

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/	
AGREED MINUTE	06 March 2025 – 9.00am (via MS Teams)	

Present

Karen Leach, In the Chair
 Tim Allison, Director of Public Health
 Emily Austin, Non-Executive Board Director
 Louise Bussell, Board Nurse Director
 Liz Henderson, Independent Public Representative
 Joanne McCoy, Non-Executive Board Director
 Gerard O'Brien, Non-Executive Board Director
 Dr Boyd Peters, Medical Director/Lead Officer

In attendance

Gareth Adkins, Director of People and Culture (Item 3.1)
 Kira Brown, Committee Administrator (Observing)
 Sarah Buchan, Director of Pharmacy
 Pamela Stott, Chief Officer (North)/Director of Community Services
 Ruth Daly, Board Secretary
 Jennifer Davies, Deputy Director of Public Health and Policy
 Ruth Fry, Head of Communications and Engagement
 Fiona Gunn, Chair of Highland Transfusion Committee
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
 Elaine Henry, Deputy Medical Director (Acute)
 Maureen Lees, Non-Executive Director, NHS Lanarkshire (Observing)
 Jo McBain, Director of AHPs
 Marie McIlwraith, Project Manager (Communications and Engagement)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Leah Smith, Complaints Manager
 Brydie Thatcher, Programme Manager (HR Services) (Item 3.1)
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee members E Caithness, A Christie, M Cockburn and C Sinclair.

1.2 DECLARATIONS OF INTEREST

J McCoy advised that in her capacity as having been involved, in a private capacity, in a recent MSK CAD Day she had applied the objective 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 her involvement in the meeting.

1.3 MINUTE OF MEETING THURSDAY 9 JANUARY 2025, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 5 September and Committee was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling basis. The following was **Noted** in relation to the rolling action plan:

- **Action 25** - Pharmacy Services Update deferred to May 2025 meeting.
- **Action 50** - Final report on Primary Care Workforce Survey awaited.

The Committee:

- **Approved** the draft Minute and Committee Work Plan.
- **Noted** the updates provided on the rolling action plan.

1.4 MATTERS ARISING

NDAS Service Update

E Henry advised relevant national CAMHS targets had recently been met, with a slight drop in NHS Highland performance through January 2025. Improvement activity was underway. Recent actions had been focussed on long waits, and improving access pathways. Members took the opportunity to recognise the work of those involved in recent improvement activity.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal improvement trajectory update be brought to the next meeting.

2 SERVICE UPDATES

There were no matters discussed in relation to this Item

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Health and Care Staffing Act – Year End Report

The Director of People and Culture introduced the circulated NHS Highland Health and Care (Staffing)(Scotland) Act 2019 Year End report 2024/25, reflecting on the work undertaken and progress made during the Act's inaugural year and outlining key priorities for 2025/26. The document provided a focus on progress up to the end of Quarter 3. The circulated report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Standard Operating Procedure (SOP) Development. Advised balance to be struck between local aspects and ensuring overall organisational consistency was acknowledged and recognised.
- Front Line Social Care Staffing Impact. Advised positive engagement processes and activity in place, across relevant service areas. Aspects relating to integration were highlighted.
- Wider OPEL Framework Implementation. Recognised as longer term project.

The Committee:

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

3.2 Update on Vascular Services

The Board Medical Director advised as to the continued mutual aid arrangement with four other NHS Boards in Scotland, and current limited local assessment service. It was advised appropriate locum cover was being pursued. The future provision of specialist services moving forward was also referenced. The need for a revised Clinical Risk Register was noted as a required consideration, with a draft paper available for comment by members. There was discussion of wider aspects relating to service sustainability risk and identification processes at local, regional and national levels. The impact on patients requiring urgent vascular service care and the importance of appropriate communication channels was highlighted.

The Committee:

- **Noted** the reported position.
- **Agreed** a draft paper on a revised Clinical Risk Register be circulated for comment to members prior to submission to the next meeting.

3.3 Lochaber Service Redesign Activity Update

The Committee **Noted** an update as to recent recommencement mobilisation activity, and potential matters relating to clinical service and associated clinical governance aspect considerations.

3.4 CAMHS Service Update

The Committee **Noted** an improving position in relation to CAMHS Services both locally and nationally. Achieving relevant local waiting times targets remained a challenge.

