APPROVED

Minute of the Meeting of the **NHS Grampian Clinical Governance Committee** on Friday 13 November 2020 at 10.00am

The following were in attendance at a virtual meeting held using Microsoft Teams

Present:

Dr John Tomlinson	Non-Executive Board Member (Chair)
Mrs Amy Anderson	Non-Executive Board Member
Dr June Brown	Interim Executive Nurse Director
Professor Siladitya Bhattacharya	Non-Executive Board Member
Professor Susan Carr	Director of Allied Health Professions & Public Protection
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mrs Jillian Evans	Attended on behalf of the Director of Public Health (and attended for agenda items 4 & 5)
Dr Janet Fitton	Clinical Governance Clinical Lead, Aberdeenshire H&SCP
Professor Caroline Hiscox	Chief Executive
Ms Grace Johnston	Interim Infection Prevention and Control Manager
Professor Lynda Lynch	NHS Board Chair
Dr Malcolm Metcalfe	Attended on behalf of the Medical Director
Cllr Shona Morrison	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Dr Noha El Sakka	Clinical Lead Infection Prevention and Control
Dr Steve Stott	Associate Medical Director for Clinical Quality Assurance & Improvement
Dr Shonagh Walker	Associate Medical Director - Performance and Deputy RO

By Invitation:

Mr Paul Bachoo	Acute Sector Medical Director (attended for agenda item 4)

Attending:

Mrs Jenny Ingram	Associate Director of Quality Improvement & Assurance
Mrs Fiona Shepherd	Committee Secretary

Item **Subject**

1. **Welcome, apologies and minute of meeting held on 20 August 2020:**
The Chair welcomed everyone to the meeting.

It was noted the meeting was quorate and apologies received from Professor Nick Fluck and Mrs Susan Webb.

Mrs Shepherd informed the Committee that Mrs Wilma Forrest, had stepped down from her role as the Clinical Governance Committee Public Representative. A letter of thanks had been sent by Joyce Duncan, previous Chair of the Committee. On behalf of Mrs Forrest Mrs Shepherd passed a thank you to the Committee "for being so welcoming, helpful and supportive and making her feel she made a difference and wished the Committee good luck and best wishes".

Professor Lynch would also write a letter of thanks to Mrs Forrest from the NHS Grampian Chair's Office. Professor Lynch asked if there was a new public representative in place. Mrs Shepherd advised the process, for a replacement public representative was submitted to the Public Involvement Team. Mrs Shepherd agreed to share a copy of the 'Request for Patient / Public Involvement' application and the letter of thanks sent to Mrs Forrest. **This was actioned out with the meeting by Mrs Shepherd.**

The Chair on behalf of the Clinical Governance Committee asked to note thanks to Mrs Forrest for her attendance, contribution and commitment to the Clinical Governance Committee.

The Chair noted the sequence of agenda items will change, to accommodate the lead presenter's clinical priorities. Agenda item 4 was moved to be discussed after agenda item 3.1.

The Chair highlighted there was a full agenda at today's meeting and would attempt to allow adequate timing for items to provide assurance. He referred to agenda item 7.1 AOCB: list of standing items to plan meetings in the coming year and welcomed any feedback from members when we reached that item.

Minute of meeting held on 20 August 2020:
The minute was approved subject to an amendment on page 5, item 7 *COVID-10 to read COVID-19.*

The Chair referred to page 2 in the minute with regards to the matters arising log which wasn't included for today's meeting. It was agreed with the revised agenda there was a requirement to update the log, to include a number of items to plan for future meetings. This was supported and it was agreed the log will be updated and circulated with the minute. **Action: Mrs Fiona Shepherd**

2. **Matters arising:**

2.1 Maternity Services at Dr Gray's Hospital, Elgin

Professor Hiscox informed the Committee, the responsibility of Dr Gray's Hospital transformation and the leadership and management of maternity services has transitioned to Dr June Brown, Interim Executive Nurse Director. It was appropriate however, for today's meeting for Professor Hiscox to provide a verbal update to the Committee and the following points were highlighted:

