

<b>CLINICAL GOVERNANCE COMMITTEE</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>DRAFT MINUTE</b>	<b>28 April 2022 – 9.00am (via MS Teams)</b>	

**Present**

Dr Gaener Rodger, Non-Executive Board Director and Chair  
 Dr Tim Allison, Director of Public Health (for Item 6.1)  
 Ann Clark, Non-Executive Board Director (to 10.45am)  
 Alasdair Christie, Non-Executive Board Director  
 Robert Donkin, Lay Representative  
 Stephanie Govenden, Consultant Community Paediatrician (Children’s Services)  
 Dawn MacDonald, Staffside Representative  
 Heidi May, Board Nurse Director  
 Joanne McCoy, Non-Executive Board Director  
 Margaret Moss (from Louise Bussell)  
 Dr Boyd Peters, Medical Director  
 Simon Steer, Interim Director of Adult Social Care  
 Emily Woolard, Lay Representative

**In attendance**

Fiona Campbell, Clinical Governance Manager (Argyll and Bute)  
 Dr Robert Cargill, Deputy Medical Director (Management)  
 Ruth Daly, Board Secretary  
 Alison Felce, Senior Business Manager (Medical Directorate)  
 Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics)  
 Rebecca Helliwell, Deputy Medical Director (Argyll and Bute)  
 Brian Mitchell, Board Committee Administrator  
 Mirian Morrison, Clinical Governance Development Manager  
 Kate Patience-Quate, Deputy Director of Nursing  
 Ian Rudd, Director of Pharmacy  
 Bob Summers, Head of Occupational Health and Safety  
 Katherine Sutton, Director of Acute Services  
 Nathan Ware, Governance and Assurance Coordinator

## **1 WELCOME AND APOLOGIES**

Apologies were received from Louise Bussell, F Davies, G Hardie, D McFarlane, C Sinclair and C Stokoe.

### **1.1 Declarations of Conflict of Interest**

A Christie stated that, being an elected member of the Highland Council, he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct and concluded that this interest did not preclude his involvement in the meeting.

## 2 MINUTE OF MEETING ON 3 MARCH 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 3 March 2022 was **Approved**, subject to the following amendments:

Page 7, Item 8.1, Para.2, Line 2 – Amend to read “...stated risk level of Medium.”

Page 8, Item 8.3, Item Heading – Amend to read “Clinical Governance Committee Risks 927 and 928”.

Associated Actions (Including Actions 14-18 from last meeting) were considered as the meeting progressed.

### The Committee otherwise:

- **Approved** the Minute subject to the amendments discussed.
- **Noted** actions would be discussed as the meeting progressed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

## 2.1 MATTERS ARISING

### 2.1.1 Internal Audit (Significant Adverse Events Update)

M Morrison spoke to the circulated report providing an update on progress against each of the recommendations contained within the Internal Audit Report on Significant Adverse Event Reviews. The action plan detailing progress had also been circulated and M Morrison advised significant progress was being made, including relevant training having been scheduled for Mental Health Service staff. In addition, it was advised a member of the Clinical Governance Team had been specifically assigned to review Datix cases for SAERs/Level 2A reviews and an associated audit tool would ensure recording of appropriate information relating to aspects such as Duty of Candour. A Felce was to review all relevant QPS resource. Shared learning aspects would be discussed with relevant QPS colleagues. The report proposed the Committee take **Moderate Assurance**.

The following matters were raised in discussion:

- **Incomplete/Ongoing Actions.** Advised despite significant improvement, Operational Units had a range of actions outstanding and requiring review. A Christie confirmed there was evidence of positive movement having been made and welcomed the circulated Action Plan format. He emphasised the importance of the governance, interface and feedback links between this Committee and the NHS Board Audit Committee from an assurance perspective and requested those actions considered most significant or challenging be highlighted.
- **Shared Learning Activity.** Advised this was provided in relation to specific Adverse Events through issue of an A4 Patient Alerts sheet containing associated recommendations.
- **Argyll and Bute Activity.** Confirmed relevant Officers had met to review and discuss the Internal Audit report and associated recommendations. Advised did not agree with all findings. Recognised the need for process improvements despite existing resource issues.

