CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
MINUTE	**07 November 2024 – 9.00am (via MS Teams)**

Present
Alasdair Christie, In the Chair
Tim Allison, Director of Public Health
Emily Austin, Non-Executive Board Director
Ann Clark, Board Vice Chair (Substitute)
Muriel Cockburn, Non-Executive Board Director
Sarah Compton-Bishop, Board Chair (from 10.05am)
Fiona Davies, Chief Executive (from 10.05am)
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director/Lead Officer

In attendance
Gareth Adkins, Director of People and Culture (from 10.55am)
Isla Barton, Director of Midwifery
Evan Beswick, Chief Officer, Argyll and Bute HSCP (from 9.05am)
Sarah Buchan, Director of Pharmacy
Claire Copeland, Deputy Medical Director (Community)
Pamela Cremin, Chief Officer (North)/Director of Community Services
Ruth Daly, Board Secretary
Alison Felce, Senior Business Manager
Drew Ferguson, Audiology Manager (Argyll and Bute)
Alison Fraser, Discharge Flow Manager (from 11.15am)
Allan Graham, Head of Audiology (Acute)
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
Elaine Henry, Deputy Medical Director (Acute)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Leah Smith, Complaints Manager
Catherine Stokoe, Infection Control Manager (from 10.40am)
Katherine Sutton, Chief Officer Acute Services (from 10.40am)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from Committee members L Bussell and L Henderson.

1.2 DECLARATIONS OF INTEREST

The Chair advised that being Chief Executive of the Inverness Citizens' Advice Bureau (CAB), and a Highland Councillor he 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 his involvement in the meeting.

1.3 MINUTE OF MEETING THURSDAY 5 SEPTEMBER 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 5 September and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee:

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

1.4 MATTERS ARISING

There were no matters discussed in relation to this Item.

2 SERVICE UPDATES

2.1 Audiology Services Formal Updates (Independent Review of Scotland Audiology Services 2023)

Argyll and Bute

The Audiology Manager for Argyll and Bute spoke to the circulated report providing an assessment of the National Review findings insofar as these applied to Argyll and Bute with an outline of the review recommendations requiring implementation to ensure any relevant improvements identified in the local service. He outlined a number of key elements relating to staff travel requirements; increasing patient complexity; service capacity to meet Scottish Audiology Standards; cessation of associated research and development activity; hearing aids cost burden; and additional administrative support requirements. The report detailed a number of actions and associated recommendations with a view to fulfilling the Independent Review of Scotland Audiology Services 2023 and proposed the Committee take **Moderate** assurance.

North Highland

The Head of Audiology spoke to the circulated report, advising as to the actions being taken forward against a list of 52 recommended actions from the associated National Review and Local Board Assurance Framework issued to all NHS Boards in Scotland, requesting that this either be in place or ensure plans to implement the recommendations were in place. He highlighted a series of key matters relating to staff training; increased service and associated reporting visibility; and engagement with external services and forming links for peer review to help improve patient care/pathways. The report proposed the Committee take **Moderate** assurance.

General Discussion

The Board Medical Director emphasised there were issues being faced by Audiology Services across Scotland, requiring a renewed Service focus and improved clinical governance oversight in relation to ensuring an appropriate associated improvement journey aligned to the National Review recommendations. The reports previously considered were a step in that direction. There was need to assess existing training, resource and governance aspects to provide a clear understanding of where improvement was required. It was reported this activity formed part of a wider strategic review and assessment of a range of Services across Scotland by the Chief Healthcare Scientist.

Members took the opportunity to acknowledge the impact on service delivery in Argyll and Bute, of the need for provision of travelling services, and recognise the range of service improvement activity in area and the innovative solutions involved. It was stated there would be associated learning for

other service areas. The ability to introduce improvements in an autonomous manner had been a key aspect of recent successes. There was a request that future updates to the Committee include an update on the structure of Audiology Services for Children across North Highland.