- The work to secure sustainable and safe maternity services in Grampian including those delivered out of Elgin continues at a number of levels. The Best Start North Programme was how we described the way in which maternity services could be sustainably delivered in the North. This identified a solution for Dr Gray's Hospital, with agreement to extend the original deadline of November 2020 to April 2021 due to the commitments of those delivering during the pandemic.
- The Moray Transformation Programme Board and maternity services delivered in Grampian and Highland sit within that context from a governance and transformation perspective. Professor Hiscox noted three specific pieces of work that were relevant for the Committee to be sighted on:

  1. **Securing the position on the hybrid model that mitigates identified risk.**

     As previously reported to the Committee, the safety review which was undertaken at Dr Gray's Hospital and in particular to evaluate the risk identified on the hybrid model. There was recognition that identifying the service currently as 'a life and limb service', meant we were not adhering to national guidance and evidence, in regards to clarity of the model being either obstetric or midwifery led. We have continued to seek, to understand how we can best address this and now have local information, in regards to a way forward.

  2. **Securing the transfer of women in stage 1 and 2 to Raigmore Hospital.**

     Professor Hiscox informed, due to capacity issues in Highland that the agreement to transfer women in stage 1 and 2 from Dr Gray's had been stepped back to only accepting women in the early stages of labour. Close working with colleagues in Highland were ongoing to move this forward,

particularly before winter to ensure a consistent acceptance of women from Dr Gray's Hospital to Raigmore.

3. **Experience for women and families travelling from Moray to Aberdeen**

As part of the Best Start programme public engagement was continuing to seek the views of women, their families and the public on proposals to support improvements. Particularly, at present to understand the experience of women and their families with travelling in the context of COVID-19. Currently we will not be making any changes to women identified as not appropriate to labour at Dr Gray's Hospital other than a midwifery led unit, and will continue to transfer to Aberdeen Maternity Hospital, which was working well. Professor Hiscox noted the women that do have their babies at Aberdeen Maternity Hospital, in the main, report a positive experience but clearly would prefer to be closer to home.

Professor Hiscox proposed a formal report from the Medical Director and Interim Executive Nurse Director to provide an update on progress at the next Committee meeting on the 12 February 2021. **Action: Dr June Brown & Professor Nick Fluck**

Professor Hiscox responded to Cllr Morrison's question regarding discussion with the Keep Mum Campaign for women with planned births wishing to utilise the birthing pool. Professor Hiscox informed that the Keep Mum Campaign had been very supportive during the pandemic and updated that the Dr Gray's Hospital maternity unit was being refurbished including a new birthing pool. She confirmed the birthing unit will remain open during the refurbishment and this had been published on social media and midwives in Moray had been communicated to assure the women in Moray.

Mr Robertson referred to communicating with the Integration Joint Board (IJB) in Moray, to ensure they are kept informed in regards to Dr Gray's Hospital maternity services and to consider the wider context for Moray IJB. Professor Hiscox informed that she is co-chair and co-leading the Transformation of Moray Service including representation from the Health & Social Care Partnership (H&SCPs) as well as the Chief Officers. In addition, the system-wide Clinical Quality & Safety Group has representation from Moray H&SCP and maternity colleagues and discussion from this group is shared with the Clinical Governance Committee and the H&SCPs Clinical & Care Governance groups. Professor Hiscox stated she was happy to consider alternative methods of communication, if required.

The Chair on behalf of the Committee thanked Professor Hiscox in providing a comprehensive verbal summary and agreed to receive a written update at the next meeting on the 12 February 2020. **Action: Dr June Brown & Professor Nick Fluck**

3. **Systems, Quality, Safety and Risk:**

3.1 Annual Report of the Grampian Area Drug and Therapeutics Committee (ADTC) 2019-2020

The presentation by Mr Pfleger highlighted key points from the ADTC Annual Report; the priorities and challenges; the medical activity during COVID-19 pandemic and an update on Brexit from a medical perspective.

The Chair referred to the report and the consideration in 2020 in terms of the future chair of the Area Drug and Therapeutics Committee, which remains under review. Mr Pfleger informed currently as the Director of Pharmacy, he chairs the ADTC and noted the challenge was whether to have someone as an 'expert' chair and has the organisational responsibility around the coverage the ADTC. Mr Pfleger will continue to chair the Committee for a further 6 months to consider whether to:

1. Have an elected member from the group as Chair.
2. Continue as we have to date, the Director of Pharmacy as Chair.

3. Request a Non-Executive Board Member to become Chair or for a fixed term.

Mr Robertson asked if there was uniformity of prescribing in primary care across the three areas in Aberdeen City, Aberdeenshire and Moray or if there is diversity is this a concern. Mr Pfleger informed, there was a lot of work undertaken around this area and whilst there is variation, he did not have any concerns in any particular area.

