

Minute of Virtual Meeting of **NHS Grampian Clinical Governance Committee**  
to **Grampian NHS Board** on Tuesday 29 August, at 1330 Hours

Board Meeting  
Open Session  
07.12.2023  
Item 15.4

**Present**

Luan Grugeon (LG) (Chair)	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
Dr Noha El Sakka (NES)	Lead IPC Doctor
Dr Tara Fairley (TF)	Associate Medical Director – Clinical Quality Improvement and Assurance
Prof. Nick Fluck (NF)	Medical Director
Malcolm Metcalfe (MM)	Deputy Medical Director
Miles Paterson (MP)	Public Representative
Hussein Patwa (HP)	Non-Executive Board Member
Gillian Poskitt (GP)	Associate Director – Quality Improvement and Assurance
Dennis Robertson (DRo)	Non-Executive Board Member
Dave Russell (DR)	Public Representative
Dr Shonagh Walker (SW)	Associate Medical Director – Professional Performance

**Invitees**

Katie Colville (KC)	Associate Director of Midwifery (Item 7)
Preston Gan (PG)	System Transformation Programme Manager (Item 9)
Simon Bokor-Ingram (SBI)	Moray Health and Social Care Partnership Chief Officer (Item 6.1)
Rachael Little (RL)	Quality Improvement and Assurance Advisor (Committee Support)
Jennifer Matthews (JM)	Corporate Risk Advisor (Item 5)
Kenny O'Brien (KOB)	Adult Public Protection Lead (Item 4)
Shantini Paranjothy (SP)	Deputy Director for Public Health (deputising for Susan Webb)
Alasdair Pattinson (AP)	Dr Gray's Hospital General Manager (Item 6.1)
Alex Stephen (AS)	Director of Finance (Item 9)

**In attendance**

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

- 1 Chair welcomed members and invitees to meeting. New members welcomed to Committee, Mark Burrell and Hussein Patwa. Chair noted thanks to Amy Anderson and Kim Cruttenden, previously members of Committee in role of Non-Executive Board Members.  
  
Noted apologies received: Mark Burrell, Susan Carr, Alison Evison, Caroline Hiscox, Emma Houghton, Grace Johnston and Susan Webb.
- 2 **Minute of meeting held on 23 May 2022:** Agreed as accurate with Miles Paterson noted as apology. In response to MP, JB clarified "In-Reach Team" pertains to external agency providing services. For context, team of anaesthetists and nurses contracted to support with delivery of theatre services at RACH.
- 3 **Matters Arising and Meeting Planning Log:** Committee noted current position of Log.
- 4 **Public Protection Annual Report**  
  
Kenny O'Brien, Adult Public Protection Lead, provided overview of Annual Report circulated to Committee.  
  
HP queried item 2.6 and enquired who audits the self-assessment. KOB advised that Grampian is an early adopter of the framework and this is still developing. Internal (NHSG) framework tool-kit taken to NHSG Public Protection (PP) Committee for review quarterly. Governance and oversight is on a multi-agency basis of delivery of PP duties through both Adult and Child Protection Committees. When toolkit (evaluation of NHSG Public Protection responsibilities) approved by NHSG PP Committee the document will be taken to all Adult and Child Protection Committees within Grampian area for multi-agency oversight.

HP discussed item 2.10 of report and recognised significant amount of work involved in ensuring staff aware of obligations and queried of metrics available to understand impact and reach of work. KOB responded, regularly track volume of referrals and concerns recorded particularly for Adult and Child Protection. Robust controls in place due to legal responsibilities. Further, when preparing for multi-agency inspections in other areas, independent staff surveys are undertaken. Results received from independent scrutiny on staff members indicate a good understanding of their responsibilities and knowing what to do when they have a concern. HP assured by independent work carried out with staff to ensure meeting obligations. JB commented, we also analyse and monitor required training completed and encourage further education for appropriate roles.

