


<p>CLINICAL GOVERNANCE COMMITTEE</p>	<p>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/</p> 
<p>DRAFT MINUTE</p>	<p>27 April 2023 – 9.00am (via MS Teams)</p>

Present

Alasdair Christie, Non-Executive Board Director and Chair
Tim Allison, Director of Public Health
Louise Bussell, Board Nurse Director
Ann Clark, Non-Executive Board Director
Muriel Cockburn, Non-Executive Board Director
Rebecca Helliwell, Depute Medical Director (For Chief Officer Argyll and Bute IJB)
Dr Boyd Peters, Medical Director
Dr Gaener Rodger, Non-Executive Board Director
Emily Woolard, Independent Public Member

In attendance

Sarah Bowyer, Scottish Health Council
Claire Copeland, Deputy Medical Director
Caron Cruickshank, Divisional General Manager (Women and Children Directorate) (from 10.25am)
Alison Felce, Senior Business Manager
Stephanie Govenden, Consultant Community Paediatrician (Children's Services)
Evelyn Gray, Associate Nurse Director
Margo Howatson, Clinical Governance Manager, Argyll and Bute
Brian Mitchell, Board Committee Administrator
Jill Mitchell, Head of Primary Care
Mirian Morrison, Clinical Governance Development Manager
Jane Park, Head of Service (Health), Highland Council (from 10.10am)
Ian Rudd, Director of Pharmacy
Simon Steer, Interim Director of Adult Social Care
Katherine Sutton, Chief Officer (Acute) (from 9.25am)
Wendy Van Riet, Lead Consultant Clinical Psychologist, Community Mental Health

1 WELCOME AND APOLOGIES

Apologies were received from R Boydell, J McCoy and C Sinclair.

1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 8 MARCH 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 18 March 2023 was **Approved**.

In relation to both the circulated Committee Action Plan and Work Plan, members were advised these would be updated and circulated to members prior to submission to the next meeting.

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the updated Committee Action and Work Plans would be brought to the next meeting.

3 MATTERS ARISING

3.1 Commissioned Services Update

The Chair advised there would be in depth discussion of matters relating to both Adult and Children's Services at the next meeting. L Bussell confirmed active discussions were being held with Highland Council in relation to commissioned services; a Development Session had been held and a further Session would follow. Governance matters were at the heart of relevant discussions, including in relation to child protection activity. An associated audit review was underway, the findings from which were expected to be released on 8 June 2023. The Chair requested that reporting to the next Committee meeting provide a focus on the role of the Clinical Governance Committee and how this received assurance from the commissioned service areas concerned.

The Committee otherwise Noted the reported position.

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 Committee Noted the detail of the circulated Case Study documents.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. Meetings with the Board Medical and Nurse Directors would discuss Future dashboard measures. She advised Adverse Event data would be updated ahead of the next meeting. It was reported improving complaints performance remained challenging and continued to be discussed with Management Units; with central support offered and new performance reporting introduced. The number of SAERs being reported had increased. It was further noted that in relation to Healthcare Improvement Scotland, the Scottish Patient Safety Programme had reconvened the national working group to launch the pressure ulcer programme. It was proposed the Committee take **Moderate Assurance**.

The following areas were then discussed:

- **Adverse Events.** In relation to those designated Awaiting Review and In Review, the support of the Committee was offered seeking relevant performance improvement. Advised were working with Units to ensure timely management of associated processes, with a focus on those open for an extended time period. Operational Units were sent monthly reports on performance data and were offered support where required. Operational Units would be requested to include relevant detail within future Committee Exception reports.

- Complaints. Advised fluctuating performance partly due to the result of staffing pressures. The Complaints Framework previously reported was in place and working well. Position continued to be monitored, including by Executive Director's Group. Further work was required in relation to quality of Complaints responses and consideration was being given to introducing a Unit based approach. Feedback on response quality was included within the Complaints framework and would be included within the next report to Committee. A review of the current data presentation format would be undertaken, and Operational Units would be requested to include relevant detail within future Committee Exception reports.
- SPSP Programmes. Confirmed this would be a relaunch of existing Programmes.
- Visit by National Falls Team. Advised visit had looked at falls and the 'deteriorating patient', with much of the discussion relating to there being no single intervention that would avoid incidents happening. There was discussion of staff education and ensuring the mobility of patients while in hospital. Daily Plans of Care to be introduced from 2 May 2023. An Inpatient Falls Steering Group had been established, with discussion ongoing regarding relevant nursing documentation.
- Tissue Viability Performance. Advised service had recently been enhanced and remained a key area of focus moving forward. Further detail would be issued to members following this meeting. Members emphasised the need for comprehensive staff training and support for those dealing with complex cases.

