relation to identifying cases of deterioration at an early stage, thereby improving clinical outcomes. M Moss emphasised that for those who had been given the vaccine, it was important to maintain the public health message to remain vigilant and continue following the general safety precaution advice given to all. Members agreed as to the importance of such advice and the Chair stated she would discuss members' concerns with the Head of Communication and Engagement.

The Committee:

- **Noted** the reported position and presentation content.
- **Agreed** a further update be submitted to the next meeting, including in relation to public health advice for those having been vaccinated.
- **Agreed** the Chair discuss matters relating to general messaging further with the Head of Communication and Engagement.

4 NHS HIGHLAND INTEGRATED PEFORMANCE AND QUALITY REPORT

The Chair introduced the circulated Integrated Performance and Quality Report (IPR), advising the Committee should consider those performance measures relating to Clinical Governance, including new measures on Emergency Readmission Rates within 28 days of discharge, and Freedom of Information (FOI) data. M Morrison then took members through current performance in relation to the relevant Indicators highlighting significant improvement in relation to FOI Request response and a recent decline in relation to Complaints performance. There was ongoing activity in relation to review of activity relating to Significant and other Adverse Event Reviews, a report in relation to which would be considered under Item 5 on the agenda. There was also a need to need to review the existing measure relating to Emergency Readmissions.

The Chair referenced the percentages indicated for Readmission rates and questioned how this compared to other mainland NHS Boards. M Morrison undertook to follow up on this point with Service Planning colleagues.

The Committee:

- **Considered and took relevant Assurance** from the performance outcomes and areas of concern highlighted.
- **Agreed** benchmarking data relating to Readmission Rates across Scotland be sought.

5 ADVERSE EVENTS AND SAERs

M Morrison spoke to the circulated report providing an update on adverse systems and processes across NHS Highland, in relation to which revised Policy, associated Procedures and Guidance, updated to reflect the further edition of the National Framework for Adverse Events, had been issued in November 2020. A further review, by HIS, was expected to take place in 2021. It was stated Significant Adverse Event Review (SAER) performance, and the current positon relating to Adverse Events recorded on Datix and waiting for review were in the process of being reviewed. It was advised the Clinical Governance Support Team (CGST) had updated and developed further resource to support those investigating Adverse Events. New Level 1/SAER Guidance had been developed and associated training had been provided to Mental Health clinicians, with further training scheduled for the coming months. Training would be offered across all Operational Units in 2021. The Chair added that a Workshop, for NHS Board Non-Executives would also be held.

In terms of performance, it was reported a number of SAERs were being taken forward across NHS Highland, and of those 23 were exceeding the national 26 week completion target. An SAER performance report had been developed, with relevant data based on incidents logged on Datix, and this would be included as a summary within the monthly detailed reports issued to Operational Units. The processes relating to Adverse Events on Datix and associated feedback arrangements was also outlined. In summary, it was stated there was need for closer Operational Unit monitoring of SAER performance and management to improve performance and ensure timely review.

During discussion, members stated there had been similar discussion held at the Audit Committee and urged significant improvement in relation to the implementation of reviews and associated agreed actions within a reasonable timescale. The revised Policy and Guidance was welcomed. M Morrison confirmed Operational Units were provided with relevant detail, including in relation to outstanding actions, on a monthly report basis. Weekly meetings were to be held with Mental Health colleagues to ensure adequate monitoring of all relevant key areas and actions, including for SAERs. A Palmer stated the Committee should be sighted on all this activity to ensure adequate monitoring was in place and relevant assurance could be taken. The move to separate reporting arrangements for Acute and Community services was referenced, and E Watson advised relevant activity would continue to be taken forward in Operational Unit QPS Sub Groups, with Dr Davidson and herself providing appropriate oversight and accountability to the Board Medical Director. Moving forward, Exception Report templates would be utilised for Operational Unit reporting to this Committee and for the escalation of relevant areas of concern.

After discussion, the Committee:

- **Agreed** performance information on SAERs and management of adverse events be included in the monthly SAER reports issued to the Operational Units.
- **Agreed** a new measure of SAERs completed within 26 weeks be included in the Integrated Performance Report in early 2021.
- **Agreed** performance measures for adverse events awaiting review and being reviewed be developed and included in the Integrated Performance Report from April 2021.
- **Agreed** a report be presented to the Committee, every six months, on a specific category of Adverse Event.

