NHS WESTERN ISLES
CLINICAL GOVERNANCE COMMITTEE

NHS Eileanan Siar Western Isles

MINUTES OF MEETING
11TH DECEMBER 2024
HELD AT 10:00AM
VIA MICROSOFT TEAMS

Members Present:

Sheena Wright	Non Executive Director / Whistle Blowing Champion (Chair)
Jane Bain	Non Executive Director / Employee Director
Karen France MacLeod	Non Executive Director / ACF Chair
Annetta Smith	Non Executive Director

In Attendance:

Fiona Mackenzie	Nurse Director (Executive Lead)
Frances Robertson	Associate Nurse/AHP Director and Chief Operating Officer
Janice MacKay	Head of IPC, Decontamination and Cleaning Services
Gordon Jamieson	Chief Executive
Gill McCannon	NHS Western Isles Chair (Ex-officio)
Louise Sullivan	Head of Clinical Governance & Professional Practice
Dave Rigby	Realistic Medicine & Therapeutics Clinical Lead
Janet Mackenzie	PA to Nurse/AHP Director/COO (Minute Taker)

1. WELCOME / APOLOGIES

Mrs Wright took the chair and welcomed everyone to the meeting. She specifically welcomed Mrs Smith and Dr Rigby to their first meeting.

Apologies noted:

Nick Fayers	Chief Officer, IJB
Colum Durkan	Director of Public Health
Frank McAuley	Medical Director

2. MINUTES

2.1 Clinical Governance Committee Minute of 07.08.24

Miss Mackenzie stated that the final paragraph on page 11 should read "…. there are current struggles with NHS Highland Urology service……"

With the above change the minutes were approved as an accurate record of that meeting.

2.2 Matters Arising

Mrs McCannon noted that Health and Care Staffing Q1 was removed from the agenda.

Miss Mackenzie stated that the Q1 paper was not tabled at the Corporate Management Team (CMT) as required therefore Q1 and Q2 will be tabled at the next Clinical Governance Committee.

2.3 Action Points as at 07.08.24

The action points were discussed in detail.

17.04.24 - 4.2 - Record keeping and Documentation Mrs Sullivan stated that this action is complete and the document will be discussed under item 4.4 of the agenda.

Mr Jamieson joined the meeting.

17.04.24 - 6.2 – Adverse Events Report – *to discuss the inclusion of delayed discharges in the detail of this report.* As of August 2024, there were 19 delayed discharges, Mrs Bain highlighted it was difficult to extrapolate information regarding this from Datix however the introduction of InPhase will make information more readily available for reporting. Mrs Sullivan will include this in the migration to InPhase

07.08.24 – 2.4 - Clinical Governance Workplan – *Ms Mackenzie to amend the version and present at December meeting.*

07.08.24 – 7.1 - Staffing Escalation Plan – *To develop a local policy to align with bed escalation plan Ms* Robertson stated that this is in progress. A draft plan will be completed by the end of December 2024 and a verbal update will be provided at the meeting in March 2025 and a plan will be presented at the June 25 meeting

07.08.24 - 7.1.1 – **Safe Care and Staffing Tools Updates**. A meeting was held with Miss Mackenzie, Mrs Wright and Ms Robertson and they agreed that this will be a standing item on the agenda. The paper was removed from today's agenda as it has not been approved by the Corporate Management Team (CMT). Therefore, there will be a verbal update for the agenda. The Q2 report was removed which is different from the Safe Care and Staffing Tools report. The Healthcare Staffing Q2 report will be a standing item on the agenda also. The Healthcare Staffing Act quarterly report relates to providing assurance around the Act. It does not give assurance around adequate staffing but systems and processes in place to comply with the act. Ms Robertson will provide a report on the day to day working, compliance with safe care and the number of red flags raised and what mitigations were put into place and the number of live rosters available. There is a lot of information within Safe Care, which can be made available.
Ms Robertson will provide an update at the next meeting on Safe Care and Staffing Tools in March 2025

Mrs McCannon stated that the action log should match up with the action logs from the other Board Committees for consistency. There are no deadline dates or status, therefore it needs to be changed. Also include the agenda item from the last meeting.

Mrs McCannon stated that when the Chair meets for the pre-agenda meeting they should have a copy of the workplan so that you know what papers are required for that committee date.

