

**Minute of Virtual Meeting of NHS Grampian Clinical Governance Committee
to Grampian NHS Board on Tuesday 8 November 2022, at 1330 Hours**

Present

Luan Grugeon (LG) (Chair)	Non-Executive Board Member	Board Meeting
Amy Anderson (AA)	Non-Executive Board Member	Open Session
Paul Bachoo (PB)	Acute Medical Director / ISCP Lead	06.04.23
Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member	Item 14.5
June Brown (JB)	Executive Nurse Director	
Dr Noha El Sakka (NeS)	Lead IPC Doctor	
Prof. Nick Fluck (NF)	Medical Director	
Jenny Ingram (JI)	Associate Director - Quality Improvement and Assurance	
Grace Johnston (GJ)	IPC Manager	
Miles Paterson (MP)	Public Representative	
Siddharth Rananaware (SR)	Public Representative	
Dennis Robertson (DR)	Non-Executive Board Member	

Invitees

Caroline Clark (CC)	Chief Nurse – Combined Child Health
Jonathan Iloya (JII)	Director of Dentistry
Sandra MacLeod (SM)	Portfolio Executive Lead – Unscheduled Care
Grace McKerron (GMckK)	Chief Nurse (Deputy for Executive Nurse Director)
Jenny McNicol (JMcN)	Acute Director - Nursing and Midwifery / Integrated Family Portfolio Lead
Kenny O'Brien (KOB)	Adult Public Protection Lead

In attendance

Aileen Cameron	Quality Improvement and Assurance Co-ordinator
Arlene Forbes / Laura Gunn	Quality Improvement and Assurance Administrators (Minutes)

Item Welcome and Apologies:

- 1 Chair welcomed members and invitees to meeting.
Apologies received: Susan Carr, Kim Cruttenden, Prof. Caroline Hiscox and Malcolm Metcalfe.
Chair commented, pleased to chair their first Clinical Governance Committee. Encouraged to see support of Committee, open culture of questioning and participation of Public Representatives. Committee on journey of change and improvement, with work to be undertaken over next 12 months to further develop Committee. Look forward to working with members of Committee to obtain assurance required for quality of safety and care, provided by NHS Grampian.
Chair acknowledged that this would be Jenny Ingram's last Committee prior to retirement in early 2023. Chair commented on Jenny's long career with NHS Grampian, beginning in 1985. Jenny held a range of roles with a focus on quality and safety, recognised nationally for work on patient safety. June Brown relayed messages from Jenny's Team and colleagues on the excellent leadership and mentorship provided by Jenny. Chair thanked Jenny for exceptional contribution to NHS Grampian and Clinical Governance Committee.
- 2 **Minute of meeting held on 12 August 2022**
Agreed as accurate.
- 3 **Matters Arising and Meeting Planning Log:** Committee noted current position of Log, developed to align with Committee structure and Terms of Reference.
- 3.1 Adverse Events, Feedback & Risk Management Guide**
JI advised, updated to describe patient involvement in relation to feedback and review process.
- 3.2 Risk Management Session**
NF updated. Session held on 17th October with noted thanks to Mike Sevenoaks, Corporate Risk Advisor, for facilitation. Informative session and addressed how Committee could approach,

analyse and review safety and quality of risks, to deliver assurance on behalf of Board. Second session to be scheduled to develop work.

Noted, Audit and Risk Committee has responsibility for agreement and approval of Risk Protocol, on behalf of Board. Risk Protocol would define Committees responsibilities in terms of Risks within their scope. For this Committee, relates to all clinical services delivered to our population.

SR commented on potential to utilise existing digital displays to relay information on risk statistics and observations. NF advised of ambition for Risk Profile to be accessible, understandable in public domain.

DR commented, second session to be held could address accessible language for public domain. NF confirmed, ambition of development work to get us to a place where we are clear on our risks for NHS Grampian and how these are managed. Could then be communicated and shared in a meaningful way with the public.