6 EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

6.1 NHS Highland Response to the Ockenden Report

H May advised that M Burnside, Head of Midwifery would lead on the NHS Highland response to the recently released Ockenden Report. The full Report could be found online and would be issued to members with Committee papers in March 2021. She advised the Report addressed a number of complex and difficult issues, with learning for all involved in the provision of Maternity Care in the UK around matters of care and compassion, and implementation of national Clinical Guidelines. A report on actions to be taken forward within NHS Highland, following an appropriate gap analysis exercise, would be presented to the next meeting.

6.2 Unannounced HIS Community Hospital Visit – Cowal Community Hospital

H May confirmed the unannounced visit had taken place on 27 October 2020, and had had been focussed on aspects relating to Infection Control and standards of care for older people in Hospital. Following a very positive inspection, four Requirements had emerged from the visit, relating to timely production of Patient Assessments, development of Care Plans and associated documentation, effective implementation of Pressure Ulcer Care Bundles, and the need for robust audit of set standard document compliance. An Action Plan in response to the visit Requirements had been developed and agreed with both the NHS Board Chair and Chief Executive. A document compliance audit was currently conducted on annual basis and this level of activity would be increased as Electronic Patient Record implementation was progressed.

The Committee:

- **Noted** the updates provided.
- **Noted** the full Ockenden report was available online and would be circulated to members with Committee papers for March 2021.

- **Noted** an SBAR Ockenden Report briefing would be circulated to members after the meeting.
- **Noted** a report on NHS Highland actions in response to the Ockenden Report would be presented to the next meeting.
- **Noted** Cowal Community Hospital visit report would be released for public consumption on 21 January 2021.

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

7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES

Noting the concern expressed earlier in the meeting in relation to receipt of Exception Reports, individual submissions were considered as follows:

7.1 Argyll & Bute HSCP Clinical & Care Governance Group

The Chair introduced the circulated Argyll & Bute Exception Report, advising the Minute from the most recent Governance Group meeting would be submitted to the next Committee meeting. She highlighted there were a number of action points and learning to be shared.

7.2 North and West QPS (Parent) Group

There had been no submission to this meeting. The Chair reminded members as to earlier discussion, during which it had been confirmed that Clinical Governance activity continued to be taken forward within the North and West Operational Unit. Matters requiring to be escalated would be brought forward by Dr Davidson as the relevant QPS Group Chair.

7.3 Raigmore QPS Group

The Chair introduced the circulated Raigmore Hospital Exception Report. On the point raised by A Palmer in relation to a noted data breach, it was confirmed this and two other previous cases were to be the subject of a Significant Adverse Event Review. The breach noted in the report would also be the subject of an external review, commissioned by the Scottish Government and supported by the Clinical Governance Support Team.

7.4 South and Mid QPS Group

There had been no submission to this meeting. Matters requiring to be escalated would be brought forward by Dr P Davidson as the relevant QPS Group Chair.

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

H May introduced the circulated Exception Report and associated Minutes which highlighted activity relating to Significant and Initial Case Reviews for Child Protection, Risk Register items, recommendations from review of complaints, Mortality and HSMR, issues of concern and other successes and areas of good practice. The evidence of positive engagement with Highland Council colleagues was welcomed by members as were the strong linkages with Operational Units in terms of shared learning etc.

The Committee otherwise Considered the issues identified and received assurance that appropriate action was being taken/ planned where appropriate.

8 INFECTION CONTROL

8.1 Infection Prevention and Control Report

H May spoke to the circulated Infection Prevention and Control report detailing NHS Highland's position against local and national key performance indicators to end December 2020. There had also been circulated Minute of Meeting of the Control of Infection Committee held on 9 December 2020. Members were advised as to activity being undertaken to understand potential causal links relating to cases and improve performance around both C Diff and E.coli infection rates. Appropriate learning was taken from all cases investigated. Levels of relevant training compliance were increasing markedly, with associated improvement activity in this area continuing to be taken forward during the ongoing Covid period. The Committee heard there had also been two formal Inspections since the date of the last meeting, to Cowal Community Hospital by HIS and Raigmore Hospital by HSE (Covid-related), with no associated matters requiring escalation to Committee.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI) and Infection Control measures in NHS Highland.
- **Noted** the circulated draft Minute.
- **Agreed** the Report from the HSE visit to Raigmore Hospital on 3 December 2020 be circulated, for information, at the next meeting.