2.4 Clinical Governance Committee Terms of Reference – revision

Issue: The Clinical Governance Committee was asked to approve the revised terms of reference.

Discussion: Mrs MacKay stated that her job title is wrong in the document.

Decision: With that amendment the Terms of Reference were approved.

Action: No actions required.

2.4.2 Appendix 2 ADTC Terms of Reference

Issue: The Clinical Governance Committee was asked to note the terms of reference.

Discussion: Dr Rigby stated that the ADTC have been made aware of the reporting structure of the Board. Therefore, moving forward all reports and minutes will now be tabled at this group and escalated from here if required. Dr Rigby will attend as and when required.

Decision: The Clinical Governance Committee agreed that minutes and appropriate papers will be tabled here.

Action: No actions required.

2.5 ADTC minutes – 31.10.24

Issue: The Clinical Governance Committee was asked note the minutes of the last meeting.

Discussion: Dr Rigby confirmed that they have a standard agenda and that there is nothing for the Clinical Governance Committee to comment or action.

Thrombectomy will be discussed at the next Corporate Management Team (CMT) meeting then tabled here.

Decision: The Clinical Governance Committee formally noted the minutes.

Action: No actions required.

3. DECLARATION OF INTEREST

There were no declaration of interest.

Mrs McCannon was unable to stay for the full meeting therefore item 9 was discussed first**.**

4. ADVERSE EVENTS

4.1 HEPMA

Issue: The Clinical Governance Committee was asked to note the verbal update.

Discussion: Miss Mackenzie provided a verbal update on HEPMA.

This was originally raised at the last meeting following a walk round carried out by Mrs McCannon.

HEPMA is hosted by NHS Grampian and there have been some outages which has raised issues.

A discussion was held with Miss Mackenzie, Dr McAuley and Dr Price to get a greater understanding of the issues. HEPMA has been fully rolled out, however we are the only Board which use TOPAS, the other Boards use TrakCare . Different systems are causing issues for the doctors.

There are a lot of good points with HEPMA, as paper records were getting lost. Solutions are being developed and there should be a solution by the end of January 2025. There have been no other issues raised with Miss Mackenzie during her hospital walk rounds.

Mrs McCannon noted that alerts had been published in the Team Brief.

NHS Grampian monitors and informs us by exception. However, it can be different for us due to the system we use. Dr Price will continue to monitor HEPMA and any issues.

Mrs McCannon stated that within the Adverse Events report there are 100 incidents relating to medication prescribing. Are they connected to HEMPA? Can we identify the reason behind these incidents and prevent them from happening. Medication errors are around dispensing and prescribing, which is a collective responsibility. Mrs Sullivan stated that some of the errors will be around HEPMA, but it is a collective spread and increasing reporting structure.
Mrs McCannon stated that drugs not being labelled correctly is an issue which can be resolved easily. This is a whole system problem which needs to be fixed and not the responsibility of a particular staff group.
Ms Robertson stated that it is not the system which is causing the problems. Due to HEPMA there is more reporting, which is resulting in these issues being highlighted more. It is just now more transparent and highlighted the number of medication errors which is concerning.

Decision: The Clinical Governance Committee were assured with the verbal update.
Action: No actions required.

4.2 Falls Report
Issue: The Clinical Governance Committee was asked to note the report.
Discussion: Mrs Sullivan stated that this report is a collaboration with the Health & Safety Team. They are reviewing fall rates within clinical areas, normal variations and if there has been any improvement around fall rates. There is ongoing improvement work around falls and there is the Falls Awareness day in January.
It was noted that there will also be a review of those patients who fall regularly and if there is any impact on delayed discharges.
Mrs Sullivan stated that another report will be tabled at the March meeting.

Decision: The Clinical Governance Committee was assured.
Action: No actions required.

4.3 Adverse Events Report
Issue: The Clinical Governance Committee was asked to note the report.
Discussion: Mrs Sullivan stated that this report covered the time period from 27th June to 31st October 2024. It provided information from Datix records submitted over that period.
The top three adverse events reported were medication, patient slip or fall and staffing events. These reflected the extreme system pressures which were faced in July.
One patient fall resulted in a fracture which was RIDDOR reported and reported to the Health & Safety Executive. There was also one event which met the Duty of Candour criteria which was identified through a SAER investigation. This has been actioned and appropriate processes, as described in the policy, have been followed.