After discussion, the Committee

- **Noted** the reported position.
- **Noted** existing dashboard measures were to be reviewed ahead of the next meeting.
- **Noted** a detailed report on Adverse Events data would be submitted to the next meeting.
- **Noted** a detailed update on Tissue Viability would be provided out with the meeting.
- **Agreed** Operational units be requested to include updates on Complaints quality and performance in future Exception Reports.
- **Agreed** to take **Moderate** assurance.

The Committee Agreed to consider the following Items at this point in the meeting.

6 PUBLIC HEALTH

6.1 Vaccination Transformation Programme and Associated Forward Plans

T Allison spoke to the circulated report, advising implementation of the programme was overseen by the Immunisation Programme Board. Planning and Delivery of the Programme was undertaken by dedicated teams in Argyll and Bute and in Highland and there was also a centralised appointment scheduling function. Performance information for the new services was only available at that time for discrete vaccine types. Specific position statements were provided in relation to both Argyll and Bute, and Highland areas noting the delivery of small numbers of vaccinations across a large geographical area was challenging and plans were being drawn up to improve relevant delivery processes, quality and performance. Performance in Argyll and Bute was higher than in Highland due to their historic links with both Children's teams and wider community. Overall, it was proposed the Committee take **Limited Assurance**.

The following matters were discussed:

- Clinic Cancellations. Stated this was a key indicator of the challenge faced by NHS Highland in this area, with the national model being based on an urban model.
- Areas of Strong Performance. Advised mixed picture across all geographical areas of NHS Highland, with some areas experiencing clinic staffing issues more or less than others across the Vaccination Transformation Programme.
- Tetanus Vaccination. Advised discussion being held in relation to developing an appropriate delivery model for NHS Highland. This would involve consideration of use of Pharmacies and further consideration of the implications of the new GP Contract on such delivery. A universal

approach was required, incorporating aspects relating to location, GP facilities etc to meet specific local situations. Community Treatment and Care Centres to be included within next phase of activity, this being taken forward in a joint approach, with planning already underway.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.

6.2 NHS Highland Public Health Intelligence

T Allison spoke to the circulated report providing an overview of the Public Health intelligence function across the whole of NHS Highland and of the public health intelligence work plan/key work areas. The Public Health Intelligence team's primary function was to provide reliable analysis, interpretation and presentation of disparate sources of data and evidence to enable the Public Health Directorate (NHSH), and its partner agencies, to improve professional and public understanding of the demography, health status and needs of the population of NHS Highland. This function is supported through the application of the team's specialist skills in epidemiology, handling of large datasets, evaluating public health programmes and healthcare interventions, geographical mapping and providing scientific advice and evidence-base reviews of public health and non-pharmacological healthcare interventions. The report went on to provide examples of key work areas delivered in 2022 insofar as these related to population needs assessment activity; developing partnership profiles; geospatial work; provision of support to the Clinical Advisory Group; data management; and other wider developments. It was proposed the Committee take **Substantial Assurance**.

On the point raised in relation to wider activity relating to the management of long Covid, members were advised this represented a clinical, rather than a Public Health matter. A long Covid Group had been established to consider relevant matters.

After discussion, the Committee:

- **Noted** the circulated report.
- **Agreed** to consider an update on long Covid activity at a future meeting.
- **Agreed** to take **Substantial** assurance.