KOB responded to DR regarding human trafficking in domain of PP. Is recognised that human trafficking tends to have disproportionate impact on most vulnerable in terms of abuse and harm subjected to. Aware from international studies that health outcomes for individuals trafficked are impaired.

KOB responded to DR in relation to omission of drugs and alcohol use in report. At present drugs and alcohol use is not viewed as Public Protection element however, clearly Drug and alcohol use may be a factor in risk and hence people are managed and supported holistically working with colleagues in Health and Social Care Partnerships to reduce harms.

In response to DR, KOB advised aside from Sex Offender Management there is not a specific strand of work within PP for other offenders. However, do lead on PP arrangements for a class of patients where mental health is one of the key factors and risks related to their offending. Further, all NHS staff that participate and work within the prison required to complete PP training and aware of pathways for reporting.

KOB responded to DR in relation to radicalisation section of report. NHS have legal duty under CONTEST (UK counter terrorism strategy) with Prevent element. Prevent focuses on safeguarding individuals that may be vulnerable to being radicalised. Legal duty to be aware and take necessary actions and is included in NHS Corporate Induction programme. There is a plan to redevelop first level online course for PP. Will be a mandatory course for all patient facing employees.

DR queried the stage of introducing PP awareness and how to ensure staff undertake PP training including refresher training, to remain up-to-date. KOB advised, NHS employees undertake Corporate Induction of which PP included. Includes (statutory) responsibilities in reporting of Adult and Child Protection and Prevent. Further, mandatory framework online learning for Adult and Child Protection to be undertaken within first 12 months of employment. Roles in key priority areas for Child Protection require to undertake specialised training. All patient facing staff members required to complete mandatory Adult Protection trainer led Level 2 course with refresher every 3 years. Student placements required to undertake online module for basic understanding of Adult and Child Protection before arriving onsite. In addition, PP colleagues provide direct input for students. Support arrangements for transition of international nurses' intake. Overall comprehensive approach taken. JB added, bank staff required to complete all mandatory and statutory training.

**Recommendation:** The Committee is asked to note and approve the contents of report.

Committee agreed and accepted recommendation.

## 5 Board Committee Risk Process Update

Prof. Nick Fluck, Medical Director introduced Jennifer Matthews, Corporate Risk Advisor, to provide an overview of paper circulated to Committee.

DR highlighted the omission of chronic disease management, whereas a future pandemic is identified as a strategic risk. JM explained, strategic risks identified as system wide concept, overarching in nature and led by Chief Executive Team. Focus on Plan for the Future in terms of what could be potential barrier(s) / uncertainties.

DR commented, paper demonstrates imbalance between pathway capacity and demand as an ongoing issue. NF agreed, and aware the pandemic had destabilised our healthcare and systems for next 3-10 years which demonstrates prominence as strategic risk. Chair advised of work underway with Population Health Committee and Public Health colleagues attempting to ascertain

population risks to incorporate as a strategic risk and involves complex elements such as poverty and how that impacts on health outcomes and how people are able to self-manage chronic conditions dependent on circumstances. Acknowledged Risk Process(es) and Strategic Risk Register as work in progress and developing.

**Recommendations:** The Committee is asked to review and scrutinise information provided in this paper and to:

- Note the updates regarding the Board Committee Risk Process, and that these updates provide evidence of improvements concerning organisational risk management processes.
- Note the alignment of Strategic Risks to the Clinical Governance Committee.
- Consider how this will be reflected in future Clinical Governance Committee reporting.

Committee agreed and accepted recommendations.

## 6 Clinical Risk Management Report

Dr June Brown, Executive Nurse Director, updated on Clinical Risk Management Report for period 1 April – 30 June 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

DRo enquired of impact on staff relating to corridor care, how they are coping and support available to ensure not having significant negative impact managing patient care. JB advised, robust process in relation to patients placed in corridor care. Important staff understand reasons for corridor care. Requirement to use corridor care to reduce risk in another part of the system. The Corridor Care Group work with staff to understand their concerns. Continued monitoring and when required review Standard Operation Procedure (SOP) and Patient Placement Tool. Listen to staff and understand how they use the process to make improvements as required. Acknowledged feeling of moral injury and important to understand reasons for use of process, to reduce risk of people not being seen at “front door”.

