

APPROVED

Minute of the Virtual Meeting of **NHS Grampian Clinical Governance Committee to Grampian NHS Board** on Friday 25<sup>th</sup> March 2022, at 1515 Hours

<b>Present:</b>	Dr John Tomlinson (Chair)	Interim Chair NHS Grampian Board
	Amy Anderson (AA)	Non-Executive Board Member
	Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member
	Dr June Brown (JB)	Executive Nurse Director
	Dr Noha El Sakka (NeS)	Lead IPC Doctor
	Jenny Ingram (JI)	Associate Director Quality Improvement and Assurance
	Grace Johnston (GJ)	Interim IPC Manager
	Cllr Shona Morrison (SM)	Non-Executive Board Member
	Miles Paterson (MP)	Public Representative
	Siddharth Rananaware (SR)	Public Representative
	Dennis Robertson (DR)	Non-Executive Board Member
<b>Invitees:</b>	Paul Bachoo (PB)	Portfolio Lead - Integrated Specialist Care Services
	Sandra MacLeod (SMac)	Portfolio Lead - Medicine and Unscheduled Care
<b>In attendance:</b>	Sarah Duncan (SD)	NHS Grampian Board Secretary
	Janice Rollo (JR)	Quality Improvement and Assurance Advisor
	Arlene Forbes	Quality Improvement and Assurance Administrators
	Laura Gunn	(Minutes)

**Item Welcome and Apologies:**

- 1 The Chair welcomed members and attendees to the meeting.

Apologies were received from: Prof. Susan Carr, Kim Cruttenden, Dr Janet Fitton, Prof. Nick Fluck, Prof. Caroline Hiscox, Chris Littlejohn, Dr Malcolm Metcalfe, Dr Steve Stott, Dr Shonagh Walker and Susan Webb.

- 2 **Minute of meeting held on 11<sup>th</sup> February 2022:** Agreed as accurate.

3 **Matters Arising and Action Log:**

Chair advised matters arising and actions would be allocated to 2022 meeting dates, as appropriate.

Chair further advised DGH External Review work ongoing and an update provided to NHS Grampian Board members in April 2022.

**3.1 Nosocomial Case Review**

Circulated Terms of Reference for noting, references methodology. JI advised, Miles Paterson has agreed to be Lay Representative in Review Group. AA commented on support that would be required for families involved in Review. Further, queried how findings would be used, embedded in future Policy and Strategy. AA comments would be directed to Lead, Dr Steve Stott and Committee advised on this moving forward. Chair thanked AA for comments. Chair further thanked MP for involvement as Lay Representative.

**3.2 Paediatric Audiology Services**

JI updated on behalf of Jenny McNicol. The audit carried out in Grampian did not identify issues and no families and children involvement was therefore required at this stage. There may be a requirement for involvement directed by Scottish Government at a later stage and Committee would be updated on any relevant clinical governance issues.

4 **Response, Recovery, Remobilisation, Renewal**

**4.1 Transition from Operation Iris**

June Brown updated on Paper circulated.

NHS Grampian transitioning from Operation Iris to plan for future. Highlighted point 3.2.4 of Paper, Derogations.

Recommendation NHS Grampian would utilise G-OPES model to set out potential deviations from standard practice as level(s) of escalation rises.

In response to SB, JB reiterated current challenges faced (referenced Unscheduled Care). Derogations in place to assist with flow, risk at “front door” and cancer services. Further getting people the care required, at right time. G-OPES is in place to manage actions in response to system pressure and moving forward, to deal with surge(s) activity.

SB commented on shift change to endemic phase (over sustained period of time) and to what extent (and timescale) do we accept “tolerating” a potentially higher degree of risk(s) in clinical services. JB commented transformation work, planning for future would assist. Further, assurance process in place for Derogations through Weekly Decision Making Group and of their risk assessed (dis)continuation. Expectation for process to continue. PB further commented, significant factor contributing to issues with flow (and consequently specific Derogations), relates to community care assessments and packages, which impacts on timescales and are time critical to resolve. Areas of work supported by weekly Health Intelligence data. SB commented on an “unspoken assumption that we will go back to where we were” and challenges that comment, in context of living with Covid. Requires to change initial assumptions and revisit “what is acceptable and safe”. Beneficial to collate downstream data to “re-normalise, recalibrate” appropriate health outcomes. JB advised from Scottish Executive Nurse Director perspective, discussion held on how to move forward in endemic phase. Commented, many restrictions and controls in place, currently relate to IPC guidance and expectation of change in guidance imminently. This may support “flow”. Professional discussion and debate is ongoing in relation to “what future will look like” and what is required moving forward, transformation required, as prior. Chair requested update at May meeting.

