


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	7 March 2024 – 9.00am (via MS Teams)

Present Alasdair Christie, Non-Executive Board Director, and Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Nursing Director
 Muriel Cockburn, Non-Executive Board Director
 Liz Henderson, Lay Representative
 Dr Boyd Peters, Medical Director

In attendance Sarah Bowyer, Scottish Health Council
 Sarah Buchan, Director of Pharmacy and Controlled Drugs (Item 9.1)
 Rob Cargill, Deputy Medical Director
 Stephen Chase, Board Committee Administrator
 Ann Clark, Board Vice Chair
 Claire Copeland, Deputy Medical Director
 Alison Felce, Senior Business Manager (Medical Directorate)
 Evelyn Gray, Associate Nurse Director
 Steven Gunn, Child Death Reviewer, Public Health Team
 Rebecca Helliwell, Depute Medical Director (Argyll and Bute)
 Moranne MacGillivray, Senior Service Manager (CAMHS and NDAS)
 Iain Ross, Head of eHealth (Item 2.1)
 Leah Smith, Complaints Manager
 Simon Steer, Director of Adult Social Care (from 9.30am)
 Katherine Sutton, Chief Officer Acute Services
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Apologies were received from J McCoy and Dr G Rodger.

1.2 DECLARATIONS OF INTEREST

The Chair stated he had considered making a declaration of interest in his capacity as Chief Executive of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test. M Cockburn indicated the same in relation to her capacity as Highland Councillor and appointee to Inverness, Badenoch and Strathspey Citizens Advice Bureau.

1.3 MINUTE OF MEETING ON 18 JANUARY 2024, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 18 January 2024 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee:

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

1.4 MATTERS ARISING

1.4.1 SCI Gateway Referral Update

Members were advised a further update would be brought to the next meeting, following recent receipt of a report outlining national learning relating to this matter that had yet to be fully considered and further planned discussion at the Resilience Committee in relation to relevant wider associated incident escalation, management, and appropriate clinical engagement processes.

The Committee:

- **Noted** the update provided.
- **Agreed** a formal update be provided to the May 2024 meeting.

2 SERVICE UPDATES

2.1 Neuro Developmental Assessment Service (NDAS) Update

M MacGillivray spoke to the circulated report, providing updates on the range of actions presented to the Committee at their meeting in November 2023. It was noted the first meeting of the newly established Neurodevelopmental Programme Board, at Integrated Children's Service Partnership level, had taken place on 18 December 2023 and had been well attended. A number of actions had been agreed in the meeting. A date for the next meeting was in the process of being agreed. Updates were also provided in relation to service redesign activity; review of the existing NDAS clinical model; discussion around the appointment of an associated Programme Manager; waiting list data cleansing; individual case referral activity requirements; data hosting and analysis; effective resourcing of a safe and sustainable central NDAS Team with restricted finance; Whole Family Wellbeing Support Programme; Datix Reporting; Complaints activity; and the NDAS Improvement Plan and Project Charter. Activity relating to addressing increasing population need, Child Death Reviews and ensuring access to support was highlighted. A summary of workforce needs, and budgetary position were outlined and an NDAS service update, as of February 2024, was provided in relation to overall referral trends and associated wait levels. The report proposed the Committee take **Limited** assurance.

During discussion, the following points were raised:

- Ensuring Appropriate Data Capture for those not in School Setting. Advised families can self-refer as required. 95% of referrals noted as coming via the school route and small number via GP services. Support is provided for those providing home schooling.
- Increasing Demand Level and Associated Waiting Times. Noted increase in parents requesting referrals, particularly in early years activity. Level of access to early support and intervention was questioned and acknowledged this could be improved from whole system approach. Capacity to meet current and increasing demand levels a concern in light of uncertain financial position. Service redesign may be required. Risk must be managed to minimise potential harm across activity areas. Ensuring appropriate joint communication with families a key aspect.
- Service Pathway Development Discussion. Emphasised importance of discussion between organisations to ensure relevant 'whole journey' approach captured and considered. Noted a Joint Admissions Group was in place, ensuring appropriate staged approach.
- Timeframe for Data and eHealth System Improvements. Noted no firm timeframe in place.

