

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/ 
MINUTE	2 May 2024 – 9.00am (via MS Teams)

Present

Alasdair Christie, Non-Executive Board Director, and Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Nursing Director
 Liz Henderson, Independent Public Member
 Joanne McCoy, Non-Executive Board Director (from 10am)
 Gerry O'Brien, Non-Executive Director (Substitute)
 Dr Boyd Peters, Medical Director/Lead Officer
 Susan Ringwood, Non-Executive Board Director (Substitute)
 Dr Gaener Rodger, Non-Executive Board Director
 Catriona Sinclair, Non-Executive Board Director
 Emily Woolard, Non-Executive Board Director (Substitute)

In attendance

Gareth Adkins, Director of People and Culture
 Isla Barton, Head of Midwifery (from 10.50am)
 Evan Beswick, Interim Chief Officer, Argyll and Bute HSCP
 Sarah Buchan, Director of Pharmacy
 Ann Clark, Board Vice Chair
 Claire Copeland, Deputy Medical Director
 Lorraine Cowie, Head of Strategy and Transformation
 Caron Cruickshank, Divisional General Manager (Maternity Unit)(from 10.55am)
 Ruth Daly, Board Secretary
 Alison Fraser, Discharge Flow Manager
 Evelyn Gray, Lead Nurse
 Stephanie Govenden, Consultant Community Paediatrician
 Allan Graham, Head of Audiology
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
 Elaine Henry, Deputy Medical Director (Acute)
 Derick MacRae, Service Manager
 Dawn MacDonald, Community Staff Nurse
 Moranne MacGillivray, Service Manager (Medical and Diagnostics Division)
 Bryan McKellar, Whole System Transformation Manager (Observing)
 Brian Mitchell, Board Committee Administrator
 Jill Mitchell, Head of Primary Care
 Mirian Morrison, Clinical Governance Development Manager
 Iain Ross, Head of eHealth
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer Acute Services (from 10.50am)

1.1 WELCOME AND APOLOGIES

Apologies were received from Muriel Cockburn.

Apologies, for non-committee members were received from P Cremin.

1.2 Declarations of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

1.3 MINUTE OF MEETING ON 7 MARCH 2024, ROLLING ACTION PLAN AND COMMITTEE WORK PLAN 2024/2025

The Minute of Meeting held on 7 March 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** updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 SCI Gateway Referral Update

I Ross spoke to the circulated report, providing an update in relation to actions arising from the SCI Gateway Referral Incident in August 2023. It was advised a national review had been undertaken and shared with NHS Boards; providing a timeline of issues raised, lessons learned and a robust comprehensive national action plan. The matter of ensuring service ownership had been discussed with the Head of Resilience and discussed at the Resilience Committee on 24 April 2024, where an Initial Impact Assessment (IIA) for incidents was shared and had been issued for consultation purposes. The assessment would allow the service to determine the level of disruption, resulting incident type and who should lead the actual incident from a service perspective. The NHS Highland eHealth team were in the process of redesigning their digital incident plan to align with the IIA to alert the relevant manager of an emerging issue and handing over service ownership which allows eHealth staff to focus on resolution and communication of the technical issues. The lessons learned report had been discussed at the Scottish Referrals and Communications Group (governing body for SCI gateway) in April 2024 and this group would be responsible for ensuring identified actions were completed. The report proposed the Committee take **Substantial Assurance**.

During discussion, members acknowledged the work of NHS Highland officers on this matter and the way in which the Committee had been kept informed as to relevant progress. The impact of implementation of digital solutions, and their potential risk profile was recognised, whilst supporting the overall general direction of travel in that regard.

After discussion, the Committee:

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

1.4.2 Staff Availability and Recruitment Process

G Adkins advised relevant matters relating to this subject were routinely reported to the Staff Governance Committee and Area Partnership Forum. Current activity related to improving processes for hiring managers and wider Recruitment Team. Relevant activity would seek to reduce the overall time taken to fill vacant posts as well as consider if the relevant process models were appropriate. The impact of the Health and Care Staffing Act was also referenced, noting there were

a number of vacant posts within NHS Highland that could not be filled and represented a known risk. Members were invited to consider what relevant information, from a workforce perspective, would be beneficial to the work of Clinical Governance Committee.

