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	**05 September 2024 – 9.00am (via MS Teams)**

Present
Alasdair Christie, In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Board Nurse Director
Ann Clark, Board Vice Chair (Substitute)
Muriel Cockburn, Non-Executive Board Director
Liz Henderson, Independent Public Member
Karen Leach, Non-Executive Board Director
Joanne McCoy, Non-Executive Board Director
Dr Boyd Peters, Medical Director/Lead Officer
Dr Gaener Rodger, Non-Executive Board Director

In attendance
Gareth Adkins, Director of People and Culture (from 10.00am)
Sarah Buchan, Director of Pharmacy
Lorraine Cowie, Head of Strategy and Transformation (from 10.00am)
Pamela Cremin, Chief Officer (North)/Director of Community Services (from 9.05am)
Ruth Daly, Board Secretary (from 9.10am)
Alison Felce, Senior Business Manager
Evelyn Gray, Lead Nurse
Stephanie Govenden, Consultant Community Paediatrician (from 9.05am)
Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP (from 9.25am)
Elaine Henry, Deputy Medical Director (Acute)
Frances Hines, Research Manager (from 11.15am)
Michelle Johnstone, Area Manager (North and West) (from 9.55am)
Moranne MacGillivray, Service Manager (Medical and Diagnostics) (from 9.20am)
Derick MacRae, Cancer Services Manager
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Katherine Sutton, Chief Officer Acute Services (from 10.50am)

1.1 WELCOME AND APOLOGIES

Formal Apologies were received from C Copeland and G O'Brien.

The Chair thanked Gaener Rodger for her substantive contribution over the years to the Board and this committee, which she had previously chaired, acknowledging that this was her final Clinical Governance Committee.

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 THURSDAY 11 JULY 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 11 July 2024 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling basis.

The Committee:

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

1.4 MATTERS ARISING

1.4.1 Vaccination – Update on Governance Roles and Responsibilities

The Director of Public Health spoke to the circulated report which addressed issues raised at the previous Clinical Governance Committee around governance and performance. There had been some concern around how reporting gets through to the Highland Health and Social Care Partnership to whom the paper had been presented the previous day, where there had been considerable discussion around further work required. There had been some improvement in terms of performance, particularly in the promptness of vaccination, but concern remained, particularly around Measles, Mumps and Rubella (MMR). The model for delivery of vaccinations remained in progress, undergoing consultation and options appraisal. The latter was almost complete, and a public survey was currently live.

The following was discussed:

- Monthly Performance Meetings with Scottish Government. The Director of Public Health updated the committee on items discussed at the monthly meetings. Concern continued about certain elements of the programme, including overall update and specific issues such as Post-exposure Prophylaxis for Tetanus, for which movement towards a solution had been slow. De-escalation, though not immediate, had also been discussed, with increased confidence in the system identified as a requirement. While confidence had improved, there remained a need for a more robust system and while developments were slow, the options appraisal was expected to expedite this. The next meeting with Scottish Government was scheduled for that afternoon.
- Action Plan Red Amber Green (RAG) Rating. The RAG rating was predominantly green, with some amber, noting green meant 'on track' as opposed to nearing completion.
- Performance Escalation and Complaints. The escalation had been caused by a lack of confidence in the vaccination system and it was crucial confidence was regained to ensure people were keen to receive vaccinations. Complaints had decreased, partly due to some improvements in the service and partly due to a natural fluctuation in the volume of comments, whether complaint or compliment, in line with the fluctuation of numbers of vaccinations given.
- Operational Changes. Original plans to reconfigure the vaccination system internally toward a locality-based programme had been replaced with a fundamental review of options around primary care versus board delivery and this was expected to delay the system being in place in time for the next round of vaccinations as consultations with primary care were ongoing.
- Communication and Information Setting. The importance of clarity of communication around vaccinations to the public, particularly at this time of year when vaccination invitations were expected, was noted and a concern was raised around angst in communities if there is extensive travel involved in receiving tetanus injections.

After discussion, the Committee:

- **Noted** the content of the report and points raised in discussion.
- **Agreed** to take **Limited** assurance.

