

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/ 
DRAFT MINUTE	11 July 2024 – 9.00am (via MS Teams)

Present

Joanne McCoy, In the Chair
 Tim Allison, Director of Public Health
 Ann Clark, Board Vice Chair (Substitute)
 Muriel Cockburn, Non-Executive Board Director
 Liz Henderson, Independent Public Member
 Dr Boyd Peters, Medical Director/Lead Officer
 Emily Woolard, Non-Executive Board Director (Substitute)

In attendance

Gareth Adkins, Director of People and Culture (from 9.30am)
 Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP (from 9.50am)
 Sarah Buchan, Director of Pharmacy
 Claire Copeland, Deputy Medical Director
 Ruth Daly, Board Secretary
 Evelyn Gray, Lead Nurse
 Stephanie Govenden, Consultant Community Paediatrician
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
 Elaine Henry, Deputy Medical Director (Acute)
 Jo McBain, Director (Allied Health Professionals)
 Brian Mitchell, Board Committee Administrator
 Jill Mitchell, Head of Primary Care
 Mirian Morrison, Clinical Governance Development Manager
 Barry Muirhead, Associate Nurse Director (Community Nursing)
 Andy Nealis, Information Governance and IT Security Manager
 Simon Steer, Director of Adult Social Care (from 9.10am)
 Katherine Sutton, Chief Officer Acute Services (from 10.50am)
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from L Bussell, A Christie, F Davies, and Dr G Rodger.

Apologies, from non-committee members were received from P Cremin, J Lyon and I Ross.

1.2 DECLARATIONS OF INTEREST

There were no Declarations of Interest made in relation to any Items on the Agenda.

1.3 MINUTE OF MEETING ON 2 MAY 2024, ROLLING ACTION PLAN AND COMMITTEE WORK PLAN 2024/2025

The Minute of Meeting held on 2 May 2024 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee otherwise:

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

1.4 MATTERS ARISING

1.4.1 Highland Health and Social Care Partnership

At their last meeting the Committee had agreed the latest Quality and Patient safety reports on Out of Hours Services be shared with members.

After discussion, the Committee Agreed this matter be progressed.

1.4.2 Acute Services – Clinical Audit Programme

At their last meeting the Committee had agreed a discussion paper on developing a clinical audit programme be submitted to this meeting. Members heard as to the complexity of such a programme and agreed this should form a substantive item on a future agenda.

The Committee Agreed this matter be progressed.

1.4.3 Infants, Children and Young People’s Clinical Governance Group

At their last meeting the Committee agreed that an update on review of the Child Death Review Group Terms of Reference be provided to this meeting. Members were advised the Terms of Reference in question related to the Infants, Children and Young People’s Clinical Governance Group itself and an update was provided in the report under 7.4 on the agenda.

The Committee so Noted.

2 SERVICE UPDATES

2.1 Cancer Services Update

There had been circulated a report, following agreement an update be provided to this meeting in relation to staffing matters and performance against the 62 Day Cancer Waiting Times (CWT) Standard. It was reported the Cancer Delivery Group and Cancer Strategy Board provided oversight and governance on all aspects of the Cancer Service. The Cancer Strategy Board was chaired by the Medical Director. The main functions of the groups were to both oversee the operational issues relating to cancer performance and quality, ensure compliance with Cancer Waiting Times Standards/National Quality Performance Indicators and also provide strategic direction on the development of Cancer Services in NHS Highland. Specific updates were provided in relation to Waiting Times performance; existing current risks; and future service model. The report proposed the Committee take **Limited** assurance.

The Medical Director also provided a brief presentation in relation to Oncology Service Management and Treatment Delivery proposals, in the context of wider national discussion and review of Oncology Services. It was stated the Highland Cancer Centre would aim to treat the four to five most high-

volume cancers locally as a minimum, with the detail of relevant enablers of change also being outlined for the benefit of members. The relevant investments required were detailed, as were specific local service delivery staffing gaps and associated costs. The Highland Oncology Management and Delivery Model was indicated, noting proposals would see a number of specific lower volume cancers not being managed and delivered on a solely local basis. The number of Highland cases for each of the specific cancer types was shown, broken down by treatment type and existing medical cover provision (single handed or locum cover in whole or part). Next steps were indicating as relating to the imminent appointment of 2 new Consultant members of staff and efforts to take existing locums through the Certificate of Eligibility for Specialist Registration (CESR) route where appropriate; a redoubling of efforts to recruit; prioritisation of appointment of service delivery staff and planning for the potential inability to appoint staff to the Big 4 cancer types. Members were advised as to the national position in relation to UK trained Oncology Consultants; the number of individuals being taken through the CESR route in NHS Highland; the current focus on delivery of a Multi-Disciplinary Team approach and associated community services provision. It was noted NHS Highland operated the only Treating Radiographer approach in Scotland at that time.

