

Minute of Virtual Meeting of **NHS Grampian Clinical Governance Committee to Grampian NHS Board** on Friday 12 August 2022, at 1000 Hours

Board Meeting

01.12.22

Open Session

Item 12.03

**Present**

Kim Cruttenden (KC) – Acting Chair	Non-Executive Board Member and Clinical Governance Committee Deputy Chair
Amy Anderson (AA)	Non-Executive Board Member
Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member
Susan Carr (SC)	Director of AHPs and Public Protection
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
Chris Littlejohn (CL)	Consultant Public Health (Deputy for Director of Public Health)
Miles Paterson (MP)	Public Representative
Siddharth Rananaware (SR)	Public Representative
Dennis Robertson (DR)	Non-Executive Board Member
Shonagh Walker (SW)	Associate Medical Director – Performance

**Invitees**

Katie Colville (KCo)	Consultant Midwife
Luan Grugeon (LG)	Non-Executive Board Member
Pete Matthews (PM)	Advanced Public Health Practitioner
Grace McKerron (GMck)	Chief Nurse (Deputy for Executive Nurse Director)
Jenny McNicol (JMcN)	Acute Director - Nursing and Midwifery / Integrated Family Portfolio Lead
David Pflieger (DP)	Director of Pharmacy
Paul Southworth (PS)	Consultant in Public Health

**In attendance**

Sarah Duncan (SD)	NHS Grampian Board Secretary
Janice Rollo (JR)	Quality Improvement and Assurance Advisor
Arlene Forbes / Laura Gunn	Quality Improvement and Assurance Administrators (Minutes)

**Item Welcome and Apologies:**

- 1 Chair welcomed members and invitees to meeting.
- Apologies received: Paul Bachoo, Dr June Brown, Prof. Caroline Hiscox, Dr Malcolm Metcalfe, Dr Steve Stott, Dr John Tomlinson and Susan Webb.
- Chair noted Committee's gratitude to Dr John Tomlinson (departing Chair) for his work as Clinical Governance Committee (CGC) Chair, collaborating with colleagues in reshaping Committee business and providing strong leadership. John would continue his work with NHS Grampian Board and other Committees.
- Chair warmly welcomed Luan Grugeon as incoming Chair to CGC. Luan would chair the next Committee meeting.
- Jenny Ingram advised, Dr Steve Stott retiring and shared thanks and gratitude for Steve's contribution to Clinical Governance and Patient Safety agendas for a number of years.

**2 Minute of meeting held on 6 May 2022**

Clarification provided for Page 2, Paragraph 2. Minutes agreed as accurate record.

LG acknowledged good discussions on relationships between IJBs and Health Board around clinical governance and, proposal to progress and develop Pathways of Care and Portfolios.

LG further, requested clarity and timescales in relation to the proposed joint session (to include Professional Governance remit). JI advised of second session with Portfolio Executive Leads scheduled 3 October 2022, to progress discussions. Discussions required further to agreement from Board on new remit of Sub-Committees, the Plan for the Future and associated Delivery Plan objectives. An additional session would be held with wider attendance including CGC membership and governance leads that attend Clinical Quality and Safety Subgroup.

### 3 **Matters Arising and Action Log:** Committee noted current position of Action Log.

#### **3.1 MRSA Screening Update**

NeS updated on Board non-compliance of national target for MRSA screening. NHSG should aim to achieve national 90% target which has 2 elements, swabbing and Clinical Risk Assessment. Boards across Scotland not meeting target. NHSG at 67%. Advised, 3 stages to screening process and each stage has been reviewed. Highlighted improvements required in each stage of process and reprioritising. Noted, no evidence of increase in MRSA infection or outbreaks, in relation to lack of compliance. Further, high risk areas more compliant than lower risk areas. Due to Covid-19, completion of Clinical Risk Assessments reduced across Scotland and expect improvement moving forward. Would continue to improve and monitor compliance with MRSA screening. Chair thanked NeS for update and progress achieved.

