

<b>CLINICAL GOVERNANCE COMMITTEE</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>Draft MINUTE</b>	<b>9 January 2025 – 9.00am (via MS Teams)</b>	

## Present

Alasdair Christie, In the Chair  
 Tim Allison, Director of Public Health  
 Louise Bussell, Board Nurse Director  
 Ann Clark, Board Vice Chair  
 Muriel Cockburn, Non-Executive Board Director  
 Sarah Compton-Bishop, Board Chair  
 Elizabeth Henderson, Non-Executive Board Director  
 Karen Leach, Non-Executive Board Director  
 Joanne McCoy, Non-Executive Board Director  
 Gerry O'Brien, Non-Executive Board Director  
 Dr Boyd Peters, Medical Director/Lead Officer

## In attendance

Evan Beswick, Chief Officer, Argyll and Bute HSCP  
 Ruth Daly, Board Secretary  
 Alison Felce, Senior Business Manager  
 Alison Felce, Senior Business Manager  
 Stephanie Govenden, Consultant Community Paediatrician  
 Evelyn Gray, Associate Nurse Director  
 Rebecca Helliwell, Deputy Medical Director, Argyll and Bute HSCP  
 Elaine Henry, Deputy Medical Director (Acute)  
 Carolyn Hunter-Rowe, Public Health Intelligence Manager  
 Jo McBain, Deputy Director (AHPs)  
 Bryan McKellar, Whole System Transformation Manager  
 Brian Mitchell, Board Committee Administrator  
 Mirian Morrison, Clinical Governance Development Manager  
 Andrew Nealis, Information Governance & IT Security Manager  
 Janice Preston, National Lead for MacMillan Cancer Support in Scotland (Observing)  
 Leah Smith, Complaints Manager  
 Simon Steer, Director of Adult Social Care  
 Pamela Stott, Chief Officer (North)/Director of Community Services  
 Katherine Sutton, Chief Officer Acute Services  
 Dr Kirsty Wilson, Scottish Clinical Leadership Fellow

## 1.1 WELCOME AND APOLOGIES

Formal Apologies were received from non-Committee members R Boydell and C Copeland.

The Chair advised a number of scheduled agenda items had been postponed and would be rescheduled for future meetings as indicated. Future early year Committee meeting scheduling would also be reviewed.

## 1.2 DECLARATIONS OF INTEREST

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

## 1.3 MINUTE OF MEETING THURSDAY 7 NOVEMBER 2024, ROLLING ACTION PLAN AND COMMITTEE WORKPLAN 2024/2025

The Minute of Meeting held on 7 November 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

There were no matters discussed in relation to this Item.

## 2 SERVICE UPDATES

### 2.1 Vascular Services Update

The Board Medical Director advised the NHS Highland service was being maintained, with external support however the position remained complex and subject to change. The wider position across North Scotland was challenging, with additional assistance for the area being considered. The NHS Highland position was then outlined in terms of workforce, service provision, configuration of external assistance being provided, and associated clinical pathway considerations. A national plan was being considered.

The following was discussed:

- External Assistance Arrangements. Confirmed organised on a rota basis with the external NHS providers, further detail of which was provided. Future arrangements remained under active consideration at senior level. Future service enhancement and additionality requirements were also being discussed.

**After discussion, the Committee Noted** the reported position.

### 2.2 Update on New Craigs Activity

The Committee **Agreed** a full report be prepared for the next meeting on this subject.

### 2.3 Health Protection Reporting

The Director of Public Health advised as to vaccination activity and associated potential future Highland service model considerations and options appraisal consideration progress. A formal decision from the GMS Oversight Committee and Cabinet Secretary in relation to the options appraisal was awaited. He went on to reference the current position relating to maximising immunisation rates and quality in Highland, and rates of a range of adult and childhood immunisation activity. A detailed report was to be brought to the next meeting.

There was discussion of the following:

- Drop-In Delivery Model. Confirmed clinics were available at that time and that wider service delivery improvement opportunity considerations were being actively considered. An improved model, maximising both Primary Care and NHS Board delivery would be beneficial.
- Public Communication. Agreed to continue to discuss improvements in relation to drop-in clinic availability and location, noting existing website detail provision.