2 SERVICE UPDATES

2.1 Cancer Services Update

The Cancer Services Manager, spoke to the circulated report, providing an update on the staffing position within oncology. The heavy reliance on locum staff was highlighted, with four out of six and a half consultant positions filled by locums. Efforts to improve this included both local and national actions, with some progress made, such as a locum from India joining in June and another expected in December. However, the recognition of overseas qualifications required up to two years of support, placing additional burdens on existing staff. The national oncology service, while managed nationally, still relied on territorial health boards, which presented challenges. Work was underway nationally to describe a reconfiguration of services to support overall resilience. The Cancer Services Manager provided an overview of what this may look like, but at this stage the proposal was at an early stage and NHS Highland along with other boards is involved in the work.

It was noted £78,000 was available in the current financial year and they could start appointing to some roles and a case was being prepared for next year's funding to consolidate the local core staff. There was also a commitment to allocate trainees based on needs, aiming to rotate trainees into Highland. The transition to the target operating model required significant infrastructure work, and future funding should be needs-based. Concerns remained about the ability of other centres to support the plan due to increasing demand and red RAG risks in Oncology. The ongoing work complemented the forthcoming national clinical strategy, focusing on long-term initiatives to improve cancer care, including prevention through lifestyle choices.

In discussion the following points were raised:

- The Medical Director stressed what had been described as the future direction of travel was yet to be confirmed and the Target Operating Model (TOM), which our clinicians had engaged with, was still in the early stages of implementation. There had been local engagement to try and ensure more common cancers were treated locally with less common cancers being treated on a regional or national basis. Efforts were underway to restore a Clinical Lead for Cancer and there was also a need to reinstate the Cancer Oversight Meetings.
- Retainment of overseas staff and trainees. There was a 25% shortfall of trainees completing oncology training within the UK and the vacancy gradient deepened further north. It was noted there was a need to consider what would secure personal and professional fulfilment for individuals that are relocating to our area, with housing issues being a particular problem. The Finder's Fee Service was considered to be working well, highlighting the need to find a competitive edge in attracting staff.

After discussion, the Committee:

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

2.2 NDAS Service Update – Final Action Plan

The Neurodevelopmental Assessment Service (NDAS) Senior Service Manager spoke to the circulated report advising as to the current position, this being a joint agency service between NHS Highland and The Highland Council. A Senior Leadership Group had been meeting since the summer which had improved staff morale, with some actions having been progressed. Letters had been sent to all 1800 families providing reassurance that whilst the service was under incredible pressure , with a need for redesign and additional resource, both Highland Council and NHS Highland were committed. A Programme Board had been set up with the first meeting being held next week with good representation expected from senior NHS and Highland Council Senior Executive colleagues. The Authority to Recruit (ATR) had been progressed for the Psychology post and was currently with Agenda for Change colleagues for minor but important changes to be made to the job description. The NDAS Clinical Director post was to be progressed to ATR when the job

description, which was in the final draft stages, was complete. A waiting list cleansing exercise had been progressed which included consideration of those aged 17 and over transitioning to adult services; ascertaining whether those who've waited a long time still wished to progress to assessment; potential commissioning of some private sector work. The National Elective Coordination Unit (NECU) did not currently support NDAS so efforts were underway to find ways to manage ongoing patient communication through our own Patient Hub.

The following points were raised in discussion:

- Members welcomed the progress that had been made, acknowledging the importance of partnership working. It was noted that this was only in reference to the Highland Health and Social Care Partnership and Argyll and Bute had separate challenges around NDAS.
- It was understood that waiting list numbers were likely to deteriorate before they improved although measures were being taken to minimise this as far as possible through additional support from Child and Adult Mental Health Services (CAMHS) and Speech and Language Therapy within Highland Council to support children while they waited for assessment.
- The importance of ensuring families understood how to access escalation pathways was raised as a concern although it was noted the professional team around the child should support that.
- Early intervention was recognised as essential in managing the future situation and The Highland Council were currently working on a proposal around this which would be brought to the Programme Board.

After discussion, the Committee:

- **Noted** the key actions and priorities outlined in the report.
- **Agreed** to take **Limited** assurance.