#### **3.2 Adverse Events, Feedback & Risk Management Guide**

JI provided Guide (circulated to membership) to support understanding of reports brought to Committee, including Clinical Risk Management Report.

AA commented, beneficial to include timescales of feedback to families in relation to Adverse Events. JI welcomed comment and would include in Guide. AA further queried, is onus on complainant to escalate complaint should they be unhappy with response received. JI advised that should complainant not be content with final response they are directed to the Scottish Public Services Ombudsman.

### 4 **DGH Maternity Services Update**

Jenny McNicol, Acute Director – Nursing and Midwifery, Integrated Family Portfolio Lead updated on DGH Maternity Services and the wider Maternity Services across NHSG. Paper (circulated to membership) included updates in relation to Model 4 Draft Joint Plan (and associated risks) submitted to Scottish Government. The safety and sustainability issues across NHSG Maternity Services. Key themes arising from the Ockenden Report and, the work underway at National level to map required actions collated from themes raised in the report.

SB cited, themes emerging from recent Adverse Event Reviews similar to those highlighted previously. Queried, if correct actions are taken or new approach required. JMcN responded, robust process in place for Level 1 Adverse Event Reviews within maternity with a structured framework relating to Each Baby Counts Programme and Perinatal Reporting System, which dictates when a Level 1 has occurred. An audit of completed Level 1 Reviews undertaken showed similar themes and actions recorded, potentially indicating unable to embed our learning constructively across System. A number of factors contribute, for e.g. workforce capacity. Effective workforce planning essential to allow teams to decide on actions / recommendations for each review. Acknowledged that learning is not potentially embedded well enough and require to look at this differently, enabling workforce capacity to undertake work.

KCo, Consultant Midwife, further noted of a slight increase in number of Level 1 Reviews due to change in criteria. Revised Perinatal Adverse Event Framework recently published being reviewed internally to allow implementation. A new weekly Clinical Risk Management group has been introduced with multidisciplinary membership. Meeting to analyse themes, actions and recommendations, and feedback from complaints received, joining streams together. Reviewing any repeated actions that indicate learning is not being embedded and discussing what can be done differently to achieve this. Review underway of local Quality, Risk and Governance Group to ensure we are meeting quality of embedding learning. Further, auditing / evaluating whether

changes put in place are sustained and embedded in practice, acknowledged area for improvement. Referenced Ockenden report, recorded multiple immediate and essential actions but also approx. 87 recommendations. As a multidisciplinary team, recommendations have been reviewed using RAG System to identify status of NHSG against Ockenden recommendations.

AA thanked team for work undertaken to date. Commented, assurance received in relation to joint work with NHSG and NHS Highland. Appreciates the response NHSG have taken to Ockenden report. Noted requirement to put the actions discussed in to the written action plan. JMcN thanked AA for comments. Clarified details of action plan would be available in the response to Ockenden report, rather than within wider update provided today.

LG discussed increase in number of births at AMH and impact on services. Enquired of data to support potential evidence of harm as a result of increase in demand. JMcN advised, harm is covered within Level 1 Reviews. Every transfer from DGH to AMH or Raigmore is reviewed to collate learning. NHSG and NHS Highland working collaboratively becoming more robust. Further, LG queried equity in relation to good quality maternity services across Grampian. Referenced Fraserburgh and Banff, ensuring no area is forgotten when focus and pressure is currently within Moray. JMcN responded, moving towards networked maternity service across North East of Scotland, women can choose where they wish to birth and are provided with information to make this choice. Potential inequity due to financial support currently provided to women within the Moray area due to the change in Model Service Delivery. Aware of this and how we move forward included in planning.

MP queried, how aspirational and realistic Model 4 plan is and particularly timescales. JMcN highlighted commitment from both NHSG and NHS Highland for delivery of Model 4 and building of plan for Model 6. Aware, challenges / factors to overcome for both Boards as well as Scottish Government, NHS Education for Scotland, Royal College and the way medical staff, trainees, etc. are supplied. This is an opportunity to be innovative in approach, to achieve a sustainable maternity service for North East of Scotland, emphasised commitment. Requirement for a networked model as unable to provide in isolation of the 3 areas (Aberdeen, Elgin and Inverness) due to significant workforce gaps.