### The Committee:

- **Noted** the circulated report and associated Action Plan progress report.
- **Agreed** to take **Moderate Assurance**.
- **Agreed** a further update be brought to the June 2022 meeting (Action Plan Point 14).

### 2.1.2 Infection Prevention and Control - Clinical Risk Assessment Compliance.

H May advised relevant compliance levels had reduced, as evidenced by a recent audit of activity. It was advised compliance levels should be at 90% for those being tested prior to hospital admission or surgery. Incidences of non-compliance had been addressed on an individual basis, improvement was expected, and the situation would continue to be appropriately monitored. Detailed reporting was provided to the Committee at each meeting cycle.

#### The Committee:

- **Noted** the reported position and mitigating action being undertaken.
- **Agreed** Action Plan Point 12 was **Complete**.

### 2.1.3 Integrated Performance and Quality Report: Grade 2-4 Pressure Ulcers.

H May advised relevant improvement work was continuing. She advised as to the dataset collected and stated this gave an indication of the level of pressure ulcers within the community when considering those individuals who presented with pressure ulcers on admission. Where an ulcer had developed whilst in the care of NHS Highland this was designated a Nurse-Sensitive Standard. A further update within the IPQR would be submitted to the next meeting.

#### The Committee:

- **Noted** the reported position.
- **Noted** a further detailed update would be provided to the next meeting as part of the Integrated Performance and Quality Report discussion.
- **Agreed** Action Plan Point 17 was **Complete**.

## 3 NHS HIGHLAND INTEGRATED PERFORMANCE AND QUALITY REPORT (IPQR)

B Peters spoke to the circulated report, advising as to detail in relation to performance around Adverse Events/Serious Adverse Event Reviews, Complaints/Freedom of Information (FOI) requests and Hospital Standardised Mortality rate (HSMR). With regard to Complaints, a framework was in place and work had been undertaken at Executive level with a view to improving the existing position. The Information Commissioner had raised the matter of FOI request performance, in relation to which improvement was required, recognising the high number of requests routinely received by NHS Highland in comparison with other NHS Boards in Scotland.

H May then provided an update relating to Tissue Viability, Falls, and Medication Incidents with the latter to be included in future reports. There was a downward trend in relation to Nurse-Sensitive measures, with a contributory factor likely to be the number of staff absences impacting on staff to patient ratios (measured on a daily basis). Activity was being taken forward to mitigate and improve the reported position across Nurse-Sensitive reporting areas. She advised the accuracy and timeliness of Infection Prevention and Control data being presented in the IPQR would be improved. It was confirmed a range of measures, not included within the IPQR, were also considered including instances of Violence & Aggression, Restraint and Self-Harm. On Medication Incidents, I Rudd advised a Medicines Governance Nurse (one of two posts) had been appointed and a pilot was to be taken forward in North Scotland relating to Hospital Electronic Prescribing and Medicines Administration (HEPMA). The report proposed the Committee take **Substantial Assurance**.

The following areas were then raised in discussion:

- Waiting Times Performance. Advised complex area and can be impacted by available resource, geography and a series of local factors including number of hospital facilities and availability of training grade doctors. The NHS Highland Annual Operating Plan would look to address those matters with a view to improving the overall TTG position and catching up with activity that had been delayed for whatever reason. Noted NHS Highland was not unique in having to consider these issues.
- Financial Position. Advised data was reported to the Financial Recovery Board and Performance Recovery Board. Need to recognise all clinical activity comes with an associated cost element. These were complex considerations.
- Report Presentation. Advised Committee had received full report to provide the Clinical Governance Committee oversight of all relevant reporting areas with a clinical element. Development of the IPQR, in terms of Quality and Patient Safety data, remained in development in association with the Service Planning Team. That would include data relating to Patient Experience. A revised report would be submitted to the next meeting.
- Readmission Data. Chair stated Committee had previously requested inclusion of this data. Members were advised readmission numbers, in isolation, were not an accurate indicator of service quality. Further consideration to be given as to what may provide Committee with meaningful information in this area.
- Revision Surgery data. View expressed this may be a better indicator of quality. Advised this would best be formally reported out with the current IPQR arrangements.