3.3 Population Mental Health and Wellbeing

Jl advised, wrote to Susan Webb, Executive Lead for Population Health and John Tomlinson, Chair of Population Health Committee in relation to potential cost of living impact on mental health and wellbeing, across Grampian population. As included in presentation to Committee at meeting prior. It was agreed that NHS Grampian could influence potential impact as an “anchor” organisation, in remit of Population Health Portfolio and their Committee.

4 Population Health Portfolio – Dentistry Update

Jonathan Iloya, Director of Dentistry, updated on Paper (circulated to Committee) providing an overview on General Dental Services, highlighting a positive increase in activity levels within dental services but also the current position regarding patient de-registrations.

Key issues and risks were discussed by Committee members:

- Risk of further NHS dental patients deregistrations due to ongoing recruitment and retention issues or if GDS (General Dental Services) practices choose to further reduce their NHS commitment due to business factors.
- Lack of access to routine NHS dental care may result in unsatisfactory and poor patient outcomes, as well as an increase in complaints and adverse media coverage.
- Core PDS (Public Dental Services) patients (vulnerable priority groups) may also experience unsatisfactory patient outcomes as a result of increased demands on the PDS.

In response to questions posed, JII advised of mitigations and actions, undertaken by NHS Grampian:

- Recently, participated in NES initiative to recruit European graduates however, this was not successful. Further, despite Scottish Government Winter Preparedness funding to increase capacity for access to public dental services the recruitment was also unsuccessful.
- “Child Smile” programme re-established and visiting schools with preventative programmes. Further in place community dental health support workers to support families.
- Significant support had been provided to Dental Practices to remain with NHS. As Independent Contractors difficult to influence. Engagement discussions intimate that NHS work does not fit with their business model and unable to offer full range of services they want to by NHS.

Recommendation: The Clinical Governance Committee is asked to note the improvements in dental clinical activity levels and the continued high risk status of NHS patient deregistration by our Independent Contractors / General Dental Services.

Chair additionally recommended to note actions described in relation to recruitment and grants. Further, note preventative interventions undertaken for younger population to mitigate related risks, to be included in the next report to Committee.

JII advised, Public Health Scotland publish an Annual Report (including dental registration and participation) and an update to Committee would be beneficial following publication of report. Chair requested an update May 2023, which could include PHS Annual Report. Committee to be updated of inequalities element and preventative measures when next reported to committee in 6 months.

Committee accepted and agreed recommendations.

5 **Public Protection – Adult Support and Protection**

Kenny O'Brien, Adult Public Protection Lead, updated on Report circulated providing summary of Public Protection strands, role of NHS Grampian in these strands and the statutory/legal requirements underpinning and update on Adult Support and Protection Multiagency Inspections.

Key issues and risks were discussed by Committee members:

- In relation to delivery of the improvement plan is the current operational pressures on health staff and departments across Grampian. Improved processes and procedures are helpful, but many of the improvements require staff/clinical time and commitment. This is challenging when ASP is only one of many operational pressures staff are currently facing.
- An additional risk relates to the – by its nature – complex interactions relating to Adult Support and Protection practice that crosses three distinct local authorities, a national police service and NHS Grampian. Some improvements require agreement across partners. This can be challenging at times, however there are very good operational/strategic links between the agencies, allowing early resolution and trouble shooting in challenging areas.

In response to questions posed, KOB advised of actions undertaken and planned, by NHS Grampian:

- In relation to communication between Partners key element to improve formal and structured mechanisms for multi-agency communication. Highlighted, established Adult Public Protection Specialist Nurse Practitioners in Aberdeen City and Aberdeenshire. Supervised and supported to engage in IRDs. QA work being undertaken with lead agency colleagues on attendance at case conferences and formal meetings. Adult Public Protection Team to be assured on healthcare representation.
- In relation to internal communication for NHS Grampian professions, well established. Adult Protection Group with representation from key areas and quality Public Protection publicity and communication plan for internal awareness. Training framework signed off by GAPF, with statutory and mandatory training at more than one level of competency.
- Assurance of partnership approach, mutual support and shared learning for improvement. KOB advised, working on a multi-agency basis (Aberdeen City, Moray and Aberdeenshire). Advised of Moray multi-agency Adult Protection Improvement Plan and NHS Grampian key stakeholder. Supporting Partners (two-way process) with shared learning for areas requiring development.

