

Minute of Virtual Meeting of **NHS Grampian Clinical Governance Committee**  
to **Grampian NHS Board** on Tuesday 21 February, at 1330 Hours

**Present**

|                                  |   |
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| Luan Grugeon (LG) (Chair)        | Non-Executive Board Member  |
| Amy Anderson (AA)                | Non-Executive Board Member  |
| Paul Bachoo (PB)                 | Acute Medical Director / Integrated Specialist Care Portfolio Lead      |
| Dr June Brown (JB)               | Executive Nurse Director  |
| Kim Cruttenden (KC) (Vice Chair) | Non-Executive Board Member  |
| Dr Noha El Sakka (NeS)           | Lead IPC Doctor   |
| Alison Evison (AE)               | Chair of NHS Grampian Board   |
| Dr Tara Fairley (TF)             | Associate Medical Director – Clinical Quality Improvement and Assurance |
| Prof. Caroline Hiscox (CH)       | Chief Executive   |
| Dr Emma Houghton (EH)            | Associate Medical Director – Primary Care and Hosted Services           |
| Grace Johnston (GJ)              | IPC Manager   |
| Miles Paterson (MP)              | Public Representative   |
| Dennis Robertson (DR)            | Non-Executive Board Member / Vice Chair of NHS Grampian Board           |
| Dr Shonagh Walker (SW)           | Associate Medical Director – Professional Performance                   |
| Susan Webb (SW)                  | Director of Public Health and Population Health Portfolio Lead          |

**Invitees**

|                       |  |
|-----------------------|--|
| Caroline Clark (CC)   | Chief Nurse – Combined Child Health                            |
| Liz Cheung (LC)       | Lead Midwife   |
| Geraldine Fraser (GF) | Integrated Family Portfolio Lead                               |
| Lesley Gow (LG)       | Nurse Manager (observing)                                      |
| Stuart Humphreys (SH) | Director of Marketing and Corporate Communications (observing) |
| Janice Rollo (JR)     | Quality Improvement and Assurance Advisor                      |
| Asha Shetty (AS)      | Interim Clinical Lead – Woman's Services                       |
| Lynne Smith (LS)      | Unit Operational Manager                                       |

**In attendance**

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| Arlene Forbes / Laura Gunn | Quality Improvement and Assurance Administrators (Minutes) |
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**Item Welcome and Apologies:**

- Chair welcomed members and invitees to meeting. Introductions including new members to Committee, Tara Fairley, Associate Medical Director – Clinical Quality Improvement and Assurance and Dr Emma Houghton, Associate Medical Director – Primary Care and Hosted Services.  
  
Apologies received: Prof. Siladitya Bhattacharya, Susan Carr, Sarah Duncan and Prof. Nick Fluck.  
  
Chair noted thanks to Siddharth Rananaware, Public Representative who has stood down from Committee, for thoughtful contributions during time in role. In process of recruiting Public Representative through Public Involvement Network.
- Minute of meeting held on 8 November 2022:** Agreed as accurate.
- Matters Arising and Meeting Planning Log:** Committee noted current position of Log.  
**3.1 HPB Service Governance Review Closed Sessions Update**  
Paul Bachoo, Acute Medical Director / ISCP Lead, presented HPB Service Governance Review Update, Report circulated to Committee. The Report detailed: investigations, reviews and current actions considered by Clinical Governance Committee in closed sessions (27 October 2022 and 8 December 2022).

Chair advised the Update Report had been distributed to NHS Grampian Board members.

PB advised in response to questions posed: reflective work significant part of moving forward and included in planning; and update reports will be brought to Committee on 6-weekly cycle. Expectation engagement with families would be completed within 6 week timeframe. The Review of single site option for HPB surgery should reach completion mid/end March 2023.

**Recommendations:** The Committee is asked to consider Update Report. To receive a further update in 6 weeks including specific updates on: individual adverse case reviews, surgical governance and quality review processes; current service provision; update on Regional single service process and Committee is asked to consider if it has any further recommendations.