There was discussion of the following:

- Timeframe for Change for Lower Volume Cancer Types. Support for those receiving treatment out of area was also raised. Advised relevant timeline was unknown, this being dependent on four key areas of national activity, with focus on nationally fragile services and associated pathway considerations. NHS Highland continued to be at the forefront of national discussion.
- SACT Trained Nursing Vacancies. Questioned if a funding or recruitment issue. Advised had considered existing ward nursing level, with nursing budget element moved across to support three new posts to be operated from within the Medical Day Case Unit. Alignment of recruitment of new nurses also being considered and taken forward.
- Patient Engagement and Communication. Provision of assurance to patients with regard to national pathways was raised. Urged continued focus on matters relating to National Care connectivity.

After discussion, the Committee:

- **Noted** the report content and presentation detail.
- **Agreed to Endorse** the direction of travel outlined.
- **Noted** an update on Horizon Screening activity would be brought to the September meeting.
- **Agreed** to take **Limited assurance**.

2.2 NDAS Service Update – Summary Update

The Chief Officer for Acute Services spoke to the circulated report, advising as to the position in relation to the Neurodevelopmental Assessment Service (NDAS), this being a joint agency service between NHS Highland and The Highland Council. It was stated the service had been under considerable pressure since being established in 2017, with a high number of young people on the waiting list and significant workforce concerns. The NDAS position had been presented to the Chief Executives of NHS Highland and Highland Council on 3 June 2024 with both being committed to supporting a whole system review of the different services supporting children and young people with neurodevelopmental difficulties. A number of key actions and priorities had been identified, as indicated. There was recognition that neurodevelopmental services and pathways available to support children and families require understanding more holistically across the Highland Council geographical area. Separate to this the design of the Neurodiversity assessment service in terms of scope, capacity and function to meet current need was being reviewed. Senior clinical leadership would be key, and options would be considered, including reviewing the design of the assessment service in other areas of the country to understand what has worked well and where learning for the NHS Highland system can be taken. Given the current significant capacity constraints within the service, financial support would likely be required in the short to medium term. The key actions noted would contribute to increasing the level of assurance and Communication with service users would

continue, particularly in relation to where and how to access support whilst awaiting access to the formal assessment service. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Model of Care. Advised current service was based on a medical assessment, diagnosis and treatment model of care and required to move to more of an integrated support service.
- Moving in to Adult Services. Questioned approach for those reaching the age of 18. Advised this issue was recognised, with prioritisation being given to these individuals in the context of facilitating improved self-management etc.
- Identified Officers and Timeframe for Identified Actions. Confirmed shared ownership had been agreed, with Highland Council mapping their existing services and associated pathways. A similar exercise would be required for NHS Highland services. Consideration being given to relevant clinical leadership and support requirements. A formal Action Plan was in development.
- Clinical Psychologist/Neurodevelopmental Advance Practitioner Posts. Questioned impact on assessment capacity and consideration of use of supplementary staffing. Confirmed consideration being given to outsourcing activity, use of locum staff etc.
- Elevated Risk Relating to Waiting List Position. Recognised the need for greater recognition and consideration of the choices of both patients and families as part of this ongoing process.
- Proposed Governance Arrangements for Assurance Purposes. Questioned if this would involve the Joint Monitoring Committee or Integrated Children's Service Planning Board given the level of joint commitment required. Advised the assurance process would require to be further defined.
- Recommended Level of Assurance and Risk Mitigation. Questioned whether this matter should be escalated to NHS Board level. Advised role of Committee was to take assurance and provide the same to the NHS Board. What actions were required to improve the current level of assurance being offered should also be considered in this context. Development of the formal Action Plan, and the holding to account of relevant Lead Officers would be a key element. Stated risks relating to unintended consequences and harm should be better developed, defined and included within relevant Risk Registers.
- Mapping of Patient Outcomes. Stated a need to be able to further understand this aspect.