Decision: The Clinical Governance Committee were assured by the report.
Action: No actions required.

4.4 Significant Adverse Event Review Improvement Plan Tracker November 2024
Issue: The Clinical Governance Committee was asked to note the report.
Discussion: Mrs Sullivan stated that extra narrative has been added to the actions which have been updated. They are all now green (completed) and will be removed from the action tracker.
Decision: The Clinical Governance Committee were assured by the progress made.
Action: No action required.

5. INFECTION, PREVENTION AND CONTROL

5.1 HAIRT Combined Summary
Issue: The Clinical Governance Committee was asked to note the reports.

5.1.1 Appendix 1 – HAIRT Report June - July 2024
Issue: The Clinical Governance Committee was asked to note the June – July 2024 report.
Discussion: Mrs Mackay stated that during this time period there were 2 SAB, 2 ECB, 2 CDI and local hand hygiene quality assurance audits were completed.
For each of these cases the IPC Team complete a critical report of the patients journey before and after. Pre pandemic there would have been a multi-disciplinary team to discuss each case, however it has been challenging to get a team together due to work pressures on the wards and locum consultants changing.
The IPC Team continue to work on the critical incidents which are included in DATIX. There is also an increase in alert organisms, there are 4 included in this report, whereas there would be 4 in total over a year previously.
There have also been a number of outbreaks in the last year. In June there was a COVID-19 cluster in Surgical and Medical 2. Surgical site surveillance continued throughout the pandemic and beyond. In June it picked up a SSI in a knee arthroplasty in a local patient. A critical incident report will be completed for this incident.
Weekly meetings are being held with Dr Plecko, Consultant Microbiologist, where cases are discussed and reviewed.
As a whole for June and July cleaning, estates monitoring and hand hygiene percentages have all been good. A lower percentage could simply be one opportunity missed, which can lower the compliance for a month.
Decision: The Clinical Governance Committee were assured by the report.
Action: No actions required.

5.1.2 Appendix 2 – HAIRT Report Aug – Sept 2024
Issue: The Clinical Governance Committee was asked to note the August – September report.
Discussion: For this period there were 4 SAB - 2 community infections and 2 healthcare associated infections. 2 ECB, 1 CDI and local hand hygiene quality assurance audits were completed. Cleaning compliance rates remain high. They are working on blood cultures and possibly obtaining two sets, which will show a true microbiology of the patient.

Mr Jamieson left the meeting.

Mrs MacKay stated that during this period the Surgical Ward had another outbreak of COVID-19 which put additional pressure on the ward staff. Due to staffing shortages it was difficult to have a clean and dirty team.

Dr Rigby left the meeting.

The wards have felt huge pressure over the last few months with outbreaks, staff holidays and shortages. Miss Mackenzie acknowledged the impact the ward pressures have had on the IPC Team being unable to get the support they need to complete their work and she commended their resilience during that time.

Decision: The Clinical Governance Committee noted the report.
Action: No actions required.

6. QUALILTY & SAFETY

6.1 Mortality Review

Issue: The Clinical Governance Committee was asked note the review documentation.

Discussion: Mrs Sullivan stated that the report covered the period from July to September 2024 where there were 25 in-hospital deaths. 18 of which occurred in the Western Isles Hospital and 5 in Uist and Barra Hospital and 2 in St Brendan's Hospital. The summary from previous reviews have been added to the action tracker, including all learning points.

Mrs France-Macleod asked if there was adequate care for the patients and are there any learning themes which have been identified.

Mrs Sullivan stated that the majority of patients received a high standard of care. Those who received an adequate level of care will move to the second review process and may go to Datix for a further review.

Mrs France-Macleod asked if the themes over time are being reviewed to ensure that we are making improvements.

Mrs Sullivan confirmed that themes are discussed at the learning review group and will be included in future reports. Miss Mackenzie confirmed that improvements made as a result of this should be more explicit for evidence and transparency.

Decision: The Clinical Governance Committee were assured.
Action: No actions required.

6.2 Leadership walk round

Issue: The Clinical Governance Committee was asked to note the verbal update.