DR described, risk in relation to triaging and ensuring women are responded to. Queried how assurance can be provided that mitigation in place and sustainable for the future. Further, fully endorsed the North East Model concept moving forward. However, asked of current position in relation to recruitment taking in to consideration retirements, etc. JMcN advised, changes implemented to mitigate against risks in triage included in Business Case, to develop team in management of triage and of additional staff trained to assist with mitigation. As DGH moves towards fulfilment of Model 6, staff would be equally able to provide that service in DGH. Focus cannot only be on Moray as pressures are felt elsewhere. In relation to staffing, highlighted Business Case is “here and now”, full workforce model to come in the future. Highlighted, additional staff in initial bid (two Consultants for DGH to assist with complex antenatal care). Aware there is work to do in terms of future planning of workforce.

In response to Chair, JMcN advised in relation to elective caesarean sections, timeframe for Model 4 not sufficient for level of development required. This would be offered as part of Model 6.

**Recommendation:** The Committee is requested to note the updated position, including risks and mitigation. The Committee agreed and accepted recommendation.

## 5 Grampian Area Drug and Therapeutics Committee Report

David Pflieger, Director of Pharmacy, updated on Annual Report 2021 – 2022, circulated to membership.

DP summarised key areas of work in 2021-22 and priority work areas for 2022-23. DP discussed the challenges and risks, highlighting; staff resource, management of change and new processes, and information / data management including, maximising benefit of available data.

LG queried the relationship between GADTC and CGC. Further queried, meeting of medicine safety targets and if reports on risks to patient safety for e.g. reconciliation of medicines, come to this Committee. DP advised, not meeting medicine safety targets (similar to other Boards). The targets at correct level, challenging and advised HEPMA should support. CGC receives Annual

Report from GADTC, which provides assurance on work being undertaken. Escalations in relation to quality perspective would be brought to Clinical Quality and Safety Subgroup. GADTC have a number of their own subgroups to support work. NF advised Annual Report brought to this Committee in recognition of medications as an important part of our therapeutic approach. Also recognises potential for developing hazards and harm, important to understand how we regulate, deliver and manage risk, etc. for Committee to be assured. NF further advised of the route through weekly Clinical Risk Management on medication safety risks identified.

AA cited from Annual Report Risk 8, timescale between approval of medicine and availability on-stream. Questioned value in public messaging to explain to patients the delay in receiving approved medicines. DP reassured Committee that delay does not impact on a patient access to medicines or Clinicians ability to prescribe and use those medicines. This information is relayed to public. When Scottish Medicines Consortium suggest a drug for preventative use in Scotland there are no barriers to use by the Clinician. The information in Annual Report relates to position in the Formulary, which has a National target of 60-days post publication. When there is Formulary decision delay may relate to drug guidance, or set up of service, sustainable provision. DP would consider public facing messaging.

DR commented on increasingly accessible data, which presents a challenge in terms of workforce available to manage. Questioned opportunity to enhance work alongside Universities. DP advised likely to receive offers of support and challenge would be clearly defining our priorities of data analysis and how we engage external partners on their contribution to our priorities. Resource available through regional team for internal business aspects of data reporting, for e.g. to improve patient safety, quality of prescribing and influence targeted support. Require a Data Strategy, to maximise benefits out with day to day use of system.

Chair referenced page 15 of Annual Report, commissioning a review and enquired of timescales. DP advised the review will commence in current year with GADTC contributing.

Chair thanked DP for providing an overview of the GADTC Annual Report.

## 6 **Response, Recovery and Remobilisation**

### 6.1 **Renewal – Plan for the Future – People, Places, Pathways (Governance Framework and Risk Management Strategy)**

NF updated, highlighted and discussed 3 areas of importance included in Paper (circulated to membership).