Chair noted, assured on framework in place, and includes Adult Protection Group and Public Protection Committee chaired by June Brown.

Recommendation: The Clinical Governance Committee is asked to note contents of report and appendix. The Committee noted and accepted.

6 **Integrated Family Portfolio – RACH Theatre Staffing**

Jenny McNicol, Acute Director - Nursing and Midwifery / Integrated Family Portfolio Lead, introduced Caroline Clark, Chief Nurse, to update on Paper circulated to inform Committee: of risks currently held by the Service, children, families and staff; and to inform on actions that have been taken to mitigate the risks in short to medium term.

Key issues and risks were discussed by Committee members:

- Children in Grampian at risk of harm due to the delay in access to urgent elective surgical intervention. It is well established from years of research that there are optimal windows for operating for certain conditions. If these are missed, which is currently happening, we are potentially compromising children's long-term health.

In response to questions posed, JMcN and CC, advised of mitigations and actions, undertaken by NHS Grampian:

- Resource with "In-reach" Team provides whole Team space and time for redesign, in-depth data analysis. Required immediate support to mitigate current risks.
- Prioritisation of cases undertaken by Service Clinical Director along with surgeons and wider Team. Actively undertaken to maximise theatre utilisation.
- All nursing vacancies filled and 6 month training programme in place. Takes approx. 2 years to be fully anaesthetic nurse trained. Programme progressing and addressing retention.
- Business Case with Budget Steering Group for 2023 expansion.
- Within Chief Executive Team a full agreement to mitigate.

NF commented, on surgical conditions of children. Referenced, approx. 50% increase in emergency surgeries over a 5 year span. CC would raise query with Service Clinical Director to understand why there has been such a change in profile.

SB commented, two phases, acute reactive phase and delayed redesign for future sustainability and beneficial to obtain data and assurance on both.

AA commented on staff leaving and queried of any "culture" aspect related. JMcN advised information available from Culture Survey for Nursing Teams. New multi-disciplinary group formed for Theatres on how to move forward. Pertinent point and taken in to consideration.

Chair commented, consideration of risk of moral injury to staff and suggested attendance at Ethics Advice and Support Group. To provide ethical lens across decisions made and may support risk of moral injury to staff.

Recommendation: The Committee is requested to note the clinical risks currently being held within NHSG to the long term health of children within the North of Scotland. The Committee is requested to note the actions that have been taken to help mitigate the risks in the short to medium term. Committee agreed and accepted. Chair further noted, assured on robust process for prioritisation of cases.

Additional recommendation agreed, to obtain further information on reasons for increased emergency cases, a better understanding of number of children affected, and the projected numbers addressed in acute phase and longer term redesign phase. JMcN advised, update to be provided to Committee in February 2023.

NF referenced Risk Protocol and for Risk presented, to obtain more detail as required and regular monitoring by Committee. The type of Risk(s) described potential to sit within remit of Clinical Governance Committee through Risk Escalation process, for assurance. Committee supported direction of Risk Protocol.

7 Plan for the Future – Delivery Plan Objectives

7.1 Governance Framework – Portfolios

Nick Fluck, Medical Director, presented on scope of Committee with development of Portfolios, Clinical Services and integration with Joint Boards. Primary role of Committee to provide assurance on behalf of the Board on Safety and Quality of Clinical Services provided to the Population. Expanded scope of Clinical and Care Services through involvement with IJBs and Councils. Presented Audit Scotland diagram demonstrating complex relationship between NHS, IJB and Council. Discussed, related accountability for Clinical Governance Assurance at Board Level. This leads to potential for Service Level inventory of operational and governance arrangements. Presented table template that demonstrated Service, Delivery Model, IJB Role, Operational Accountable Officer (CET Member), Delivery Oversight and designated primary assurance (or "awareness") of Clinical Governance Committee versus IJB Clinical Care and

Governance Committees. Discussed next steps including: Committee, CET, IJB and NE Partnership agreement; completion of service inventory by Portfolio; definition of 'awareness'; linkage of system governance processes to Committee and CCGC/IJB; and consideration of Portfolio Pathways and involvement of Partners.