- Service Provision for Older Children. Questioned position relating to those transitioning to adult services. Advised no Transitions Policy currently in place and will be developed.
- Increasing Level of Self-Funding Assessments. Questioned where these were being conducted. Confirmed cost of access to private services not met by NHSH. Presents challenges to NHS services given the formal assessment made of required intervention etc. Formal guidance for families and the wider service on this matter was in the process of being developed.
- Requirement for Joint Monitoring Committee Engagement with Service Concerns. There was general agreement a Briefing Paper should be prepared for consideration to ensure any improvement discussion taken forward at pace. Engagement and Working arrangements with Highland Council had been improved, including in relation to GIRFEC.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.
- **Agreed** an update be requested from Head of eHealth on timeframe for data and eHealth system improvements. Update to be provided to members out with meeting.
- **Agreed** a Briefing Paper be prepared for Joint Monitoring Committee consideration.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 NHS Highland Financial Position 2024/2025 – Assessment of Potential Impact

Members were advised a number of service challenges were emerging as part of discussion relating to the NHS Highland funding position for 2024/25. There was particular concern relating to Maternity Services, and Lochaber and Caithness Service Redesign and associated Capital Project activity. Given the significant level of savings and efficiencies that would be required across NHS Highland, those projects would need to be revisited in light of wider financial resource concerns. Relevant Professional Leads would require to be at the centre of all relevant redesign discussions. Discussion was underway in relation to both Lochaber and Caithness projects around ensuring appropriate service delivery despite challenges relating to finance. With regard to Maternity Services, there was continuing conversation with NHS Grampian on ensuring no impact on time critical pathways while seeking to support the challenging Model 6 approach previously agreed. Discussion was taking place with the Chair of the relevant Programme Board and Chief Officer for Moray. There was need to refresh relevant understanding of the Highland Maternity Service and associated impact, given the financial resource position and limited ability to implement service improvements as a result. This matter would likely require further discussion at both Committee and NHS Board level.

Members were advised all NHS Boards in Scotland were actively discussing how to meet the financial challenge being faced. There was a key role for Board Medical and Nurse Directors, as well as clinicians more widely, in relation to ensuring any actions taken seek to maintain the safety and quality of services. The potential implications arising from the imminent Safe Staffing Act would also need to be considered.

The following was discussed:

- Impact of Safe Staffing Act. Noted Staff Governance Committee Development Session held in relation to this subject, culminating in agreement discussion was required on how matters are reported to both Governance Committees for governance and assurance purposes.
- Government Input to Maternity Services Discussions. Questioned current level of participation. Advised Chief Executives from both Highland and Grampian to meet with Scottish Government colleagues. Impact assessments developed for both NHSH Services and Model 6 position and require to be discussed in light of an uncertain funding position. Financial clarity required.

The Committee Noted the reported position.

3.2 HSMR Data Release

There had been circulated report providing Hospital Standardised Mortality Ratios (HSMR) data for the period October 2022 to September 2023. It was noted Public Health Scotland (PHS) provided quarterly HSMR data for all Scottish hospitals. HSMRs adjust death data (referred to as mortality data) to take account of some of the factors known to affect the underlying risk of death. Statistics were updated on a quarterly basis and reflected the HSMR for the latest 12-month reporting period when drawing comparisons against the Scottish average, whilst crude mortality data was presented by quarter to show trends. The methodology used to calculate the HSMR had been updated in August 2019. HSMR releases from August 2019 onwards were not comparable to previously published releases. The key point highlighted to members was how data was used to create predictability of death then balancing that against the actual observed death rate. The HSMR ratio compared the number of deaths following hospital admissions within 30 days to the anticipated number. Where the HSMR was greater than one, this meant the number of deaths within 30 days of admission to a hospital was more than expected. Where the HSMR value was less than one, then the number of deaths was fewer than predicted. It was emphasised the data could be used to compare a single site against the national average but not against another clinical site. For the Period October 2022 to September 2023 the overall ratio for NHS Highland was 0.99. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Proposed Assurance Level. Advised set at Moderate to reflect the individual caveats highlighted in the report and by the Board Medical Director in discussion. Emphasised HSMR data provided one strand of a wider clinical risk/safety checking portfolio of processes and mechanisms available to all NHS Boards.