Committee agreed and accepted recommendations. Noting reflective (and learning) work to be undertaken in Team and feedback from families would be key part of governance report.

### 3.2 Risk Management Update

Caroline Hiscox, Chief Executive, provided Risk Management update. Follow-up Risk Workshop for Board members scheduled, 22 March 2023. The Risk Assurance Framework (including principles for escalating risk) would be further developed at Risk Workshop. This would clarify the role and function of different Groups, such as Clinical Risk Management and Board Committees.

JB advised, consensus for maintaining discretionary reporting for all Board Committees (except Audit and Risk). Currently, no agreement on Committee methodology of seeking assurance against presented Risks. Noted, Audit and Risk Committee moved to a Risk Owner process for Risks on Strategic Register. This process would be trialled for Committee under Item 9.

JB further advised, SLWG established to examine collaborative governance and assurance. "Risk Appetite" statement progressing for collective approach to Risk and Assurance.

Committee noted progress of work on Risk Management.

### 3.3 Nosocomial Review Terms of Reference Update

Tara Fairley, Associate Medical Director – Clinical Quality Improvement and Assurance, updated.

Committee commissioned Review of patients who potentially contracted COVID within our organisation and subsequently died. The Review group was Chaired prior by Steve Stott and last met in May 2022.

TF advised would Chair group moving forward and had reviewed work and met with key individuals. Proposed, Nosocomial Review Group focus on identifying "why patients contracted COVID when within our care", and what we as an organisation could have done better at that time. This would ensure learning from this experience should a similar situation arise again, to result in a different outcome. Scheduling Review group meeting in March to clearly define question aiming to answer and provide new Terms of Reference, including assurance that individual deaths have been reviewed at service level and appropriate learning taken from reviews.

Chair noted, new proposed Terms of Reference and update to Committee in May 2023.

## 4 Plan for the Future – Delivery Plan Objectives

Caroline Hiscox, Chief Executive, updated on Annual Delivery Plan 2022-2023 Committee Assurance Planner and Report, circulated to Committee.

CH advised, Committee to receive reports providing assurance on the 2022-2023 Delivery Plan priorities as indicated in Planner. Requests for reports would include the Committee Terms of Reference for context. Further guidance would be available for joint reporting of a priority to multiple committees. Assurance Planner would be updated with dates for the agreed Delivery Plan Assurance Reports. Chair noted, required actions for Committee.

MP commented on People priority 'improving prioritisation of statutory and mandatory training and develop approaches to ensure protected time for learning'. Noted, concerns of training not being

undertaken and queried how protected time is being made available for staff. JB acknowledged important point raised and improvements being implemented by Staff Governance Committee, recognising relevance for Committee and Quality of Care element.

MP commented on media coverage of Dr Gray's maternity patient transfers. CH discussed inaccuracies of some media reporting. Advised, women continue to receive care in Dr Gray's, Raigmore and Aberdeen Maternity Hospital, as required. Dr Gray's Maternity Service continues to be reported at Board level and MP could receive Board Papers if requested. Chair advised, number of Committee Seminars planned, to include Maternity Care / Services.

## 5 Integrated Specialist Care Portfolio – Cancer Performance

Paul Bachoo, Acute Medical Director / ISCP Lead, updated on Cancer Performance Report circulated to Committee.

Chair referenced, quality of life impact for people waiting and queried opportunities to work differently with Third Sector, to understand how it feels for people in this situation, to help mitigate and put support in place. PB responded, critical aspect to full (holistic) service delivery. Balanced Scorecard utilised at Portfolio Board Assurance meeting to measure quality outcomes. Over the next 12-18 months, expectation reporting processes become more sophisticated. Chair requested, that as this information becomes available, the Committee will receive information on the wrap around/wider care and support being provided to better understand how people are experiencing cancer care.