After discussion, the Committee otherwise Noted the position.

2 SERVICE UPDATES

2.1 Cancer Services Update

D MacRae gave brief presentation to members, advising relevant 31 Day Standard performance was similar to that across NHS Boards in Scotland and above the required performance level despite an increase in patient numbers and some surgical capacity issues. The position in relation to the 62 Day Standard, whilst above the Scottish average at that time remained challenging. It was noted large tumour types, relating to Prostate and Breast continued to account for over 50 percent of cases in Highland and as such strong performance in those areas significantly impacted performance overall. Referral rates continued to increase month on month, with capacity having to flex to meet the relevant Standard. It was reported activity can be curtailed for a variety of reasons, including public holidays when the availability of radioisotopes, for example, is reduced.

He went on to advise as to the overall staffing position within the Oncology Service, in relation to which a workshop event had taken place at end February 2024. Outcomes from this event had included agreement as to the provision of services for the four largest cohorts of cancer patients, including Urology. The respective staffing positions for these cancer types was outlined, noting the level of reliance on locum and single-handed cover in some circumstances. This position was mirrored across Scotland and activity was underway in relation to potentially improving recruitment into the Highland area. A middle tier of cases, involving a number Sub-Specialties could continue to be managed locally. Some cancer types were also managed remotely, due to their low volume and specialist nature. SACT and Radiotherapy services were available across NHS Highland sites. Alternative service contingency plans were being discussed with other NHS Boards. A further update was also provided in relation to the subject of improving relevant Consultant Management.

The Medical Director took the opportunity to emphasise that a number of cancer services provided by NHS Highland remained in a fragile position, as reported. These relied on both Primary and Secondary Care elements to operate effectively and following the recent workshop event there was need for identification of a strategy and plan for ensuring sustainable services, recognising this would not be possible for all services. National fragility workstreams were also being developed, including for Vascular services. The continued provision of services remained a challenge for NHS Highland and for relevant management and staff. Uncertainty was challenging for clinical staff.

The following points were raised in discussion:

- Capturing the Patient Experience. Stated more needed in this area, including as part of reporting to this Committee and elsewhere.
- Patient Outcomes. Emphasised importance of this aspect as part of any service evaluation.
- Public Health. Recognised activity can impact level of future Oncology service demand.
- Workforce Planning. Advised national discussion underway on aspects including potential for a national staff bank; greater staff mobility; and options for reshaping the medical workforce. Workforce planning would be a priority area for NHS Highland moving forward.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to circulate the relevant report out with the meeting.
- **Agreed** to revisit this subject at the next meeting.

- **Agreed** an update on horizon screening activity be submitted to the September 2024 meeting.

2.2 Scottish Patient Safety Programme Update

L Bussell spoke to the circulated report, providing specific work programme updates in relation to Acute Adult (Falls and Deteriorating Patient); Mental Health; Pressure Ulcers; Paediatric Programme; Perinatal Programme; Primary Care; and support for the Essentials of safe care and the Learning System. It was reported the Scottish Patient Safety Programme (SPSP) provided guidance and support to deliver specific programmes of work; created conditions to deliver safety fundamentals via focus on the essentials of safe care; and facilitated a learning system for NHS Boards to learn and develop safe quality care. The report indicated that whilst clinical teams were progressing the individual programmes, pressure within clinical practice was preventing work being developed at pace. The report proposed the Committee take **Moderate Assurance**.

