

Minute of Virtual Meeting of **NHS Grampian Clinical Governance Committee**
to Grampian NHS Board on Tuesday 23 May, at 1330 Hours

Present

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
Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member
Dr June Brown (JB)	Executive Nurse Director
Kim Cruttenden (KC)	Non-Executive Board Member
Dr Noha El Sakka (NeS)	Lead IPC Doctor (attended for Item 7)
Alison Evison (AE)	Chair of NHS Grampian Board
Dr Tara Fairley (TF)	Associate Medical Director – Clinical Quality Improvement and Assurance
Prof. Nick Fluck (NF)	Medical Director
Dr Emma Houghton (EH)	Associate Medical Director – Primary Care and Hosted Services
Grace Johnston (GJ)	IPC Manager
Malcolm Metcalfe (MM)	Deputy Medical Director
Dave Russell (DR)	Public Representative
Dr Shonagh Walker (SW)	Associate Medical Director – Professional Performance

Invitees

Geraldine Fraser (GF)	Integrated Families Portfolio Executive Lead (attended for Item 9.1)
Jonathan Iloya (JI)	Director of Dentistry
Christine Leith (CL)	Unit Operational Manager (attended for Item 9.1)
Steven Lindsay (SL)	Employee Director (Observing)
Jennifer Matthews (JM)	Corporate Risk Advisor
Gillian Poskitt (GP)	Associate Director – Quality Improvement and Assurance (Observing)
Clare-Louise Walker (CLW)	Consultant in Public Health (Deputy for Director of Public Health)
Janice Rollo (JR)	Quality Improvement and Assurance Advisor

In attendance

Arlene Forbes / Laura Gunn	Quality Improvement and Assurance Administrators (Minutes)
Sarah Duncan (SD)	Board Secretary

Item Welcome and Apologies:

- 1 Chair welcomed members and invitees to meeting.
Noted apologies received: Prof. Caroline Hiscox, Miles Paterson, Dennis Robertson and Susan Webb.

Declaration of Interest: Amy Anderson advised as member of North Cancer Alliance Team involved in the administration of Regional Centre for Hepato-Pancreato-Biliary (HPB), would not participate in discussions of Item 10, Appendix A, or Appendix C however, would participate in discussions of Appendix B related to patient experience.

- 2 **Minute of meeting held on 21 February 2022:** Agreed as accurate.

- 3 **Matters Arising and Meeting Planning Log:** Committee noted current position of Log.

3.1 Nosocomial Review Update

Tara Fairley, Associate Medical Director – Clinical Quality Improvement and Assurance, updated on paper circulated to committee.

SB queried, with data available what type of thematic review could be undertaken and the value of such a review. TF responded, with support of Infection Prevention and Control (IPC) colleagues, would map key words in Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) report to 15 pages of incidents that NHSG reported to ARHAI. Added value of assurance that our

cases and learning are consistent with national picture and no specifics that NHSG should be focusing on in addition to national outcomes.

DR commented on high footfall areas and low volume air change areas (e.g. lifts), queried if highlighted as “high risk”. TF advised, low air flow issues relate to “old estates” and acknowledged in relation to high footfall, the more patients or staff were moved around, increased instances of COVID outbreaks and challenges with containment. Consistent with national picture. Key lessons; to reduce patient and staff movement, along with engagement of senior management colleagues in reinforcement of IPC control measures. JB assured, if understood patient(s) had COVID would not be transferred across site, would be isolated as control measure. Advised, control measure remains current practice.

AA queried of future work and would this include learning from patient and carers’ experience of care. TF advised, would learn “what happened to individual patients”. Reviews of individual (or cohorted) patient care not complete. Important robust reviews undertaken.

AA commented in relation to reducing patient and staff movements and noted conflicts with modern shift in balance of care (i.e. to and within community).

NF advised of strands of work ongoing that will provide additional information to reflect on. Includes national COVID Enquiries and national Police investigation where individual cases are highlighted for review and NHSG engaged. Further, a national picture for medical and legal claims associated with COVID and learning may be achieved from these individual cases. Further, recognised various works being undertaken would be based on “judgement” of how individual acquired COVID and what factors determined outcome. Previously hoped that molecular analysis would support, however not achievable.

Chair queried of analysis nationally based on Scottish Index of Multiple Deprivation (SIMD) postcode and lessons for future on targeting resources. TF would ascertain if analysis undertaken.

Recommendations: The Committee is asked to note this update paper and, consider if this paper, plus one to follow to Clinical Risk Management (CRM) Group (detailed within paper), adequately answers the original concern or if there are additional questions to be factored into planned work.

Committee agreed and accepted recommendations. Updates and developments to be received via CRM reports to Committee. Chair acknowledged number of workstreams NHSG engaged in.