Advised of potential for accountable Executives bringing specific Risks to Committee for consideration of determining support, action, ongoing monitoring or requirement of escalation. The Committee would have a set of risks for its own active monitoring. Weekly CRM has an active monitoring risk profile and alongside, developing concept of “Enduring Risks”.

Prior to Covid, work commenced on clinical governance across integration. Through Covid, development of Portfolios and Pathways of Care. These lead to determining the Committee’s business, in context of a System with different layers of accountability. Complex area requiring wider discussions.

NF referenced, the Board’s developed Framework of Assurance and Committees roles. Highlighted specific request for Delivery Plan priorities and locus of each Committee delivering assurance on those priorities. Exemplified, treatment time target and change of delivery, would Committee’s interest be direct quality issues associated and indirect quality impact issues (prioritising one group over another) reducing quality of care in other domains and inequality impact. Meeting and progressing against one target (which may sit on another Committees business) could see impact on overall clinical quality of care and be a clinical governance matter.

AA requested clarity on how organisation are reporting on Risks. Queried where Risks sit for e.g. between CRM and Portfolios. NF advised, in any operational delivery setting, i.e. Portfolios it is incumbent on them to recognise and manage risk. In addition, there is a System wide assurance process that has oversight of all risks reported in organisation. CRM review each new reported risk, frame risk correctly and consider modifying, monitoring or escalation. CRM has route to CET. Parallel systems of risk management, for good reason.

LG reiterated AA's requirement on clarity required. Further, referenced acquiring unintended consequences and / or potential gaps. Highlighted potential for risks not to be reported relating to culture, capacity, across services for example.

It was agreed to hold a session for understanding Risk Strategy and Management, within the governance framework and routes of assurance. Important to understand "Risk Appetite" of NHSG Board. SD advised of workshop planned for "Risk Appetite" statement which would be hosted by Audit and Risk Committee. Advised of more regular reporting on Risks (and monitoring) through each Committee. Referenced Strategic Risk Register which may hold cultural type risks. Expectation for more visibility on risks across all levels of assurance.

AA noted benefit of including Public Representatives in discussions.

## **6.2 Population Health Portfolio - Population Mental Health and Wellbeing Paper**

Pete Matthews, Advanced Public Health Practitioner, and Paul Southworth, Consultant in Public Health, presented an oversight of Public Mental Health and Suicide Prevention. Included information relating to available National and Grampian suicide data. Age / sex standardised suicide rates by NHSG Boards. Risk and Protective Factors. Policies and interventions relating to reducing health inequalities. Police Scotland A Division Grampian Suicide Data (preliminary and restricted). Drug and Alcohol related deaths. Current pressures and, feedback from Mental Health Public Empowerment Group.

### **Key issues included:**

The number of completed suicides in Grampian 2022 to date against the average completed suicides for the last 3 years, shows a marked increase in suicides to date in 2022 (specifically period February to May). Of note, cautious approach due to small numbers and of preliminary data.

Police Scotland have started recording suicides in Grampian using rate supported by Public Health Team. Rates (per 100,000) of completed suicides in Grampian from 2020 (Q1) to 2022 (Q2) shows an increase over first two quarters in 2022. Further, demonstrated relatively new data on number of attempted suicides in A Division (Grampian) January – June 2022. Forward thinking data showing level of distress in community for preventative approaches.

In relation to Drug Misuse Deaths (previously recorded as Drug Related Deaths) there had been a marked increase over the last 8 years. Although not classified as a mental health death, there is a key relationship between people using drugs and using them to extent of overdose, accidental or deliberate. Of note, the gap between male and female reported drug misuse deaths narrowing.

Highlighted current pressures including, climate change – evidence of extreme weather events and impact on people's mental health. Cost of living crisis and financial worries. Loneliness and social isolation. Emotional and mental health burden on woman throughout Covid pandemic (caring responsibilities, etc.). Evidence that having Covid infection may have a direct impact on mental health and wellbeing.

Concluded, concerning trends for 2022 so far (reiterated, preliminary data) and worrying indicators of future wellbeing. Queried, data / intelligence provided useful and of other types of data / intelligence Committee would require from Public Health perspective.