2.3 Update on Dental Services

There had been circulated a report providing an update on Dental Services. It was suggested that more concrete numbers were provided at the next update and the intention was that this committee would be provided local data in advance of its submission to the planned national database. Additional local data would also be sought where it was of interest. There was some discussion about the interpretation of the data provided in this report and it was acknowledged there were further challenges with this owing to the complication of private dental practices undertaking NHS work.

After discussion, the Committee:

- **Noted** the contents of the report.
- **Agreed** to take **Limited** assurance.
- **Agreed** to receive a report containing statistics and key performance indicators at a future meeting.

2.4 Sir Lewis Ritchie Report and Position in Relation to Recommendations

The Nurse Director spoke to the circulated report, highlighting the need to future proof what was being done as the organisation moved into district planning, considering all services across the Board area, particularly Skye, Lochalsh and South-West Ross. It was noted additional efforts were needed with Community colleagues to ensure sustainability and address outstanding areas of work considering the recommendations. In terms of sign-off, it was acknowledged further work with community representatives and Sir Lewis Ritchie was needed. The project's unique structure, led by an independent steering group, was highlighted, with the next meeting in October expected to address remaining tasks. It was noted a governance structure for the project's future would be presented for community feedback, potentially requiring additional co-produced groups to focus on urgent care. While some work remained, sign-off within the year was anticipated, though flexibility

was needed. The Medical Director shared Sir Lewis' gratitude to all colleagues who had been involved in bringing this piece of work close to completion.

During discussion, it was highlighted building community confidence in the model was key to achieving sign-off, with a focus on sharing clear, evidence-based data to counter any misconceptions. The need for ongoing support during the transition to new structures was also raised, given the early stage of the district planning groups. Plans were in place to re-establish a group with community representatives to review data and adjust the model if needed, alongside efforts to address transport and accessibility issues. Strengthening district planning groups during this transition was also a priority.

After discussion, the Committee:

- **Considered** the process and governance in place to achieve completion of the recommendations.
- **Noted** progress made to date in response to the recommendations.
- **Agreed** to take **Moderate assurance**.

2.5 Update on SPSP Programmes

There had been circulated an update on the Scottish Safety Patient Programme and owing to time constraints, the Nurse Director offered to answer questions rather than speak to the report in detail. In response to the query regarding a timeline for embedding Essentials of Safe Care to build a sound organisational culture, members were advised it was a work in progress and rather than a specific timeline which was potentially unsustainable, an improving trajectory was more pragmatic, building confidence in each report.

After discussion, the Committee:

- **Noted** progress and recognised the challenges to delivery of the programmes
- **Noted** that each programme had yet to set local targets in relation to their date
- **Noted** the recommendation that Essentials of Safe Care was more fully examined and integrated into the work across the NHS Board
- **Agreed** to take **Moderate** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Health and Care Staffing Act Q1

The Director of People and Culture spoke to the circulated Quarter 1 report which had been reviewed by the Staff Governance Committee (SGC) and would continue to be reviewed by both SGC and this Committee before being presented to the Board, as required by the Act. Collaboration with the Medical and Nursing Directors would continue, though the Act's wording on responsibilities would be interpreted flexibly. The complexity of the Act and the multi-year process of achieving full compliance was noted, with moderate assurance provided at present, focusing on strengthening systems and identifying gaps. The report was expected to evolve based on feedback, and a more detailed annual report would be provided later in the year. Committee members were invited to provide feedback.

The following was discussed:

- Evaluation of mitigation of the challenges faced. This would be an ongoing process. Healthcare Improvement Scotland (HIS), now in a scrutiny and assurance role following the pre-implementation phase, would play a key monitoring role. The Director of People and Culture

was to attend an advisory group meeting that afternoon to provide feedback, noting concerns that while HIS requested regular reports, they would not be providing routine feedback. There was uncertainty around the role of HIS in the process and there was a need for the Board to focus on self-assessment and ensure ongoing progress was reflected in future evaluations.