Chair commented, on process and participants required to progress. NF advised, Service Level Inventory approach (defining designated primary assurance and awareness) requires agreement with those involved: the Board, IJBs and Partners.

Committee agreed acceptance of approach proposed in relation to Governance Framework. Agreed an example such as "Primary Care" would be beneficial in next step discussions. Initially, approach to be agreed within CET. Chair noted benefit of including Chairs of IJB Clinical and Care Governance Committees in discussions and it was agreed they would be invited to the rescheduled session on collaborative governance. NF commented, require to understand IJB Clinical and Care Governance Committees Terms of Reference.

8 **Unscheduled Care Portfolio – Programme Developments Update**

Sandra MacLeod, Portfolio Executive Lead – Unscheduled Care, updated on the Unscheduled Care Portfolio Improvement Programme, specifically clinical governance arrangements.

SMac highlighted, current clinical governance arrangements on delivery of the Programme, clinical risks and subsequent mitigations, clinical impacts of the Service(s) and assurances on quality of patient care.

The Unscheduled Care Improvement Programme was established to deliver improvements in unscheduled care services across a number of focus areas. The USC Programme Board sought to bring these projects together under the same reporting arrangements. Clinical governance processes were already established for each area. The Programme Board engages a wide range of key stakeholders to ensure any changes / proposals are co-designed across all parts of the health and care system. The individual projects each have an Action Learning Network Group where risks are highlighted, trajectories and delivery schedule discussed. Datix system utilised, patient and staff feedback (where applicable) and a range of performance measures agreed for each project.

In response to Chair, SMac advised projects aim to reduce number of risks and provide improvements. Reiterated, USC Programme is focused on assurance on delivery rather than clinical aspects. Oversight of clinical aspects include other routes.

Chair commented, content existing clinical governance structures and processes being utilised and that there are robust multidisciplinary teams working on Tests of Change which provides assurance that quality of delivery is being monitored across all associated test of change areas.

It was agreed that the slide would be circulated and any further queries could go directly to SMac.

9 **Integrated Specialist Care Portfolio – Local Access Policy & Out of Area Placements**

Paul Bachoo, Acute Medical Director / ISCP Lead, updated on Integrated Specialist Care Portfolio Local Access Policy and Out of Area Treatments (Paper circulated to Committee).

Key issues and risks were discussed by Committee members:

- Impacts to citizens on access for elective care across our communities based on socio-economic demographics.
- Adverse effects on Quality & Safety to those travelling out for care.

In response to questions posed, PB advised of actions undertaken and planned, by NHS Grampian:

- Specific outcomes regarding quality and safety to those travelling outwith NHSG are not routinely collected. However, monitored by Services through clinical governance processes which already exist and cover any procedures done in any hospital.
- Portfolio and Performance Governance team working with teams to improve data field entry. Not all fields mandatory. Require focus on our data input systems, teams involved and resources required.

- Plan in place to commence collecting data of those who decline two offers. Discussions within Portfolio Board to ensure appropriate level of safety around individuals, not undertaken previously as a matter of routine so we can monitor people not engaging with out of area offers from an inequalities perspective.

Chair asked for assurance that locally there is flexibility around patient circumstances. PB advised, patients travelling outwith our Health Board, generally, are on lowest level of clinical pathological priority. Suggested, because of social factors those individuals are prioritised over those with genuine clinical priority. Further complexity, very little of that type of surgery on ARI site. Other Health Boards and Independent Sector only access routes to treatment. As funding has reduced significantly, reliant on National Access capacity.

Chair advised, content this would be monitored and ascertain changes in people able to take up offers, etc. PB added, equally focusing on those that decline reasonable offers, would be helpful to understand.

Chair further queried, how NHSG ensures continuity of care, treatment plans followed, etc. when patient is assessed in NSHG and attends a different Health Board for treatment. PB advised, patients return to NHSG standard routine follow-up Pathway for review. Would allow to capture Adverse Events post discharge, infection rates of implants, etc. through the standard clinical governance processes of Services.