Discussion: Miss Mackenzie stated that the leadership walk rounds are undertaken to review quality safety. Two have been held with Dr McAuley attending one and Ms Robertson attended the other. They felt welcomed on both visits and both areas raised similar themes and discussed some good ideas for improvement which need to be taken forward. Another walk round will take place in the next few months.

One of the areas which was discussed was the levels of delayed discharge and the ongoing pace of work they have to get through. The walk rounds are beneficial and it shows the ward staff that the Executive Team are listening to them.

Miss Mackenzie and Dr McAuley will take forward some of the suggestions from the Medical 2 walk round. A paper will be tabled at the March Clinical Governance Committee meeting, once the third walk round takes place.
Mrs Bain clarified that the two walk rounds were Medical 2 and Surgical.
Ms Robertson confirmed that a quality of care walk round will take place in January 2025, with support from Noreen MacDonald, Quality Improvement Co-Ordinator. They plan the first of these to take place in Medical 1. There will be one review in each cohort and then they will come together to review the outcomes. They will also make sure the area which is being reviewed know and understand what is happening and will report back to the Clinical Governance Committee.
Mrs Sullivan stated that this will be a testing approach and around care assurance linked to the excellent in care framework. The Terms of Reference for the Excellence in Care Steering Group have been reviewed. Reports will be approved there before being tabled at the Clinical Governance Committee.
Mrs France-Macleod stated that it was good that these walk rounds were being undertaken and that it would be good to have a formal report.
Mrs Wright asked if non-executive Directors were to be included in leadership walk rounds. Ms Robertson responded to say that leadership walkround programme for 2025/26 to be planned, inclusion with Non-Executive Directors.

Decision: The Clinical Governance Committee were assured.
Action: Miss Mackenzie to table a report at the March meeting.

6.3 HIS Inspection
Issue: The Clinical Governance Committee was asked to note the recent HIS Inspection Report.
Discussion: Miss Mackenzie stated that the inspection report is embargoed until the 12th December 2024. The inspection was held in September 2024, a number of areas were commended, and a number of areas were identified as requiring improvement. Following the inspection, a comprehensive action plan has been developed which has been signed off the Chief Executive and Chair. Miss Mackenzie thanked Ms Robertson and Mrs Sullivan for bringing the action plan together. It has been submitted to HIS and we must report on our progress on a monthly basis.
Mrs Smith asked if the report and action plan will be tabled at the next meeting of the Clinical Governance Committee.
Miss Mackenzie stated that it would.
Mrs Wright stated that when the agenda was discussed it was hoped that the report would be available, however due to the embargo it is not. She was not keen for the report to be verbal only, but we had no choice.
Mrs France-Macleod asked if we are confident that the actions will be achieved within the agreed timescale.
Ms Robertson stated that they are very confident that we can meet the actions within the timeframe. For example, with the assistance of the IPC Team hand hygiene has received high compliance rates. Ms Robertson will share the report with her teams tomorrow and there is a

meeting scheduled for Friday. There will be four monthly updates provided to HIS so that they can review our progress.
Some of the actions within the action plan can be completed quickly, however some will take more time. A lot of progress has been made following the inspection in September.
Mrs Wright stated that it is difficult for the Clinical Governance Committee to comment on the report until we have read it fully, therefore it will be tabled at the March meeting.
Mrs Mackay raised a concern that neither herself or Dr Plecko, Consultant Microbiologist & ICD were involved in writing the IPC hand hygiene action point.
Miss Mackenzie agreed to discuss this with Mrs Mackay outwith the meeting.

Decision: The Clinical Governance Committee were assured by the verbal update.
Action: Miss Mackenzie and Mrs Mackay to discuss the action plan.

6.4 Integrated Admission Documentation Audit Report

Issue: The Clinical Governance Committee was asked to note the contents of the audit report.