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. An update was provided in relation to the potential for wider publication of such reports. The report proposed the Committee take **Moderate** assurance.

The following was raised:

- Route Cause Analysis (Communications). Advised as to number of associated initiatives, EDG discussion, theme identification activity, training and information sharing with local QPS groups.

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; associated commentary; and an indication of key risks and mitigations around Complaints activity;

Scottish Public Services Ombudsman activity; Level 1 (SAER) and Level 2A incidents; Hospital Inpatient Falls, Care Home Resident Falls; Community Based Falls; Tissue Viability and Infection Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance against the 20-day working target for Complaints had increased. SPSO activity had remained steady, and SAER training activity was progressing. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Potential for Wider Reporting. Highlighted potential for improved holistic reporting, with particular focus on clinical governance aspects across all service areas. Aspects relating to clinical impact of longer waiting times, return activity were highlighted. Other areas suggested were related to Wait Well activity, service collaboration, pan highland considerations and community aspects. Associated reporting requirements should also be considered, reflecting a risk-based prioritisation approach.

After discussion, the Committee

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

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

6.1 Argyll and Bute

L Smith spoke to the circulated report, summarising key clinical governance topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care; Primary Care, including an update on Sexual Health Services; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Adverse Events and Significant Adverse Events activity, and SPSO Investigations. Matters relating to progress on 2C practice sustainability were highlighted, along with ongoing sexual health service concerns. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Reporting Detail. Suggested increased focus on relevant learning aspects across operational area reports more generally. Consistency of reporting detail highlighted.

After discussion, the Committee:

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

7.2 Highland Health and Social Care Partnership

P Stott 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 continuing. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. Detail was provided in relation to relevant Statutory and Mandatory training activity, staff sickness levels, and complaints activity. Updates were also provided in relation to SPSO activity and the weekly review of the Datix system to identify key issues for presentation at weekly QPS meetings. An

overview of SAER activity was provided. Current issues being highlighted were in relation to variation of SAER process across service divisions. Areas of positivity included the holding of an MSK Community Appointment Day (CAD). There had also been circulated Minute of Meeting of the NHH Community Clinical and Care Governance Group held on 4 February 2025. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Areas for Future Reporting. Suggested potential for greater focus on mental health services and the need for early identification of the concerns relating to the clinical impact of waiting times.

After further detailed discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** a future report be received on Community Mental Health Service access waiting times, associated safeguarding system arrangements and staff support arrangements across NHS Highland.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, providing an Executive Summary in relation to Vascular Services; Front Door Allied Health Professions (AHPs) Initiative; activity relating to adding additional patients into 6 bedded bays; cross working and SAER activity and OPEL process arrangements. It was advised there had been no adverse mortality data received across the reporting period. Updates in relation to Hospital Acquired Infection (HAI) and emergency access were also provided, noting work in relation to manage flow in the Emergency Departments and admission areas. The main points emerging from a recent Scottish Renal Registry Audit report were outlined. Other aspects relating to quality and patient care were also highlighted, including updates on challenges associated with additional bed capacity, SPSP workstreams, laboratory staffing, Care Opinions feedback, Caithness General Hospital discharge process mapping activity, improved delayed discharge within Belford Hospital, National Treatment Centre activity, insulin educational improvement programme, appointment of a new Stroke Consultant, relocation of the Neuro Rehab service within Raigmore, training activity, and ongoing SAER actions being taken forward within the Women and Child Directorate. Updates were provided on relevant NDAS and CAMHS Services, as well as adverse events; inpatient falls; tissue viability; violence and aggression; Outpatient Waiting Lists; TTG activity; workforce and financial performance summary for 2024/25 to date. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee on 21 January 2025, January 2025 Infection Prevention and Control Report, and Scottish Renal Registry Audit Report 2024. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Reporting Detail. Welcomed Executive Summary approach. Requested, where additional appendices included members are also given an indication of any additional ask of the Committee in relation to these. Recognised balance required in providing detail to Committee, and need for focus on staff support arrangements at times of increased challenge.
- Emergency Department Cases Where No Follow Up Required. Advised data analysis is carried out, providing appropriate drivers for future activity considerations and ongoing signposting of patients to the most appropriate place of care where required.