- Report Scope. A query was raised about the inclusion of physician associates and nursing practitioners in the staffing report, with members advised while the report covered all professional groups, it was more prescriptive for nursing, midwifery, and Emergency Department staff, and ongoing efforts were focused on addressing national gaps, improving workforce planning, and managing staffing risks through flexible approaches and existing systems like OPEL.
- Partnership Responsibilities. It was asked whether duties under the Act extended to Highland Council and third-sector partners, such as health visitors employed by the Council, and those delivering services under contracts. Issues regarding the complexities of a Lead Agency model had been raised during the pre-implementation phase. Under the Integrated Joint Board (IJB) model, there was a clear division between NHS and Council responsibilities. The Council's compliance, through commissioned or directly delivered services, was demonstrated via the Public Bodies Joint Working Act and relationships with regulators, but they were not required to follow the same staffing methodology or evidence levels as the health system. Ongoing discussions with Council colleagues aimed to manage assurances under the lead agency model, particularly for children's and adult services, with a need to align with practices in areas such as Argyll and Bute.

After discussion, the Committee:

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

3.2 Effectiveness of Current GP Services and Associated Issues/Risk Management Activity

There was no discussion held in relation to this Item.

The Committee Agreed to receive a formal update at a future meeting.

4 PATIENT EXPERIENCE AND FEEDBACK

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

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** an update would be sought in relation to the Social Work request aspects highlighted.
- **Agreed** to take **Moderate** assurance.

5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints and Feedback activity, Review of Scottish Public Services Ombudsman and further correspondence returns, Vaccination Service Complaint and Feedback activity, Significant Adverse Event Reviews (SAERs) and Level 2A case reviews, Hospital Inpatient Falls, Infection Control, and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from

the Datix risk management system. It was stated performance against the 20-day working target for Complaints had improved; the Highland Health and Social Care Partnership was to hold a complaints workshop to agree action for improving performance against the 20-working day target; SPSO activity remained steady, with spotlight services provided relating to the vaccination service. SAER training was being delivered to build capacity and a review of resources was being undertaken. An NHS Falls and Frailty Conference was to take place on 20 September 2024. A number of actions were being taken to reduce the number of healthcare acquired infections, with a national review of existing reduction aims being undertaken. A number of actions were also being taken in relation to reducing tissue viability injuries. The report proposed the Committee take **Moderate** assurance.

On the point raised by the Chair, it was advised the number of Stage 2 Complaints received can fluctuate across the year, with relevant data being a month behind, and with current activity focused on reducing associated response times.

After discussion, the Committee

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

5.2 NHS Highland Feedback and Complaints Annual Complaints Report 2023/2024

M Morrison spoke to the circulated Annual Report, providing a summary of the feedback received by NHS Highland from 1 April 2023 to 31 March 2024 and including a description of the lessons learnt and improvements made. A summary of the approaches taken to proactively gather feedback to inform and develop local services, including from Independent Contractors had also been included. It was noted the Annual Report was a requirement placed on all NHS Boards by Scottish Government to submit relevant data on 9 key indicators for all stages of the complaints process. A review of the annual data was provided, noting the volume of complaints received had increased over that in the previous year, with pressures experienced within service areas continuing to impact overall response times. Additional actions taken forward through 2023/2024 were indicated and it was noted NHS Highland was in the process of implementing a new Complaint reporting system, InPhase which was expected to go live on 1 December 2024. Ongoing phases of the InPhase project would advance the NHS Board plans to streamline the management of complaints and enable further improvement opportunities. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- InPhase Reporting System Implementation. Advised communication relating to introduction of new system to be included in latest Staff Bulletin was being released later that day. A specific Communications Plan would be developed. The new system would provide “At a Glance” data.

After discussion, the Committee:

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

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

The Head of Strategy and Transformation spoke to the circulated report, advising the Integrated Performance & Quality Report (IPQR) was aimed at providing a bi-monthly update on performance and quality based on the latest information available. As part of the Government’s Annual Delivery Plan (ADP) Commission the NHS Board was required to submit quarterly reports on progress, risks and impacts of ADP deliverables. The circulated report summarised performance and quality indicators used to evidence progress of embedding ADP deliverables across Acute, HHSCP and

Corporate areas. The circulated report represented the first iteration where the IPQR had been integrated with the ADP and the outline quality framework indicators and presented to all Governance Committee through a synchronised approach and would continually be refined. A summarised version would then be presented to NHS Highland Board. All data available within the IPQR was available at service level on a regular basis.