Discussion: Mrs Sullivan stated that this report covered results for the last 12 months. As part of the new audit process the inpatient integrated admission document will be audited monthly going forward. In October 2024 five admission documents from each of the three areas were audited (Medical 1, Medical 2 and Surgical Ward) compliance ranged from 71% to 88%.
There has been engagement with the resident DRs and they have outlined the actions for the quality improvement team.
Mrs Bain noted that there was a drop in figures for July and September, did anything significant take place during those months.
Mrs Sullivan stated that July would have been pressures on the system and September was possibly when the DRs changed over. She will continue to monitor those months.
Mrs France-Macleod asked if OUAB and St Brendans are included in the audit.
Mrs Sullivan confirmed that this is ongoing work and they will be included going forward. St Brendans will cover a three month period due to the number of patients they treat.
Mrs Wright asked to include a sentence on what is taking place in OUAB and St Brendans as the data is currently not available.
Mrs Wright asked that the audit documentation include dates for the actions to be completed by. Mrs Sullivan agreed to include dates in future reports.

Decision: The Clinical Governance Committee was assured.
Action: End dated to be included in the action plan.

6.5 Internal Audit Report Pharmacy

Issue: The Clinical Governance Committee was asked to note the contents of the report.

Discussion: Miss Mackenzie stated that the programme of internal audit is approved by the Chief Executive and Director of Finance, they identify the areas for a deep dive and Pharmacy was identified as one of those areas. There are seven improvement actions, four of which relate to compliance of existing procedure, rather than the design of controls themselves.
Dr Price has made improvements following the audit and continues to make progress.
This report has also been tabled at the Audit and Risk Committee.

Decision: The Clinical Governance Committee were assured that the improvements continue.

Action: No actions required.

6.6 Audit Scotland Report 2023

Issue: The Clinical Governance Committee was asked to note the contents of the report.

Discussion: It was noted that this report has been tabled at the Finance and Performance Committee, therefore it is here for information and awareness only.

There are recommendations within the report which have been highlighted.

Decision: The Clinical Governance Committee were assured.

Action: No actions required.

6.7 HealthCare Staffing Q2 Report

Issue: Removed from the current agenda, standing item going forward.

Discussion: Ms Robertson stated that Q2 has been completed and will be presented at the Corporate Management Team Meeting in January 2025 and then here in March along with Q3.

Ms Robertson stated that this report provides assurance within the healthcare staffing act.

Decision: The Clinical Governance Committee noted the update.

Action: Report to be tabled at the next meeting.

7. CLINICAL GOVERNANCE

7.1 Whistleblowing Q2 Report

Issue: The Clinical Governance Committee was asked to note the contents of the report.

Discussion: Mrs Sullivan stated that there were no concerns reported during the reporting period and only a conclusion of Q1 concern.

Decision: The Clinical Governance Committee were assured.

Action: No actions required.

7.2 Corporate Risk Register

Issue: The Clinical Governance Committee was asked to note the risk register.

Discussion: Mrs Sullivan stated that updates have been received and included in the executive summary. There has been a new risk added in relation to Adult Psychology provision, which has a score of 20. This risk has been discussed at the Operational Service Delivery Team (OSDT) and Corporate Management Team (CMT) and this has now been placed on the Corporate Risk Register.

Decision: The Clinical Governance Committee were assured.

Action: No actions required.

7.3 Complaints Q2 Summary

Issue: The Clinical Governance Committee was asked to note the contents of the summary.

Discussion: Miss Mackenzie stated that there was an increase in this year's Q2 report compared to last year's Q2 report. Last year was an unusual year in terms of complaints, but this year in Q2 there were 28 complaints, 5 were dealt with as Stage 1 complaint and 23 investigated as Stage 2 complaints. Four were fully upheld, nine partially upheld and 12 not upheld. The majority of

complaints were around clinical treatment, followed by staff attitude and behaviour. This will be reviewed in more detail.
If the Board are unable to complete an investigation to a complaint within the 20-day requirement then the complainant is made aware. Delays can be due to locums moving on or a visiting consultant service.
Mrs Bain asked if the clinical treatment complaints include delays in treatment and if it that includes travel issues.
Miss Mackenzie could not answer that question but will look into it.
There was an instance when the Audiologist could not get to Barra for their clinic. Plus, there may be more complaints regarding the issues with the Public Service Obligation (PSO) flight.
Mrs Smith asked if there could be a deep dive into complaints e.g. Is there one particular area or individual receiving more complaints than anywhere else?
Miss Mackenzie stated that with regard to clinical treatment there may need to be a separate category to look at the specific issues, i.e. is it related to travel. Miss Mackenzie will discuss this with Debbie Bozkurt, Director of Finance and report back to the next meeting.
Mrs Wright stated that it would be helpful to have further details into the clinical treatment complaints to get more of an understanding and identify areas for improvement.
Miss Mackenzie stated that there have been a couple of complaints regarding patients from Barra wanting to receive their treatment in Glasgow. We need to be mindful of the SLA with NHS Greater Glasgow & Clyde as currently it is very specific as to what they can provide.
Decision: The Clinical Governance Committee were assured.
Action: Miss Mackenzie to discuss travel issues with Ms Bozkurt.