The Committee:

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

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 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

5.1 Standard Clinical Governance Quality and Performance Data Report

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary, including on key risks and mitigations, around Complaints; Hospital Inpatient Falls; Tissue Viability Injuries; Clinical Only Medication Errors; and Infection Control. The

report highlighted performance over the previous 13 months and had been based on information from the Datix risk management system. It was reported the Qlikview Dashboard continued to be developed, with ongoing training sessions being held across the organisation by the Clinical Governance Support Team. It was stated complaints performance against the 20-day working target had improved over the reporting period, with main themes relating to care and treatment, communication and waiting times. There had been a focus on adverse events relating to medication adverse events, with several initiatives in progress relating to reducing medication errors being overseen by the Medicines Safety Sub Group. There had been an increase in Falls within Acute Services for a number of reasons including complex individuals and system pressures. A number of projects were being taken forward to reduce the number of hospital acquired Pressure Ulcers. The Infection Prevention and Control Annual Work Plan continued to be monitored. The report proposed the Committee take **Moderate Assurance**.

The Committee

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

5.2 Integrated Quality Report – Spotlight on Cancer

L Smith spoke to the circulated report providing a spotlight on NHS Highland activity relating to Cancer Services. Moving forward, a spotlight on a different service area would be provided to each Clinical Governance Committee meeting. The report went on to provide an indicator regarding the experience of the patients from a feedback perspective. This looked at the volume of complaints in accordance with the number of people treated, and identified the actions taken to continuously improve quality and service to patients and clients. 'What the Patient Said... What We Did'. The report proposed the Committee take **Moderate Assurance**.

During discussion, the following was raised:

- Consistency and Sustainability of 31 and 62 Day Performance. Noted variation across the reporting period. Agreed specific detailed service report required for next meeting.
- Cancer Performance Oversight Board. Questioned if any recommendations or observations yet to emerge from initial review, including lessons learned from the recent review of Vascular Services. Advised oversight activity had primarily related to the direction to be taken regarding facilities, workforce, service provision and national/regional interaction regarding the solutions required. National recruitment issues meant there would be continuing work in this area.
- Data for Argyll and Bute Patient Cohort. Noted reliant on Greater Glasgow and Clyde for supply of relevant information. Stated greater level of data transparency would be beneficial. This would enable wider assurance to be given in relation to NHS Highland Cancer services overall.
- Ensuring Learning Appropriately Shared. Emphasised the importance of being able to apply learning from one activity area across the rest of organisation. Noted some electronic mechanisms in place but this needs enhanced through suite of other and varied mechanisms.
- Learning from Complaints Received. Questioned as to how the service uses the information being presented to Committee, and what that process involved. Stated matter reflected points raised earlier in discussion and advised current weekly meetings with acute service areas mainly focussed on improving performance. Activity, to close the loop on relevant actions could be improved and work was planned on this area in the coming year. Communication of the "You Said...We Did" element needed to be more widely communicated, with utilisation of a SharePoint Hub one aspect under active consideration.
- Emergency Admissions/Unscheduled Care Impact. Advised can be challenging to safeguard cancer pathways as result of emergency demand that may not be cancer related. For Cancer Services, ensuring an available workforce and best use of resources to manage people with cancer through the relevant pathways was key whilst continuing to manage emergency care.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** a detailed report be submitted to the next meeting in relation to performance variation.
- **Agreed** relevant Executive Directors seek to further discuss availability and provision of Argyll and Bute specific patient data.
- **Agreed** to take **Moderate** assurance.

6 ANNUAL DELIVERY PLAN 2023/24

Members were advised all relevant Programmes were under current review.

The Committee noted the update.

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

7.1 Argyll and Bute

R Helliwell spoke to the circulated report, advising Argyll and Bute Health and Social Care Partnership (HSCP) had fully embedded its Clinical and Care Governance structure through the agreed meetings and framework. The Clinical Governance Team was fully staffed and, in a position, to conduct a review of the current Quality and Patient Safety (QPS) meeting format and implement some changes and improvements to monitoring of adverse events and complaints. Further detailed updates were provided in relation to Significant Adverse Events; Primary Care; Acute and Complex Care activity; Community Care; and Children and Families activity. Individual, specific detailed updates were provided in relation to both Sexual Health Services and Cardiac Services, the former matter having been raised at the previous meeting. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 1 February 2024. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the content of the circulated report.
- **Noted** the circulated draft Minute.
- **Noted** specific detailed updates in relation to Sexual Health Services and Cardiac Services.
- **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 underway. Links to relevant performance data were provided in relation to Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Issues. On medication errors, the multi-professional short life working group continued to review and update relevant Medicines Management Policies. Further detail was also provided in relation to relevant Statutory and Mandatory training activity. It was reported all areas were reporting on issues relating to recruitment and retention; sickness absence was at 7.76%; and performance in relation to Stage 2 Complaints was at 50% as at December 2023. A Complaints process mapping workshop had been set for 8 March 2024, including relevant senior leadership. A monthly interface group, between Acute Services and the HSCP had been established to ensure appropriate wraparound governance. There had been one new SPSO case received, and 4 compliments logged across the same reporting period. There was weekly review of the Datix system