7 MATERNITY AND NEONATAL BUSINESS CASE

K Sutton spoke to the circulated Standard Business Case document, developed through significant and extensive engagement with Midwifery, Nursing and Consultant Medical staff of the NHS Highland Maternity and Neonatal Service and partnership working with NHS Grampian colleagues through a joint NHS Highland / NHS Grampian Maternity and Neonatal Services Programme Board and clinical collaboration. The Business Case set out the need, implications, risks, benefits, and indicative costs of enabling access to safe and sustainable maternity and neonatal pathways of care for Highland women and their families and improving the physical space in which these services are delivered. Addressing both components in full would meet the service need of the Highland population and would help support a robust and sustainable environment to support the development of a networked maternity and neonatal model between NHS Highland and NHS Grampian once clinical care pathways could be agreed jointly by key clinical stakeholders. The Business Case also set out the case for change and how the proposed new arrangements to meet the Highland-based need would enable more collaborative and integrated ways of working and improve care outcomes for women and families in Highland. It would improve quality of care and make better use of financial resource by utilising planning and performance intelligence and qualitatively analysed lived experience intelligence to inform service planning decisions and building a resilient Highland model to deliver maternity and neonatal services and meet the needs of the Highland population.

The arrangements proposed in the business case would help support the delivery of an integrated maternity and neonatal services model with NHS Grampian. It was stated this presented opportunities to improve access to care for women and their families in Highland, create additional opportunities for patients to choose how they would like to receive their care and enable a refurbished environment to facilitate care delivery through adherence to space regulations, improved training space for clinicians and complimenting of Best Start strategic objectives. The draft Business Case was also to be submitted to the Finance, Resources and Performance Committee.

The following aspects were also raised:

- Patient Safety and Clinical Care Quality. View expressed there was need to map and consider relevant elements to ensure best practice, based on strong evidence and data, to adequately inform the improvement pathway. Elements relating to the Maternity workforce, remote and rural service considerations, Red Pathway concerns and associated medical workforce capacity issues were at the heart of considerations.

After discussion, the Committee:

- **Noted** the circulated draft Business Case document.
- **Noted** the Business Case was to be signed off by the relevant Programme Board and submitted to the Finance, Resources and Performance Committee the following week.
- **Agreed** those involved in developing the Business Case be thanked for their efforts in this regard.

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

8.1 Argyll and Bute

R Helliwell spoke to the circulated report advising new Clinical Governance personnel continued to review existing process and priorities; identify service improvements and maintain high quality services. The recently introduced new Clinical Governance framework and structure, and a higher profile for clinical governance generally provided the opportunity to enhance accountability for Clinical Governance among relevant staff members as well as within meeting structures. Recent improvements in Quality and Patient Safety (QPS) arrangements now included locality incident focussed groups to report into QPS, and new senior monthly meetings to overview regulatory feedback, high level responses and litigation. A newly introduced legal group was meeting monthly, including the Chief Officer to discuss cases such as high-level responses and litigation. Further updates were provided in relation to SAER activity; progress in relation to an FAI Investigation; and improvement to complaint handling and data. New approaches to Violence and Aggression training continued to be discussed, with the upcoming associated trainer vacancy advertised with a view to being recruited to by June 2023. Relevant SAER training resources had been resourced and were awaiting approval for funding. The Clinical Governance Team continued to support quality improvement work relating to falls, and ongoing improvements within the weekly QPS meetings. The report proposed the Committee take **Moderate Assurance**.

The following was then discussed:

- Workforce Matters. Advised there were staffing issues within the Acute hospital in Oban resulting in further discussion of relevant specific patient pathways with NHS Greater Glasgow and Clyde. Other facilities were also encountering similar staffing gaps that required to be managed.
- Clinical Governance Framework Implementation and Moving to Substantial Assurance. Advised iterative process underway. Improvements likely to be over a 6 month to one year timeframe.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to take **Moderate** assurance.

8.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a contemporary update in relation to ongoing review of Quality and Patient Safety (QPS) structures, processes and engagement. Data was provided in relation to recent activity relating to Violence and Aggression; Inpatient falls; Tissue Viability, and medication issues. In addition, and running parallel to this, was improvement work to further refine the QPS process via the 'Vincent Framework'. Scoping work was continuing and was to be presented for scrutiny and feedback to the relevant Senior Leadership Team on 19 April 2023. The report went on to highlight areas of concern relating to secure bed provision within Mental Health Services across NHS Highland; fragility of the current vaccination service model; lack of contract for the provision of pharmacy services to prison; and associated implications arising from lack of appropriate staffing in specialty nursing teams such as Tissue Viability and Continence. A formal SBAR document was being prepared in relation to this latter point. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 4 April 2023. The report proposed the Committee take **Moderate Assurance**.