After discussion, the Committee:

- **Noted** the key actions and priorities identified to be progressed to support a redesign of the approach to delivering neurodiversity assessment within NHS Highland.
- **Agreed** further consideration be given to the area of risk definition relating to potential harm.
- **Noted** the final Action Plan would be brought to the next meeting of the Committee as part of a further formal update.
- **Agreed** to take **Limited** assurance, subject to the actions and plans outlined in discussion.

2.3 Review of Vascular Services in NHS Highland

The Medical Director advised members that discussion was ongoing with other North Scotland NHS Boards with regard to support for NHS Highland services. Appropriate cover arrangements had been in place since May 2024. A local meeting had been held with the National Advisor on 24 June, where relevant issues had been discussed. A business continuity approach was currently being developed and the outcome of a review of the national position would be a key consideration moving forward. Further updates on the live position would be provided to Committee in due course.

The Committee so Noted.

2.4 Update on Dentistry Services – State of Play and Impact on Acute Services

There had been circulated a report providing an update in relation to NHS Highland dental services and ongoing reform of Primary Care dental services, outlining the current position and specific actions being taken to increase access to NHS dental services. It was noted there were a limited

number of NHS Dental Practices accepting new patients for NHS dental registration at that time. A number of Practices continued to offer limited routine dental services. NHS Highland Public Dental Services offered access to Emergency Dental Services in and out of hours for unregistered dental patients contacting the NHS Highland Dental Helpline, and which continued to impact the delivery of routine dental care for Priority Groups. Specific updates had been provided in relation to access to NHS Dental Services; NHS Dental Services reform activity; the National Dental Inspection Programme; Oral Health improvement activity; Childsmile and Caring for Smiles activity; and Public Dental Service. The Medical Director outlined the current position across the NHS Highland area, noting Dental Practices operated differing individual models of service based on either private or a mixed private/NHS basis and according to respective business models. A number of practices in Highland had been subsumed by larger corporate entities, with associated risks to service provision. The Public Dental Service (PDS) had been and was configured to support individuals with specific support needs that were difficult address within the General Dental Service (GDS). Increasingly the PDS was having to treat patients where the GDS had broken down as well as provide an emergency NHS Out of Hours service. Capacity issues continued across the NHS Highland area. It was stated recent contractual changes had successfully relieved some of the pressure across Highland. The report proposed the Committee take **Limited** assurance.

The following areas were discussed:

- Dentistry Service Dashboard. Noted number of Highland residents had sought formal data in relation to access to NHS Dental services. Advised a formal dashboard was not currently available although consideration could be given as to development of the same in terms of what information could usefully be provided in relation to such a complex and shifting landscape.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** to request a response in relation to Dashboard provision at the next meeting.
- **Agreed** the Committee be kept appraised as to future progress in this area.
- **Agreed** to take **Limited assurance**.

2.5 Pharmacy Services Update

The Director of Pharmacy spoke to the circulated report providing updates on recent activity relating to Pharmacy services across NHS Highland and activity plans for the remainder of the financial year 2024/2025. It was noted having taken up the post of Director Pharmacy, the first four months had involved significant travel and engagement with all sectors of Pharmacy across the Board to fully understand the challenges and opportunities the service and NHS Board faced. Key themes emerging from service engagement and time spent with key stakeholders from the wider organisation included recruitment and retention; workforce development; leadership; integration across services/interface care; service capacity; and associated financial challenges. These themes were acknowledged as universal challenges in many Boards across NHS Scotland, not specific to Highland or to pharmacy services. It was stated, within the NHS Highland pharmacy service, there was an opportunity to reset and rebuild the service and address and prioritise these challenges through whole system review. The priority was to work with the pharmacy Senior Leadership Team, service leads and the wider organisation to consult on and formally produce an integrated 3-year Pharmacy Services Strategy, incorporating workforce plan, service priorities and the underpinning educational governance framework to depict the aspirational development of this service. This strategy would incorporate relevant changing legislation relating to the pharmacy workforce, as well as national drivers and local strategies. From this strategy would emerge the key priorities to focus service developments over the coming three-year period. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Equalities Impact Assessment. Questioned if would be conducted. Advised this will form part of the Strategy development process.
- Service Development Opportunities. Advised this included aspects relating to wider local workforce career development such as greater school engagement and development of “grow your own” activity. Aspects relating to national frameworks would also provide opportunities for improvement, including through NHS Education for Scotland elements.
- “Grow Your Own” Activity. Questioned current balance of focus in the context of wider recruitment activity challenges. Advised Employability Lead Officer would be appointed, and part of that role would be to provide relevant organisational focus on this aspect in association with relevant “Anchors” activity. An Employability Framework, including elements relating to educational links and providing transitional education opportunities, would be developed.
- Governance and Assurance. Advised to form part of formal considerations, as would aspects relating to value-based prescribing, quality, and awareness of the decision-making process.