to identify key issues for presentation at the weekly QPS meetings, with Professional Leads reviewing weekly adverse events for issues relating to medication' falls and tissue viability. The next scheduled learning event was to take place on 12 March 2024. It was reported the SAER process was being reviewed, with the proposal made that HHSC Partnership commission a SAER team with a Lead Reviewer, supported by the Clinical Governance Support Team and appropriate subject expert. Within the partnership, some 20 senior managers had been trained in leading investigations and had the skills to lead SAER reviews. The HHSCP Risk Register continued to be reviewed on a monthly basis.

Current issues were highlighted as relating to the Vaccination Programme, with a paper having been presented to the Clinical and Care Governance Group on the response to the issues identified and a number of actions agreed. These actions included the identification of any cases that meet organisational Duty of Candour, a revised paper to be presented the HHSCP Senior Leadership Team, on resources and review and further development of Standard Operating Procedures (SOPs) and documentation. In relation to Community Pharmacy, there had been circulated a copy of a paper detailing the relevant service elements, with particular note in relation to NHS Pharmacy First Scotland which was expected to result in increasing numbers accessing this service. In terms of positive news, it was noted a Senior Charge Nurse from Police Custody Healthcare had been nominated and selected for the Queens Nurse Programme. Another members of staff was leaving, after 50 years' service as a nurse within Learning Disabilities, demonstrating significant service and dedication. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 6 February 2024. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Allied Health Professions and Financial Approval Processes. Noted challenges in relation to equipment process and finance stated as increasing relevant issues and risks. Advised remained a live issue, with Associate AHP Director preparing a report for the Senior Leadership Team on relevant equipment issues, including matters raised via Datix. Reported a number of remedial measures introduced and dedicated group to be established to ensure clear and simple pathways were in place for certain equipment purchases, subject to appropriate governance arrangements. Further detail requested.
- Raising the Level of Assurance on Quality and Safety. questioned key actions or developments required. Advised was an ongoing refreshment and reinvigoration of relevant quality and patient safety systems and process, and the embedding of these within operational teams and across the whole system. Improvement evident, with stated level of assurance expected to rise.
- Mental Health QPS. Confirmed had been introduced, commencing February 2024.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** a further detailed update in relation to AHP Services be scheduled for the next meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services. Updates were provided in relation to Hospital Acquired Infection activity; access concerns relating to Raigmore and Caithness General Hospitals, a potential link between long Emergency Department waits and the risk of pressure damage being incorporated in relevant analysis work and ongoing workforce constraints within cancer services. On the latter point, further service review and stabilisation activity was ongoing. In terms of audit activity and assurance, there had been an increased rate of falls with harm through December 2023. Falls reduction interventions were being reported by the Directorate, incident reporting and management reviewed by the Directorate and Arthroplasty infection surveillance data had been reviewed to reveal a static position in that area. Further updates were provided in relation to quality and patient care issues as result of capacity pressures; workforce