The following matters were discussed:

- Receipt of Area Reports at Clinical and Care Governance Group. Advised one third of expected reports received in time for last meeting. Consideration being given as to how best to ensure greater local engagement, including changing the format of reporting and timing of meetings.
- Receiving Assurance at Local Level. Stated key area of focus and being considered as part of wider review of local Care and Governance meeting framework arrangements. Looking for information provision, implications narrative, and detail of associated Risk and mitigation activity. Continued to be a work in progress, with processes now becoming embedded.
- Recruitment and Onboarding Process. Advised Onboarding processes could be improved, with Medical Staffing and Recruitment Managers looking at relevant issues.
- Feedback to Reporting Officers on Clinical Governance Concerns. Advised two-way flow of information ensured through collaborative working between professional and managerial colleagues. Governance remained a key issue, with an away day session arranged to discuss all relevant issues. Working with Clinical Governance Team on improving processes for the dissemination of information, such as utilisation of the Primary Care Bulletin. Similar discussion was underway within the Nursing, Midwifery and Allied Health Professions Team (NMAHP) and would be linked to the wider discussions being reported.

After discussion, the Committee:

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

8.3 Acute Services

E Gray spoke to the circulated report in relation to Acute Services. It was indicated that capacity and flow on all acute sites continued to impact Emergency Department performance. A seasonal effect in mortality figures for Raigmore had been identified for first time; there had been a Scottish Patient Safety Programme National team visit on 10 March 2023 to discuss the Falls and Deteriorating Patient work streams; 21 incidents had activated Organisational Duty of Candour in 2022, and HEPMA had been successfully implemented at Caithness General Hospital. More widely, it was reported additional Inpatient beds being opened, along with significant staff vacancies, were leading to excessive workloads for existing staff and additional clinical risk, particularly within cancer

services. Pressures on remaining staff were further increased by high demand and reliance on agency staffing. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 21 March 2023. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Violence and Aggression. Noted reference to lack of training availability and associated risk to staff wellbeing. Advised manifestation of patient stress and distress increasing among those presenting with cognitive impairment and/or with acute delirium. Mental Health services involved in providing Stress and Distress training for staff in Caithness General Hospital. Acute Working Group liaising with Health & Safety and Security Teams on management of individual incidents.
- Consistency of Assurance Level Provided to Committee. Advised providing any stated level of assurance can be a subjective analysis of a range of contributory factors at any one time. Provision of additional narrative, and an indication of what was required to improve the assurance level would be welcomed. Assurance can be taken from issues being highlighted as having been identified and under consideration. It was stated where issues were not being reported, a level of assurance could also be taken that matters were being suitable addressed at local level.
- Benefit Realisation from HEPMA and Wider Introduction within NHS Highland. Advised recent Infection and Prevention Conference had received positive updates from the Pharmacy Team regarding the implementation of HEPMA to date. Confirmed had been rolled out across a number of NHS sites, with New Craigs to follow. In terms of data provision, it was suggested this should be included within Operational Unit reports to this Committee. Anecdotally, evidence suggested improved provision of medicines to patients “on time”; and positive changes in Theatre practice and more widely. Continuing to work closely with North of Scotland HEPMA Team.

After discussion, the Committee:

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

8.4 Infants, Children & Young People’s Clinical Governance Group

S Govenden spoke to the circulated Exception Report relating to Children’s Services, providing detail in relation to improvement activity relating to the CAMHS and NDAS Services and associated oversight arrangements; learning review outcomes emerging from the suicide of a young person in Argyll and Bute; and findings from completion of three recent child death reviews. It was confirmed Child Protection learning review and child death review findings would be shared with QPS Chairs for further discussion and oversight of any actions required by the NHS Board. The report proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Health Visitor/School Nurse Activity. Requested greater detail on wider children’s service activity, including commissioned services, be included within the next report to Committee.