After discussion, the Committee:

- **Noted** the update.
- **Agreed** to receive a comprehensive Annual Report, including strategic plans, to the March 2025 Committee meeting to fully outline the ambitions and potential of the service.
- **Agreed** to take **Moderate** assurance.

2.6 Sir Lewis Ritchie Report and Recommendations

The Director of Allied Health Professionals advised that an Action Plan had been developed and submitted to Scottish Government, relating to completion of the original Sir Lewis Ritchie Report recommendations. It was noted the Scottish Government had indicated they were content with the Plan. A full concluding report would be submitted to the September 2024 Committee meeting.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal concluding report be received at the September 2024 Committee meeting.

The meeting adjourned at 10.30am and reconvened at 10.35am.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Endoscopy Service Update

There was discussion of this matter under Item 7.3 on the formal agenda.

3.2 Feedback on Winter Resilience Plan 2023/2024

There was no discussion in relation to this Item.

3.3 Annual Whistleblowing Report 2023/2024

The Director of People and Culture spoke to the circulated report, incorporating the NHS Highland Annual Whistleblowing Report for 2023/2024. The report had been considered by the Executive Directors Group, Area Partnership Forum and Staff Governance Committee. The Annual Report summarised activity including nationally agreed Key Performance Indicators and also provided an overview of the learning outcomes from cases concluded during the year. The Annual Report must be submitted to the Independent National Whistleblowing Officer (INWO) within 3 months of the end of the financial year. Where it was not possible to meet this timescale, the report was to be submitted

as close to the deadline as possible and INWO informed of the reason for any delay. The key points from the Annual Report were summarised.

After discussion, the Committee:

- **Noted** the report and associated NHS Highland Annual Whistleblowing Report 2023/2024.
- **Noted** the report would be submitted to INWO following approval by the NHS Board.
- **Agreed** to take **Substantial** 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.

5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints and Feedback activity, Review of Scottish Public Services Ombudsman and further correspondence returns, CAMHS and NDAS Complain and Feedback activity, Significant Adverse Event Reviews (SAERs) and Level 2A case reviews, Hospital Inpatient Falls, Tissue Viability Injuries, Medication Errors, and Infection Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance against the 20-day working target for Complaints had improved; SPSO activity remained steady, with spotlight services provided relating to CAMHS and NDAS. SAER training was being delivered to build capacity and a review of resources was being undertaken. A number of actions were being taken to reduce the number of hospital inpatient falls. A number of projects and initiatives are being taken forward to reduce the number of hospital acquired Pressure Ulcers, with a reported fall in numbers over the previous month. A range of initiatives were being undertaken in relation to Infection Control, with a detailed report being submitted to the Clinical Governance Committee for assurance. The report proposed the Committee take **Moderate** assurance.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** a guide on accessing relevant background data be circulated to Committee members.
- **Agreed** to take **Moderate** assurance.

5.2 Mental Health SAER Process – Improved Governance

The Associate Nurse Director spoke to the circulated report advising as to the development of the clinical governance framework within Mental Health and Learning Disability Services for the awareness of the Clinical Governance Committee and to provide assurance as to the robustness and effectiveness of the emerging clinical governance framework within the Service. It was reported the enhanced governance arrangements continued to be anchored within the wider Clinical Governance structures and reported on its delegated functions through the Highland Health and Social Care Partnership Clinical and Care Governance Group to the Clinical Governance Committee.