issues; and financial concerns. A specific update was also provided on the day in relation to cancer services, advising the level of urgent suspected cancer referrals had effectively doubled from pre Covid levels, with an associated 50% increase in conversions to cancer diagnosis and the subsequent impact on services and resource. There had also been circulated the Minute of Meeting of the Acute Services Division Clinical Governance Validation and Outcomes Meeting held on 6 February 2024. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Raising the Level of Assurance. Advised increased predictability and consistency in the delivery of the Divisional Annual Clinical Governance Work Plan would be required. Important to recognise such assurance related to process and not necessarily associated outcomes.
- Inpatient Fall Numbers. Noted a single individual patient had multiple fall events. Requested consideration be given to detailing number of patients falling in addition to number of falls. Noted similar concerns relating to Violence and Aggression reporting.
- Increasing Demand for Cancer Services. The issues highlighted in discussion had been noted. Questioned if the National Cancer Strategy was suitably reflective of the existing wider financial and recruitment constraints across services and was appropriately seeking to increase the pursuit of matters such as early detection activity. Stated increasing demand could be attributable to a range of aspects including an ageing population and increased public awareness of relevant symptoms etc. Advised Deputy National Clinical Director for NHS Scotland had recently visited Highland Oncology Service and had been fully briefed on the issues affecting services including workforce and service sustainability and also in relation to matters such as facilities, cross boundary working and spiralling drugs costs. Medical Directors and others continued to strive to raise relevant concerns and issues at and to national level.
- Wider Data Considerations. Stated current data issues included the hospital recording of infection emanating in the community. Role for additional narrative explaining the underlying data being presented. Noted some of that detail was already included within SPSP reporting.
- Imminent Retirement of Deputy Medical Director. The Board Medical Director took the opportunity to pay tribute to the dedication, support, and professionalism of R Cargill in what would be his last Clinical Governance Committee meeting and thanked him for his contribution to the work of the Committee. The Chair and wider membership echoed these points, wishing him well in whatever direction he chose to pursue.
- Embedding Clinical Governance and Systems in Operational Units. Acknowledged the increased participation in relevant QPS meetings at operational level. Stated this assisted Committee members in taking relevant assurance where appropriate.

After discussion, the Committee:

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

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

L Bussell spoke to the circulated report, advising as to activity relating to the review of the Infants, Children and Young People's Clinical Governance Group (ICYPCGG) Terms of Reference; work of the Child Death Review Group, relevant completed reviews, and associated learning points; and the ongoing position relating to the Neurodevelopmental Assessment Service (NDAS). It was advised that recent Child Death Reviews had highlighted areas of excellent clinical care, notably from the children's specialist nursing team and also areas of improvement within the context of delivering specialist care in a remote and rural setting. The NDAS service remained under significant pressure, with work being progressed to support families seeking private assessment and waiting list review. The group also agreed relevant Policies and Procedures should include Argyll and Bute. There had also been circulated Child Death Review Report (January 2024) and Minute of Meeting of the Infant Children and Young People's Clinical Governance Group held on 12 January 2024. The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Child Death Review Process. Reported as looking to outline comprehensive and fuller picture as to how Reviews link and contribute to improving quality and reducing the number of future deaths. Meeting to be held on 18 April to consider varying types of review process.

The Committee:

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

8 INFECTION PREVENTION AND CONTROL REPORT

The Board Nurse Director spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April – October 2023 in relation to Staphylococcus Aureus bacteraemia (SAB), Clostridiodes Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. Individual case reviews on patients identified with SAB, had identified none of these as preventable. Work was underway with the Practice Education Team to review compliance with the management of vascular devices. Following receipt of an exception report from ARHAI Scotland for the quarter July-Sept 2023 relating to an exceedance in the expected case numbers and rate of healthcare associated CDI, a review was underway to establish any commonalities, trends, or learning. The position for the national prescribing indicator for Primary Care was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care and Acute hospital antibiotic use was being met.

It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, outbreaks in hospitals, care homes and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives. Improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Work was underway to improve compliance within medical staffing. The Infection Prevention and Control Community team continued to review their existing workload and resource and prioritise the delivery of reactive service outputs. The wider review of staffing as part of the national Infection Prevention Workforce Strategy plan would progress once outcomes from national outputs (e-surveillance and clinical role descriptors) were issued. An annual IPC Work Plan was in place to support the prevention and control of infection. It was reported there had been a number of incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks also having been reported to ARHAI Scotland. Routine water sampling results had identified Coliforms within the water system at Invergordon Hospital in December 2023, in relation to which remedial work had been undertaken. Regular meetings were in place to continue to manage the situation and further water samples results were expected. Both ARHAI and the Health and safety Executive had been made aware of the position. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Reporting of Underlying Data. The Chair requested consideration be given as to how best to include underlying data detail in future reports.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** consideration be given as to how best to include underlying data detail in future reports.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