The Committee:

- **Noted** the report content.
- **Agreed** additional information on wider children’s services be included in future reports.
- **Agreed** to take **Moderate** assurance.

The Committee adjourned at 10.40am and reconvened at 10.50am.

The Committee returned to the original agenda order at this point.

9 INFECTION PREVENTION AND CONTROL REPORT

L Bussell spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators, outlining NHSH remained on track to meet all nationally set antimicrobial prescribing targets but was not on track to meet the targets for EColi and CDI which both remained within predicted limits. It was expected to meet the challenging SAB target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. A review of staffing was underway as part of the national Infection Prevention Workforce Strategy Plan.

It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. There had been an outbreak of scabies within Raigmore Hospital, with associated contact tracing undertaken by the Health Protection and Infection Control Teams. Treatment for affected individuals was managed by the clinical teams involved, supported by the Dermatology Service. Wider prophylactic treatment had also occurred. The situation continued to be monitored at that time.

The IPC team, alongside the Health Protection Team, continued to manage individual cases, across all health and social care sectors of NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of areas of challenge, relating to new targets for 2023/24; continued pause of surgical site surveillance; HPS reporting on NHS Highland performance through 2022/2023 a further review of cases in association with Antimicrobial Resistance and Healthcare Associated Infection (AHAI) Scotland. Other matters highlighted included activity around compliance with Statutory and Mandatory training requirements; provision of a seven-day IPC service through the winter period; recruitment activity; permanent funding for additional Care Home nursing staff provision; and continued discussion of staffing matters with the Board Nurse and Deputy Nurse Directors. There had also been circulated an end of year update in relation to the 2022/23 Infection Prevention and Control Work Plan, plus the 2023/2024 Work Plan. The report proposed the Committee take **Substantial Assurance**.

There was discussion of the following:

- Annual Infection Prevention and Control Conference. Confirmed event had generated plenty of associated learning that could be applied to other service areas.
- Provision of Additional Narrative in Reports. Chair remarked could do more to celebrate relevant successes. Agreed to feed this back to reporting officers.
- Local Input to National Targets. Confirmed NHSH involved in relevant national discussions regarding targets.

After discussion, the Committee:

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

10 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

Both B Peters and L Bussell took the opportunity to reference the following areas of interest:

- Industrial Action. Advised Junior Doctors likely to announce industrial action across a potential three-day period. Scenario planning and business continuity discussions had commenced.
- Update on Dentistry Services. Confirmed would be provided by J Lyon, Clinical Dental Director.
- Care Home Oversight Financial Allocation. Advised had again been received, for 2023/2024, with a focus on collaborative working and partnership-based approaches. Separate approaches in Argyll & Bute and HHSCP. Detail of partnership models was to be submitted to Scottish Government by 30 April 2023, however that had been delayed. Allocations had been based on Care Home headcount, not NRAC based, and further discussion of that point was envisaged.
- National and Regional Activity. Advised a Regional Clinical Cabinet had been established, looking at improved working etc. Regional working on CAMHS Services to be discussed.

The Committee:

- **Noted** the reported position.
- **Noted** an update on Dentistry activity would be submitted to a future meeting.

11 CAMHS UPDATE

W Van Riet spoke to the circulated report providing an update on the progress of the CAMHS Improvement plan, established in partnership with Scottish Government to support the implementation of the National Service Standards and specification for CAMH Services. The National CAMHS Specification was the central strategic aim for specialist CAMH Services. There had also been circulated a copy of the relevant CAMHS Improvement Plan and associated Waiting Times Summary. Specific updates were provided in relation to clinical modelling activity; clinical governance, risk and performance; workforce and finance; eHealth activity; service user/carer experience and participation; and colleague experience. Overall, it was reported a managed and detailed improvement plan with appropriate assurance and delivery models had been established. Improvements in a number of areas had been recorded and work continued on improving performance data and reporting ability. Risk in clinical and RTT performance was linked to limitations in workforce availability, recruitment and retention, and capacity for eHealth to deliver on the requirements of the service. The report proposed the Committee take **Substantial Assurance**.