The developments had been designed to be in full alignment with the consistent application of the principles of the Vincent Framework across all Community Services. This organised data, analysis and action plans into areas as guided by 6 key question areas, as outlined. The enhanced governance arrangements had delivered on a number of key performance measures that could provide assurance as to the appropriateness of systems and structures in place to effectively manage clinical governance within Menta Health Services. Specific updates were provided in relation to reviewing Adverse Events, disseminating learning, and associated quality and patient safety aspects including engagement and collaboration with patients. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- Shared Learning. Recognised work in relation to capturing the service user experience. Confirmed shared learning approach adopted, with monthly clinical governance meetings held to consider matters, based on thematic analysis. Confirmed Argyll and Bute included. Twice yearly learning events were also held. Wider sharing arrangements were encouraged.

The Committee:

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

6 ANNUAL DELIVERY PLAN 2024/25 – FOCUSING ON QUALITY

The Medical Director introduced the circulated report, advising the Annual Delivery Plan (ADP) reflected the deliverables aligned to the strategic ambitions and actions of Together We Care (TWC), NHS Highland's five-year strategy. To provide assurance on delivery of the aligned ADP and TWC, a number of measures of success had been identified against the TWC actions and deliverables committed to in the ADP Medium Term Plan (MTP) document. To facilitate the assurance of progress, the Committee had been recommended to consider establishing regular reporting on quality key performance indicators with a clinical and care focus. The NHS Highland ADP Plan for 2024/25 provided a list of agreed deliverables set against the Board's TWC strategic outcomes, Well themes and key actions. Each Well Theme included a number of strategic priorities which were being developed for delivery by 2026/27, as well as operational and tactical change activity being progressed. These corresponded directly to the actions as laid out in Together We Care. The ADP MTP would be subject to quarterly reporting to Scottish Government, with strategic deliverables reporting through meetings of Executive Directors Group and associated structures. To facilitate assurance reporting on progress against deliverables, a number of key performance indicators/measures of success had been categorised to ensure appropriate reporting through the NHSH committee structure. These related to quality, experience, value, improvement and process. A summary was provided of the outcome measures that were proposed to provide assurance to the Committee on the quality, improvement and experience of services in NHS Highland. With regard to experience, a rolling Committee spotlight programme had been developed and proposed for each of the relevant Well Themes, as indicated. With regards to quality, a rolling programme of the Well Themes and associated narrative and data would be developed subject to agreement. This would be in addition the current data already within IPQR although this would be subject to review in line with making data count and frequency of reporting to ensure a consistent approach. The report proposed the Committee take **Moderate** assurance.

The Chair stated that as the circulated report had been received so close to the date of this meeting, leaving members little time to consider relevant content, it was proposed formal consideration be deferred to the next meeting.

There followed discussion of the following:

- Eat Well Theme. Advised Theme elements addressed by other elements of the TWC Strategy.

- Theme Outcomes and Measures. Questioned how these would be measured and benchmarked. Advised will form part of proposed Spotlight events, with the aim of providing assurance as to what actions were in the process of being taken forward. A professional assurance framework would underpin relevant activity.

After discussion, the Committee:

- **Noted** the report.
- **Agreed to Endorse** the proposed direction of travel.
- **Agreed** further consideration of this matter be **Deferred** 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

R Helliwell spoke to the circulated report, summarising key clinical governance issues from each service area within the Argyll and Bute Health and Social Care Partnership. Specific updates were provided in relation to Health and Community Care; Primary Care, including sexual health services; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Significant Adverse Events activity, and SPSO Investigations. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 June 2024, plus a Performance Report for FQ4 (January to March 2024). The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Significant Adverse Events. Noted matters raised relating to access to rescue items.
- Level of Assurance. Questioned if Moderate assurance should be applied to all reporting areas, including NDAS and Sexual Health services. Advised reports from operational areas should reflect the respective Clinical Governance systems and processes and provide the Committee with assurance relating to those systems/processes and how relevant matters were being formally considered and taken forward in terms of taking appropriate learning etc.
- NDAS Service. Advised Argyll and Bute would be linked into relevant NDAS discussions going forward in relation to developing a new standardised service model.
- Access to Sexual Health Services. Questioned timescale for expected resolution of current issues, including access. Advised a number of complaints were being received and that successful resolution would be dependent upon discussion with two other NHS Boards. There required to be ongoing continued focus in this area, with particular importance placed on specifying the actual level of service required. Engagement with partner agencies would be key.
- Clinical and Care Governance Group. Questioned if issue of quoracy had been addressed. Advised following changes within Argyll and Bute Council the matter had been resolved.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** consideration would be given as to future performance reporting requirements.
- **Agreed** to take **Moderate** assurance overall, recognising particular challenges in relation to both NDAS and Sexual Health services.