**After discussion, the Committee otherwise Noted** the reported position.

### **3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION**

#### **3.1 Introduction of InPhase System within NHS Highland**

The Board Medical Director advised there had been technical implementation issues impacting the rollout of the InPhase system, as previously reported and advised other NHS Boards had also reported associated challenges. An implementation date later in 2025 was expected, with national discussion ongoing with the relevant service provider. Use of the DATIX system was continuing.

**The Committee Noted** the reported position.

#### **3.2 Update from Argyll and Bute by Exception**

R Helliwell advised as to the position in relation to the temporary closure of the Campbeltown Kidney Dialysis Unit and associated interim service arrangements; activity in relation to mental health care in acute settings; challenges relating to continuity of sexual health services; and review of patient care in Psychiatry settings.

**The Committee:**

- **Noted** the reported position.
- **Agreed** a detailed report on sexual health services be submitted to the next meeting.

### **4 PATIENT EXPERIENCE AND FEEDBACK**

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

**The Committee:**

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

#### **5.1 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA**

M Morrison spoke to the circulated report, advising as to detail in relation to performance data; associated commentary; and an indication of key risks and mitigations around Complaints activity; Scottish Public Services Ombudsman activity; Responding to Patients; Adverse Events; Hospital Inpatient Falls, and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated performance

against the 20-day working target for Complaints had decreased, with the main themes relating to treatment, communication and waiting times. There had been a significant increase in the number of stage 2 complaints received in October 2024; SPSO activity remained steady, with spotlight services provided being relation to Mental Health Services. The status of SAER open actions had been discussed with Professional Leads, with the number of open actions reduced. There was a continued reducing trend in falls; ongoing activity relating to pressure ulcers and an increase in C.diff cases over recent months. An update was also provided in relation to the new national framework for adverse events. The report proposed the Committee take **Moderate** assurance.

**After discussion, the Committee**

- **Noted** the report content.
- **Agreed** the next update include a focus on Stage 2 complaint activity improvement actions.
- **Agreed** to take **Moderate** assurance.

## **6 ANNUAL DELIVERY PLAN OUTCOMES/GENERAL UPDATE**

L Smith spoke to the circulated report, providing an update on progress on deliverables with specific reference to the Quality outcomes relating to the relevant Well themes as of November 2024. It was reported that as part of the annual planning cycle, NHS Highland was in the process of preparing the 2025/26 submission for the Scottish Government, in line with relevant submission dates. Members were advised the oversight report format presented would continue to be developed. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Reported RAG Ratings and Wider Reporting. Advised as to national reporting requirements and criteria being referenced; associated reporting period considerations; deliverables and mitigating actions; and current activity focus on KPI reporting.
- Provision of Trend Analysis Data. Agreed this be considered further.
- Future Reporting. Suggested a Board Development Session be considered. Assurance in relation to quality indicators and RAG indicators was raised. The focus and consistency of associated data provided to individual Governance Committees was also highlighted.
- Service Improvement Activity. Emphasised requirement for associated contextual information.

**After further discussion, the Committee:**

- **Noted** the report content, associated Appendices.
- **Agreed** a Board Development Session on future reporting be considered.
- **Agreed** to take **Moderate** assurance.

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

### **7.1 Argyll and Bute**

The Committee **Noted** consideration of this Item had been Deferred to the next meeting.

### **7.2 Highland Health and Social Care Partnership**

P Stott introduced the circulated report providing assurance in relation to the clinical and care governance delivery for the Highland Health and Social Care Partnership. 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;

workforce; complaints activity; and adverse events. Updates were also provided in relation to Care Homes and wider Primary Care aspects. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 5 December 2024. The report proposed the Committee take **Moderate** assurance.

The following was then discussed:

- Exception Reporting. Noting references in the circulated minute document, noted ongoing process engagement improvement and agreed to seek an update for the next meeting.

**After discussion, the Committee:**

- **Noted** the report content and associated Minute.
- **Agreed** to receive an update on local process engagement activity at the next meeting.
- **Agreed** to take **Moderate** assurance.