After further detailed discussion, the Committee:

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

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

The Board Nurse Director spoke to the circulated report, advising The Child Death Review team had completed two reviews during the reporting period with associated recommendations focused on Sudden Unexpected Death in Infancy prevention and support for coordination of care and support for children at the end of life. A Bereavement Nurse post was in the process of being agreed and funding secured from a range of teams. The Joint Officers Group had discussed support for children who had experienced abuse and would be referred to Children's Services for further consideration. It was reported provision of this service was not part of the existing integration arrangements and could not be delegated to Highland Council. The clinical service for sexual abuse medical examinations sat jointly within paediatrics and forensics (adult mental health). There was no agreed overall ownership of managing gaps in the paediatric out of hours service provision which remained a clinical and organisational risk. It was advised that ensuring readiness for the go live date was a challenging technical exercise that created risks and pressures for the safe and effective delivery of the Child Health Programme and associated administrative systems. The additional staff were to be located and managed within the North Highland Team in Inverness to assist with management, oversight, support/training and to manage a series of risks that are associated with the transformation of the national system. There had also been circulated two Child Death Review Reports and the NHS Highland Child Death Reviews Annual Report 2022-2024. The report proposed the Committee take **Limited Assurance**.

There was discussion of the following:

- Funding Position for Childhood Abuse Survivors Service. Advised wider support levels required improvement. Aspects relating to integration had impacted on services and required further discussion. Relevant issues would be discussed with the Committee Chair.
- Forensic Services. Noting relevant risks had been identified, members requested greater detail of the plan and associated timescales for relevant implementation of the same. Advised the relevant governance group were looking at this point.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Limited** assurance.

The Committee adjourned at 10.55am and reconvened at 11.05am.

7 INFECTION PREVENTION AND CONTROL REPORT

The Board Nurse Director spoke to the circulated report and highlighted key points relating to water incidents in both Raigmore and Campbeltown facilities. The report proposed the Committee take a number of varying degrees of assurance, all as more indicated.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Substantial** assurance that the Infection Prevention and Control team were engaging with national workstreams and reporting to NHS Highland outcome data in relation to strategic delivery plans and mandated requirements.
- **Agreed** to take **Moderate** assurance that the Infection Prevention and Control team had the appropriate workforce to deliver services in line with the National Infection Prevention and Control manual and NHS Highland expectations.
- **Agreed** to take **Substantial** assurance that there is an Infection Prevention and Control governance structure in place which regularly captures, examines and reports on data ensuring accurate understanding, monitoring and control of known infections across NHS Highland
- **Agreed** to take **Limited** assurance.

8 Area Drugs and Therapeutics Committee - 6 Monthly Update by Exception

The Director of Pharmacy spoke to the circulated report and advised the Committee was up and running, with appropriate Sub Groups functioning well. It was reported attendance at ADTC had historically been very Pharmacy heavy and in order to move away from this and to ensure there was cross sector and multi professional representation, colleagues around the table and across the system had been reached out to. The value of the Group was highlighted. The report proposed the Committee take **Moderate** assurance.

The Committee:

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

9 Highland Transfusion Committee – 6 Monthly Update by Exception

The Transfusion Committee Chair spoke to the circulated report and advised that much improvement had been made in the previous year, particularly in the last six months, and membership had increased. There had been better multidisciplinary representation although there was continued lack of engagement from Orthopaedic and General Surgery. This was important in relation to the infected blood inquiry recommendations and its link with theatres. A new page, just for transfusions, had been created on TAM and all policies and guidelines were in the process of being reviewed and updated, to include the anti-D Policy and the Major Hammond Haemorrhage Protocol. The circulated Appendix contained in the report alluded to the Emergency Blood Management Group (EBMG) recently passed by Committee and circulated to the Acute Senior Leadership Team. Recent audit activity and clinical work was also highlighted. The report proposed the Committee take **Substantial** assurance. The Chair welcomed the reporting detail provided.

There was discussion of the following:

- Staff Training Activity. Advised Group maintained oversight of relevant issues.

The Committee:

- **Noted** the report content.
- **Agreed** the Committee Annual Report include reporting on training compliance and associated oversight arrangements.
- **Agreed** to take **Substantial** assurance.