Chair queried how Staff Governance Committee are reviewing staff wellbeing at this time of enduring pressure to reduce moral injury and impact on teams. JB responded, “We Care” resources remain in place and opportunity for 1 to 1 time. For clinical staff introduced and rolled out “time for reflection”. Various tools available to support and improve staff wellbeing.

MP pleased to note from report reduction in number of complaints. In response JB advised, also a reduction in number of compliments and work is underway to understand how people are using feedback systems.

SB referenced report and Women’s Risk Register notes 64% of guidelines currently out-of-date. Queried clinical impact and potential of litigation. NF acknowledged difficult to see impact of not following guidelines or guideline changes. Do not see, or see frequently, link to Adverse Events (AEs). KC advised large number of guidelines in Maternity Services and programme of work in place to review with short timescale for completion. No AEs linked to concerns of not following guidelines. Chair noted assurance of active time lined work for Risk on Women’s Risk Register.

DR commented, appears to be capacity through surge beds and noted delayed discharges specifically for patients awaiting rehabilitation. Queried potential use of surge beds to take people from a clinical environment in to an environment resourced by for e.g. Allied Health Professionals or Occupational Therapists, etc. JB advised, surge bed not necessarily in right location required for

an individual patient. Surge bed usage varies and Corridor Care Group monitor and review all use of surge beds and Corridor care. Also acknowledged, NHS Grampian delayed discharges data better than other areas of Scotland.

DR commented, appears from report that particular derogations are effective in managing demand and queried whether some elements should be discussed with regulators to change standards. JB advised, do not want derogations such as corridor care to continue and should not be seen as normal practice.

HP commented on public messaging of corridor care and referenced work underway to better inform patients and carers and queried plans for messaging. JB discussed multi-faceted approach. Including posters in clinical areas, information also provided as part of Welcome Ward, social Media further utilised for messaging. Most important element is discussion between patient (and family) in corridor care and Senior Charge Nurse.

HP queried if compliments received were recorded. JB confirmed, the information / data on compliments is recorded and would be included in next report.

Chair referenced report and noted 54 new risks with 44 not having an action plan in place and queried expected timeline of a new risk having an action plan in place. JM advised, when new risks added and under discussion, robust action plans have to be put in place. It may not be reflected in DATIX record that an action plan is being developed and requires formalisation of process for assurance and reporting. NF commented, each new risk raised at Clinical Risk Meeting and when required further information on risk progressed with the service that owns the risk. Chair noted action plans are required for assurance of work taking place to mitigate these risks.

Chair referenced report and risk on Paediatric Audiology and queried of update to Committee. NF advised, national report published recently and response required. PB undertaking positive work with the team and in collaboration with Chief Scientific Officer for Scotland. Matter would be brought to Committee following governance processes at Service and Portfolio level.

DRo referred to improvements in formalising process of action plans being developed and recorded, queried acceptable timeline of progressing issue. Require assurance of action plans implemented and with timelines. JM explained, currently not formality around timing for implementing action plans on system and JM would progress. For assurance, as part of regular reporting, we monitor omissions and progress, of action plans.

**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, with noted comments regarding the need to have timely action plans in place for all risks.

## 6.1 Moray Portfolio

Simon Bokor-Ingram, Moray Health and Social Care Partnership Chief Officer, and Alasdair Pattinson, Dr Gray's (DGH) Hospital General Manager, provided overview of paper circulated to Committee.

SBI advised risks managed at Sector and Portfolio level in Moray by Senior Management Team (SMT). New and emerging risks brought to SMT. Acknowledged, to improve on articulating mitigations by following SMART principles. Lots of work ongoing not fully reflected in narrative of risks as they are currently presented.

Strategic Risks presented to Integrated Joint Board (IJB) on a regular basis and to Committees. Of note, recruitment issues a key driver of many of the risks detailed in report.