### 7.3 Acute Services

E Henry spoke to the circulated report in relation to Acute Services, providing updates in relation to Hospital Acquired Infection (HAI), emergency access activity, delayed discharge, quality and patient care, workforce matters, and wider aspects relating to audit and assurance. Areas of good practice and areas for improvement were included, as were areas of concern and associated mitigating actions. There had also been circulated a number of appendices and Minute of Meeting of the Acute Services Division Clinical Governance Committee on 19 November 2024. The report proposed the Committee take **Moderate** assurance.

The following points were raised in discussion:

- Future Reporting. Members requested an Executive Summary on key issues, such as specific areas of concern and relevant improvement activity relating to delayed discharge.
- Urgent Suspected Cancer Referrals. Noted the increase in referrals, wider impact on associated system activity, and ongoing service provision considerations.
- CAMHS. Noted and welcomed recent service improvements.
- NDAS. Requested a formal update be provided to the next meeting.
- Vascular Services. Recognised the improved service position.
- Stroke Services. Requested consideration be given to a detailed update on NHS Highland services at a future meeting.
- Delayed Discharge Impact. Noted the discharge within Raigmore Hospital had been developed into an additional bed area.

**After further discussion, the Committee:**

- **Noted** the report content, associated Appendices and circulated Minute.
- **Recognised** the ongoing service pressures and commitment of all staff within NHS Highland.
- **Agreed** a formal update on the NDAS Service be provided at the next meeting.
- **Agreed** an update on the wider delayed discharge position be provided to the next meeting.
- **Agreed** to take **Moderate** assurance.

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

The Board Nurse Director spoke to the circulated report, providing detail of the work of the Infants, Children and Young People's Clinical Governance Group. The report covered two ICYPCGG meetings in November and December 2024, with a range of regular areas reported upon including the digital roadmap, NDAS and child death reviews with the group being the designated reporting pathway for child deaths. A number of topic areas formed the rest of the agenda in order to ensure visibility of child health services across the Board area. Specific updates were provided in relation

to the Family Nurse Partnership service; NDAS; the Orchard residential unit; digital roadmap; maternity and neonatal specialist activity; Child Death Reviews and a review of the ICYPCGG Terms of Reference. Further matters were highlighted in relation to quality and patient care, workforce and financial aspects. There had been circulated Minutes of meetings of the ICYPCGG held on 18 November and 20 December 2024, plus two Child Death Review Reports. The report proposed the Committee take **Moderate Assurance**.

**The Committee:**

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

## 8 INFECTION PREVENTION AND CONTROL

The Board Nurse Director spoke to the circulated report and advised the validated data covered from April to June 2024 and showed NHS Highland was within the predicted levels and within the variation across the three yearly trend for all Healthcare Associated Infections (HCAI). It was reported a national review of existing NHS Board local delivery plan outcomes for infection control 2024/2025 was underway. NHS Boards awaited the outcome of the review and expected to be informed the baseline denominator data would change. NHS Highland were continuing with existing reduction aims. Members were advised infection prevention and control activity levels remained high and considerable time was being spent focusing on preventing and managing cases of infection, managing water incidents, outbreaks in hospitals and the community settings. Focus also continued on work to achieve reductions in CDI, SAB and EColi infections in line with national objectives. Aspects relating to quality and patient care, workforce matters, finance and risk assessment/management activity were also highlighted. There had also been circulated a six-monthly update in relation to the NHS Highland Infection Prevention and Control Annual Work Plan. The report proposed the Committee take varying levels of assurance across a number of areas, as indicated in the report.

The following was discussed:

- Resource Requirements to Meet Targets. Advised additional resource available through Covid period had been stepped back, with relevant activity being actively prioritised as appropriate.
- Assurance Provision. Advised the provision of assurance on levels of infection would require further discussion in terms of associated governance requirements etc.

**After discussion, the Committee:**

- **Considered** the report content.
- **Agreed** to accept the levels of assurance being offered in the circulated report.

## 9 TRANSFUSION COMMITTEE – 6 MONTHLY UPDATE

The Committee **Noted** consideration of this matter had been deferred to the next meeting.