After discussion, the Committee:

- **Noted** the reported position, individual assessments and associated recommendations.
- **Agreed** to recognise the improvement work progress to date, and associated staff dedication.
- **Agreed** a formal update be provided to the May 2025 Committee meeting.
- **Agreed** to take **Moderate** assurance.

2.2 Future of Vascular Services in NHS Highland

The Board Medical Director spoke to the circulated report advising Vascular services in Highland were no longer sustainable and could not provide all of the specialised care which would be available in an "arterial centre" as defined by British Vascular Society. To achieve best possible care for the Highland population, on a sustainable basis, change was required. NHS Highland had relied on Consultant led care 24/7, locally provided by three substantive Consultants until 2023. One colleague had retired from practice in 2023, and with recruitment having been unsuccessful this meant the service in its current form was unsustainable, relying on two substantive surgeons plus one locum. Locum recruitment had also been challenging with periods where no locum cover had been available. Providing 24/7 cover with only two substantive consultants was not an acceptable situation. Formal mutual aid requests had been made to other NHS Boards and these requests continued to be made. The Stonebridge report in November 2023 had indicated the future for the Raigmore service was to cease to be an 'arterial centre' within 1-2 years and move to providing some local services while more complex or major procedures were conducted in a larger centre which had the full suite of vascular services, facilities and specialist workforce. A year on from the Stonebridge report substantive change had not been achieved. The report provided an update on developments in national discussions and on the urgent need for change. The report proposed the Committee take **Limited** assurance.

The Deputy Medical Director (Acute) took the opportunity to advise active support was being provided to the existing team on daily basis and to the wider associated service functions and staff teams. The wider impact of a loss of Vascular Services was in the process of being evaluated. It was emphasised the national position also remained challenging, impacting the ability to cover areas. The provision of Government and Executive level support to date had been welcomed. A key element moving forward was the ability to continue to support relevant staff and patients.

The following was raised in discussion:

- Position on National Model. Advised model agreed by Operational Medical Directors, with a large degree of clinical support. A network model had been proposed for North Scotland, and whilst patients may be required to travel further for treatment, they would have greater access to the full range of modern care available. This mirrored the position in England, adopted roughly a decade ago'. The new model was expected to be based on minimised levels of travel. The North Network arterial services remained under active consideration.
- Acute Services. Asked if liaison with Scottish Ambulance Service etc part of considerations. Confirmed regular meetings continued to be held, including with the Air Ambulance team.
- Current Emergency Cover. Advised provision of mutual aid currently enabling services to continue, with surgical procedures for high tariff cases being undertaken in Glasgow. Active discussions were underway with a number of NHS Boards.
- Future Proofing the New Service Model. Advised complex area to consider given the pace of change. Formal specialist advice had been taken on required change processes and relevant horizon scanning elements. It had been recognised there would be continuing need for physical direct patient contact for procedures such as stent insertion activity. The level of involvement by specialist technologists was likely to increase.

- Lead In time for Agreement and Implementation of New Service Model. Suggested this represented a potential long-term risk for NHS Highland that required to be appropriately managed. Requested an update on these aspects, and the provision of support for colleagues, for the next meeting. It was stated Committee, NHS Board and Executive level support was recognised and welcomed.

After discussion, the Committee:

- **Agreed** to **Recognise** the Raigmore Vascular Service required urgent support, including the provision of more complex investigations and procedures by a larger unit.
- **Agreed** to **Consider** and enact the recommendations made by the expert reviewers and the National Task and Finish Group, including no longer being considered an arterial centre.
- **Agreed** to **Support** ongoing national discussion.
- **Agreed** a formal update on associated risk management (patient access, service sustainability etc) and colleague support arrangements be brought to the next meeting.
- **Agreed** to convey the gratitude of the Committee to all staff members involved in seeking a solution to the current position.
- **Agreed** relevant issues and challenges raised in discussion be escalated to the NHS Board.
- **Agreed** to take **Limited** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 IT Issues Affecting NHS Highland and Staff Using Own Devices

The Board Medical Director advised recent changes to IT equipment and software had led to difficulty for a number of clinical staff members, in particular those using their own electronic devices. National security changes, not expected by relevant clinical staff, had led to a range of issues. It was advised eHealth had worked through a number of the specific instances encountered. The need for change implementation in this area had been recognised in light of issues elsewhere in Scotland.