4 Dentistry Update (PHS Annual Report)

Jonathan Iloya, Director of Dentistry and Consultant in Dental Public Health, updated on paper circulated to committee.

SB referenced paper and of participation needs as a measure of the unmet need, currently prevalent and queried specific breakdown to availability of dentists and facilities to allow increased number of appointments. JI advised, participation data comes from Public Health Scotland (PHS), reported annually and challenging to breakdown by Practice. Will revert to PHS colleagues to ascertain availability.

SB further commented on measures taken including ways of improving recruitment and what evidence is that based on for e.g. exit interviews knowledge on barriers and facilitators to attract a skilled workforce. JI advised, as independent contractors exit interviews not undertaken. Understands challenges with rural areas relate to individual connections to urban areas. Undergraduate students that study dentistry likely to remain where they studied. However locally, students that qualify in Aberdeen Dentistry School does not translate, as postgraduate students may have developed connections in other areas and more likely to move on when finished degree. SB commented, unsuccessful interventions requires need to regroup and approach issues holistically and we require strategic plan for the future to create a sustainable model of care. JI responded, we are still in discussions with Scottish Government to improve recruitment and retention. Further, discussed use of skill mix whereby dental therapists, hygienists support the dentist in providing services. Scottish Government in discussions with British Dental Association. SB added, beneficial to align with analogies of medical workforce, for example, links with local

community anchor health professionals in particular areas and opportunities to consider apprenticeships. Any increase in student numbers to be coupled with training pathway for retention in local community. JI agreed, and discussions being undertaken. Further, Vocational Dental Programme that allows new graduates to join local practice and remain for one year period which can help to retain local graduates in area and requested NHS Education for Scotland (NES) for increased vocational places. All initiatives require funding and resource.

KC queried of available data on uptake in deprived areas of Childsmile programme and commented, schools can opt in and out of programme. JI advised, tooth brushing element of Childsmile programme is universal across all primary schools. Some schools decline to participate, potentially due to capacity and we endeavour to work with these schools for participation. In 2023, analysed local oral health data and published report that will be sent to schools and Local Authorities. Working with Quality Improvement offices in Local Authority to highlight issue and encourage schools to participate in tooth brushing programme. In some deprived areas may be only opportunity for children to brush teeth. Crucial that all schools participating in programme and reduce prevalence level of oral disease.

KC asked of assurance that children with a “flagged” issue have access to NHS dentist for care. JI advised, pathway to allow these children to be seen in Public Dental Service. AE queried, is support provided to people who are unable to access due to lack of funds, inability to travel, etc. as increases inequalities. JI advised, Public Dental Services in place across Grampian, i.e. services within reach. TF referenced, Young Patients Fund where parents can apply for funding and beneficial to ascertain if option for dental services.

Chair interested to understand any plans to integrate dentistry in general prevention agenda and integrate collaborative approaches established in communities. JI advised, recently Scottish Government provided limited funding for Dental Healthcare Support Workers in the community to work with families and provide direction, facilitate to, required healthcare services. Of note, commenced and working. Further, as part of Childsmile programme and priority group programmes, visit community settings and hold sessions with children and parents. Hold conversations with public and provide toothbrushes, toothpaste, etc. Also supplied to foodbanks and other community settings for accessibility. Number of community activities in relation to children’s oral health and noted beneficial to further explore opportunities of integration with community.

Chair referenced children waiting for general anaesthesia treatment and queried potential for alternative options to general anaesthesia if appropriate. JI advised, all options explored before placing a child on a general anaesthesia waiting list.

Recommendations: The Committee is asked to note the current position regarding access to general dental services in Grampian, the associated risks and the mitigating actions to facilitate improvements in access to general dental services.

Committee agreed and accepted recommendations. Further, beneficial to highlight community and prevention work undertaken in reports. Committee would receive a report in 6 months to share any advancements and improvements and should include update from Scottish Government on review of payment system for dentists. Further, any analysis of PHS data on capacity queries raised would be welcomed in future report.

5 Cross-System Quality, Safety and Assurance Group

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

AA in relation to Scan for Safety referenced narrative of risk and queried patient acceptability of barcoding implants, etc. Queried, Cross-System group remit for patient risks. JR advised, process developed for patient safety and ability to trace full journey of implant or device, to a patient. NF advised, Information Governance colleagues involved in Scan for Safety work. Noted, potential for databases to exist containing information on patients and the implants and medical devices, safety aspect of this critical. As medical devices become more complex and are able to communicate as

well as being inert, will introduce further safety aspects. Lengthy process to implement to address concerns in open and transparent way.

Recommendations: The Committee is requested to support the further work the Group are undertaking to review the Terms of Reference, and the risks and assurances provided.