#### **The Committee otherwise:**

- **Noted** the reported content and **Agreed** to take **Substantial Assurance**.
- **Agreed** Action Plan Points 2 and 5 were **Complete**.
- **Noted** further consideration would be given as to what information relating to Readmission data would allow for meaningful Committee consideration and discussion.
- **Agreed** there were no major areas of concern at this time in relation to Clinical Governance.

## **4 REVIEW OF VACCINATION IN CARE HOME RESIDENTS**

B Peters spoke to the circulated report advising as to the results of a review commissioned by the Care Home Oversight Group into Care Home vaccinations and Covid19 during the pandemic phase immediately following the development and rollout of the vaccine in late 2020. This followed concerns having been raised in relation to the local prioritisation of activity across Secondary Care and the wider community. The report gave a detailed account of the first wave of vaccinations provided into Care Homes and also of Covid infections and deaths within that specific population. Relevant review questions had initially been agreed by the Chairs of the LMC Group and Care Home Oversight Board and where they had not been adequately answered these had been passed to Public Health Scotland with a request for their independent review. The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Duty of Candour. Not considered to be a Duty of Candour at the time and this was later checked with externally. Relevant learning points from the initial rollout programme should be assessed and reflected upon. Even when Duty of Candour legislation is not technically applicable, the principles remain that the organisation should look at what happened and be responsible for all actions and apologise for any harms. External review of the scientific facts would be extremely beneficial as part of any learning.
- Application of National Policy. Question asked if national Policy relating to priority of Care Homes appropriately and equitably applied in Highland or if different approach had been adopted. Were other groups prioritised ahead of Care Homes, was risk a based prioritisation approach taken etc were among the outstanding questions to be answered.

- Public Health Scotland Report. Stated report will primarily provide planning and system learning aspects for consideration. Future UK wide and individual national pandemic reviews would likely consider similar aspects as part of their wider remit so if PHS is to do the review, they will need to consider any possible overlaps between the review and the national inquiries.
- Geographical Differentials. Agreed PHS should be considering this aspect from the wider NHS Highland perspective. Noted although this was not part of initial discussions it did merit further consideration.

**After discussion, the Committee otherwise:**

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

## **5 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS**

### **5.1 Argyll & Bute Health and Social Care Partnership**

R Helliwell advised the Argyll and Bute Clinical and Care Governance Group had last met on 24 February 2022, with a meeting scheduled for later that afternoon. Existing focus was primarily on activity relating to Complaints. There were a number of active Serious Adverse Event Reviews ongoing, these having been impacted by the impact of the Omicron variant, activity in relation to which would be concluded at the earliest date. Stated the current biggest risks in Argyll and Bute related to workforce matters and Mental Health Service pressures. A funding bid was being developed in relation to improving services in the Oban area. It was noted two senior members of the local Clinical Governance Team were to retire over the coming months. Relevant governance structure improvement activity continued to be progressed. A **Moderate Assurance** level was proposed to the Committee.

**The Committee:**

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

**The Committee agreed to consider the following Item at this point in the meeting.**

## **6 PUBLIC HEALTH**

### **6.1 Vaccination Programme Update**

T Allison spoke to the circulated report outlining progress in implementation of the Vaccination Transformation Programme (VTP) within NHS Highland, previously largely undertaken by General Practice and in schools. The VTP envisaged vaccinations transferring to NHS Board led services by April 2022. There was scope for continuation of services within general practice, but except where local circumstances made this the most effective route such as on islands, services need to transfer to be in line with government policy. The cost of maintaining a service in general practice would increase substantially in future years. The report provided an update on progress in the two Council areas concerned, Highland and Argyll & Bute, with a commission document drawn up which set out the specification of what needed to be delivered in communities and local teams then determining how best vaccination should be delivered within existing resources. The objective was to ensure population health by maximising levels of uptake amongst eligible population groups including hard to reach groups. The report proposed the Committee take **Moderate Assurance**.

**The Committee:**

- **Noted** the reported position on progress in implementing the VTP within NHS Highland.
- **Agreed** to take **Moderate** Assurance.
- **Agreed** Action plan Point 8 was complete.