JB advised in response to AA, Strategy and Work Plan to move Organisation forward on NHSG Board June Agenda. This would direct, support System and provide continuity.

#### **4.2 Derogations – Clinical Risk Management Update**

June Brown updated on Paper circulated.

JB re-iterated 5 derogations in place. Derogations Paper submitted to Weekly Decision Making Group, reviewed and any potential risks/harms identified and assessed decision of (dis)continuation.

Key Risks: This risk-based approach to managing Board Level Derogations to support the delivery of critical and protected services. Noting the continued risk to patient care in terms of quality, safety and access to appropriate and timely care due to sustained high levels of unscheduled care continuing to impact delivery of elective services.

Recommendation: The committee is asked to note the risk based approach and associated impact of board level derogations highlighted in report.

The Committee noted recommendation of Paper/Report and assured of approach taken.

Chair noted section of Paper relates to developing the Committee Framework. SD advised meeting with JI to discuss Terms of Reference for Committee. Assurance map/routes in place. The NHSG Board plan to approve revised Terms of Reference for all Board Committees in June.

### **5 Medicine and Unscheduled Care Portfolio Update**

Sandra MacLeod updated, following agenda item 3.

Advised current position across Medicine and Unscheduled Care Portfolio is extremely challenging, recognised across all of Grampian. Pressures through admissions, “front door”, ED performance, flow through ED and AMIA (short stay medicine), and significant capacity issues across wards. Partly due to high level of Covid patients, coupled with high level of community Covid infections which has resulted in staff absence/isolation. Staff shortages noted across all clinical Medical, Nursing and AHP staff as well as non-clinical staff. The Portfolio supports link of hospital and community, and impacted by community beds, (Care at Home beds and Care Home closures, etc.) on “flow” outwards. This in turn results in high levels of “boarders” which impacts on Planned Care

Service. Significant risk currently. To address, working whole System and through Daily System Connect to maintain flow across System. Working with colleagues and Portfolio Leads to address key specific measures to progress. It had been suggested that weekend prior was one of the most challenged, experienced (performance) across Scotland. Working to adapt responses and move forward. There is desire to look at strategic direction on how to move forward and for next winter period. Currently, potential numerous compounding issues, high levels of acuity, and conscious of impact across wider System.

Risks and challenges remain with performance, staff resilience and increased acuity.

SMac presented:

Unscheduled Care Programme Board – aware of a number of programmes/activities which impacts on flow. Board membership to influence and challenge, governance framework. Improvement measures include 2 main barometers, 4 Hour Wait (ED) and Delayed Discharges. Highlighted, priority targets to end of March 2022. Developing targets for April 2022 to move forward. Detailed priority programmes/activity with significant volume of work underway.

USC Steering Group (USC-SG) report to USC Programme Board (USC-PB) March 2022 – performance data against 4 metrics. Under constant review, as conscious not currently achieving at level should be. Detailed key decisions and escalations.

USC Steering Group (USC-SG) Report to USC Programme Board (USC-PB) (March 2023) – reports from Leads of work-streams to provide oversight and assurance.

Highlighted key priority targets and link between work-streams. Noted, usage of Illuminate Dashboard. Demonstrated an A&E Sit Rep which includes breach reasons that impact on performance targets.

Provided updated position and tracking on RMP4 Projections (Q3 – End Dec 2021).

SB queried usage of data to identify patterns that may support facilitation of flow of patients through System. SMac advised of review of people (approx. 5,500 records) who present at ED, “front door”, and this led to an understanding of high intensity attendees. Resulted in collaborating with Partners to “test bed” a holistic, community approach. Further commented, on timing of Discharge (of patients) and support from Scottish Government advised for every hour moved forward, on majority of discharges, results in increasing 4 hour target by 2%. This data being analysed across System and to progress on whole System impact. SB commented on benefits of linking strategies with outcomes and queried how to maintain balance, “tension”, between process outcomes and definitive health outcomes. SMac noted well researched and evidenced of waiting times impacting on health outcomes. Length of stay (particularly for older population) decompensates with physical ability. Hence outcomes hope to achieve is researched and evidenced.

SR queried of 10% improvement on metrics, “firefighting” or process optimisation. SMac advised relates to both, improve set targets (e.g. 4-hour target) and improvement methodologies. JI advised the testing of different aspects that has been undertaken to support improving the 4-hour standard and as these had been “untested” required to set realistic aim(s).