Committee agreed and accepted recommendations.

6 Local Access Policy and Out of Area Placements

Paul Bachoo, Acute Medical Director, updated on paper circulated to committee.

AA commented on confusion experienced by patients receiving letters (of content), queried learning from experience and would Public Involvement Team support. PB highlighted, lessons learned. Of note, letter reviewed for readability and understanding prior to distribution. Beneficial to anticipate “surge” in response / feedback and be able to respond efficiently.

Chair commented, numbers of patients going out of area currently low. Queried approach taken to ensure most vulnerable are not “left behind”. PB advised, out of area process relates to patients and citizens who have had an outpatient appointment initiated by GP referral that prompted a Pathway and placement on waitlist. “Checks and balances” at each step of process that individual is suitably placed in network of hospitals. Should there be an obvious clinical risk would be considered carefully for being managed out with ARI, where there are critical care services. Additional needs (non-clinical) another tier to be vetted and for appropriate alignment of resource. Increasing work in pre-rehabilitation phase of surgery provides understanding on discharge needs. Processes in place to align patients (and their risk) to most appropriate setting, in an increasing network of centres, for patients over next 3-5 years. This time period required to solve demand and capacity mismatch.

Recommendations: The Committee is requested to:

- Be assured no detectable increase in either Did Not Attend (DNA) or Can Not Attend (CNA) rate has been observed to date as a consequence of Access Policy change.
- Be assured the variation in DNA/CNA rates by SIMD seen previously has not been adversely influenced as a consequence of Access Policy change.
- Be aware that the Integrated Specialist Care Portfolio team continue to improve on DNA/CNA rates through routine operational management of Access Performance.

Committee agreed and accepted recommendations. Chair requested an update to Committee in 12 months.

7 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.

DR referenced, item C Surgical Site Infection reduced from Medium to Low Risk and would expect a reduction in risk to be associated with perceived reduction in severity of consequences or reduction in likelihood of event occurring. Narrative does not describe reasons for risk reduction. NeS advised, formal surveillance of this parameter has not restarted however, working in collaboration with Maternity Unit and Surveillance Team on level of surveillance that provides assurance for Low Risk. Formal mandatory surveillance for this parameter will recommence in due course.

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

The Committee agreed and accepted recommendation.

8 Risk Management Focus Update

Prof. Nick Fluck, Medical Director, updated on paper circulated to Committee.

Chair queried current approach to Strategic Risk Register. NF advised on next round of revising Strategic Risk Register. The Clinical Governance Committee and Audit and Risk Committee should identify “natural home” for strategic risks. In terms of Delivery Plan risks, have a set of risks between our strategic risks and operational risks, where these sit (tactical risk register related to delivery). Currently, performance of Delivery Plan monitored by Performance, Assurance, Finance and Infrastructure Committee (PAFIC). Moving forward expectation to develop specific risk register for annual Delivery Plan in terms of risks as barriers to delivering commitments. PAFIC for oversight with Committees reviewing their aligned risks. A session/seminar (including Board Members) to be scheduled to develop work on Strategic Risk Register and acquire learning on approach to take in terms of Delivery Plan risks and monitoring.

Recommendations: The Committee is asked to note:

- Updated Board Committee Risk Process.
- Consider how this will be reflected in future Committee risk reports.
- Consider alignment of specific Strategic Risks to the Committee.

Committee agreed and accepted recommendations.

9 Clinical Risk Management Report

Dr June Brown, Executive Nurse Director, updated on Clinical Risk Management Report for period 7 January to 31 March 2023, circulated to Committee.

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

- New risks identified on the risk register and any escalated to Very High
- Complaints and Feedback
- Patient Safety / Adverse Events
- Health & Safety Violence and Aggression
- Organisational Development / Culture
- Values Based Reflective Practice
- Duty of Candour
- Level 1 Reviews
- Infection Prevention and Control and Board Level Derogations
- External Events and Influences

JB discussed mitigations in relation to Corridor Care Derogation and highlighted ARI Bed Base Review. Chair queried potential outcome of review. PB explained, not possible to confirm what review will conclude. Aware bed base in ARI is inadequate. Review is part of a series of projects that will be undertaken over coming years to assess inpatient, outpatient and overnight stay capacity for planned and unplanned care across the system. Ambition of first phase to review ARI bed base footprint in preparation for winter 23/24, with view towards an 87% occupancy, protecting staff and providing appropriate care in appropriate place for patients. Advised, work commenced to understand data required, how to analyse data, how to create viable scenario models to test number of beds required and how these will be placed into the system in preparation for winter, which allows planned and unplanned care to occur without impacting each other. Will also take into account derogations that occur on daily basis.