It was stated the IPQR contained an agreed set of measurable indicators across the health and social care system aimed at providing a number of Committees a bi-monthly update on performance and quality based on the latest information available whilst working towards having a truly integrated report based on the emerging quality framework. The format and detail had been modified to bring together the measurable progress aligned to the actions within the Annual Delivery Plan that would be reviewed by both the Finance, Resources and Performance Committee and the Clinical Governance Committee. In addition, a narrative summary table had been provided against each area to summarise the known issues and causes of current performance, how these issues and causes would be mitigated through improvements and what the anticipated impact of these improvements would be. A number of performance and quality additions had been included in the circulated IPQR as indicated, and further performance and quality indicators were in the process of being scoped to ensure additional ADP deliverables can be performance/quality referenced to bolster assurance and evidence successful implementation and delivery.

It was noted the Executive Directors Group approved quarterly updates for submission to Scottish Government, with quarterly updates also submitted to the Finance, resources and Performance Committee. At the time of submission, at Quarter 1 there were 256 current actions or deliverables, representing our transformational objectives across the ADP and medium term plans (MTP). There were 141 ADP deliverables and 115 MTP deliverables. 33 of those deliverables had a delivery target date by the end of Q1. ADP deliverables had been colour coded to represent implementation progress for deliverables, with systematic challenges noted in relation to service sustainability, infrastructure, rural delivery, workforce capacity and resilience, delivering within financial means and recovery of waiting times. The report proposed the Committee take **Limited** assurance.

There followed discussion of the following:

- Revised Reporting Format. Having welcomed the revised format, members were advised it was anticipated this would support clinical leads in discussion of matters such as clinical risk and associated high level considerations. Patient experience data was included, with iterative reporting adopted across all organisational areas. Links to the ADP were key. Members requested graphical representation of data be made clearer in future reports.
- NDAS Service. Noted inclusion of measure of deprivation for first time. Consideration being given to inclusion of public health information for other service areas.
- Plans and Mitigations. Requested inclusion of relevant timeframes.
- Benchmarking Data. Noted absence of upper/lower control limits for some reporting areas and questioned how outliers were identified. Advised reporting format remained in development and would be iterative in nature. As a Governance Committee, it was important to demonstrate consideration of relevant clinical data and information and feed back down to operational level. Members emphasised the need to identify variation and escalate matters appropriately.
- Deep Dive Activity. Noted this would continue to be undertaken at Committee level.
- Lack of Defined Targets. Advised active consideration being given to this element.

After detailed discussion, the Committee:

- **Noted** the report.
- **Noted** the continued and sustained pressures facing both NHS and Commissioned Care Services in delivering on performance and quality metrics aligned to the ADP.
- **Agreed** to take **Limited** assurance.

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 topics from each service area within the Argyll and Bute Health and Social Care Partnership and providing assurance of effective clinical governance frameworks being in place. Specific updates were provided in relation to Health and Community Care; Primary Care, including sexual health services; Children, Families and Justice; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Adverse Events and Significant Adverse Events activity, and SPSO Investigations. A response had been provided in relation to an enquiry from the Mental Welfare Commission, in relation to which a formal decision was awaited. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 15 August 2024. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

7.2 Highland Health and Social Care Partnership

M Johnstone 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, including development of an updated Violence and Aggression Prevention training curriculum; 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 6.99% as at July 2024. Complaints activity and performance for the previous three months was outlined. A complaints process mapping session had been held and an improvement plan had been developed, in relation to which continuous improvement outcomes would be discussed for short and long terms actions. One SPSO case had been opened during the reporting period, with 7 Compliments having been received over the previous three months. There continued to be a weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. An overview of SAER activity was provided. Current issues being highlighted were in relation to Tissue Viability (Community Tool), access to Mental Health Services and Primary Care. A short life working group on vaccination activity had been established to support an options appraisal to explore GP flexibility and service specifications and contracts had been issued to GP Practices covering 9 Enhanced Services. Areas of positivity were indicated as relating to Community Nursing, Allied Health Professions, Community Services and Mental Health Services, as indicated. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 6 August 2024. The report proposed the Committee take **Moderate** assurance.