During discussion, the following was raised:

- Staffing Resource. Noted the matters highlighted.
- Paediatric and Perinatal Programmes. Confirmed as relatively new Programmes alongside that for Mental Health.
- Level of Assurance. Questioned Moderate level in light of noted staffing and systems issues. Limited assurance suggested to reflect position not as strong as was previously being reported. Advised approach adopted by SPSP and Health Improvement Scotland (HIS) developing, and assurance level may vary across programmes. Discussion emphasised need for reports to include aspects relating to how assurance level was decided upon and how can be improved where appropriate.
- Ensuring Bottom-Up Approach and Strategic Impact. Advised relevant working groups very active, with areas of strong progress evident despite the reported challenges. Noted a lack of recent activity and direction from and at national level over the direction of travel to more of a person-centred approach.
- Future Reporting Requirements. Stated this would fit with wider quality matters being considered and reported to Committee. Agreed need to consider all relevant systems and quality standards activity in the round. Mix of national and local activities involved.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the changing approach being adopted by SPSP and Health Improvement Scotland (HIS).
- **Noted** matters relating to reported levels of assurance would be discussed by Governance Committee Chairs as part of a wider frugal governance approach.
- **Agreed** to take **Moderate** assurance.

2.3 NDAS Service Update – Briefing Paper for Joint Monitoring Committee

M MacGillivray provided a summary update to members, advising that over 80 referrals were being received every calendar month, resulting in a list of over 1,600 waiting for a first appointment. The average length of wait to first appointment was approximately four years. It was reported a Neurodevelopmental future planning workshop had been set to take place in June 2024, with other activity being taken forward in relation to working with the Child Health Commissioner; improving relevant Public Health messaging; and review of the existing waiting list. It was understood Highland Council were in the process of considering establishment of a quality referrals group, for new referrals and based on a staged approach. In relation to workforce concerns, members were advised that in light of the recent resignation of a Clinical Psychologist, consideration was being given as to how to best maximise the remaining limited resource. Funding for Mental Health frameworks was being considered as part of that process. This was a challenging time for the NDAS Service overall, with aspects of service refresh and or change having to be considered.

The following was discussed:

- Outcome from JMC Briefing Paper. Advised summary position statement would be prepared following relevant workshop event.
- Committee Support for Service. The Chair reiterated support for relevant staff members during what represented a period of sustained pressure for the service.

After discussion, the Committee:

- **Noted** the reported position, with concern.
- **Agreed** the need for high level discussion by NHS Highland and Highland Council Chief Officers.
- **Agreed** a further summary report be submitted to the next meeting.

2.4 Audiology Services – National Review Update

A Graham gave a briefing to members, advising as to the establishment of an Implementation and Delivery Group as part of the wider national review of Audiology Services in Scotland. Matters relating to workforce and staff training were to be taken forward in association with relevant service improvements, including creation of a new Paediatrics Team and development of improved reporting processes around new born hearing screening. Reference was made as to relevant Auditory Brainstem Response (ABR) training, noting relevant places were extremely limited, with two staff members having been successful in accessing training starting in May 2024. A national peer review group was also being established, to provide external review of results. Activity was underway to look at wider staff member training and development requirements in association with other NHS Boards; equipment was being replaced where necessary in liaison with Medical Physics and electronic triage arrangements were being introduced for improved referral management purposes. The Medical Director endorsed the work being taken forward in this area, advising relevant activity would be pan-Highland in nature to ensure consideration of associated challenges within the Argyll and Bute area, and in the wider context of meeting national position and review outcomes. Matters relating to Healthcare Scientist regulation, reporting and governance arrangements would also be developed and taken forward as part of this wider activity.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** a formal report update be provided to the November 2024 meeting.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Implications Arising from Health and Care Staffing Act

G Adkins spoke to the circulated report, advising as to The Health and Care Staffing Act (HCSA) coming into force on 1 April 2024. The guiding principles of the Act were outlined, as were relevant duties relating to staff in both the NHS and Care Services more broadly. The report provided an overview of the programme governance arrangements for implementation of the Act, and the reporting and associated Board governance arrangements that would be required. Regular updates would be provided to the Staff Governance Committee, Area Partnership Forum, and NHS Board. Updates would also be provided to this Committee and consideration would be given as to requirements to report through integration scheme arrangements. It was noted an HCSA Lead, working with colleagues across the organisation to prepare for the implementation of the Act, had been appointed. There had been strong clinical engagement to date. The report proposed the Committee take **Moderate Assurance**.

In response to the point raised, it was advised providing assurance in relation to Commissioned Services would be challenging, the detail of which was being worked through at that time. Aspects

relating to OPEL escalation arrangements would form part of the self-assessment exercise and were in the process of being tested within the community environment.