Mr Pfleger asked the Committee if there was anything else required to be reported on by the Committee. Professor Lynch reflected, out-with the Committee, to have a conversation with Mrs Amy Anderson as Chair of the Engagement & Participation Committee, to review public representatives, to ensure a balance of experience on Board Committees. **Action: Mr Pfleger**

The Chair on behalf of the Committee thanked Mr Pfleger for presenting the ADTC Annual Report. The Committee noted and acknowledged the work and the assurance this provides.

3.2 Healthcare Associated Infection Quarterly Reporting Framework

Dr Brown referred to the quarterly reporting framework and highlighted the new areas of concern under; item 1b) Low level of risk for the birthing pool at Inverurie Community Midwife Unit which was temporarily out of service. Due to issues continuing, the birthing pool closure was extended until fully resolved. Item 1d) For awareness, the unannounced inspection on the combined safety and cleanliness and care of older people at Woodend Hospital in August 2020 an aligned improvement plan was submitted and is underway to deliver improvements.

An update was provided on items previously reported; Item 2a) Very high level of risk in the Eye Out Patients Department (EYOPD) incidence of data exceedance of endopthalmitis. Mitigations were now in place with invasive treatments relocated. Item 2b) Clusters of staff/patient COVID-19 positive cases in relation to our safer workplaces and infection prevention control practices, an assurance process was in place, looking at technical and behavioural aspects. Some elements were working really well and some elements required further improvement and this is further detailed under item 4 on the agenda. Mrs Cruttenden referred to the additional work being undertaken and asked what was being done differently. In response Dr Brown informed there was now a Safer Workplace Group which has been tasked with achieving the asks and a process of assurance introduced to challenge and expedite, areas of concern.

Dr Brown and Professor Hiscox responded to Mr Robertson's question relating to Ophthalmology and possible disruption to the eye outpatient clinic. It was noted the eye outpatient clinic had relocated to another environment and highlighted this was separated to address clinical; occupational health and health and safety risks. From a clinical governance perspective, the risk for patients were mitigated other than access to the service being fully restored, which was an issue for all specialities related to COVID-19.

Professor Lynch informed the Committee she will have a conversation with Professor Hiscox out-with the meeting with regards to follow up on the built environment assurance, to discuss as a Board how to follow-up on the learning and to take actions. Professor Lynch agreed to feedback any requirements for the Clinical Governance Committee. **Action: Professor Lynch and Professor Hiscox**

3.2.1 Healthcare Associated Infection (HAI) Quarterly Report – May 2020
3.2.2 Healthcare Associated Infection (HAI) Quarterly Report – August 2020

Dr Brown introduced Dr Noha El Sakka to present the key points from the two quarterly HAIRT reports. Dr El Sakka noted due to COVID-19 there had been

a delay in validating the data containing NHS Grampian's surveillance data and associated infection rates as reported in Health Protection Scotland's (HPS) Quarterly Epidemiological Data for Quarter 4 of 2019 and Quarter 1 of 2020. The Committee was then presented with two quarterly HAIRT reports and the areas highlighted in the latest report were:

- The recording of the surveillance activity in terms of HAI infection was continuing but not as it was before the pandemic. This has been nationally agreed as occupational activity in hospital setting was different, hence the present focus was on COVID-19.
- Staphylococcus aureus bacteraemia (SAB) cases reported to HPS represented were below the national average. In the community associated infections incidence rates were also below the national average.
- The total number of Chlostridium difficile infections (CDI) cases in patients reported to HPS was below average. In the community CDI rates were slightly above average and were not an outlier.
- The Scottish COVID-19 Induction Prevention and Control Addendum for Acute Settings guidance was published. The Infection Prevention & Control Team (IPCT) prepared an SBAR and circulated throughout the organisation to support the new guidance being implemented in clinical area. The IPCT also prepared local guidance for staff and offered each division a question and answer session, to allow discussion on any challenges they may face with implementation of the guidance.