The following areas were then discussed:

- Governance Framework. Advised work undertaken across districts and communities to review the Senior Management Team and associated activity. Improvements included development of a regular calendar of meetings; provision of clear guidelines and standard reporting templates; and establishment of a Communities Clinical Governance meeting.
- Trauma Training Activity. Confirmed recent training session held.

After discussion, the Committee:

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

The Committee adjourned at 10.50am and reconvened at 11.00am.

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) and associated recent activity was provided. It was reported operational pressures and patient flow continued to be challenging, with significant impact on clinical teams, especially during short notice sickness absence. The number of delayed discharges had been increasing and with additional surge capacity together with short term staff sickness absence this was impacting on the quality of patient care. The flow out of hospital and into community hospitals was limited. Aspects relating to quality and patient care were highlighted, including relevant acute SPSO activity since April 2024, and updates were also provided in relation to progress in relation to relevant workforce challenges. An Acute financial performance summary 2024/25 was given. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 16 July 2024, copy of a report to the Service Transformation Assurance Group relating to the National Trauma Audit, and detail relating to a Significant Adverse Event Review Report. The report proposed the Committee take **Moderate** assurance, for the reasons stated.

The following points were raised in discussion:

- Holistic Patient Flow. Members recognised the challenges being faced and requested a formal update, including on flow out into the community setting, be submitted to the next meeting.
- Workforce. Requested staff be kept regularly informed as to relevant mitigating activity. Emphasised clinical staff need to be assured relevant challenges are being highlighted and considered at the top level of the organisation.
- System Pressures. Noted series of pressures and challenges being escalated to Board level at this time. Acknowledged the level of service being maintained despite these pressures and stated feedback to the NHS Board should appropriately reflect the associated level of assurance being given and taken at this Committee. Medical Director to reflect on relevant messaging.
- Strategic Risks and Clinical Safety. Requested update on recent activity in this area and the associated reassurance being provided to staff. Advised activity remains a work in progress, and whilst relevant risks were appropriately articulated at Operational level, those reported at NHS Board level were Strategic in nature. The ability to capture, articulate and reflect on relevant elements at the appropriate level remained a key consideration for professional and clinical leadership colleagues.
- Service Level Risk. Emphasised need to ensure service level risks were captured and actioned.
- System Capacity Group. K Sutton advised she was to lead this Group, the work of which would have a system-wide impact across all hospital and community settings. One area of activity would be to consider how to develop the ability to create additional capacity at times of need.

After further discussion, the Committee:

- **Noted** the report content, associated Appendices and circulated Minute.
- **Noted** a further detailed update in relation to Hospital Acquired Infection activity would be provided to the next meeting.
- **Agreed** a formal update on patient flow be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

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

The Nurse Director spoke to the circulated report, advising a new Child Health Commissioner was working with NHS Highland around the future of governance for Children's Services taking cognisance of the partnership landscape but emphasised discussions with the community still

needed to take place prior to any adjustments being made to ensure all proposed work takes a cautious and collaborative approach. The report proposed the Committee take **Moderate Assurance.**

The Committee:

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

8 Infection Prevention and Control Report

The Nurse Director spoke to the circulated report, she confirmed the report provided an update on the current position and the end of year position. There had been challenges meeting the targets for Clostridium Difficile and E-Coli but they were within predicted limits. She confirmed there had been a smaller number of COVID-19 and Norovirus outbreaks.

The Chair sought clarity around the targets in place and queried whether they were stretch targets. The Nurse Director confirmed they were stretch targets and given the challenges faced and how important it was to have a robust level of infection control it was important those more challenging targets were in place.

M Cockburn suggested the challenges meeting those targets had been ongoing for over a year and sought clarity around the trends and causes, particularly around which locations were experiencing a higher rate of infection. The Nurse Director confirmed the granular detail was a key focus within the Infection Prevention and Control Committee however agreed an update on cases across the Board area could be included in the next update. The report proposed the Committee take **Moderate** assurance overall.