After discussion, the Committee:

- **Noted** requirements placed on the NHS Boards by introduction and implementation of the HCSA.
- **Agreed** to take **Moderate** assurance.

3.2 Learning from Historic Incidents

The Nursing Director gave a brief update to members, advising recent investigation into an historic incident had identified associated gaps that required be addressed. It was advised a full report would be submitted to a future meeting.

The Committee so Noted.

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, Adverse Events, Significant Adverse Event Reviews (SAERs), Hospital Inpatient Falls, Tissue Viability Injuries, Medication Errors, and Infection Prevention and Control. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. The Qlikview dashboard continued to be developed, with the Out of Hours dashboard recently added. The Health and Safety Dashboard would be available from June 2024. It was stated performance against the 20-day working target for Complaints had reduced; SPSO activity remained steady, with spotlight services provided relating to Radiology and Endoscopy. During the reporting period there had been a focus on SAERs and Case Reviews, with training being delivered and a review of resources being undertaken. Governance arrangements for medicines safety were being reviewed. There had been an increase in falls in all areas, possibly linked to the surge in beds, and this was being monitored. A number of projects and initiatives were being taken forward to reduce the number of hospital acquired Pressure Ulcers. The report proposed the Committee take **Moderate Assurance**.

The following was raised in discussion:

- Complaints. Questioned if comparison with other NHS Boards related to similar data capture, given Lead Agency Model in Highland. Advised no national benchmarking data available. Issue had been raised at national level.
- Complaints. Asked if national conversion rates comparison available. Advised rates shown had been provided by the NHHSH Planning and Performance Team.
- SPSO Response Process. Advised improved quality process in place, similar to that for scrutiny of Complaints. Actively looking at arrangements for Professional Lead involvement in process.

- Blueprint Report. Referenced development work underway in relation to capture of patient experience, questioned if this included Care opinion and sought advice on what involved in signing up to this. Advised NHS Highland committed to Care Opinion, with resource identified from within Clinical Governance Team to support this activity. Steady approach being adopted.

The Committee

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

5.2 Mental Health SAER Process – Improved Governance

Members **Noted** a formal update in relation to this subject would be submitted to the next meeting.

6 ANNUAL DELIVERY PLAN – GENERAL UPDATE

The Chair advised improved future reporting arrangements had been discussed with the Head of Strategy and Transformation, with a view to being received from the next meeting.

The Committee so Noted.

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 within 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 and Families; and Acute and Complex Care, including Mental Health. Other updates were provided in relation to Significant Adverse Events activity, SPSO Enquiries and Duty of Candour matters. There had also been circulated Minute of Meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 4 April 2024. The report proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Multi-Agency Public Protection Arrangements (MAPPA). Advised matters relating to representation on Senior Officers' Group, and other issues, were being addressed by the Board Nurse Director.
- Clinical and Care Governance Group. Noted last two meetings had been inquorate. Further noted changes in senior management had impacted attendance and had now been resolved.
- Sexual Health Services. Noted new models of care involved and need to be reflected upon.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to request matters relating to NDAS Service be considered by Executive Directors Group, with relevant feedback provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Links to performance data were provided in relation to Violence and Aggression, Tissue Viability, Falls and Medication Issues. A Quality and Patient Safety (QPS) dashboard for Out of Hours has been developed and one for Primary Care was in the process of development. Weekly Check-in meetings were now being held in Mental Health Services and Skye and Lochalsh. 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 continued to rise. Complaints activity and performance for the previous three months was outlined, with a complaints process mapping workshop held on 8 March 2024 at which a number of improvements had been identified for further discussion. Two SPSO cases had been received during the reporting period. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. A learning event on 12 March 2024 had been well attended, with topics including an update of the Quality and Patient Safety approach in Highland Health; Medicine Governance and Non-Medical Prescribing; Those Left Behind – Experience of Bereaved Family and poster presentations. Suggested improvements for future events had included broadening the invite to a wider range of staff/participants; wider sharing of learning and best practice; including a workshop element; more audience participation and considering streaming future events to reach a wider audience. The Highland Health and Social Care Partnership Risk Register was being reviewed on a monthly basis. There had also been circulated Minute of Meeting of the NHS Community Clinical and Care Governance Group held on 4 April 2024.