7.4 Section 22 – Approved Medical Practitioners
Issue: The Clinical Governance Committee was asked to note the document.
Discussion: Miss Mackenzie stated that this document requires to be completed on an annual basis. It has been tabled at the CMT and Board for assurance and signed off by Dr McAuley, Medical Director.
Decision: The Clinical Governance Committee were assured.
Action: No actions required.

8. COMPLAINTS

8.1 INWO Investigation Report - (Independent National Whistleblowing Officer)
Issue: The Clinical Governance Committee was asked to note the contents of the report.
Discussion: Miss Mackenzie stated that this report has also been tabled at several committees. A concern raised two years ago direct to INWO led to an investigation by the SPSO and INWO. The report outlined recommendations for NHS Western Isles to follow as a result of their findings. One outstanding action within the recommendations is in relation to the completion of the ligature reduction work in APU. There has been good progress with this work, however the timescale set by INWO was challenged and revised due to logistics around delivery and installation of specific items related to the ligature reduction work. A ligature free organisation is difficult to achieve but we have to ensure a safe environment. Ligature free doors are being fitted room by room, with a deadline now extended to March 2025.

There has been training on ligature risk assessments for the APU and Health and Safety Team. This was train the trainer course so it can be rolled out throughout the organisation.

Decision: The Clinical Governance Committee were assured.

Action: No actions required.

8.1.2 Appendix 2 – Management of Ligature

Issue: The Clinical Governance Committee was asked to note the contents of the appendix.

Discussion: Mrs Wright noted that there were no evidence dates included in the document. Mrs Wright also asked if there was any feedback from INWO.

Mrs Sullivan stated that they had a very positive meeting and all the evidence was provided and shared the document with them. INWO appreciated all the progress which had been made and acknowledged that the bigger pieces of work have been more challenging.

Decision: The Clinical Governance Committee were assured.

Action: No actions required.

9. GOVERNANCE

9.1 Clinical Governance Committee Workplan 24-25

Issue: The Clinical Governance Committee was asked to agree the workplan for 24-24

Discussion: Ms Mackenzie stated that the Controlled Drugs report will be available in January. The Dementia Plan will be tabled at the June meeting.

National reports will be tabled when available.

HIS Inspection report will be tabled at the March meeting along with the action plan.

Mrs McCannon confirmed that the workplan needs to be improved. As a first attempt it is good, however the expectation is there is consistency on the format and as such Ms Mackenzie will arrange a meeting with relevant admin take it forward.

Therefore, the work plan was not agreed and will be carried forward to the next meeting.

Decision: The Clinical Governance Committee did not approve the workplan.

Action: Ms Mackenzie to meet with Janet Mackenzie and Cheryl Martin to discuss and update the workplan.

10. AOCB

There was nothing further for discussion.

11. Evaluation

	YES	NO	COMMENTS
Was there was sufficient time to review the papers between receipt and the meeting?	x		
Were you satisfied with the content of the agenda?	x		
Were the agenda items were placed in the correct order / prioritization?	x		
Was there was enough time allocated to all items?	x		
Were the executive summaries appropriate for the papers?	x		
Was the purpose of each paper was clear?	x		
Was there were sufficient refreshment breaks?	x		
Are there any significant issues which should be raised to the Board?		x	
Do you have any suggestions for improvement or additional comments about this meeting?		x	Please send any suggestions to Janet Mackenzie

12. DATE AND TIME OF NEXT MEETING

Month	Paper Deadline	Meeting Date
March	Monday 3rd	Wednesday 19th
June	Monday 2nd	Wednesday 18th
September	Monday 1st	Wednesday 17th
December	Monday 1st	Wednesday 17th

The Chair thanked members for their input into the discussion and brought the meeting to an end.

END