7.2 Highland Health and Social Care Partnership

J Mitchell 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 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; and it was noted all areas were reporting on issues relating to recruitment and retention, these being taken forward by the Director of People and Culture through relevant management structures. Sickness levels were at 6.83% as at April 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been held with the relevant Senior Leadership Team (SLT), with the Governance and Feedback Teams using quality improvement methodology to frame an improvement plan. This would be shared with the SLT on 5 July 2024 to enable the planning of the next steps. Two SPSO cases had been opened during the reporting period, with 8 Compliments having been received over the previous three months. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. The SAER process was under active review and the HHSCP Risk Register and level 3 Risks were being reviewed monthly. Current issues being highlighted were in relation to ongoing discussion relating to provision of Enhanced Services from GP Practices; Vaccination Services; Sir Lewis Ritchie Implementation Plan for Skye; and medicines shortages. Areas of positivity were indicated as relating to Alness and Invergordon Medical Practice and Care Inspectorate Inspection of Adult Support and Protection services. There had also been circulated Minute of Meeting of the NHS Community Clinical and Care Governance Group held on 11 June 2024. The report proposed the Committee take **Moderate** assurance.

The following areas were then discussed:

- Medicines Availability. Advised Area Drugs and Therapeutics Committee actively considering relevant matters. Looking to establish a more streamlined approach.
- Vaccination Activity Staff Concerns. Advised Deputy Medical Director had requested a formal report on the matters of concern raised. Improvement Plan Options Appraisal activity to be evidence based.

After discussion, the Committee:

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

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services. An update in relation to Hospital Acquired Infection (HAI) was provided, including activity in relation to Endoscopy decontamination procedures. It was reported operational pressures and patient flow continued to be challenging in terms of both emergency and scheduled care access. Noted the level of sustained pressure was having significant impact on clinical teams. An update on Delayed Discharge indicated this was a priority action for NHS Scotland, with action being led through the Unscheduled Care Board and the Acute and Community SLTs. Further updates were provided in relation to audit and assurance activity; national Audit Reports; ongoing review of the Gynaecology Outpatient Waiting List for Caithness General Hospital; and Adverse Event reporting and SAER reviews, Vascular Service activity; investigation reporting and electronic result handling; reportable events and national audit; and Violence and Aggression data relating to both patients and staff. Updates were also provided in relation to progress in relation to relevant workforce challenges. With regard to financial governance, it was reported teams continue to prioritise this work and report regularly against in-year targets. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 21 May 2024. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Stroke Unit Activity. Advised whole system approach for patients with complex needs being considered, including aspects relating to discharge and rehabilitation. Noted the improvement evidenced in relation to both Falls and Tissue Viability within Acute Services.

After further discussion, the Committee:

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

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

S Govenden spoke to the circulated report, advising as to work of the Child Death Review Group, relevant recent reviews, and associated learning points. An update was also provided in relation to the Entitled Persons Scheme insofar as this related to supporting nationals from Afghanistan and the clinical screening of needs of arrival of infants and children, as part of their registration with Primary Care Services. The exemplary work of all staff engaged in this activity was recognised. It was reported the Child Health Commissioner had completed her mapping activity and investigation into governance of child health services within NHS Highland, the recommendations from which would be provided to the Board Nurse Director and considered prior to being shared more widely. There had also been circulated Minute of meeting of the Infant, Children and Young People's Clinical Governance Group (ICYPCGG) held on 12 June 2024. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content.
- **Noted** revised Terms of Reference for the ICYPCGG would be brought to a future meeting.
- **Noted** discussion relating to implications arising from the United Nations Convention on the Rights of the Child would be taken offline.
- **Agreed** to take **Moderate** assurance.