AA queried, are Clinicians engaging with patients to direct, support use of "fit and well website", including when waiting for surgery, to benefit from low level universal optimisation. PB responded, website becoming part of routine information sharing at time patients are added to waitlist(s). Data not available on compliance, currently. Commented, increase in "asks" of managing waiting lists, in different ways (active surveillance) to be addressed. AA noted, beneficial for Committee to understand clinician engagement for optimisation and use of Third Sector resource. CH commented, AA's observations are cross system in relation to clinical engagement and ability to resource and support appropriately, preventative measures. There is cultural work to be undertaken (supported by committees and Board) for wellbeing and preventative components, for patients to have best outcomes.

**Recommendations for Committee assurance:** Cancer pathway breaches are not associated with excess mortality at 12 and 36 months. The ISCP and Cancer Performance Team have a well-constructed and functioning system of Governance; and Data from the Governance system would be used to redefine and transform pathways.

The Committee agreed and accepted recommendations. Noted, work to be undertaken in supporting cultural change of how Pathways of Care are adopted by Clinicians and Health and Care community. Expectation, to receive data on engagement. PB commented, it would be beneficial to receive any evidence available on potential lack of engagement. (AA would respond to PB).

## 6 Duty of Candour Annual Report

Tara Fairley, Associate Medical Director – Clinical Quality Improvement and Assurance, updated on Duty of Candour Annual Report and accompanying Paper, circulated to Committee.

JB discussed reviewing of learning processes across organisation, welcomed DoC approach and offered support.

DR asked TF to expand on sustainability of changes. TF advised, relates to sustainability of changes implemented as directed by DoC and other incident management processes. How changes are embedded into clinical practice to ensure continuity of practice moving forward and continued benefit from learning. Aware longitudinal changes in care quality can take some time and effort, to embed. Incumbent on NHSG as organisation to mitigate against potential loss of learning over time.

AA queried, do NHSG provide people affected by DoC “independent advocacy”. TF responded, from clinical perspective, people affected encouraged to bring a representative / supportive person when attending meetings. Chair commented, links to advocacy services may be present within NHSG.

TF commented further in response to AA, in relation to externality, beneficial for NHS Scotland wide process, whereby reviews may be undertaken by other NHS Boards to provide level of external scrutiny. Currently, reviews undertaken by other services within NHSG.

SH advised in response to Chair, Annual Report is not currently actively publicised. Available on NHS public website. Chair suggested for consideration, potential for Report to be utilised as positive messaging for public, enhancing trust and confidence in NHSG.

**Recommendation:** The Committee is requested to note, approve and support.

The Committee agreed and accepted recommendation.

## 7 Handling and Learning from Feedback Annual Report

June Brown, Executive Nurse Director, updated on Handling and Learning from Feedback Annual Report 2021-2022 and accompanying Paper, circulated to Committee.

MP commented, large percentage of complaints relate to “communication, attitude and behaviour”. Appreciates ongoing operational pressures however, important to improve communication and minimise complaints. Clinicians concentrating on care for patients and improving communication with patients would reduce time required to investigate complaints. JB agreed and noted, high level of communication complaints a theme across Scotland. NHSG utilise various tools to ensure communication is robust. Work on culture (particularly within clinical areas) developing.

JB advised in response to AA, Early Resolution to occur within specific timeframe and various challenges in achieving this, including recording process. Acquiring learning from other Boards of their approaches.

In response to DR, JB advised of NHSG shared learning with other Boards in Scotland, including Derogations for Complaints and Feedback.

JB advised in response to DR, support and education provided to HMP Grampian population in relation to complaints and feedback. Chair queried of proactive engagement with HMP population, around Plan for the Future, as seldom heard voices. CH advised, aware of continued work with Local Authority on Pathway and how we contribute (as a Partner) in delivering healthcare. HMP Grampian population engagement continues, through different groups. CH would ascertain if population engaged with Plan for the Future strategy. SH advised, opportunity to liaise with Public Involvement Network and ascertain of representation of prison population for future engagement activity.