Current issues being highlighted were in relation to ongoing discussion relating to provision of Enhanced Services from GP Practices; Primary Care premises; Out of Hours services; Mental Health services; and Adult Social Work and Social Care. Areas of positivity were indicated as relating to Home Office confirmation of licence in relation to Wick Police Custody and marked improvement at Mains House Nursing Home which was no longer being supported under Large Scale Investigation. The report proposed the Committee take **Moderate Assurance**.

The following areas were then discussed:

- Clinical Guardian. Advised had been used as an internal review of quality of clinical staff. Out of Hours shifts covered by hybrid model of GP and Advanced Nurse Practitioners (ANPs). Team challenged with establishing an alternative internal assurance model. Agreed to share latest QPS reports submitted to Out of Hours Assurance Group.
- Out of Hours Services. Questioned if Committee required more formal review of services at this time. Agreed a comprehensive update to Committee would be beneficial.
- Enhanced Services. Referenced potential withdrawal of services and associate patient impact. Advised as to recent local discussions and stated national discussion required on aspects such as tariff rates. Recent communications material would be shared with members. Reminded not core contract services. Advised where a Practice was providing a relevant service, on the basis of patient safety reasons, specific remuneration arrangements were in place.
- Learning Event. Confirmed consideration being given as to how best to ensure effective shared learning approach. QPS interface established and provided another shared learning opportunity.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to share latest Quality and Patient Safety reports on Out of Hours Services.
- **Agreed** to share recent communication on GP Enhanced Services.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there had been no trends for concern identified. An update in relation to Hospital Acquired Infection (HAI) was provided. It was reported operational pressures and patient flow continued to be challenging in terms of both emergency and scheduled care access. An SAER had been commissioned following a recent patient death. Noted sustained pressure having significant impact on clinical teams. Further updates were provided in relation to review of the Gynaecology Outpatient Waiting List for Caithness General Hospital; establishment of a Vascular Review Group to facilitate discussions between the three mainland North of Scotland NHS Boards and recent agreement on Out of Hours cover in Highland; and recent Scottish Trauma Audit Group data. It was noted Colorectal referrals had increased markedly, with no change to the associated staffing profile. The number of falls with harm had increased over the previous four months, with a new audit tool developed and being implemented across all areas, and support provision ongoing at Rosebank Ward, Caithness General Hospital. Incidents of Violence and Aggression had increased within the medical directorate, with work ongoing in relation to relevant risk assessment. Work was ongoing in relation to JAG accreditation for the NHS Endoscopy Service. It was reported there was an increasing risk linked to a lack of electronic systems for requesting tests. There was an increasing reliance on supplementary staffing for surge beds opened to alleviate capacity pressures and a high reliance on locum Consultant cover across Rural General Hospitals. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 19 March 2024. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- CT Scan Activity. Advised working with relevant clinicians on aspects relating to maximising capacity and quality of reporting. Looking to recruit additional three Radiologists.
- Caithness Outpatient Waiting List. Questioned if similar position elsewhere in NHS. Advised further work would be required to establish overall position.
- Gynaecology Service. Highlighted importance of communication message. Advised were discussing with relevant team. Positive discussion to date with Caithness Health Action Team (CHAT) on maternity services in Caithness. Strong local connections in place, with all patients in receipt of direct communication from relevant clinicians.
- Local Clinical Governance. Medical Director emphasised this represented day to day activity and included elements relating to improved customer information and feedback. Local groups should be considering relevant HSMR and outcomes data as well as regulatory requirements.
- Proposed Programme of Clinical Audit. Noted raised as an issue relating to quality at recent Board Development Session. Agreed discussion paper on developing a clinical audit programme be prepared for consideration at the next meeting.