After discussion, the Committee:

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

9 Organ and Tissue Donation Committee – 6 Monthly Update

The Medical Director spoke to the circulated report, advising there had been a change in leadership and the positive work completed to date had been maintained. The Chair commended the performance noted in the six-monthly report and asked that this be fed back to the teams involved. The report proposed the Committee take **Substantial** assurance.

The Committee:

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

10 Duty of Candour Annual Report

A Felce spoke to the circulated report and highlighted there had been 30 cases raised which was similar to the figure declared the previous year. The cases raised were spread evenly throughout services with a slight emphasis on the Acute Division, however she noted there were no specific concerns to highlight. A Felce also confirmed that some benchmarking work was underway and early indication confirmed NHS Highland were not a significant outlier in terms of case numbers compared to similar sized Boards. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

11 Clinical Advisory Group (CAG) Assurance Report

The Director of Public Health spoke to the circulated report and highlighted it outlined the work of the CAG. He drew attention to the challenges faced in mental health and learning disability referrals which often need to take place out with Scotland. There had also been challenges around the evidence base for new clinical procedures and requests for treatment of certain conditions to take place in other parts of the country. The report proposed the Committee take **Substantial** assurance.

The Committee otherwise:

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

12 Research, Development and Innovation Annual Report

F Hines spoke to the circulated report and confirmed the Association of British Pharmaceutical Industries had provided around £300 million to spend on improving recruitment to commercial drug trials with £9 million allocated to Scotland and subsequently around £1.5 million being allocated to NHS Highland. She highlighted ongoing challenges being experienced with cancer trials, particularly around oncology capacity, however the haematology service was performing well consistently. F Hines also noted there continued to be substantial savings in the drugs budget partially caused by an overall decline in drug trials in the UK.

It was noted a national UK Government quantum strategy was in place and one of their key targets were to ensure all NHS Health Boards in the UK are using quantum technology by 2030 with £2.5 billion invested in this field. F Hines also referenced the financial challenges faced within the department and confirmed work was underway to increase their funding streams through co-ordinated funding applications over the course of the year. The report proposed the committee take **Moderate** assurance.

During discussion the following points were highlighted:

- Committee Members expressed interest in visiting the department, particularly around the work taking place in redesign/development and transformation and suggested there should be some form of formal evaluation process to ensure the team were involved in the wider redesign/transformation across NHS Highland. F Hines confirmed a visit would be welcome and noted discussions were underway with the Head of Strategy and Transformations team to incorporate an evaluation process.
- The Medical Director welcomed the report and suggested members reviewed page seven of the report onwards where there were details of the innovations and research projects.
- E Henry added that her team were working on building upon the work taking place in haematology to encourage interest in the oncology area and drive a similar level of development.

The Committee:

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

13 Risk Register – Clinical Risk at Strategic Level

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

14 PUBLIC HEALTH

14.1 Public Health – Risk Update

The Director of Public Health spoke to the circulated report and highlighted:

- Risk 715: The level of risk associated with the COVID-19 resurgence had fallen below that of strategic risks and it's proposed this risk is moved to the level two register and considered within the Public Health directorate
- Risk 959: This would remain a strategic risk and now incorporates both childhood and adult vaccinations and covers the autumn/winter 2024 COVID and Influenza vaccinations.

The Committee:

- **Noted** the relevant report content.
- **Agreed** to transfer of Risk 715 to the Public Health directorate risk register and **Areed** to retain the level of risk associated with Risk 959.
- **Agreed** to take **Moderate** assurance.

15 MEETING SCHEDULES

15.1 2024 Schedule

7 November

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

15.2 2025-27 Committee Dates

9am
2025/26
09/01/2025
06/03/2025
01/05/2025
03/07/2025
04/09/2025
06/11/2025
08/01/2026
05/03/2026

9am
2026/27
07/05/2026
02/07/2026
03/09/2026
05/11/2026
07/01/2027
04/03/2027

The Committee **Agreed** the meeting schedule for 2025-2027

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the Vaccination report, the update relating to Dentistry services and some elements of the Acute exception report.

The Committee so Noted.

16 ANY OTHER COMPETENT BUSINESS

The Nurse Director suggested a review of Committee Membership out with the meeting to ensure an appropriate level of clinical staff were present.

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 7 November 2024 at 9.00am.

The meeting closed at 11.50am