DRo is Chair of Moray IJB and consequently involved in much of the work in Moray. Commented on risks in relation to recruitment and impact on DGH. Further, in terms of funding (lack of) risk to progressing works required. SBI advised, recruitment to medics, consultants and middle grade doctors is posing high risk, in particular, to DGH. Key feature of Maternity Services Review is need for a number of consultant anaesthetists and recruitment is proving extremely challenging. To network and run a network model between Grampian and Highland requires model to offer something different to clinicians working in the North and network model may provide a solution as current recruitment to DGH, a small district general hospital, challenging.

AP advised of particular difficulties recruiting to General and Acute Medicine, in addition to anaesthetists and forecasting further challenges especially with anaesthetists due to workforce profile relating to retirement. Feedback received from ARI colleagues supporting DGH rota gaps. Requires similar approach to maternity services in terms of recruitment and create a networked model to attract new employees.

AP advised, quality of infrastructure and environment a component part that modern day medicine requires and that would attract people to the area.

MP referenced report highlights areas of DGH as “not fit for purpose”. Further referenced, number of “Very High” risks. As member of public, provides considerable concerns. Requested assurance that these issues are being dealt with effectively and efficiently, as possible. SBI highlighted the strand of work following Space Quality Audit undertaken on DGH early 2023 and was presented to the Board as part of the DGH Strategy Implementation Plan. Fully aware areas of the hospital require significant structural attention.

SB requested clarification on two points. Firstly, is there a fundamental mismatch between unique needs of Elgin in terms of skill set and the current training that trainees undergo to become consultants and are there actions required at a fundamental level. Secondly, in relation to network model, requested further details.

AP responded, the Chief Executive of NES visited DGH and discussed GP workforce planning, given challenges being experienced around Primary Care also linked NES 7 key priorities into draft Implementation Plan for DGH Strategy. Key component of Implementation Plan relates to Training Centre of Excellence from undergraduate and post graduate perspective, multi-professional. AP is hopeful as discussions continue with NES this will assist with workforce planning around trainee allocation and rotations, etc. Working to ensure NES can support and the direction of travel with Clinical Models at DGH.

AP discussed DGH Strategy Implementation Plan approved by Board. Focus now is on defining some of the clinical pathways to be delivered through DGH within network of local services, Grampian and NHS Highland services. Require to understand how services to be “shaped” and the workforce requirements to deliver. Infrastructure is a key consideration. Number of risks on Risk Register related to quality and functionality of spaces. Following recent report from Asset and Property Management team, action plan in development to address some of those issues. Exemplified Emergency Department and the space, quality and functionality of ED relative to the demand. Development Framework is being progressed for DGH, with approx. 20 year look ahead to how the site can be best configured to meet the needs of the local population and their acute healthcare requirements. Hope for draft to be available by end of 2023 / beginning of 2024. Require to work with Moray HSCP to review estates and capacity available which may allow some services to be provided out with DGH site.

AP further discussed 5 “Very High” risks, referenced within report. Summarised, actions ongoing to improve situation and mitigations / controls in place which are keeping risks as safe as possible.

Chair commented, long standing challenges for Moray. Long term commitment to the strategy for DGH would help provide stable workforce. Difficult to be assured from action plans when aware issues have been ongoing for some time. Queried, in future how to share the wider narrative, long term objective, of these risks. In response to Chair, SBI confirmed NHSG Board are scheduled to receive update on DGH Strategy at February 2024 Board meeting.

In response to DRo, Chair agreed, financial position for DGH is significant risk.

**Recommendations:** The Committee is asked to review and scrutinise the information provided in this paper and confirm it provides assurance that:

- There are robust risk management processes in place within the Moray Portfolio.
- These risk management processes are working effectively, with any gaps identified and assessed.
- Highly rated risks are being mitigated effectively.

Chair summarised, that whilst we can agree there is a risk management process in place within the Moray portfolio, clearer mitigating actions which are SMART will provide assurance that risks are being managed as well as they can be is required.