**Recommendation:** The Committee is requested to note the NHSG Handling and Learning from Feedback Annual Report and to support the actions identified for NHSG to be taken in relation to the Public Health Scotland Annual Report.

The Committee agreed and accepted recommendations.

## 8 Healthcare Associated Infection Reports

Dr Noha El Sakka (NeS), Lead IPC Doctor, updated on Healthcare Associated Infection Reports circulated to Committee to inform of key Healthcare Associated Infection issues and actions.

NeS clarified in response to Chair, Baird and Anchor IPC resources / plan in place. IPCT consolidating plan for wider Build Environment projects. Require additional IPC resources for Built Environment long term, not only short term / small projects. JB added, IPCT successful in Budget Steering Group submission for additional resource.

CH commented, with increased surveillance from IPCT and current state of NHSG built infrastructure, likely to have an increase in risks associated with inability to meet National Standards in relation to for e.g. water and ventilation, etc.

Chair commented on new risk relating to lack of diverse attendance at HAI Subgroups. JB responded, due to System pressures and colleagues asked to focus on other areas, etc. Reaffirming responsibilities with colleagues to improve attendance. Of note, extensive piece of work undertaken in Moray.

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

The Committee agreed and accepted recommendation.

## 9 Clinical Risk Management Report

June Brown, Executive Nurse Director, updated on Clinical Risk Management Report for period 15 October 2022 to 6 January 2023, circulated to Committee.

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

- Escalations to Chief Executive Team,
- Board Level Derogations,
- Corridor Care,
- Safe Staffing,
- Priorities of Care,
- Adverse Events and Complaints,
- Other Outcomes (incl. Elective Care Consultant Led Outpatients and TTG, Cancer Waiting Times and SAS Turnaround Times) and,
- Risk Management – Quality & Safety Risks.

Chair queried, system in place to capture harm caused by Corridor Care. JB advised, reviewed 3 Wards with significant increases of Corridor Care in reporting quarter and noted, no clear evidence of harm caused to patients. Highlighted, require to balance risk across organisation “risk at front door versus risk of Corridor Care”.

Chair queried of a potential timeline, utilising modelling data and demand, when derogations may no longer be in place. JB advised, no line of sight currently and further work required in System. CH added, balance of risk. Working on next steps and noted the available options as “reduce demand” or “increase capacity”. Highlighted, NHSG one of the lowest in Scotland for conversion and conveyancing from population to hospital, delayed discharges in system and secondary bed base per head of population. No additional financial infrastructure or workforce. Unscheduled Care and Planned Care performances not at standard and would form part of 2023-24 Annual Delivery Plan. Discussions ongoing with Scottish Government and Chief Executive Team presently in relation to finance and resources. Reiterated challenging situation and teams managing as best as they can.

DR queried, do increased instances of Corridor Care increase risk of potential infection. NeS responded, IPCT aware of risk. Mitigation measures in place to reduce risk and advised difficult to eliminate, especially in complex hospital care setting. IPCT continue to provide professional input as part of the overall Risk Assessment and Standard Operating Procedure.

DR asked of additional support in place for staff. SW advised, wide range of support available for staff for e.g. distress support, debrief support, etc. Feedback received, require to raise awareness of additional support available. Welfare Cell has taken a range of actions to ensure that staff are supported. Primary goal for all staff to be able to take breaks. However if unable to take breaks, mechanism in place to support staff to “refuel” during shift. Work ongoing in relation to We Care programme. Supporting team leads and managers to take action. DR commented, appreciate work being undertaken. Staff continue to work beyond and staff cared for, allows for good patient outcomes.

Chair commented on Committee remit of Quality and Safety of Care, best delivered by staff who feel supported and have resilience to carry on. Information provided by CH relating to 2023-24 Delivery Plan and a more stable approach to delivery of care, would be welcomed by staff.