After discussion, the Committee:

- **Noted** the report content and associated Appendices.
- **Noted** the circulated Minute.
- **Agreed** discussion paper on developing a clinical audit programme be taken to the next meeting.
- **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. It was noted a bereavement event for parents, facilitated by Child Bereavement UK, was also held. The circulated report included the Child Protection Biennial Report 2021/23. With regard to clinical governance aspects, it was advised information on patient satisfaction and complaints was to be reviewed for children's services. The Child Health Commissioner was undertaking a review of children's services governance pathways, and this was expected to contribute to the review of the Terms of Reference currently underway. A

Policy for the response of agencies to an unexpected child death had been agreed for hospitals excluding Raigmore, where further discussion was required. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content.
- **Agreed** an update on review of the Child Death Review Group Terms of Reference be provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

The meeting adjourned at 11.40am and reconvened at 11.50am.

8 INFECTION PREVENTION AND CONTROL REPORT

L Bussell introduced the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April 2023 – March 2024 in relation to Clostridioides Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. The reduction aim for Staphylococcus Aureus bacteraemia (SAB) was likely to be met although the final position would not be known until August 2024. NHSH continued to report no SAB infections as preventable following case reviews. Following receipt of an exception report from ARHAI Scotland for the quarter July-Sept 2023 relating to an exceedance in the expected case numbers and rate of healthcare associated CDI a review had occurred, and a Short Life Working Group convened. Whilst no commonalities, trends, or learning were identified upon review of the individual cases; work to review antimicrobial prescribing for urinary tract infections and work to optimise environmental cleaning in areas with maximum bed occupancy were to be taken forward. The position for the national prescribing indicator for general practice was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care and acute hospital antibiotic use continued to be met. National data was awaited to clarify the NHSH financial position. 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.

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. A review of antibiotic prescribing guidelines was underway alongside a review of the effectiveness of environmental cleaning. Following retirement of a Senior Infection Prevention and Control Nurse and a subsequent vacancy within the Community team; they continued to review their existing workload and resource to prioritise the delivery of reactive service outputs. Recruitment would be planned once hours were finalised. A wider review of staffing as part of the national Infection Prevention Workforce Strategy Plan would progress once outcomes from national outputs were issued. It was reported there had been no incidences or outbreaks of Flu or Norovirus 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. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

9 MATERNITY SERVICES – SIX MONTHLY UPDATE

I Barton spoke to the circulated report, providing a six-monthly update and advising the Best Start 5 Year Forward Plan for Maternity and Neonatal Services in Scotland was completed on 31st March 2024, with most of the national strategy expected to be implemented into practice across Boards. The NHS Highland return to Scottish Government was in development. Neonatal Service modelling to implement the North of Scotland approach to sustainable services was underway, reflecting the activity in other regions. At a regional level, there continued to be collaboration between NHS Highland and NHS Grampian to support networked service delivery. Within NHS Highland the relevant Programme Board was ensuring strategic and service priorities were being channelled through four main workstreams relating to Workforce, Recruitment, Retention and Culture; eHealth; Quality and Improvement; and Refurbishment (accommodation). Detailed updates on each of the workstreams were provided. Current areas of concern were noted as relating to current accommodation within Raigmore and Belford Hospitals, and workforce position within the Skye and Caithness areas. The report proposed the Committee take the following levels of assurance:

- **Substantial** – Maternity services are engaging with National Workstreams and reporting for NHH outcomes for strategic service delivery.
- **Substantial** – Maternity and Neonatal services are on a journey of continuous improvement through prioritised evidence-based Quality and Improvement workstreams and implementing these across NHH.
- **Moderate** – Services have the appropriate workforce to deliver services in line with national drivers and direction to meet the needs of women, babies, and families across North Highland.
- **None** – Services are able to meet the criteria for modern Maternity and Neonatal services from an accommodation/building's perspective, in relation to Raigmore and Belford should no investment be forthcoming. It was reported Non-recurring Best Start funding was expected from Scottish Government this financial year and the ask would be that this is protected to allow services to make minor modifications to improve our environment. There was an ask from Scottish Government to report on how such funding was utilised.

The following areas were discussed:

- Signposting of Additional Services and Resource. Advised working collaboratively with Third Sector colleagues on identifying local needs. This was a national priority also.
- Specialist Roles. Advised the roles were managed and supported across a variety of Midwifery Leads. A number of existing Midwives had expressed an interest in the various roles. Feedback was being gathered for specific workstream elements.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take the recommended levels of assurance contained in the circulated report.
- **Agreed** to advise the NHS Board no assurance could be taken in relation to accommodation.