The Committee noted these reports and acknowledged appreciation to Mrs McKerron, Dr El-Sakka and the Infection Prevention and Control Team for the amount of work they continue to deliver during the COVID-19 pandemic.

3.3 NHS Grampian Ethical Decision Making Advisory Group

Dr Walker provided a brief overview of the paper submitted to the Committee for information. The Group was set up in March 2020 and initially met weekly and now meet monthly. The group has considered several requests, the themes of which have been wide ranging and relating directly to the complex and challenging decisions made by clinical decision makers in the response to COVID-19. There is a need to develop clear pathways to escalate areas of ethical concern so they can be addressed timeously. To date this has been possible due to the links with the clinical directorate, clinical board and the bronze control rooms but in the phase of living with COVID-19, additional resource and manpower will need to be identified to ensure sustainability. Contact with National Leads has been made by the NHS Grampian group with a view to providing an overview of emerging issues and how we share wider learning across Boards.

Dr Fitton asked about the membership of the group and Dr Walker was happy to share with the Committee the group's Terms of Reference. She informed the Committee the Chair of the group is Mrs Luan Grugeon, Non-Executive Board Member and the group includes wide representation e.g. Dr Walker, the Interim Executive Nurse Director, Mrs Amy Anderson who provide support to the lay representative; clinicians from primary and secondary care (with ethical experience); representation from Social Work; Allied Health Professionals and engagement from NHS Highland, Tayside, Western Isles, Shetland and Orkney. These Boards have their own ethical groups, but input to NHS Grampian's group giving a wider North of Scotland view.

Mrs Anderson echoed Dr Walker's view with regards to lay member representation and stressed the importance to the group, to include a non-

clinician approach. She noted this was a very positive group and adds a quality to our thinking and challenges at the moment**.**

Professor Hiscox provided an example of the breadth of the discussion and referred to the reference in the paper to 'the PAUSE programme'; this was a request from Aberdeen City from the Chief Officers Group and an opportunity for the Chief Social Worker and the service lead to bring an item for discussion. The feedback from the Chief Social Worker and the presenter was phenomenally positive, they found the conversation really helpful. The purpose in sharing was to confirm the remit of the group was beyond the pure focus on COVID-19 pandemic.

The Chair thanked Dr Walker for presenting the paper and asked for the members of the group to be thanked for their input into this group and that the Committee had noted the positive progress and the valuable assurance the group provided.

3.4 Clinical Quality & Safety Subgroup Quarterly Report

Mrs Ingram highlighted the below key points from the report:

Performance:

- **Health & Safety Executive (HSE) investigation:** Due to the evidence provided to the HSE the contravention was now lifted. The work of the medical division was acknowledged and work continued to ensure a consistent and timely handover. This will be conducted using the care assurance tool and spread to all other areas.
- **National Audit Programmes:** A detailed report from the National Services Scotland – SNBTS Transfusion Team Annual Update Report was discussed and actioned through Acute Sector clinical governance arrangements. Discussion focussed on other areas where there was less clarity on how audit data/information came into the organisation and how that was supported via the clinical and care governance structures. Each area agreed to review processes locally and the benefits of bringing this type of information to the subgroup for wider discussion and shared learning.

Assurance:

- At the meeting on the 14 October 2020 the subgroup had a mapping exercise and agreed to share this summary with Clinical and Care Governance groups for discussion and to feed back a summary, in time for further discussion, at the next meeting on the 16 December 2020.

Improvement:

- **Duty of Candour (DoC):** The sub-group was presented with the Annual Report for 2019-2020 by Dr Steve Stott. The Scottish Government carried out analysis of those Boards who had submitted a report last year and suggested NHS Grampian include more learning from DoC events; this has been considered in this year's report. It was noted due to some areas in Grampian having very low numbers of events, a breakdown has not been provided as this potentially allows for identification of those involved in events. However, common themes were included on the reported events.

  Dr Stott also wished to highlight that an 'unsure' option was included on the Datix reporting system to get some thoughts whether an event triggered DoC or not. There is evidence that this may now be causing potential delays in reporting as decision making was being escalated through governance groups/committees. Dr Steve Stott was reviewing this process and will be attending the national workshop in November with all Boards where these issues will be discussed.