Chair noted, Primary Care (General Practice) Risks remains a “blind spot”. EH responded, ongoing issue receiving data from independent Practices, NHSG unable to mandate information to the Board. Work ongoing to acquire data relating to workload, capacity, significant events, etc. Work commenced pre-COVID, however stalled and would redevelop. Reiterated, importance of sharing information for learning, etc. and understand pressures better.

**Recommendations:** 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.

### 9.1 Integrated Family Portfolio – RACH Theatres

Caroline Clark, Chief Nurse – Combined Child Health, updated on Paper circulated to Committee.

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

- Risks noted within Item 9 CRM Report – ID 3256, 3210, 3209, 3174, 2278 and,
- ID 2998 and 2564 – which Committee requested specific update.
- Registered Nursing vacancies filled / appointed.
- Emergency activity. Risk ID 2564.
- Paediatric anaesthetic workforce. Risk ID 2998.

CH commented on “last reviewed” date within Paper and noted some risks not reviewed for over 6 months. Queried IFP governance processes to routinely review and update risks. CC responded, aware improvements required. Risks routinely reviewed at weekly huddle and Woman and Children’s Clinical Governance Group. However, potentially reviewing those at “top of list / priorities”. GF added, Weekly Business Meeting recently introduced to review themes, for e.g. risk, workforce and finance, etc. Would provide forum for Portfolio to review and ensure updates to risks, complement existing clinical governance framework in place.

CC advised in response to DR, recruitment and retention affected by for e.g. NHSG difficulties accommodating General Paediatrician that wants to move to a specialty, and opportunities can be more attractive at other hospitals in Scotland (exampled rotas). DR added, potentially require to upskill and support retaining staff by providing opportunities to progress. GF confirmed, recruitment and retention is a priority. Noted potential opportunities that may make medical posts more attractive, NHSG supporting NHS Highland and Tayside with Paediatric Orthopaedics, for e.g. TF commented, likely to be read across in relation to staffing with relatively low volume, high acuity services across organisation. Important to understand this directly from services, which may provide opportunities for a more lateral solution.

Chair summarised, Committee welcomes transparency of reporting and clarity on risks held by IFP. Welcomed, moving forward, format of Portfolio reporting via CRM Report. Risks being further monitored by newly introduced weekly meeting and of ongoing recruitment work, which provides assurance for Committee.

**Recommendation:** The Committee is requested to note the progress with reducing the risk of harm to children as a result of lack of access to elective surgery. A further update would be within remit of Clinical Risk Management Report.

Committee agreed and accepted recommendation.

## 10 Clinical Quality and Safety Subgroup Report

Janice Rollo, Quality Improvement and Assurance Advisor, updated on Report circulated highlighting key areas of work in: Performance, Assurance, Improvement and Risk.

APPROVED

JR confirmed, following ratification by Group of revised ToR in March, the ToR would be shared with IJB Clinical Care Governance Groups for information.

Chair commented on Mental Welfare Commission Report (within Paper) and agreed, key area of work to progress collaborative governance.

**Recommendations:** The Committee is requested to support revision of the name, role and remit of Clinical Quality and Safety Subgroup to Cross-System Quality, Safety and Assurance Group and the development of governance links with Scan for Safety programme.

Committee agreed and accepted recommendations.

**11 Committee Meetings and Development Sessions for 2023**

Chair highlighted, Committee scheduled to meet formally quarterly. In addition, a number of seminars would be arranged. Topics agreed: Maternity Services (lessons learned from Ockenden Report, to be effective in scrutiny around local maternity services and learn from other areas); Collaborative Governance; and Professional Assurance (recently added to Committee ToR).

Chair noted, Item 9 was new format of reporting by Portfolios. Welcome any reflections, feedback to Chair or JB.

**12 Next Meeting**

The next meeting would be held on **23 May 2023, 1330 – 1630 Hours**, via MS Teams.