EH queried if Bed Base Review includes Community Hospital beds. PB advised, first phase of work focuses solely on ARI site. Community Hospitals and other sites will be reviewed in future.

Chair asked in relation to ambulance turnaround times, of process to ensure no one is coming to harm as a result of waits and delays, etc. JB confirmed, number of actions / mitigations in place in relation to this. Exemplified, Datix / Adverse Event process, whereby any incidents would be recorded, reviewed at weekly CRM and if required, joint review undertaken with NHSG and

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Scottish Ambulance Service. Process in place to review “front door” situation and further, Standard Operating Procedure that would increase Corridor Care beds to ensure ambulances are not stacking, etc.

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

Christine Leith, Unit Operational Manager, updated on current position of RACH Theatres workforce challenges (detailed in CRM Paper, Item 9).

GF advised, in response to SB, waiting times are improving. Partly due to In-Reach Team providing elective sessions Monday to Friday. Added, Strategic Theatre Short Life Working Group in place providing in-depth analysis of demand and capacity. Projections available and aware how many sessions required to deliver in order to reduce backlog. Advised, if continue with existing capacity (incl. In-Reach Team) approx. 2 years to remove all waiting times. Work underway in terms of workforce stabilisation, immediate priority. Plans also in place for service expansion through successful business case. May involve redesign and improvement activities, to provide efficiencies. SLWG meets fortnightly and noted good engagement from teams.

CL advised, in response to AA, significant communication plan to be put in place internally and externally to describe to patients, parents, etc. if service was to change over the weekends. Would require to understand which patient groups affected and communicate with these groups. Work ongoing with expectation to prevent change from being required.

AE discussed long term plan of teams working with both adults and children. Very positive way forward. In short term, queried of any disadvantages of teams who do not normally work with children being asked to do so. CL assured, done in a safe way and work undertaken within competence level. Process in place whereby under 1 year old and neonatal cases only dealt with by Paediatric Team. Positively shared example of adult anaesthetist who is going to undertake specialist training to become paediatric anaesthetist. Important to do this safely and encourage people to develop their skills and share knowledge across the team.

AE further queried communication within teams and how this is managed, to ensure is fully effective. CL advised, weekly meeting with all appropriate teams in attendance.

AE discussed staff wellbeing and queried its prioritisation. CL advised, psychologist met with team and Wellbeing Team also in contact. Team are asking for support, and utilising all resources provided by NHSG.

Chair noted, situation long term appears more positive with work ongoing to overcome challenges.

Chair requested Committee continues to be sighted on any updates and how situation progresses. Further, to receive the short, medium and long term plans as developed.

10 HPB Service Governance Review Update

Prof. Nick Fluck, Medical Director, updated on paper circulated to Committee.

Chair queried if there is an update available in relation to the North of Scotland Cancer Service. NF advised, External Review Group set up externally to NHSG. Not in a position to share the findings and steps agreed to take the Service forward but will advise in due course. Of note, important piece of work that covers HPB and Upper Gastrointestinal (UGI) work in terms of complex surgical services.

SB thanked NF for update and noted provides assurance. NF commented, pivotal steps undertaken in relation to this work and excellent work undertaken by the team involved.

KC referenced 45 cases mentioned within paper. Not all cases were reviewed and asked if these will be further evaluated. NF confirmed, cases where there were adverse outcomes will be further

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evaluated, external expert reports will go forward to Level 1 Reviews and have detailed level of analysis. Aim to understand why some cases have not been discussed. Inform work for future, a more comprehensive profile of all cases for discussion. Identification currently is by clinicians and teams involved. Require to understand if there are alternative methods to identify cases to encourage engagement. Learning important. Understand what systems in place are working, what human factors are working and how to make it easier for cases to arrive in the right place for the right discussion.

AA commented in relation to Appendix B, thanked team involved for work undertaken and queried of next steps. NF advised, families to be involved in formal individual reviews that take in expert external information and staff information (Level 1 Review / Duty of Candour). Noted, themes centred on communication and learning from these in relation to complex conditions and complex decision making. How individuals and their families could be better involved, informed and supported.

Chair acknowledged progress made and thanked for the transparency. Noted, important that Committee continue to receive updates on the learning as this develops.

Recommendations: The Committee is asked to:

- Consider this update report.
- To receive a further update in 12 weeks including specific updates on; individual adverse case reviews, current service provision, and the Regional complex small volume single service recommendations.
- Asked to consider if it has any further recommendations.

Committee agreed and accepted recommendations. Additionally, NF agreed future update will include themes of human factors, communication (within teams and with families) and sharing the learning. These will become key separate pieces of work around operational governance and quality assurance systems.

11 **Next Meeting**

The next meeting would be held on **29 August 2023, 1330 – 1630 Hours**, via MS Teams.