- **The Handling and Learning from Feedback Annual Report 2019-2020:** A link to the final version of the Annual Report was included as a link in the report. A thank you to the Corporate Graphics was noted to acknowledge the work in transforming this report.

Risk:

- At the Sub-group meeting on the 14 October 2020 Mr Mike Sevenoaks, Corporate Risk Management Advisor provided an overview of risk management, the work being undertaken and the detail provided on the corrective actions from the PriceWaterhouse Cooper recommendations. Mrs Ingram and Mr Sevenoaks will be working to review the strategic quality and safety risk under the revised Datix system and the Sub-group will receive an update at their next meeting on the 16 December 2020.

Mrs Ingram highlighted a further two points for the Committee. The first was in relation to RIDDOR reporting. The guidance has now changed and will be a requirement to be pragmatic in particular with our nosocomial infections and this will be led by Occupational Health & Safety and the Infection Prevention Control Team to review all potential reportable incidents. Second, the weekly Clinical Risk Meeting was strengthening to receive more detail from the individual leads for each of the measures on a rolling basis e.g. the strategic lead for falls; tissue viability; adult and child protection.

The Chair thanked Mrs Ingram for the very focussed and detailed report. The Committee noted and acknowledged the work by the Clinical Risk Meeting and the Clinical Quality & Safety Sub-group.

4. **Living with COVID-19: Tactical Plan of Action:**

4.1 Overview of the Tactical Objectives:
Dr Brown provided an introduction to this item and summarised the Tactical Plan of Action is set out in the work book for objectives 1, 2, 3 and 4 which provide the detail with a designated Executive Lead for responsibility.

4.2 Tactical Objectives summary for the Clinical Governance Committee:

4.2.1 Objective 1: Direct and assure the provision of healthcare environments that minimise the risk to staff, patients and public

Dr Brown highlighted this was an important area of work to support nosocomial risk reduction across all healthcare sites. Some elements of the work plan to deliver a safe environment were working well. However, some areas required further improvement. For this reason, she was currently unable to provide full assurance to the Committee on this objective. In response to this the Safer Workplace Group has been challenged to expedite all areas where the agreed standard has not been achieved. Given the importance, this issue has been escalated to the Chief Executive and a paper will be presented to the Chief Executive Team on Tuesday 17 November 2020 which advocates the Programme Management Office (PMO) model an escalation from level 2 to level 3 to provide the focus required.

Professor Lynch thanked Dr Brown for the clinical governance lens and noted, as a system, this raises a number questions around what requires to be undertaken operationally, what further discussion needs to take place as a Board and indeed further discussions that both Professor Lynch and Professor Hiscox may be having in national forums in relation to these consequences.

Professor Bhattacharya welcomed clarification on these facts and asked how thresholds of tolerance in terms of acting and being safe change over time and accommodate the pressing needs both within and out-with services. Mr Bachoo stated the balance between ‘doing’ and ‘responding’ was difficult, and we were utilising the learning from COVID-19 to support pro-active

approaches. Dr Brown further informed that nosocomial spread was supported by our infection prevention and control team and incident management processes to identify the rationale for that outbreak, the improvement actions required and how this learning was shared across the organisation.

Dr Brown responded to Mrs Anderson's question relating to how family members received assurance, raised any concerns and to check they were safe. Dr Brown referred to the visiting guidance for clinical environments was aligned to tiers allocated to the region; for Grampian we were in tier 2 for Aberdeen City and Aberdeenshire and tier 1 in Moray. For tier 2 we will be allowed one designated visitor per patient and essential visiting when required. When people come into the environment they can ask questions and feedback through our processes directly to staff.

Dr Brown mentioned, to ensure the Clinical Governance Committee were informed and knowledgeable, to seek assurance in a more regular basis and to define how this could be undertaken.

4.2.1 Objective 2: Provide protected and critical, clinical and non-clinical services
4.2.3 Objective 3: Integrated whole system Winter Response
4.2.4 Objective 4: Plan, direct and assure an increase in the volume of health service delivery

Mr Bachoo proposed in 2021 the Committee receive updates on the Tactical Plan of Action at each meeting and provide a 'Clinical Governance Lens' focussing on what this means for issues of safety and quality of clinical care, rather than a performance management account of the programmes of work.