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

8 PUBLIC HEALTH

8.1 Vaccination Update

The Director of Public Health spoke to the circulated report, providing an update on developments following Highland HSCP performance management having been escalated by Scottish Government. There had been three main approaches for improvement including response to the escalation to Level 2 of Scottish Government's performance framework; a peer review from Public Health Scotland for NHS Highland, acting as a critical friend; and development of a new delivery model within Highland HSCP with the potential for a more local service. This would include consideration of the extent of options for general practice delivery. In addition, a Serious Adverse Event Review was under way in connection with pertussis and vaccination. Incident management and improvement activity had been taking place and had been coordinated with other vaccination improvement activity. These issues served to emphasise the importance of the delivery of a safe, effective and efficient vaccination service. The report went on to outline current performance in relation to both adult and childhood vaccinations.

The circulated report indicated the Public Health Scotland (PHS) Peer Review had taken place in June 2024. The Review had been undertaken as a critical friend, not as performance management and comprised the review of documents and confidential discussion with staff and other stakeholders. The reviewers visited vaccination clinics in Inverness and Dornoch and PHS staff also supported pertussis incident management activity. A copy of the formal report had been circulated, detailing relevant initial recommendations relating to governance; leadership and decision making; vaccination and immunisation strategy; model of service delivery; data and digital; staffing and

capacity; engagement; and quality improvement. It was reported action had been undertaken to develop and improve the vaccination service, but further specific measures had been taken in light of continued concerns and the recommendations of the Peer Review. A Vaccination Improvement Group had been established, reporting to the Executive Directors Group and tasked with developing and implementing an action plan to improve performance and quality and ensure a safe, effective and efficient vaccination service. Its remit included implementation of the Peer Review recommendations, management of performance escalation from Scottish Government and oversight of the assessment of the best delivery models for Highland HSCP.

The report proposed the Committee take **Limited** assurance overall, noting assurance for Argyll and Bute would be moderate of substantial depending on the impact of finance aspects. For both areas there was a need to ensure that an effective model in remote and rural areas can be sustained and staffing challenges met. The level of assurance offered to members in relation to HSCP may increase once the work of the Vaccination Improvement Group was progressing well.

During discussion the following was discussed:

- Recommended Risk Level Considerations. Advised included in Risk Register. Number of known and emerging risks at that time were reflected. Further discussion to be held under Item 8.2. Risk level questioned in light of Peer Review findings. Requested mitigating actions be more clearly defined, including Responsible Officers. Stated need for number of individual groups involved, and their respective remits, to be mapped to give clarity on wider governance arrangements.
- Winter Vaccination Programme 2024/25. Advised new system of delivery should be in place for winter period. Reminded that any system changes introduced will carry an associated element of risk. Current focus on Childhood vaccinations.
- Vaccine Awareness at School Level. Advised looking at programme to increase general awareness across all areas of childhood vaccination activity.
- Timescale for Actions Arising from Peer Review. Stated current activity focused on improving the current service model.
- National Policy Context on Vaccine Delivery. Requested detail be provided on this aspect.
- Argyll and Bute Position. Advised working closely with Public Health Team. Process in place to meet obligations in relation to relevant campaign(s). Any issues arising would be identified in advance and discussed accordingly. School nurses would continue to undertake vaccination awareness raising activity as part their wider health promotion role.

After discussion, the Committee:

- **Noted** the reporting detail.
- **Noted** further detail on governance roles and responsibilities to be provided to the next meeting.
- **Noted** the Chair would discuss Winter Planning activity with Director of Public Health out with the meeting.
- **Agreed** to take **Limited** assurance.

8.2 Public Health Update – Strategic Risks

The Director of Public Health spoke to the circulated report, advising as to the review of the position in relation to the two strategic risks that relate to Public Health in light of the current position with Covid, influenza and to vaccination and to seek agreement for relevant updates. The report recommended that Risk 715 remain at medium level and Risk 959 remain at high level, for the reasons stated. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the reporting detail.
- **Agreed** existing risks be updated, and associated levels maintained, for Risks 715 and 959.

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

9 INFECTION PREVENTION AND CONTROL REPORT

There had been circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland would not meet local delivery plan aims January 2024 – March 2024 in relation to Clostridioides Difficile (CDI), Staphylococcus Aureus bacteraemia (SAB) 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. The position as of December 2023 for the national prescribing indicator for primary care was not being met by NHS Highland or within any other NHS board 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 was not being met. Acute hospital antibiotic use continued to be met. The final position will not be known until August 2024. The national local delivery plan outcomes for 2024/2025 were awaited and agreement had been reached to continue with the current reduction aims until received. It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, managing water incidences, and outbreaks in hospitals and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives.