## 10 INFORMATION ASSURANCE GROUP – 6 MONTHLY UPDATE BY EXCEPTION

A Nealis spoke to the circulated report, advising as to the work being undertaken by the Information Assurance Group through July to December 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, with dates for 2025 meetings yet to be arranged. 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. Specific updates were provided in relation to activity relating to the Caldicot Guardian role, Adult Social Care activity, Corporate Records, Clinical Records Management, Freedom of Information; Subject Access Requests and Policies that had been ratified. Other significant areas of discussion were detailed, noting there were no new or open reportable incidents occurring during the reporting period. There had also been a minute of meeting of the Information assurance Group held on 10 September 2024. The report proposed the Committee take **Substantial** assurance.

The following was discussed:

- Clinician Engagement. Advised as to an associated clinical based steering group, where matters such as relevant interface arrangements were appropriately discussed. Other matters discussed included Electronic Patient Records, ongoing HEPMA Rollout and InPhase arrangements. The transfer of Primary Care based records were also under consideration. The need for improved information systems across services had been acknowledged and was being taken forward.

**After discussion, the Committee:**

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

## **11 RISK REGISTER – WAY FORWARD**

The Committee **Noted** consideration of this matter had been deferred to the next meeting.

## **12 PUBLIC HEALTH – HEALTH INTELLIGENCE AND SUPPORT FOR SERVICES UPDATE**

C Hunter-Rowe spoke to the circulated report, outlining the public health intelligence work being developed and delivered to support the work of the NHS Board and partners across both Highland and Argyll and Bute areas to improve outcomes for the population of NHS Highland. Specific updates were provided in relation to recent needs assessment activity; input to healthcare services; work of the Clinical Advisory Group; geospatial activity; data management and training activity. The report proposed the Committee take **Substantial** assurance.

There was discussion of the following:

- Ongoing Modernisation. Advised this was part of general ongoing improvement consideration of aspects including the wider data landscape and analytics. The importance of developing links with other intelligence functions and the wider NHS Board Strategy were highlighted.
- Feedback on Children's Services Feedback. Noted informal feedback to date from the Scottish Government had been positive.
- Impact of Artificial Intelligence. Issues relating to regulation and data safety were raised. Advised relevant issues were under wider consideration, in relation to which the need for further guidance would likely be required. Executive leadership for medical devices was noted as sitting with the Board Medical Director, including relevant governance requirements. There was ongoing discussion at a national level.

**After discussion, the Committee:**

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

## 13 ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE

The Board Secretary spoke to the circulated report, inviting consideration and agreement of minor revisions to the existing Committee Terms of Reference. It was noted there was a change being proposed, clarifying the Director of Midwifery and Director of Allied Health Professions should be formal Attendees at Committee meetings. The report further proposed the Committee take **Substantial** assurance.

### **The Committee:**

- **Noted and Agreed** the proposed changes to the Committee Terms of Reference.
- **Agreed** to take the **Substantial** assurance.

## 14 CALENDAR OF MEETINGS

The following schedule was **Noted**, subject to the January 2026 and 2027 dates being reviewed:

6 March 2025  
1 May 2025  
3 July 2025  
4 September 2025  
6 November 2025  
8 January 2026  
5 March 2026  
7 May 2026  
2 July 2026  
3 September 2026  
5 November 2026  
7 January 2027  
4 March 2027

## 15 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 6 March 2025 at 9.00 am.

## 16 REPORTING TO THE NHS BOARD

The Chair confirmed the position in relation to Vascular Services, and the possible need to raise associated matters with the NHS Board would be discussed with the Board Medical Director.

### **The Committee so Noted.**

## 17 ANY OTHER COMPETENT BUSINESS

The Board Medical Director took the opportunity to acknowledge this as the last meeting to be Chaired by A Christie, and paid tribute and thanks to his commitment to and leadership of improving the work of the NHS Highland Clinical Governance Committee over a number of years and into the future. The Chair in turn acknowledged the kind words offered and expressed gratitude for the opportunity to Chair such an engaging and rewarding Committee with such a focus on patient care.

**The meeting closed at 11.00am**