As an example, objective 2 (Direct and assure that we continue to provide critical clinical and non-clinical services) requires to ensure our clinical pathways of care, guidelines and protocols were cognisant of national advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, professional advisory structure, partnership and the public.

This proposal was approved by the Committee. **Action: Dr June Brown & Professor Nick Fluck**

Mr Bachoo then provided a summary update on objectives 2-4 and proposed that in 2021 the Committee receive updates on the Tactical Plan of Action at each meeting and apply a 'clinical governance lens' focussing on what this means for issues of safety and quality of clinical care, rather than a performance management account of the programmes of work.

Objective 2: Direct and assure that we continue to provide critical clinical and non-clinical services: This requires us to ensure that our clinical pathways of care, guidelines and protocols are cognisant of national advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, Professional advisory structure, Partnership and the Public. Currently for cancer care the performance indicators are very re-assuring. However, from a clinical governance lens he is unable to assure the Committee fully that every patient will be on the correct pathway due to the ongoing COVID-19 pandemic. He informed the lessons being learned and provided an example on the redesign, to move to being reactive for cancer and non-cancer care pathways and prioritisation. This was being discussed, to manage with a clear process, to ensure in place for patients to be on the correct patient pathway.

Objective 3: Integrated whole system Winter Response: There is good collaboration between different parts of the system with a daily data check in the acute sector showing the position and capacity performance relating to various trigger points in the escalation process of the surge plan and Tactical Operating Model (TOM). When an issue is demonstrated the information is shared with appropriate Chief Officer/s. To allow moving forward in the next 3-6 months there were actions required across the system and with the sharing of data and shared understanding noted we were confident we were in a safe position.

Objective 4: Plan, direct and assure an increase in the volume of health service delivery: Mr Bachoo referred to the summary on 'Increase Volume of Health Delivery' prepared by Mr Gary Mortimer, Director of Operational Delivery. Mr Bachoo mentioned this objective was part of our remobilisation plan stepping-up of services safely and clinically prioritised and highlighted the increasing backlog / health debt. The NHSG Remobilisation Plan wasn't progressing as well as it needed to due to the ongoing COVID-19 pandemic and he was therefore, unable to provide full assurance to the Committee on re-mobilising the health debt because some of the funding/resources needed to re-mobilise were available outside of our region. We were looking at how to address as the independent sectors start clinical activity.

Professor Lynch reflected that due to the ongoing COVID-19 pandemic we are currently unable to provide full assurance on safe environments; patient pathways and our remobilisation plan. She noted this was an incredibly serious situation and how we frame this, how we put in mitigating actions, and how we discuss and deal with this both locally and nationally was key. Professor Lynch reiterated not all of this is for the Clinical Governance Committee to do but there needs to be assurance that a plan of action will be put in place.

Professor Hiscox thanked both Dr Brown and Mr Bachoo and stated she knows the inability to completely assure the Committee around objectives 1-4 was not down to the tremendous efforts by themselves and teams. This conversation had to happen to look at this and to form an operational, tactical and strategic planning and assurance process. She informed the Committee that this was being managed on a daily basis with the Chief Executive Team and the Systems Leadership Team around these objectives. NHS Grampian have stepped up and adopted a hybrid model under the framework of 'Operation Snowdrop' which allows us to flex between level 2 of civil contingencies and level 3. Objectives 1 Test and Protect; objective 3; Vaccinations and Workforce Wellbeing are being programme managed with oversight with Professor Hiscox twice weekly with an Executive Lead for each objective and the operational teams were working on assurance and actions plans continuously to take to a different position.

Professor Hiscox noted as the Clinical Governance Committee is an assurance Committee it only sees data retrospectively. She informed the committee that there are conversations with the Board Chair on how, as we continue to respond quickly to the pace of change, can we find a way to ensure in-between the governance committees the totality of the Non-Executive Board members are briefed appropriately and timeously.

The Chair on behalf of the Committee acknowledged and thanked Dr Brown, Mr Bachoo, Professor Fluck and Professor Hiscox in providing the detailed and factual update on this item. The Committee appreciated and recognised these challenges as reported and agreed to note they have not been provided with full assurance at today's meeting on the 4 tactical objectives. This will be

further considered given appropriate reporting to the Board and how further updates can be provided in-between Clinical Governance Committee meetings.