The Committee Noted the position.

3.2 Suggested Changes to Committee Membership

Members were advised the Board Nurse Director had asked that consideration be given to the inclusion of the Director of Midwifery and Director (Allied Health Professionals), and Clinical and Associate Directors of Nursing and Midwifery as 'In Attendance' and be invited to attend all meetings.

The Board Secretary advised there were no barriers to the Committee agreeing changes to its formal Terms of Reference and associated membership, subject to subsequent ratification by the NHS Board. Terms of Reference for Governance Committee were scheduled for review in early course.

The Committee Agreed wider membership arrangements be further considered and discussed.

3.3 Introduction of InPhase System within NHS Highland

The Board Medical Director advised a report would be submitted to the next meeting of the Executive Directors' Group in relation to challenges that had arisen in relation to introduction of the InPhase system within NHS Highland, as a direct replacement for the existing Datix system. As a result, the Datix system would continue to remain live at additional cost while the InPhase was eventually introduced on a more phased basis.

The Committee:

- **Noted** the reported position.
- **Noted** a formal update would be brought to the next meeting.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate** assurance.

The Committee:

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

5.1 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; Maternity/Midwifery and Neonatal feedback; Adverse Events; Hospital Inpatient Falls, and Tissue Viability. 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 decreased, with the main themes relating to CAMHS/NDAS appointment waiting times, communication between staff and care/treatment. There had been a significant increase in the number of stage 2 complaints received in August 2024; SPSO activity remained steady, with spotlight services provided being relation to Maternity/Midwifery and neonatal care. The status of SAER open actions had been discussed with Professional Leads, with review plans having been developed. There was a focus on those areas with the highest rate of falls. Action was being undertaken to increase the uptake of training relating to pressure ulcers and an action was in place to address an increase in C.diff cases over recent months. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** the next formal update include a focus on activity required to drive improved performance, including any support and actions required from this Committee.
- **Agreed** to take **Moderate** assurance.

6 INTEGRATED PERFORMANCE AND QUALITY REPORT PLUS ANNUAL DELIVERY PLAN 2024/2025 (Q1) – OUTCOMES/GENERAL UPDATE

There was no discussion in relation to this Item. An update would be brought to the next meeting.

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

7.1 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 updates on Sexual Health Services and the Public Dental Service; 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. It was reported that a response had been provided in relation to a formal enquiry from the Mental Welfare Commission. The report proposed the Committee take **Moderate** assurance.

The Director of Public Health took the opportunity to reference the challenging position relating to Sexual Health service provision in Argyll and Bute, advising if this was not to be provided by NHS Greater Glasgow and Clyde then further formal detailed consideration would be required.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** a formal update would be provided to the next meeting on Sexual Health Services.
- **Noted** an update in relation to a CAMHS service internal service review would be provided to the next meeting.
- **Noted** an update would be provided on falls work and improvements within the Lorn & Islands would be provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was 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, with all areas reporting on issues relating to recruitment and retention and being taken forward by the Director of People and Culture through relevant management structures. Sickness levels were at 6.27% as at September 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been the subject of a followed-up development session, with several actions identified to improve performance and the quality of responses. Work would be taken forward by the Clinical Governance Development Manager. One SPSO case had been re-opened during the reporting period, six had been closed, and with 8 Compliments having been received over the previous three months. There continued to be a weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. An overview of SAER activity was provided. Current issues being highlighted were in relation to the Care Home sector, with daily care home bed vacancy meetings being trialled in Inverness to support the progress, review and monitoring care home placement requests. Other issues included Primary Care, Community Nursing, submission of an options appraisal around GP flexibility relating to vaccination activity, Chronic Pain Service and Pharmacy. Further discussion was to be held in relation to national IT concerns relating to access to 'orphaned' documents within the Docman system. Areas of positivity included the adoption of a new governance framework by the Board Managed Practice Group in relation to Primary Care, and the shortlisting of a Mental Health Support Worker from Forensic Services for the National Health Care Worker of the Year Award. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 8 October 2024. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Areas for Future Reporting. Suggested a detailed update in relation to complaints activity, and feedback and assurance on the sift and sort process outlined in the report. Other areas suggested related to QPS interface structure arrangements, embedding of learning activity and Community Services governance arrangements.