AA thanked PM and PS for thought provoking presentation and welcomed the information provided.

LG highlighted, importance of data being shared for consideration within Plan for the Future. Plan for the Future has commitment to shift focus to include enabling wellbeing. Shared thoughts on using suicide data as a proxy indicator for how we are tackling inequalities. Further noted, important to get mental health right for our communities and discussed role of IJB. Potentially an area of shared governance performing well.

PS responded to DR, of link between self-harm and suicide as complex with challenges in analysis.

NF referenced, Plan for the Future and Delivery Plan, and role of various Committees in terms of seeking assurance against ambition, effectiveness and where appropriately held in terms of influencing.

Chair thanked PM and PS for presentation. Committee to reflect on presentation and of required data / health intelligence from Public Health perspective.

## 7 **Healthcare Associated Infection Report**

NeS updated on Healthcare Associated Infection (HAI) Quarterly Report – April 2022 and NHSG HAI Report (both circulated to membership). Reporting outlined current risk areas and areas for IPC focus.

AA commented on community acquired infections, such as CDiff, and queried benefits of public messaging. NeS thanked AA for comments and advised CDiff linked to antibiotic use. In contact with General Practices in relation to antimicrobial stewardship. Agreed public messaging beneficial and would focus on this aspect of prevention.

LG discussed risk related to water safety and ventilation, requested clarity if risk oversight with Performance, Assurance, Finance and Infrastructure Committee (PAFIC). NF responded, water safety is an Enduring Risk with Executive accountability. Require collation of data and oversight by Water Safety Committee and PAFIC. The process in terms of Enduring Risk provides assurance with improvement plan. SD added, Water Safety Paper submitted to PAFIC for assurance, and in relation to patient safety assurance.

## 8 **Clinical Risk Management Report**

Grace McKerron, Chief Nurse, updated on Paper (circulated to membership) including: Items escalated to Chief Executive Team in period 23 April 2022 to 22 July 2022. Board Level Derogations. Corridor Care. Safe Staffing. Priorities of Care in Adult Inpatient and Community Team setting. Adverse Event Reviews and Complaints. Other Outcomes and Risk Management.

Chair noted in relation to corridor care, two wards as potential outliers. GMcK advised information collated from Illuminate System. Of note, patients in beds with a bed head, etc. working to improve and ensure correct information recorded on system.

LG highlighted, a number of Adverse Events recorded relate to DGH. Noted, a potential Enduring Risk. JI advised, DGH are reviewing and developing their CRM process. Now formally reporting through Acute Sector CGC which reports to Clinical Quality and Safety Subgroup.

LG further commented on SPSO Complaint that was upheld, querying how learning shared. JI responded, through local learning events for e.g. Acute Sector Monthly Shared Learning Event. Additionally, utilising newly published Inspiring Quality Newsletter to share learning on a wider basis.

**Recommendation:** The Committee is asked to note the clinical risk profile and associated impact of board level derogations highlighted in report. The Committee agreed and accepted recommendation.

## 9 **Clinical Quality & Safety Subgroup Report**

JI updated on report (circulated to membership) highlighting key areas of work in: Performance, Assurance, Improvement and Risk.

**Recommendation:** The Committee is requested to support the work to further develop the Clinical Quality & Safety Subgroup. The Committee agreed and accepted recommendation.

## 10 **Clinical Governance Committee – For Noting**

### 10.1 **Clinical Governance Committee Terms of Reference**

The new Terms of Reference had been circulated to Committee membership. Approved by Board on 2 June 2022.

**10.2 Inspiring Quality Newsletter – Issue 1**

Circulated to membership. JI positively noted, Newsletter produced to circulate information widely on quality improvement and assurance. Plan to publish 3/4 times per year on Quality Improvement and Assurance intranet. MP welcomed format and of “good news” contained within.

- 11 **Committee Meeting Proposal**  
The next meeting would be held on **8 November 2022, 1330 – 1630 Hours, via MS Teams.**