SMac advised in response to DR, that there is no displacement / redirection due to Covid restrictions, etc. from RCH to ED. Admission to ED is generally for health component needs and work develops in community, in support of re-admissions to ED.

Chair commented, modelling suggests a further 2-week period, trajectory of increasing or sustained pressures and enquired of planning for that modelling and further are NHSG managing public expectation on attending ED. SMac planning for next 4 week period supported by G-OPES Levels and Actions. Noted, mixture of levels across areas currently. Reflecting, responding and adapting to some pressures as faced with these pressures. Work and learning, adapting develops with other Health Boards. There is an increased demand, reduction in staff and increased Covid infection rates set against a fixed capacity. Aim is to keep capacity moving, whole System approach. Focused work took place in relation to DGH (88 of 128 beds closed, weekend prior) and communications circulated. Well supported by Communication Team and good engagement on social media platforms. Minor Injuries were redirected to Huntly. Highlighted need for communications, well directed and well timed. Recent communications on appropriate service direction/sign posting has been impactful.

Chair noted thanks to Sandra MacLeod for the update and presentation. The perspective required by Clinical Governance Committee is to recognise potential harms. Chair noted beneficial to receive an update at a further Committee. JI suggested that some information on potential harm events could be added to Board Derogations – CRM Paper at next Committee. This was supported by the Committee.

## **6 Integrated Specialist Care Services Portfolio**

Paper circulated prior. Paul Bachoo presented on Critical and Protected Services – Cancer Services:

Introduction, Covid has amplified many pre-pandemic challenges (including cancer performance) and increased the risk of adverse events. Prior, Clinical Governance Committee had a performance lens, current important requirement to provide governance lens.

Data collated from various sources to consider if “harm” has been observed with poor performance in tracked cancer pathways. Data collated locally, regionally and nationally to provide assurance. In relation to “Deaths of patients on waiting lists” no notable outlier in terms of numbers. Since 2018 not identified, currently, an increasing number of deaths due to “not getting surgery on time”. In relation to “Deaths of patients on cancer pathways” since 2015 to present not identified significant change, of note there has been an increase in number of people added to waitlists for cancer treatments.

Scottish Government have national targets (95 %+ ) of patients achieving 31 and 62 day targets. In relation to “Deaths of patients breached (Fail) or not breached (Pass) 62 day targets” not identified significant change in number of deaths. The 12-month death rate in group that breached was better than those that did not breach. Potentially due to selection with clinical teams identifying patients who require surgery sooner, outwith protocol pathway. It will be at a future date that 2021 data can be analysed to identify increase in mortality due to breach, as it takes time for any incident to occur and to sensor, collate and analyse.

National data demonstrates, over 3 years, for different cancers tracked nationally no observable change in 12-month mortality. There has been an increase in deaths that occur in patients that present with cancers of primary unknown. Potentially reflects issue of services being unavailable. Likely demonstrates group of patients that would have come in to contact with healthcare for another reason and become recognised as having a cancer that was not clinically symptomatic. Further understanding required within this significant group that have shown an increase over the course of pandemic. Overall, local data does not support an excess mortality at 12 months of subjects that are in NHSG Cancer pathways that breached recognised 62-day standards.

Would continue to take all reasonable steps to prioritise the care of patients with suspected or confirmed cancer, and to improve 31 and 62-day Cancer Access Performance. Data provided specific to mortality. No routine data on quality of cancer performance and not collated nationally. This requires to be addressed as we look to provide assurance on quality outcomes.

PB in response to DR, noted a sense of “relief” on data and reason for analysing various data sources as initial review of local data was assuring, required analysis for challenge. Cancer Teams very good at prioritising. PB further commented prioritised resource available to cancer services and would be disappointing if trend changes. Of note, cancer population protected within critical and protected services. Concerns of outlier group, cancers that present without known primary, undifferentiated cancers.

SB commented on link between process outcomes and definitive outcomes. Suggests link is tenuous. Observed, possibly reconsider evidence base for process outcomes. Further element of intuitive personalised prediction and potential to formalise. Chair, relevant to explore if impactful on patient outcomes.

PB advised in response to SR, that 31-day pathway captures interventional based services and 62-day pathway captures from referral. Commented on developing personalised medicine (matching clinical need, condition to resources) and reducing time from referral to first appointment.

Chair thanked PB for update.

Recommendation: In the context of the data presented the NHSG Committee are asked to support the view that no excess morality has been observed up to the 2020 cohort amongst those subjects that have breached the 62-day performance indicator in nationally tracked pathways.