9 SIX MONTHLY EXCEPTION REPORTS

9.1 Clinical Risk at Strategic Level

The Board Medical Director spoke to the circulated report stating there were national standards for care which applied to NHS Boards in Scotland, these being reflected in the Annual Delivery Plan and also in the Together We Care Strategy. Planned and Unscheduled Care was measured and monitored to understand quality and safety. Many of the strategic aims of the organisation were linked directly to the delivery of high quality, safe, effective treatment and care. Therefore anything which may occur to prevent that was a risk and anything that did occur may be an issue or hazard to delivery and needed to be addressed. As the NHS Board Strategy emphasised good clinical care and treatment as a key strategic outcome, it was important to reflect in the strategic risk register that there were risks which may interfere with the overall outcome. These risks would be high level and strategic, needing to be reflected in a strategic risk register. There would also be many risks which existed within a more directly operational sphere. These latter risk types would require to be reflected within the Level 2 and Level 3 risk registers. It was stated there was a need for such clinical risk, as outlined, to be defined by the Clinical Governance Committee in order that the NHS Board Strategic Risk Register reflected the need for NHS Highland to ensure the organisation does all it can to ensure appropriate controls and mitigations. It was suggested the Committee consider agreeing and adopting the following strategic risk:

“There is a risk that NHS Highland will not deliver effective, safe, or sustainable services to the required quality and performance levels as laid out in the Board Strategy Together We Care and in the Annual Delivery Plan. To mitigate or minimise this risk, which has many potential causes, NHS Highland needs to ensure there are appropriate strategic and operational measures, including systems, processes, and programmes of work.”

The report otherwise proposed the Committee take **Moderate Assurance**.

There followed discussion, during which the following was raised:

- **Committee Role and Associated Risk Profile.** Question raised as to role of Committee in oversight of processes and/or systems or the quality, safety and performance element of clinical services. View expressed Committee had a role in oversight of both elements. The initial risk definition was agreed as an appropriate starting point for further discussion. Suggestion made further discussion may lead to development of two separate risks in this area. Emphasised need to reflect on existing strategic risks and associated relationship with any new risk definition.
- **NHS Board Development Workshop.** Chair suggested a Board Workshop event to provide background and context on quality and performance. This would be used to help inform development of the initially stated risk definition and risk rating. Workforce was highlighted as a particular concern. Suggested input from the Area Clinical Forum would also be beneficial alongside an indication of how other NHS Boards were approaching this subject. Confirmed initial learning had been taken from other NHS Boards to help inform the initial discussion.
- **Risk Rating.** Members were encouraged to consider how best to rate this risk. View expressed this was challenging due to the range of factors involved however committee discussion on quality and performance indicated this should be at the higher end of the risk matrix.

The Committee:

- **Noted** the content of the report.
- **Agreed** the initial risk profile definition be **Endorsed**.
- **Agreed** an NHS Board Development Session Workshop be established to consider aspects relating to quality and performance aspects to help develop the final risk definition.
- **Agreed** to revisit this subject at the July 2024 Committee meeting.
- **Agreed** to take **Moderate** assurance.

9.2 Scottish Patient Safety Programme

Members were advised a detailed report on this subject would be submitted to the next meeting.

The Committee so Noted.

The meeting adjourned at 11.05am and reconvened at 11.15am.

9.3 Area Drugs and Therapeutics Committee

The Director of Pharmacy spoke to the circulated report, providing an update on recent Area Drugs and Therapeutics Committee (ADTC) activity and plans for the year ahead. It was noted the ADTC had taken time to recover post Covid and was now Chaired by Dr A Brown, Consultant Microbiologist. The Committee had reviewed its Terms of Reference and subsequently removed the requirement for either patient or GP representation as part of its membership. The Committee had also been working on its Strategic Objective Priorities, which were summarised in the report. The priority would be to populate each of the respective activity lines, with particular reference to the NHS Highland Strategy for 2022-27 (Together We Care), on-going discussions at a national level on access to medicines, and national prescribing strategies. The Committee continued to experience challenges in ensuring a wide and representative membership, especially from general medical practice. It can be perceived as pharmacy-centred and depended upon a small professional cohort to undertake much of its work. The relevant Sub Group continued work with the ADTC Collaborative Forum. There had also been circulated draft Minute of Meeting of the ADTC held on 20 September 2023. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Hospital Electronic Prescribing and Medicines Administration System Introduction. Noted local challenges had emerged through rollout process.

The Committee:

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

10 PUBLIC HEALTH

10.1 Vaccination Update

The Director of Public Health gave a short presentation to members, providing updates in relation to overall governance arrangements; latest performance levels for baby and infant immunisations, shingles and Pneumococcal vaccination coverage, Covid and Influenza vaccine uptake, comparison of primary immunisation by 12 months of age uptake rate trends; relevant issues and mitigating activities underway and required in relation to uptake of childhood vaccines within the Highland Health and Social Care Partnership (HSCP) area; vaccination programmes and measles activity. It

was advised governance matters were primarily addressed through relevant Quality and Patient Safety or Clinical Care Governance Groups within respective Health and Social Care Partnerships.