After further discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agree** to receive a detailed update in relation to the Chronic Pain Service at the next meeting.
- **Agreed** to receive a formal report relating to Docman activity at a future meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services. advising that in terms of hospital mortality there had been no trends for concern identified. Updates in relation to Hospital Acquired Infection (HAI) and emergency access were also provided, noting the latter continued to be challenging, with capacity being impacted by delayed discharges. It was reported a Short Life Working Group had been established to review concerns relating to the Medical Retinal Pathway at the National treatment Centre. Other aspects relating to quality and patient care were also highlighted, including updates on Vascular Services, cancer performance, operational performance, adverse events, tissue viability, a reduction in medication errors, workforce matters, and an Acute 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 17 September 2024, a report on capacity and flow, Scottish Hip Fracture Audit Report and Scottish Arthroplasty Project National Report. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Urgent and Unscheduled Care. Questioned the associated RAG ratings. Advised the rating was against the nationally set target of 95%, with NHS Highland performing well against the 4-hour target nationally. Work continued in relation to improving overall performance aspects.
- Delayed Discharges. Noted at consistent level since September 2023. Questioned what support the Committee could provide in this area.
- Inpatient Falls. Questioned whether the numbers highlighted related to individual patients or incidents. Advised a range of targeted preventative activity being taken forward including in relation to place of care etc.
- Vacancy Data. Questioned current timescale for posts to remain vacant. Advised weekly whole system vacancy meetings held to look at all relevant aspects.
- Infection Control (C.diff). Confirmed whole system approach across all operational areas, including Community Hospitals. Advised more detail would be included in future reports.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Agreed** a formal update on Urgent and Unscheduled Care improvement activity be provided at the next meeting.
- **Agreed** to take **Moderate** assurance.

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

The Director of Midwifery spoke to the circulated report, advising the child death review process had indicated greater support was needed to deliver end of life care to children in remote and rural areas, coordinated with national centres and specialist expertise. The joint child protection/CDR review found that a focus on Sudden Unexpected Death in Infancy would support staff to understand the particular vulnerabilities of babies living in conditions of greater deprivation and the challenges of patent alcohol and drug use. Information sharing and IT services to support child protection was also raised as an issue. The Joint Officer Group had acknowledged responsibilities in respect of children not delegated and had asked for further assessment to be made of what service was required in terms of therapeutic support and recovery. The Infants, Children's and Young People's Clinical Governance Group (ICYPCGG)had raised concerns over the forensic provision and would

be monitoring progress in this area. The lack of a clinical lead post in the forensic service had been escalated via relevant Acute Services QPS routes. The Board Nurse Director was working with the Child Health Commissioner to understand different governance models and was looking to seek wider views before proposing revised child health structures, meetings or Terms of Reference. The work remained underway and was progressing. Further matters were highlighted in relation to quality and patient care, workforce and financial aspects. There had been circulated Minutes of meetings of the ICYPCGG held on 16 September and 16 October 2024, plus two Child Death Review Reports. The report proposed the Committee take **Moderate Assurance.**

On the point raised in relation to Paediatric Forensic and Advocacy Services, members were advised activity was underway in relation to aspects around physical examinations, absence of a Forensic Lead, 24-hour paediatric cover and specialist services. Overall numbers were low. A Service Level Agreement was in place with NHS Greater Glasgow and Clyde, there was continuing involvement from within the Third Sector and further consideration was being given as to services for under 13's.