10 RISK REGISTER - CLINICAL RISK

Members **Noted** there were no matters being reported in relation to this item. The matter would be revisited at the next meeting.

11 HEALTH AND SAFETY - SIX MONTHLY UPDATE

G Adkins spoke to the circulated report outlining the key areas of activity covered by the Health and Safety Committee meetings in order to provide assurance appropriate areas were being frequently reviewed. The Health & Safety Committee had a clearly defined Role and Remit which had been regularly reviewed, however attendance at the Committee had not been at the expected level in early 2023 with some meetings being inquorate, alongside a change in one of its Co-Chairs with the departure of the previous Director of People & Culture. Significant work had taken place in late 2023/early-2024 to reinvigorate the Committee and ensure its focuses and assurances being sought were clear for members and report writers so it can provide the appropriate assurance to the Staff Governance Committee. This this included a review of the Committee membership, Terms of Reference and Workplan; including the creation of a clear Action Plan to track additional actions that arise as part of each meeting to prevent any confusion that could have been caused by the previous action tracking system. The Work Plan was followed in all of the meetings that took place in terms of agenda creation; however, some items were not submitted by report writers with no associated apology or update. As part of the Committee improvement process the Board/Governance Committee report reminder/tracking methodology had been adopted in February 2024 and would continue moving forward. Activity areas highlighted to this Committee related to ongoing ligature risk assessment/management arrangements and ensuring a patient-centred approach; and patient safety relating to falls. There continued to be close working with the Clinical Governance Team on associated RIDDOR reporting. There had also been circulated the Health and Safety Committee Annual Report 2023/2024. The report proposed the Committee take **Substantial Assurance**.

On the point raised in relation to training for the Management of Violence and Aggression, it was advised the key change implemented had related to entry level training. Relevant training e-Modules would be developed and made mandatory for staff from June 2024. All relevant high-risk areas had been addressed.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** the circulated Health and Safety Committee Annual Report 2023/24.
- **Agreed** to take **Substantial** assurance.

12 PUBLIC HEALTH - Vaccination Update

T Allison spoke to the circulated report, advising within Scotland vaccination provision had moved from General Practice to NHS Board led services in line with the new General Practice contract. This transition happened later in NHS Highland compared to other NHS Boards and had taken place alongside COVID vaccine programme delivery. It was reported vaccination delivery within NHS Highland was predominantly undertaken by NHS community staff within locality clinics, with links to national booking and recording systems. Some island General Practices within Argyll and Bute had been given the flexibility by Scottish Government to continue to provide vaccinations directly. Concern about vaccination delivery within Highland HSCP had led to escalation to level 2 of the Scottish Government performance management framework and NHS Highland was undertaking a programme of work to improve performance, as indicated . This included working with Public Health Scotland as a critical friend. A governance framework had been established, with delivery of vaccination the responsibility of the two Health and Social Care Partnerships and oversight provided by the Vaccination Strategy Group and professional coordination group advising on operational and strategic matters. Recent performance figures were provided for adult vaccinations (winter Covid and Influenza programmes); childhood vaccinations; and associated complaints, escalation and management action. The report proposed the Committee take **Limited Assurance** overall.

After discussion, the Committee:

- **Noted** the detailed content of the circulated report.

- **Agreed** to take **Limited** assurance.

13 IMPLEMENTING THE BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT FINDINGS

R Daly spoke to the circulated report, providing an update on delivery of actions contained within the NHS Board Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Highland Health and Social Care and Clinical Governance Committees. It was reported the Improvement Plan agreed had contained 17 specific actions in total, three of which related directly to the remit of the two Committees. An overarching update report would be submitted to the July 2024 meeting of the NHS Highland Board. The report proposed the Committee take **Moderate Assurance**.

The Committee:

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

14 2024 COMMITTEE MEETING SCHEDULE

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

11 July
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 the lack of assurance being received in relation to Maternity accommodation.

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 11 July 2024 at 9.00am.

The meeting closed at 12.05pm