**The Committee reverted to the original agenda order at this point in the meeting.**

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

**7.1 Highland Health and Social Care Partnership**

M Moss spoke to the circulated report in relation to the Highland Health and Social Care Partnership Area, providing detail in relation to aspects including Clinical Governance, Mental Health services, Out of Hours GP services, Tissue Viability staffing concerns, Continence Service staffing concerns, reduced staffing levels within Nairn Minor Injuries Unit and Portree Urgent Care Centre due to Covid related absence, and a lack of recruitment to date for the new Broadford Hospital on the Isle of Skye. Challenges also remained in relation to Social Work Services and Adult Social Care. There had also been circulated Minute of Meeting held on 31 March 2022. The report proposed the Committee take **Limited Assurance**.

Matters of concern raised in discussion were:

- Tissue Viability/Continence Services. Stated notification of relevant discussion positive however Committee would have welcomed an outline of agreed actions and development of an Action Plan. This point to be fed back to the HHSCP Quality and Patient Safety Parent Group.

**The Committee otherwise:**

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

**7.2 Acute Services**

There had been circulated a Report in relation to Acute Services, drawing the attention of members to the wider impact of Emergency Access performance and assessment delays; impact of requiring additional capacity to accommodate Covid positive patients; clinical prioritisation activity; incident reporting; and Pathology, Radiography and Breast Surgery Teams concerns. It was reported there were 7 active SAERs at that time and across all Acute services there had been 5 Duty of Candour cases between 1 January and 31 March 2022. The report went on to indicate that the relevant QPS structure had been reviewed along with the wider clinical governance activity of the Acute Services Division, a formal proposal in relation to which had also been circulated. The support of the Committee was sought in relation to the proposal, and it was confirmed that Minutes from the relevant Divisional Clinical Governance Committee would in turn be submitted to this Committee for assurance purposes. The report proposed the Committee take **Moderate Assurance**.

**After discussion, the Committee:**

- **Noted** the report content.
- **Agreed to Support** the proposed revised Clinical Governance and QPS arrangements.
- **Agreed** to take **Moderate** assurance.

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

S Govenden spoke to the circulated report, highlighting the ongoing position in relation to CAMHS, NDAs and Child Protection Services. It had been confirmed there would be a joint inspection of highland children's services in 2022, with focus on issues including partnership arrangements and corporate parenting. The Child Death Review Process was in the process of being established, the first of which would be held at the end of May 2022. Associated governance reporting would be through the ICYPCGG for each death and through publication of annual reports. It was also highlighted there was a lack of accommodation for parents of those infants who were resident in special care and other children required to stay in Raigmore Hospital. There had also been circulated Minute of Meeting held on 10 March 2022. The report proposed the Committee take **Moderate Assurance**.

Discussion points were as follows:

- Board Framework for child protection accountability. Confirmed this would be presented to the NHS Board.
- Forensic Services. Noted financial support in place for associated Therapeutic Service in association with relevant partners. H May advised a report capturing the relevant need and additional investment required by NHS Highland was being developed. Service previously provided by Highland Council, and now an NHS responsibility. Represented a clinical risk.

#### The Committee:

- **Noted** the report content.
- **Welcomed** the detail of Datix considerations relating to the Children's Ward.
- **Agreed** to take **Moderate** assurance.
- **Agreed** Action Plan Point 9 was **Complete**.

## 8 INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end February 2022. All Antimicrobial prescribing targets continued to be met and whilst targets for C.diff, SAB and E.Coli had not been met, associated performance remained within predicted limits. Relevant Action Plans had been developed and were being taken forward. There had been no incidences or outbreaks of Flu across the same period although two outbreaks of Norovirus had been reported during March 2022. During the reported period a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside Health Protection staff to continue to manage a number of individual cases, and contacts across all health and social care sectors of NHS Highland. There had been 34 Care Homes (NHS and non-NHS) closed during February and March 2022. New guidance had been received from the Government regarding de-escalation of Covid-19 infection and prevention and control measures in Health and Social care settings to alleviate system pressures. An implementation group had been established chaired by a Deputy Medical Director. Actions to reduce the risk of infection would include lateral flow tests for patient contacts and pre-elective screening. There had been no Healthcare environment inspections carried out since the last reporting period and there had been no risks to compliance with Data Protection legislation. Relevant areas of challenge were outlined in more detail for the information of members, and it was advised there continued to be a focus on aspects relating to Mandatory Training. The report proposed the Committee take **Substantial Assurance**.