The Committee:

- **Noted** the report content.
- **Agreed** to receive a report on developing associated governance structures at a future meeting.
- **Agreed** to take **Moderate** assurance.

The Committee adjourned at 10.45am and reconvened at 10.55am.

8 Infection Prevention and Control Report

The Infection Control Manager spoke to the circulated report and advised the report was in a different format to highlight more local data. The validated data covered from April until June and showed that NHS Highland were within the predicted level of reduction, with provided for other Boards for comparison. Communication continued with all Boards to identify any ways of working that could be adopted to reduce infection rates. It was expected the base line targets would change as the data was based on 2018 figures which were pre pandemic. A meeting to discuss changing the base line figure had been held but there was no further update at that time. There had been challenges with recruitment, but an Infection Control Nurse had now been appointed to post.

M Cockburn queried the level of assurance citing NHS Highland had been sitting with a RAG status of red for some time which was a concern. She queried whether more public education would resolve this. The Infection Control Manager stated there were conversations being held at a national level regarding some of the data explaining that conversations were ongoing regarding the baseline data with ARHAI. Population surges happened throughout the year, but this was not accounted for within the current data. Definition of healthcare infections was also being looked at as often some infections were out with the control of the hospital or infection control team. She agreed further education would be helpful citing that education on preventative measures would involve education within the community. Work was ongoing regarding E Coli prevention and in residential homes looking at any conditions that could have been prevented to identify further education and training.

A Clark highlighted the work ongoing across all the Governance Committees in respect of the definitions of the assurance that was given in the reports. Giving more information within the reports as to what the assurance level related to would help the Committees decide whether the level of assurance offered was accurate. She went on to give examples of how this would reflect in the reports going forward. The Chair agreed this would be helpful, citing if there were different themes within a report then there could be different levels of assurance provided. Further guidance to report writers to advise them would be helpful going forward.

After discussion, the Committee:

- **Considered** the report content.

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

9 Health and Safety Committee – 6 Monthly Update

The Director of People and Culture spoke to the circulated report providing a 6 monthly update, including on aspects relating to Health and Safety Strategy and Corporate Plans and ongoing Health and Safety Executive Enforcement activity. It was reported officers were working towards finalising an NHS Highland Health and Safety Strategy for the coming three years, including an Improvement Plan detailing each year's activity. There was continued improvement in Health and Safety across the organisation, including an increase in relevant assurance reporting. There had been strong clinical engagement with all relevant processes to date. The report proposed the Committee take **Moderate** assurance.

The Committee:

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

10 Public Health – Screening Services Update

The Director of Public Health spoke to the circulated report, providing an overview of the effectiveness of the screening programmes across NHS Highland. The report updated on findings over the previous 12-month period in terms of uptake and general running of the provision of safe, effective, and person-centred care and treatment. The report also provided an overview of the cross-cutting theme of inequalities and provided a detailed summary assessment of each of individual screening programme elements in relation to Abdominal Aortic Aneurysm; Bowel Cancer; Diabetic Eye Screening; Cervical Cancer; Breast Cancer; and Pregnancy and Newborn Screening. More detailed information concerning the individual programmes had been included within respective appendices. Detail of relevant highs, lows and priorities were also provided. The report proposed the Committee take **Moderate** assurance.

During discussion, the Chair sought an update on providing outreach services for deprived communities and any associated learning to be taken from elsewhere. It was advised separate funding was available for action on inequalities however there was no definitive agreed direction to be taken in that regard. A range of communication activity and local initiatives were being taken forward within NHS Highland.

The Committee:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Moderate** assurance.