There was discussion of the following:

- Proposed Level of Assurance. Despite the level of improvement being evidenced and reported the view was expressed only Moderate assurance could be taken at this time.
- Involvement of Nurse Professionals. Advised recruitment position challenging. Recent nursing review had led to a further Band8a Nurse Manager post being established and filled. Nurse Practitioner posts were in place and three Band5 nurses were to commence employment from May 2023. Overall, the position had improved.
- Learning from Patient Experience. Confirmed processes and stakeholder groups had been established, with learning aspects filtering through to inform future actions.
- Government Scrutiny. Advised service continued to be subject to government oversight.
- Working with Partners. Highlighted role of partnership working in ensuring service improvement. The impact of integration on governance processes also required further consideration.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** a further update be received at the November 2023 meeting.
- **Agreed** to take **Moderate** assurance.

12 NDAS UPDATE

C Cruickshank spoke to the circulated report on the NHS Neurodevelopmental Assessment Service outlining the current waiting time position; a reducing total number of waits; and existing staffing level. It was reported interim leadership was in place and progressing work on the improvement action plan coproduced with relevant families and other professionals. The wider service skill mix had been altered and recruitment to newly developed Neurodevelopmental Practitioner posts had been successful. Support throughout the process, by Neurodevelopmental Support Practitioners was being trialled through a Test of Change under short term funding through a Scottish Government grant. This was on track and progress was reported regularly to Scottish Government, with further funding expected in 2023/24. Communication was improving, with frequent updates provided to staff, associated professionals and stakeholders. Discussion was ongoing with the Child and Adolescent Mental Health Service (CAMHS) with the aim of ensuring equity around the separate pathways to neurodevelopmental assessment. Commercial companies which did comparable work had been identified and a trial of offering some children and young people waiting the longest private assessments, funded through delays in recruitment, had commenced. It was expected waiting times and numbers waiting would reduce over in the next few months as further assessments in the community were carried out. It was likely around 40-60 assessments annually could be carried out by community professionals and an extra 120- 180 assessments per year, beyond the current rate, could be undertaken by the NDAS team if a further Neurodevelopmental Advanced Practitioner was employed and the 2 Support Practitioners retained. If procurement was agreed a further 120 assessments could be undertaken by commercial companies in 2023- 24. By March 2024 waiting numbers could have decreased by at least two thirds and waiting times to within 1 year, and by March 2025 to within the target. However, this would be dependent on staffing and ongoing funding. The report proposed the Committee take **Moderate Assurance**.

The following was then discussed:

- **March 2024 Target.** Concern expressed this was reliant on successful recruitment activity. Advised staffing was a continual concern, with aspects relating to revised models of care and delivery of Clinical Psychology being considered at that time. Initial review highlighted need for improved systems and processes, and a requirement to access all available specialist resource to support early formulation activity. A clear pathway had been established for those children under 6 years, within the Community Paediatric Service. Emphasis would be placed on prioritisation activity, through an age and stage approach.
- **Future Reporting.** Advised latest update to be submitted to Executive Director's Group highlighting data, projections, risk and associated mitigation activity. It would emphasise governance arrangements had been improved, with Performance Oversight Boards now in place for both this service and CAMHS.
- **Focus for Clinical Governance Committee.** Advised should primarily relate to known patient safety risks and associated mitigating actions relating to hidden or visible harm elements.
- **Leadership.** Stated needed to considered by both NHS Highland and Highland Council.

The Committee:

- **Noted** the reported position.
- **Agreed** a further update be provided to the August 2023 meeting.
- **Agreed** to take **Moderate** assurance.

13 ANY OTHER COMEPTENT BUSINESS

There were no matters discussed in relation to this Item.

14 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the staffing issues highlighted in a number of reports considered by members, plus the need for improved succession planning for senior roles especially within single handed services. Noting an associated increasing headcount overall within NHS Highland, and the potential impact of the Safe Staffing Bill being introduced, it was stated consideration should be given as to the wider context of the message to be relayed to the NHS Board. It was noted the People and Culture directorate were undertaking work to identify existing staff and their respective roles within the organisation.

The Committee so Noted.

15 DATES OF FUTURE MEETINGS

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

22 June
31 August
2 November

16 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 22 June 2023 at 9.00am.

The meeting closed at 11.35am