**The Committee:**

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

## **9 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION**

### **9.1 Ockenden Inquiry Review Report**

H May spoke to the formal Report, which had been made available to Committee members, and advised that following receipt of the same it had been agreed to undertake a detailed gap analysis within NHS Highland against each of the 60 Improvement Actions contained in the Report. Associated workshops were in the process of being held with a view to developing an associated Action Plan. During discussion it was requested that an update on the gap analysis, any subsequent activity undertaken, and previous associated gap analysis activity should be brought back to this Committee. On the point raised in relation to regular monitoring reports it was advised these were previously submitted to the Maternity and Neonatal Services Strategy and Coordination Committee however, with the establishment of the new Women and Children's Service Division (North Highland) consideration was now being given to the development of an overarching Professional Leadership Group for Maternity. It was advised the Ockenden Report would be submitted to a range of Clinical Governance and other Groups, including within Argyll and Bute/Acute Services and more widely to the Highland Health and Social Care Partnership given the Community Midwifery element of Maternity Services. Assurance from those Groups would be escalated to the new Professional Leadership Group.

**The Committee:**

- **Noted** the Ockenden Inquiry Review Report.
- **Agreed** an update on all gap analysis activity be brought to the September 2022 meeting.

### **9.2 Redress Scheme for Survivors of Historical Child Abuse in Residential Care**

H May spoke to the circulated NHS Scotland Public Statement document and advised that all NHS Boards in Scotland had agree to sign-up to participate in the relevant scheme created by The Redress for Survivors (Historic Child Abuse in Care) (Scotland) Act 2021.

**The Committee so Noted.**

## **10 HEALTH AND SAFETY COMMITTEE – 6 MONTHLY EXCEPTION REPORT**

B Summers spoke to the circulated report providing a six-monthly update in relation to the activity of the Health and Safety Committee and outlining the recommendations contained within the Health and Safety Committee Annual Report 2021/2022 including in relation to governance, Policy and compliance requirements. He went on to outline and update on the key significant issues and risks relevant to the Clinical Governance Committee in relation to Statutory and Mandatory Training; reduction and management of ligature points; suicide prevention and use of plastic bags in Psychiatric Inpatient and other more general settings; management of suicide and deliberate self-harm within Raigmore and Rural General Hospitals; provision of Places of Safety within



Raigmore and Rural General Hospitals; and HSE Enforcement activity in Ruthven Ward, New Craigs. Relevant actions, both required and underway, relating to the key issues and risks identified were also briefly outlined, and more detailed in the circulated report. The report proposed the Committee take **Moderate Assurance**.

The following areas were then discussed:

- NHS Board Risk Appetite. Chair stated discussion would be required in relation to actions unlikely to be completed in the short to longer term.
- Support for staff taking improvement actions forward. H May advised that as local actions were implemented local staff were routinely kept appropriately informed. Staff were also advised in advance where public briefings were to be issued. Senior Charge Nurses were supported, kept up to date on all relevant activity and were responsible for the escalation of issues as required. Further consideration would be given by Associate Nurse Directors as to level of support that can be made available to local staff.

**The Committee:**

- **Noted** the Health and Safety Committee six monthly exception report.
- **Noted** the key significant issues, risks and recommendations relevant to the remit of the Clinical Governance Committee.
- **Noted** the recommendations in the Health and Safety Committee Annual Report 2021/2022.
- **Noted** the Committee would likely be required to provide oversight in relation to relevant Statutory and Mandatory training elements arising from Internal Audit review.
- **Agreed** to take **Moderate** assurance.

## 10 ANY OTHER COMPETENT BUSINESS

The Chair confirmed the scheduled six-monthly update in relation to the work of the NESH Transfusion Committee would be brought to the next meeting.

**The Committee so Noted.**

## 11 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to a downturn in relation to Nurse-sensitive performance areas and also in relation to Infection Prevention and Control targets not being met despite NHS Highland remaining within predicted limits.

**The Committee so Noted.**

## 12 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2022 as follows:

**30<sup>th</sup> June**  
**1<sup>st</sup> September**  
**3<sup>rd</sup> November**

**13 DATE OF NEXT MEETING**

The Chair advised members the next meeting would take place on 30 June 2022 at 9.00am.

**The meeting closed at 11.25am**