11 Maternity and Neonatal Services – 6 Monthly Update

The Director of Midwifery spoke the circulated report providing an update on the current national strategic priorities and how these were being translated into local governance and operational priorities. Future reports would be extended to include Women's Services from an Acute perspective and would include Gynaecology and the Women's Health Plan. It was noted there had been an ask for a report to include Health Visiting update, with these services sitting within Highland Council and Argyll and Bute IJB. The governance and reporting structures for children's services were under review by the Infant, Children and Young People Committee supported by the Child Health Commissioner and led by the Board Nurse Director. The outcome of the reporting for these services would be shared with the committee indue course. It was reported there was significant national

focus from Scottish Government and Healthcare Improvement Scotland on Perinatal (Maternity and Neonatal) services. The level of scrutiny for the services over the would be unprecedented. Maternity and Neonatal Services required to be able to provide evidence of assurance both locally and nationally and be able to respond to the scrutiny and changing demands. All NHS Boards were working to enhance their current position, with national workstreams supporting activity. The improvement programmes provided for a focus on quality, with a strong emphasis on safety within Maternity and Neonatal services. From an NHS Highland perspective, there was positive engagement across the National and local workstreams. The Committee is being asked to note the priorities for the services and support the work being taken forward.

Specific detailed updates were provided in relation to national neonatal redesign activity, collaboration with NHS Grampian, unannounced inspections, national standards for Perinatal Services, midwifery workforce, and the work of the Quality and Care Assurance Board for Maternity and Neonatal Services. Further information was also provided on the essentials of safe care, quality and risk; Bereavement Forum; Communication, Engagement and Lived Experience Forum; training and development activity, Midwifery Led Care Forum, Neonatal activity; digital and data aspects; clinical guidance and pathways; and public health and health inequalities.

During discussion, the Chair welcomed the separate levels of assurance provided on a number of specific areas of activity. On the point raised, it was noted there was a review underway in relation to community maternity provision across North Highland and Argyll and Bute to ensure equity of service and with the aim of enhancing care at the local level. Strong working relationships were in place with both Staffside and wider partner organisations, with regular meetings held to discuss and address services for women and ensure effective public engagement. The Deputy Medical Director advised she had also met with the Skye Recruitment Group and had noted recent successes. The report proposed the Committee take varying levels of assurance from **Substantial** to **Moderate** in relation to a number of individual activity areas.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take the recommended levels of assurance contained in the circulated report.

12 Risk Register - Clinical Governance New Risks

The Medical Director spoke to the paper which proposed the addition of two risks to the Board's Strategic Risk Register relating to access and sustainability of services. Of the first risk, on Access, it was noted there was a need to reflect risks which might impact on waiting time standards for instance TTG, Out-patients, diagnostics, CAMHS, NDAS and cancer patients as well as non-MMI waiting lists and other community and mental health referral pathways which could lead to delay in diagnosis and a poorer experience for the population. It was noted access was part of the Together We Care Strategic Objectives, particularly 'treat well', 'thrive well' and 'stay well'. The challenges to services were expressed as being due to local and national workforce challenges, and changes to achievable standards for specialties, informed by research evidence and advances in technology. Therefore, there were uncertainties to be managed in services with high sustainability challenges and the need to have an overall strategic view with mitigating actions and future planning. The overarching risk would be held by Clinical Governance Committee.
The second area of risk related to sustainability of services, with the aforementioned difficulties in recruiting and retaining workforce being one of the commonest factors. High risk for sustainability was noted in services such as vascular surgery, oncology, general practice, and dental services. While each department and division holds relevant risks for these services in their operational Level 2 and Level 3 risk registers, an overarching risk statement held by the clinical governance committee would give good reflection of these various risks in overall strategic terms.

In discussion, the Chair asked if a report could be provided to attempt to forecast areas of service risk in terms of the age profile of staff. The Medical Director suggested this area might be best examined via the Staff Governance Committee; however, it may form part of work to assess clinical risks considered by this Committee.

The wording of the report was then discussed in terms of its active use of language and how this may be misinterpreted. It was commented the potential impact on staff morale and wellbeing of the risks described might form part of the overall risk reporting. It was suggested the risk items presented be considered in relation to other risks on the Risk Register in order to draw out the differences between these and areas such as ADP and Transformation risk items. The Medical Director noted the report was an umbrella high level approach to risk, but it was important such risks be properly accounted for at operational level in wider dialogue regarding governance and executive aspects. It was commented in discussion that staff at Operational level had expressed interest in risk workshops to better understand and record risk. The Chair requested the paper be amended to reflect the issues raised in the discussion.