9 AREA DRUGS AND THERAPEUTICS COMMITTEE – SIX MONTHLY REPORT

9.1 Review of Non-Medicine Related Clinical Policy and Guidelines

I Rudd spoke to the circulated report advising as to a lack of clarity over responsibility for non-medicine related Clinical Policy and Guidelines. Governance of medicines documents was provided by the Area Drug and Therapeutics Committee (ADTC). It was reported that during the Covid emergency period the Therapeutics and Medicines (TAM) Intranet site had been used to provide a point of reference for all new clinical policies and guidelines however the TAM Sub Group did not have the capacity or necessary expertise to review non-medicine related documents. The TAM Sub Group had considered that a lack of clarity over responsibility for such activity could pose a risk to both patients and staff, and the ADTC had subsequently agreed the matter be escalated to the Clinical Governance Committee.

Members sought an update in relation to the type of documents in relation to which such concerns were related and were advised this could relate to any Clinical Policy considered non-medicine related in nature. It was stated that relevant documents were being passed to the Sub Group to 'hold' however there was no route for these to be formally considered elsewhere at the point when a review was required. In response to the point raised by the Chair, I Rudd advised the Clinical Response Group had also indicated they did not have the capacity to undertake such a governance role. E Watson stated there had been previous agreement that documents due for review had previously been flagged to the CRG for appropriate review and comment, however, I Rudd advised that the non-medicine related documents were not part of that process. B Peters stated that out of date Guidelines presented an organisational risk and as such an appropriate solution required to be sought in relation to this matter, with the Clinical Governance Committee providing oversight and seeking assurance in relation to the same.

The Committee:

- **Noted** the concern relating to review of non-medicines related policies and guidelines.

- **Agreed** that B Peters, I Rudd and E Watson seek an appropriate solution to the current position and report back to the July 2021 meeting.
- **Agreed** the Clinical Governance Committee Action Plan be updated to reflect the position.

9.2 Valproate Use and Use of Controlled Drugs in End of Life Care in NHS Highland

I Rudd spoke to the circulated report outlining action taken in NHS Highland by the ADTC in response to the issues raised and highlighted by the Cumberlege and Gosport War Memorial Reports in relation to two specific key activity areas. Following appropriate review of activity it had been established there were no associated areas of concern within NHS Highland in relation to either of the two activity areas involved. Outstanding actions in this area could therefore be closed.

The Committee:

- **Noted** the report content.
- **Agreed** the Clinical Governance Committee Action Plan be updated to reflect the position.

10 INFORMATION ASSURANCE GROUP REPORT

The Committee **Noted** an update would be submitted to the next meeting.

11 PUBLIC PROTECTION

11.1 Child Protection Annual Report

H May spoke to the circulated Annual Report, as Lead Officer for Child Protection, and advised that despite the impact of Covid strong progress was being made in this area, including the ability of Operational level staff to remain sighted on the needs of children even during extended periods of lockdown. Progress was being made in relation to ensuring strong child protection governance arrangements were in place within NHS Highland, in respect of which the Infants, Children and Young People's Clinical Governance Group and Child Protection Health Group had been established. There continued to be effective working with Highland Council and relevant Balanced Scorecard data was being utilised to ensure the delivery of relevant outcomes. For the coming year there would be a focus on relevant training activity, appropriate management of data in terms of taking appropriate clinical decisions, forensic health services, information sharing and current IT arrangements and Corporate Parenting activity.

The Chair referenced the impact of Covid in this area and advised she had discussed relevant matters with S Govenden in relation to referral rates in Highland to see if these mirrored the position across the rest of the UK. Relevant data was not showing a marked increase at that time although the full impact of Covid may not yet be reflected in referral reporting to date. H May confirmed local referral rates were being monitored closely by the relevant Chief Officers Group and these were reflective of the national position.