It was reported that improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Specific work was underway to improve compliance within medical and dental staffing, where compliance was relatively low. DL letter (2024) 11 had been published, referring to the development and consideration of the national Clinical Role Descriptors as part of the national Infection Prevention Workforce Strategy Plan. The recommendations contained within the national Infection Prevention and Control Workforce Strategic Plan were being discussed within Control of Infection Committee. It was reported there had been no incidences or outbreaks of Flu and one suspected Norovirus outbreak across the reporting period, with two Covid19 clusters and outbreaks having been reported to ARHAI Scotland. An update was provided relation to water sample results in Invergordon and New Craigs Hospitals (both PFI), noting both situations continued to be managed through the Water Safety Group. It was noted adverse results in relation to routine final rinse water samples relating Endoscopy washer disinfectant machines had led to a series of Incident Management Teams being held. All relevant machines had been removed from use, with four since returning to full use and two being utilised for low-risk endoscope procedures in line with national guidance. One machine remained out of use. 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. There had also been circulated the NHS Highland Infection Prevention and Control Annual Work Plan 2024/2025. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the NHS Highland Infection Prevention and Control Annual Work Plan for 2024/2025.
- **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.

10 AREA DRUGS AND THERAPEUTICS COMMITTEE - 6 MONTHLY UPDATE

There had been circulated an update on recent activity and the Area Drug and Therapeutic Committee's (ADTC) plans for the year ahead. The Highland ADTC continued to work closely with the national ADTC Collaborative Forum, promoting the need for Once for Scotland approaches to new medicines accessibility. The report proposed the Committee take **Moderate** assurance.

The Committee otherwise:

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

11 INFORMATION ASSURANCE GROUP – 6 MONTHLY UPDATE

There had been circulated a report advising as to the work being undertaken by the Information Assurance Group through January 2024 to June 2024 and to provide assurance that NHS Highland was operating in compliance with applicable Information security and data protection legislation. Group meetings continued to be well attended by its membership. The report gave specific updates on Regulatory Audits during the reporting period in relation to the Data Protection audit 2022 (Information Commissioners Office) and Network and Information Systems (NIS) regulations audit. Progress updates were provided in relation to Patch Management, End-Point Device Management; Incident Response Protocol; Business Continuity Testing Policies and Procedures; and Business Contingency Plan. Specific updates were also provided in relation to activity relating to the Caldicot Guardian role, Adult Social Care activity, Corporate Records, Freedom of Information; Subject Access Requests and Policies that had been ratified. Other significant areas of discussion were detailed along with detail of reportable incidents occurring during the reporting period. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:

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

12 HOSPITAL TRANSFUSION COMMITTEE - 6 MONTHLY UPDATE

There had been circulated a report on the activities of the Hospital Transfusion Committee during the reporting period. Dr Fiona Gunn had recently taken over as Chair of the Committee, this meeting on a quarterly basis. It was reported the Committee had historically and continued to suffer from under-representation from a multidisciplinary perspective. This was particularly pertinent in regard to staff education and investigation/feedback of adverse events. The Committee had successfully recruited members from multiple, previously under-represented Specialties including Obstetrics, Emergency Medicine and Theatres. A permanent Transfusion Practitioner and two Consultant Haematologists had been appointed as integral members of the Committee. There was Transfusion Consultant support from Scottish National Blood Transfusion Service. There had also been circulated the NHS Highland SNBTS Transfusion Team Annual Update Report for 2023/2024. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Noted** the NHS Highland SNBTS Transfusion Team Annual Update Report for 2023/2024
- **Agreed** to take **Substantial** assurance.

13 RISK REGISTER – CLINICAL RISK AT STRATEGIC LEVEL

The Committee **Agreed** to **Consider** this matter at the next meeting.

14 2024 COMMITTEE MEETING SCHEDULE

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

5 September
7 November

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the position relating to the NDAS Service and Vaccination activity.

The Committee so Noted.

16 ANY OTHER COMPETENT BUSINESS

There were no matters raised in relation to this Item.

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 5 September 2024 at 9.00am.

The meeting closed at 12.20pm