The Committee:

- **Noted** the report detail.
- **Agreed** to the inclusion of the two risks identified, subject to the amendments agreed in discussion.
- **Agreed** to take **Limited** assurance.

13.1 Public Health Vaccination Update

The Director of Public Health spoke to the circulated report providing an update on vaccination work since the last report had been presented to the Committee in September 2024. Concern about the performance of the vaccination programme within Highland Health and Social Care Partnership (HHSCP) had led to a level 2 escalation in the performance management framework from Scottish Government in November 2023. A plan was in place to move out of level 2 and some progress had been evidenced. Work had also been under way to consider the best delivery model for vaccination in the HHSCP area and this had been accelerated through an options appraisal considered by the Executive Directors Group (EDG) and submitted to Scottish Government for approval with a view to allowing flexibility to bring children's vaccination delivery largely back within GP practices, and further work is carried out to consider adult vaccination delivery routes. It was reported childhood vaccination figures remained a cause for concern especially in the HHSCP area although there were areas of improvement. The most recent adult programme for Respiratory Syncytial Virus vaccine had received a lower uptake across NHS Highland than for the rest of Scotland. It was expected opportunities to change the appointment processes would lead to improvements for the respiratory pathways and other adult programmes in the future. Early performance for COVID and Influenza vaccination had been noted as more positive.

It was noted that moderate or substantial assurance (depending on the impact of finance) could be offered for Argyll and Bute, and that limited assurance was offered for the HHSCP. It was noted that in both areas there was a need to ensure that an effective model for remote and rural areas could be sustained and that staffing challenges could be met. Once an agreed delivery model was in place and there was evidence of its effect on performance, assurance could be increased to moderate for HHSCP. The report proposed the Committee take **Limited** assurance.

In discussion, the reasons for poorer performance of vaccination uptake in the Highland region were considered, which included, the challenge of the wide remote and rural geographic spread, that vaccination transformation work had been introduced late and the Board-led delivery model to bring Highland into line with other boards had been implemented during the COVID pandemic. It was also stated the lead agency model had slightly hindered effective delivery. Issues with communications were noted such as the portal having gone offline for a period, and some discrepancies reported

around invitations and 'Did Not Attend' letters. The dedicated work of the Vaccination Working Group was acknowledged.

The Director of Public Health noted the present position reflected changes in the Vaccination Transformation Programme and there were now additional or expanded vaccination programmes covering a range of areas such as respiratory pathways, childhood vaccinations, and adult shingles. It was acknowledged public confidence would be built from an efficiently designed delivery system with good maintenance of communications. It was confirmed that school vaccinations were not part of the primary care options appraisal and would remain under Board delivery.

The Committee:

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

14 Implementing the Blueprint for Good Governance Self-Assessment Findings

The Board Secretary spoke to the report which noted the NHS Board had received its first full year progress report on the Blueprint Improvement Plan in July 2024. There were now only a few remaining longer-range items on the plan to be taken forward. The report provided an overview of progress on the work being undertaken on developing the Board's approach to a quality through a quality framework. The actions had been brought to the committee for informal oversight. A joint session between the Area Clinical Forum and the NHS Board had been held in April 2024, which helped to shape and inform the quality workstream. Work was underway to review how the Board was working in order to introduce a quality framework through a measured and planned approach. Patient feedback and experience would be included in the framework dataset and the work would be benchmarked against approaches taken by other NHS Boards. It was commented that work was ongoing on both elements and would take time to mature. The report proposed the Committee take **Moderate** assurance, for the reasons stated.

The Committee:

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

15 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 9 January 2024 at 9.00 am.

16 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to Vascular Services, and two newly identified Clinical Governance associated risks.

The Committee so Noted.

17 ANY OTHER COMPETENT BUSINESS

There was no discussion for this item.

The meeting closed at 12.00pm