5. **Public Health Report**

Mrs Evans highlighted key points from the Public Health report as summarised below:

Care Homes: From the recent Public Health Scotland Report on discharges from hospitals published on the 28 October 2020 an investigation and review was being undertaken before the reports publication. This will continue to be managed through the leadership of the Enhanced Assurance Group chaired by the Director of Public Health. Highlighted in this report was COVID-19 associated mortality in care homes concentrated in its impact across Scotland, where more than half of COVID-19 deaths were in 25 homes in Scotland. To provide a Grampian context more than half of deaths were in 5 care homes and just under half of care homes which had a COVID-19 related death had only 1 death. This information is continuously being reviewed.

Test and Protect – contact tracing: Grampian made the decision to reach all contacts by telephone rather than relying on SMS messages. This personal contact enables explanation of self-isolation and offers tailored support and advice. This approach has helped achieve a low failure rate and the next step is to design an approach to assess the main factors in improving compliance locally.

Health Protection:

- The flu vaccination programme was a high priority for public health aiming for higher uptake than usual to reduce the combined risk of flu and COVID-19, and to reduce the burden on health services. There have been significant operational challenges in appointment management but these were now resolved and over 100,000 people have now been vaccinated. Positive patient feedback was received in relation to vaccine delivery with strong themes of 'professional, safe and efficient'.
- There was a critical error with national cervical screening mailing during 24-31 August 2020 across a number of areas which affected notification of opt-outs; routine results; non-routine results; colposcopy results; prompts and reminders. The NHS Grampian Co-ordinator is liaising nationally and with Primary Care locally to develop an action plan, to address the required increase in sample taking for any patients affected in Grampian.
- There was a backlog of bowel screening referrals (urgent suspected cancer) due to the pause on screening programmes nationally due to COVID-19. Since beginning again there are limited screening lists in hospital due to capacity constraints and additional infection control measures due to the ongoing pandemic. An increase in endoscopy lists is necessary to recommence routine screening with some interval changes.
- Dental services moved to phase 4 of the NHS remobilisation plan from 1 November 2020, prioritisation by dental practices was required, and there were restrictions to NHS services posing a risk to the sustainability of NHS dental practices most of which provide a mix of NHS and private care. Increased financial support and PPE will support contractors to increase activity and mitigate risks.

Cllr Morrison made reference to the test and trace team realising the sensitivity and commended how professional and supportive they were. Cllr Morison asked if the mobile units for the Breast Screening Programme were recommencing across Grampian. Mrs Evans agreed to seek a response and feed back to Cllr Morrison.

Mrs Cruttenden referred to the bowel screening backlog of referrals and asked if there was any insight to how long to clear the backlog. Mrs Evans informed this was being continually monitored and was regarded a risk and fully acknowledged as part of the recommencing of services. Professor Hiscox informed, prior to COVID-19, the

increasing bowel screening backlog was a UK, Scotland and Grampian position of significant concern clinically, in regards to accessing scoping as a service. This was a therefore a challenge not unique to Grampian. The endoscopists and GI teams were working though how they can maximise diagnostic scoping and Dr Hiscox proposed bringing an update to the Committee via the Clinical Quality & Safety subgroup. **Action: Public Health and Acute Services.**

Mr Robertson provided thanks for the report and the update on flu immunisation and asked if the cohort of individuals with no underlying conditions had been communicated to attend drop-in sessions for vaccinations. In response, Mrs Evans informed this cohort weren't eligible for immunisation and did not fall into the criteria agreed by the Scottish Government guidance. Professor Hiscox reinforced this adding that her understanding on the additional 55-65 age group with no underlying health condition, is not to access this group until we were assured we had vaccinated the 'at risk population' and then we will move to the period of COVID-19 vaccination and noted the workforce available will be the same workforce for the flu vaccine. The team were actively working through a risk-based approach on this and awaiting any further Scottish Government guidance.

Mrs Cruttenden mentioned those that were not included on the 'at risk' groups and choose to pay privately for their vaccination in a community pharmacy which has seen an increased uptake and being undertaken on an appointment basis. Community pharmacies were finding they have considerable waiting lists and were also vaccinated some 'at risk' patients either missed or choosing not to go to hubs or other facilities.