10 Engagement Framework - 6 Monthly Update

The Head of Communications and Engagement spoke to the circulated report and advised the online engagement hub had been launched, with software provider engagement. Offline engagement methods still needed to be continued. An Appendix was provided which contained evidence of the work done with the Isabel Rhind Centre. Engagement HQ provided an oversight for online engagement as indicated. The attention of members was drawn to the ongoing need for operational support around engagement. A mapping exercise was being carried out across the organisation to identify gaps, thereby determining the need for a business case to identify additional resources. The Lochaber Service Redesign and Vaccination Transformation Programme were two of the large transformational programmes coming up. The report proposed the Committee took **Moderate** assurance.

After discussion, the Committee:

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

11 Pharmacy Services Annual Report and Strategic Plan

The Committee was advised this item had been deferred to the next meeting.

12 Risk Register – Clinical Risk and Way Forward

This matter had been addressed in earlier conversation.

13 Public Health – Vaccination Update

P Stott spoke to the circulated report, advising as to the work undertaken towards the end of 2024 in relation to the vaccine improvement plan and following the review from Public Health Scotland and engagement with the Scottish Government this activity continued, with ongoing focus and assurance around the improvements in line with the Level 2 performance escalation to the Scottish Government. An Option Appraisal had been submitted to the Scottish Government Primary Care Division as part of the Vaccine Improvement Group. Feedback had been received from the Cabinet Secretary who was content to support the outcomes put forward. A redesign programme to deliver the vaccines from General Practice as part of a hybrid model was underway. The actions of the Improvement Plan had been consolidated, and a timeline and implementation plan were under review. A draft outline was required by the Cabinet Secretary by the end of March 2025. The Vaccine Improvement Meeting was to take place directly after the Clinical Governance Committee meeting, with all key stakeholders attending. Nationally, the uptake of the Autumn and Winter programme of seasonal COVID and flu had been low, with a slight improvement in terms of percentage point in terms of adult COVID and flu. Vaccination of frontline staff for COVID and flu was very low and just in line with the national average. Focus over the winter period was on taking vaccinations to staff, this being particularly challenging in rural areas. The uptake of vaccines across Scotland had been low overall, with Argyll and Bute slightly higher than Highland Health and Social Care Partnership. The report proposed the Committee take **Limited** assurance.

There were discussions, as per the following:

- The Rotavirus (RSV) Vaccine was consistently a few percentage points lower than the others.
- Impact of Societal Change. The need for continued risk assessment to be carried out was emphasised. There were national programmes to address these issues in addition to vaccine hesitancy and vaccine fatigue, which was evident even prior to COVID.
- Seasonal Vaccination uptake by Staff. Advised staff groups were societal, with associated trends and patterns of behaviour. Most who could get the vaccine during the pandemic got it, with there being very few objectors or non-engagers. This was no longer the case.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to take **Limited** assurance.

14 Draft Clinical Governance Committee Annual Report 2024/25

There had been circulated draft Clinical Governance Committee Annual Report for 2024/25 for was provided for agreement and onward submission to the May 2025 Audit Committee meeting.

The Committee Agreed the report for onward submission to the next Audit Committee meeting, subject to inclusion of attendance at this meeting.

15 Draft Committee Work Plan 2025/2026

There had been circulated for agreement, the Committee Work Plan for 2025/2026.

The Committee Agreed the circulated Work Plan for 2025/26.

16 Committee Self-Assessment Outcomes

There had been circulated detail of the Committee Self-Assessment exercise and associated results. was asked to **note** the content of the Self-Assessment Exercise Spreadsheet and **discuss** the results. Members were advised as to a number of recurring themes, including timely report submission by relevant officers. A low response rate was observed, noting the importance of self-assessment exercises in ensuring active and effective governance. Members were also advised that responses could still be made. The Self-Assessment Exercise would be recirculated to those requesting the same.

After discussion, the Committee otherwise Noted the circulated report.

17 DATE OF NEXT MEETING

The Chair advised the Members the next meeting would take place on 1 May at 9.00am.

18 REPORTING TO THE NHS BOARD

The Medical Director confirmed the Chief Executive would continue to provide the NHS Board with updates in relation to Vascular Services.

Discussion of matters relating to water incidents would be referenced in the Committee Summary to be provided to the NHS Board.

The Committee so Noted.

19 ANY OTHER COMPETENT BUSINESS

There was no discussion for this item.

The meeting closed at 12.00pm