Recommendation: In summary, does not appear to be evidence of bias based on age, gender, SIMD in relation to accessing ISCP Services within region, or out of region. Would continue to monitor following the change to National Access Policy. It remains too early to detect change from the recent change in access. Quality & Safety to those travelling out for care we do not have a specific reporting system and outcomes are monitored at service level by our routine systems.

Committee agreed and accepted, with a future update provided to Committee.

10 **Healthcare Associated Infection Report**

Noha El Sakka, Lead IPC Doctor, updated on Healthcare Associated Infection Reports circulated to Committee.

JB advised, Review underway in relation to point 2a) the Built Environment and its components, to understand any potential improvements to IPC engagement. Await conclusion of Review which will be shared with Chief Executive Team. Chair positively noted this work.

Recommendation: The Committee is asked to note this report and the actions taken.

Committee accepted and agreed recommendation.

11 **Clinical Risk Management Report**

June Brown, Executive Nurse Director, updated on Clinical Risk Management Report circulated to Committee.

Key issues and risks were discussed by Committee members, including:

- Board Level Derogations.
- Corridor Care.
- Safe Staffing.
- Priorities of care.
- Adverse Events.

In terms of governance, each of these risks are reviewed at the weekly CRM meeting and a Board Level Derogations paper is presented to the Whole System Decision Making group fortnightly. Escalations are via the CET. Overall, NHS Grampian continue to manage each of the risks in a considered and pro-active way to ensure we bring them to the lowest level

Chair commented, on recruitment and queried, “real terms” in context of retirements and turnover, potentially remaining at same levels. JB advised, turnover is not significantly higher than other Boards. Further, approx. 130 newly graduate nurses commencing currently. However, due to

current pressures in the System, surge beds, etc. the additional staff may not have a huge impact on nursing and midwifery staff.

Jl advised the Risks noted within Report are a summary of new Risks reported within the quarter that could have potentially impacted quality and safety of care. Other appropriate Risks across System reported on Risk Register(s). Chair commented, provides assurance that the system is working consistently across the different areas.

Chair further queried, should Committee expect new “high graded” Risks to be brought to Committee for discussion. NF advised, to date providing reiterations of Risk reports. Relates to “risk appetite”, and defining criteria of what comes to Committee for more detail, action plans and monitoring, potentially escalation.

AA referenced, waiting times (31 day and 62 day) described on page 12 of report. Commented, shorter wait time primarily “green” and 62 day displaying “red”. Queried, reasons that underpins difference. JB advised, potentially relates to ESCAT levels. Jl advised PB would be attending Committee in February 2023 to update on ESCAT levels and Cancer Services. Committee to consider questions for PBs update.

Chair encouraged to note mitigating actions in Report and commented on timelines for completion. Assumption, actions being undertaken ahead of winter period. JB advised, specific actions undertaken as part of Unscheduled Care Improvement work for moving in to winter.

Recommendation: The committee is asked to note the clinical risk profile and associated impact of board level derogations highlighted in this report and support the actions being taken to reduce risk.

Committee agreed and accepted recommendation.

12 **Clinical Quality and Safety Subgroup Report**

Jl updated on Report circulated highlighting key areas of work in: Performance, Assurance, Improvement and Risk.

Chair highlighted Inspiring Quality Newsletter, excellent work and easily accessible.

Recommendation: The Committee is requested to support the work to further develop the Clinical Quality & Safety Subgroup.

Committee agreed and accepted recommendation.

13 **Committee Meeting Proposal**

Chair reminded members of survey circulated requesting feedback on the Committee and to assist with planning for 2023. Chair thanked those who had already contributed for thoughtful and helpful feedback. Survey to be recirculated to allow all members to participate.

2023 quarterly meeting dates provisionally set as **21 February 2023, 23 May 2023, 29 August 2023 and 21 November 2023.**

The next meeting would be held on **21 February 2023, 1330 – 1630 Hours**, via MS Teams.