Committee approved recommendation and noted further exploration of outlier group.

## 7 **Clinical Quality and Safety Subgroup Report**

Jenny Ingram updated on Paper circulated.

Highlighting the four key elements within the paper:

- Learning from Adverse Events, Complaints and Healthcare Improvement Scotland (HIS)
- Adult Support and Protection Multiagency Inspections
- NHS Grampian Governance of National Audits
- Clinical Quality and Safety Subgroup Risk Bowtie and Work Plan

Recommendation: the Committee is requested to support the development of the subgroup work plan in relation to

- further development of the approach to the management of both complaints and adverse events and how learning from these is shared cross System; and
- the clinical and care governance structures and how the various groups and committees within these structures operate cross System in relation to quality and safety.

DR commented, due to current system pressures, and training not being prioritised, is there an aspect of learning that needs to be ensured the process is more robust in terms of training. Potential impact on preventative measure moving forward. JI noted, training had moved online, more accessible for staff. Training had been provided by SPSO in relation to Complaints Handling and Investigation, attended by groups across System. There is also a requirement to broaden the number of staff able to carry out Reviews, small group presently causes challenges. Discussions ongoing in relation to review 'masterclasses', and opportunity to attend refresher training before completing a Review.

Chair acknowledged approach to managing complaints and adverse events being addressed and Committee look forward to updates on developments.

Committee supported recommendations.

## 8 **Public Health Report**

JI updated, on Paper circulated, on behalf of Chris Littlejohn.

The Paper provides an overview of Screening Oversight and Assurance (as requested at previous Committee meeting), Test and Protect and NHS Grampian General Dental Services.

The Committee is asked to note:

- The risk status of each of the screening programmes and mitigating actions against these.
- The ongoing work of the Screening Oversight and Assurance and Test and Protect teams.
- The continued risk status of NHS patient deregistration by our Independent Contractors / General Dental Services.

SR commented, aware of issues in relation to GP practices, the addition of Dentistry issues may add further pressure to transformation objectives.

Dennis Robertson queried, possible timescale of impact that deregistration would have within NHSG.

Chair commented on locus of NHSG and therefore, expectation as a Committee in terms of assurance for future provision across locus.

JI suggested Jonathan Iloya, Director of Dentistry for NHSG, attend Committee to answer specific questions relating to NHSG Dental Services. This was supported by the Committee.

**9 Healthcare Associated Infection Report**

Noha El Sakka updated. Local HAIRT of October 2021 validated at Infection Prevention Control Committee on 22 March 2022. National HAIRT (Q3 July to September 2021) circulated. Report covering Q4 October to December 2021 expected at next Committee.

Built Environment outlined as continued risk due to NHSG aging infrastructure. Positively noted, IPCT representatives attend weekly joint meetings with Projects, Maintenance and Technical Services - Property and Asset Development Reps. The purpose, confirm and collate current requests for built environment work. Next steps, to establish Prioritisation Process to support identification of most appropriate direction to allocate limited resources.

Of note, progress of built environment work in general, impacted by IPC Technical Lead Nurse resignation. Recruitment process underway to minimise vacancy length of time. Specific IPC Nurses and IPC Doctors are accessing built environment learning opportunities to develop knowledge and support gap.

Safer Workplace Team has integrated in to IPCT and supports workload of both teams and enables release of staff time to undertake more specialist aspects of their role.

Highlighted, continued changes to guidance received from Scottish Government in relation to Covid-19 policies. NeS assured Committee IPCT continue to monitor effect of changes and react to impact(s) on healthcare settings.

Chair commented on team capacity, positive arrangements to extend capacity within team. Queried, demands on IPCT increasing over time due to aging infrastructure. NeS responded, a number of experienced team members are leaving the department which leaves a gap in knowledge and understanding on subject. In terms of infrastructure specifically, there is lots of work to be done with already limited resources. A complex and specialist area, requiring time to upskill new members of team. Chair welcomed future updates.

JB commented, of NHS Assure and their role in relation to built environment. GJ responded, NHS Assure set up to support Boards across Scotland. Expecting expertise and advice to be provided by NHS Assure. A number of large projects ongoing across NHS Scotland currently and plan to share learning from projects moving forward.

Committee noted assurance on item.

**10 Reporting to the Board**

Minute of meeting and items 4, 5, 6 and 9.

**11 The next meeting would be held on 6 May 2022, 1000 - 1300 Hours, via MS Teams.**