The Chair noted Public Health will be a standing item on future Committee agendas and thanked Mrs Evans for presenting the report.

6. **NHS Grampian Short Life Working Group (SLWG): Letter from Chair - NHS Grampian Renewal and Report to Grampian NHS Board (August 2020)**

The Chair referred to the papers circulated to members and mentioned the Committee were asked by the SLWG to consider its contribution to the themes set out on page 3 and on page 9, whether in a 'leadership role around one or more themes' or 'contribution to the themes where it is not in a more formal leadership position'. He suggested the Clinical Governance Committee not take a lead on these themes but would make a contribution on each. The Chair asked Mrs Ingram to provide an outline of the connections which can facilitate the Clinical Governance Committee contribution:

People-powered Health: The Committee Chair**,** Dr June Brown, Professor Nick Fluck and Mrs Ingram are members of the Engagement & Participation Committee, which is chaired by Mrs Amy Anderson.

North-east collaborative leadership: The Quality & Safety Sub-Group continue to meet cross system developing our clinical governance system and have clear routes for the sharing of information and escalation of issues to SLT and the Clinical Governance Committee.

Digital Strategy: Professor Fluck has asked Dr Steve Stott to be part of the Digital Strategy Group in his role as Associate Medical Director for Clinical Quality Assurance and Improvement. Dr Stott is a member of the Clinical Governance Committee.

Tackling Inequalities: The Chair stated that inequalities in health outcomes due to deprivation were addressed across NHS Grampian was included in the Clinical Governance Committee's Constitution. Mrs Anderson informed the Performance Governance Committee was leading on inequalities with significant contribution from the Engagement & Participation Committee. Discussion centred on there being connections into both of these Committees but further work was needed to determine the Clinical Governance Committee's contribution.

Culture: Mr Tom Powers, Director of People and Culture is the Executive Lead and has formed a NHS Grampian Culture and Staff Experience Oversight Group with the first meeting in December 2020 to have a strategic direction across this agenda. Dr June Brown and Mrs Ingram are members of the Oversight Group.

The Committee agreed for the Chair to formally feedback to the other Committee Chairs from the discussion at today's meeting; that the Clinical Governance Committee does not envisage taking a lead role in these themes but does seek to contribute, with our first steps being the connections as outlined by Mrs Ingram.

7. **Any Other Competent Business (AOCB):**

7.1 Standing agenda items for the coming year:

- Living with COVID-19
- Public Health
- Brexit
- HAIRT
- Clinical Quality & Safety Report

The Committee agreed the proposed agenda items for the coming year.

7.2 **Ensure Committee Quorate:** Mr Robertson asked for assurance that the Committee was quorate at both the start and nearing the end of the meeting for agreeing decisions. The Chair confirmed the Committee was quorate throughout the meeting.

7.4 **Clinical Governance Committee Development Session:** Mrs Anderson suggested including for a future meeting an item on the NHS Grampian Short Life Working Group. Mrs Ingram supported this and proposed feeding back on the outcome of the SLWG discussion with the Board at the February Committee meeting. This could support the planning for the 2021 Committee development session. This was agreed and supported by the Chair.

8. **Reporting to**

8.1 **The Board:**

The Chair agreed to report the following items to the Board:

1. Dr Gray's Maternity Services.
2. Grampian Area Drug and Therapeutics Committee (GADTC) Annual Report.
3. Supporting Ethical Decision Making Advisory Group.
4. Healthcare Associated Infection Reporting Template (HAIRT) & Quarterly Report.
5. Tactical Plan of Action (objectives 1, 2, 3 and 4).

8.2 **Assurance on the strategic risk:**

ID 2507: Quality and Safety of Care: There is a risk the focus on quality and safety of care across NHS Grampian and partner organisations could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on new evidence-based guidance, evidence from quality audits, independent assessment, patient experience and recorded incidents – High risk.

The Committee agreed that this risk should remain as High.

9. **Date and Time of Next Meeting**

9.1 The next meeting will be on the **12 February 2021** from **10.00-13.00pm.**

9.2 Clinical Governance Committee 2021 meeting dates were noted.