11.2 Adult Support and Protection Committee Bi-Annual Report

S Steer spoke to the circulated report, outlining how the Adult Support and Protection Committee had discharged its statutory functions, the profile and occurrence of harm in Highland, and the work being undertaken to improve outcomes for those at risk of harm. He went on to advise as to Report findings following a formal Thematic Inspection in 2017 which had identified a number of areas for improvement as well as three Formal Recommendations. An Improvement Plan had sought to ensure that all adult protection referrals were processed timeously; that Social Workers

prepared balanced, valid chronologies for all adults at risk of harm who required the same; and that the partnership's review of governance would look to streamline the governance landscape and strengthen the links between the Chief Officers Group and the Adult Protection Committee. He emphasised the importance of Adult Support and Protection receiving the same focus as was given to Child Protection arrangements.

S Steer then advised as to the actions that had been undertaken in response to the Inspection Recommendations, including data cleansing activity to ensure accurate information was being received and informed timeframes were established for future actions. Other activity included ensuring appropriately focussed practice and process training activity and uptake. It was advised that the Adult Support and Protection Advisor position had been developed into a more senior positon that sought to drive practice improvement. In terms of overall engagement, it was emphasised that Adult Support and Protection was an issue for all partners involved in Healthcare delivery and the Committee was urged to remain sighted on the level of clinical engagement from NHS Highland.

In updating the Committee, S Steer advised that improvements were being made in relation to data collection and reporting aspects, relevant day to day practice and training uptake especially within Social Care. Current structural arrangements for Adult Support and Protection were far more reflective of that in relation to Child Protection. R Boydell was now formally representing NHS Highland on the Adult Support and Protection Committee and would seek additional clinical engagement. He went on state that in the current climate, and under the impact of Covid, the frequency and nature of large scale investigations was increasing with a number of abuse cases the subject of ongoing activity. In summary, much stronger governance structures had been established with Highland, NHS engagement with relevant training activity could be improved further, and current senior level engagement arrangements required to be maintained. An improving position was being evidenced and discussion at this Committee was welcomed.

P Davidson and E Watson left at this point in the meeting.

There followed discussion, during which the hard work of all involved in achieving the stated level of improvement, was acknowledged. In response to a number of points raised, S Steer advised the number of investigations undertaken in relation to self-harm were relatively low and reflected the number of referrals received as this had not always been identified as an Adult Support and Protection matter. Raising awareness in relation to this area formed part of the ongoing improvement activity. In terms of an overall increase in the number of Police referrals that were being made, this reflected the strong partnership working that was in place in Highland and an increase in detection and subsequent action activity. In terms of support for unpaid carers, and ensuring meaningful engagement with the hard to reach Service Users, the Adult Support and Protection Committee membership now included representation from both cohorts. The voice of service users and carers was especially important at this time given the associated reduction in relevant service provision due to the impact of Covid. The very real risk of "carer service collapse" had to be recognised and monitored closely.

The Chair, in light of impact of Covid, and the degree of change being introduced questioned whether a further interim Annual Report would be produced in 2021. She emphasised that any matters relating to Clinical Governance within Social care and elsewhere can be raised with this Committee at any time. She further asked whether the level of referrals and investigations in Highland was being benchmarked against other areas in Scotland. S Steer confirmed, on the latter point, that benchmarking was being investigated although previous NHS Highland data had been less reliable than was presently available. NHS Highland had a strong history of active investigation where potential support and protection issues were identified. The ability to bring any matters relating to governance around Adult Support and Protection arrangements to Committee was welcomed. The role of both the Clinical Governance Committee and Highland Health and Social Care Committee required further consideration. The Chair accepted this point and confirmed discussions were being taken forward.

After discussion, the Committee:

- **Noted** the Child Protection Annual Report.
- **Noted** the Adult Support and Protection Bi-annual Report.

12 AOCB

There Committee **Noted** that, following discussion, A Palmer had agreed to assume the role of Clinical Governance Committee Vice Chair. The Committee **Agreed** to **Ratify** the position.

13 DATES OF FUTURE MEETINGS

Members Noted the remaining Meeting Schedule for 2021 as follows:

4 March
29 April
1 July
2 September
4 November

14 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 4 March 2021 at 9.00am, with a particular focus on matters relating to Risk.

On the point raised, the Chair requested that any Non-Executive Committee members unable to attend the next meeting seek to identify suitable deputies.

The meeting closed at 11.50am