The following areas were discussed:

- Future Reporting. Agreed a formal report and SBAR approach be adopted for the next Committee update along with improved detail as to how to increase vaccination rates in area to bring NHS Highland in line with higher performing NHS Boards. Advised key issues relate to service delivery and the associated model and the raising of public confidence in that model so as to persuade individuals as to the importance of accessing such services.
- Communication Model. Emphasised importance of effective public communication and urged maintaining email system element which had worked well to date. Agreed further work required.
- Ensuring Shared Learning. Stated should be taking learning from activity in Argyll and Bute and applying to Highland HSCP. Advised this was the case presently.
- Providing Accessibility Options. Suggested that individuals should be enabled to take advantage of varying delivery options and not simply wait for a local clinic to be established.
- National System Interface. Questioned if anything more can be done to improve existing arrangements. Advised links to national system were required as part of the vaccination programme and had had a similar impact on all NHS Boards. Specific issues had been raised with Public Health Scotland and progress on these matters was expected.
- Local Delivery Service Options Appraisal Process. Questioned current approach and position in terms of the potential for some GP delivery in Highland. Advised being led by Chief Officer (Community) and being taken through Highland Health and Social Care Committee. In terms of derogation, the Appraisal process would produce options for vaccination delivery across the different parts of North Highland and in some cases may include delivery by General Practice.
- Programme and Delivery Model Leadership. Questioned if appropriate managerial and clinical leadership presently in place. Advised was an issue kept under constant review and activity was discussed at Executive Directors Group level.

After discussion, the Committee:

- **Noted** the presentation content and update.
- **Agreed** a further update be presented to the next meeting.

11 COMMITTEE FUNCTION AND ADMINISTRATION

11.1 Committee Annual Report 2023/2024

The Chair spoke to the circulated draft Annual Report, which required Committee endorsement prior to being submitted to the Audit Committee as part of the Annual Accounts process and subsequently presented to the NHS Board.

The Committee Endorsed the Clinical Governance Committee Annual Report 2023/2024 for onward submission to the Audit Committee and NHS Board.

11.2 Committee Annual Work Plan 2024/2025

The Chair spoke to the circulated draft Committee Work Plan and invited additions and comment from Committee members. It was noted there would be further discussion by Committee Chairs on the format of Committee Work Plans. It was confirmed Work Plans from all relevant Governance Committees would be presented to the NHS Board at their next scheduled meeting.

The Committee Agreed the Clinical Governance Committee Work Plan 2024/2025.

12 Clinical Advisory Group Process Review

The Board Medical Director spoke to the circulated report, advising that following an Internal Audit review in October 2022 there had been developed a proposed Clinical Advisory Group (CAG) assurance process, including revised governance arrangements. In terms of the work of this Committee, it had been proposed the CAG submit an annual report outlining the clinical decisions made with respect to out of area referral requests for clinically exceptional patients and to show clinical trend and finance information. There would be continued monthly financial reporting to the Finance, Resources and Performance Committee. The report proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Repatriation of Out of Area Highland Mental Health Patients. Questioned position in relation to specific recommendation. Advised Mental Health service have staff involved in reviewing and maintaining contact with people out of area. Whilst repatriation can be undertaken, the main issues relate to provision of appropriate facilities or care environment.
- Tertiary Spend Reporting. Requested reporting lines be clearly expressed in reporting to both this and the Finance, Resources and Performance Committee. Emphasised CAG did not consider financial aspects of out of area referrals, only clinical appropriateness.

The Committee:

- **Approved** the completion of the Internal Audit review and implementation of the recommendations for the CAG process and governance arrangements.
- **Agreed** a CAG Annual Report be submitted to the Committee in future years.
- **Agreed** to take **Moderate** assurance.

13 2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

2 May (replaced original proposed date of 9 May 2024)
11 July
5 September
7 November

14 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the NDAS Service position and earlier discussion relating to Strategic Level Clinical Risk.

The Committee so Noted.

15 ANY OTHER COMPETENT BUSINESS

There was no AOCB.

16 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 2 May 2024 at 9.00am.

The meeting closed at 12.10pm