Highlighted, that greater assurance will be given when the Strategic Plan and commitment to future of DGH, is received at Board meeting in February 2024 and that we see changes to workforce recruitment and retention as a result.

## 7 **Moray Maternity Services**

Katie Colville, Associate Director of Midwifery, provided overview of paper circulated to Committee. Following update to Committee in Closed Session on 23<sup>rd</sup> May 2023, KC highlighted, no emergency interventions within Moray since April 2023. Noted trend change in transfers following collaborative work undertaken with NHS Highland and introduction of Standard Operating Procedure. Monitoring of transfers and obstetric interventions would continue both locally and via the Clinical Risk Management Meeting.

Chair commented, positive update and good sign of collaborative work being developed with Raigmore Hospital.

DRo highlighted the ongoing work with SAS and queried if KC assured in relation to transfers. KC responded, there is a Clinical Collaborative in place between NHS Highland and NHS Grampian, SAS part of collaborative work. Next steps are in relation to emergency presentations, ambulance presenting to Emergency Department in Moray. Work ongoing.

**Recommendation:** The Committee is asked to note the update and progress made to date, outlined in paper and, ongoing monitoring to be undertaken through local management systems and Clinical Risk Management (CRM).

Committee agreed and accepted recommendation.

## 8 **HPB Service Governance Review Update**

Prof. Nick Fluck, Medical Director, provided verbal update. Service remains unchanged with two surgeons operating and good outcome measures associated. In terms of future Service plans, a review had been carried out for a single site of Hepatobiliary and Upper Gastrointestinal complex surgery within North of Scotland. Information received and week ending 1<sup>st</sup> September 2023 the Chief Executive would meet with Medical Directors to plan next steps. Patient Family Liaison Team have remained in touch with families. Positive ongoing relationships. Progress slow on outstanding individual cases requiring review however ongoing. Hopeful can provide a more substantial update at next Committee meeting.

Chair thanked for update and noted update to follow at next Committee.

Chair commented on new members to Committee and conscious may not be fully sighted on this item. To agree suitable process to familiarise new members with the HPB situation so far.

## 9 **Draft Integrated Performance Assurance and Reporting Framework**

Alex Stephen, Director of Finance, and Preston Gan, System Transformation Programme Manager, provided overview of papers circulated to Committee.

HP referenced report, highlighting support required to mitigate challenges. AS advised of links between performance and financial resource and that reports received by PAFIC would identify financial implications and required mitigations to progress. Requires to be formalised in reports and reviewed by Chief Executive Team (CET). Challenges in next few years due to £42 million gap identified to source additional funding for improvements. HP queried, would formalising process of updates / reports in relation to resource implications and mitigations be incorporated to framework. AS advised, that we could make adjustments within framework prior to being taken back to PAFIC. On receipt of reports would be reviewed for resource implications and any required mitigations.

Chair commented, framework distributed to all Committees and referenced clinical quality and safety lens, querying how framework would support Clinical Governance. NF advised, framework provides opportunity to cross-check items brought to Committee, identify potential gaps or required alternate framing. Content that what is presented is in "harmony" with work of Committee.

GP queried, how teams identify their datasets and access (Board level) information to take any required actions. AS advised, currently addressing how to operationalise the framework. An action

from CET to ascertain how embeds across entire organisation, linked to learning system and linked to performance of Portfolio. Aim to develop culture, whereby encourage learning from utilising data and performance information to help shape future service delivery.

**Recommendation:** The Committee is asked to provide feedback on the content of the draft framework as part of the process of development of this document.

The Committee agreed and accepted recommendation.

## 10 Healthcare Associated Infection Reports

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

JB advised, quarterly HAIRT (July 2023) was not ratified at recent Healthcare Associated Infection Executive Committee due to quorum and therefore, unable to share with Clinical Governance Committee. To be received by Committee in November 2023.

DR commented on item G within Report – Multi Drug Resistant Organisms. Risk reduced from “High” to “Medium” however, narrative notes NHSG are not achieving local or national standard. Queried rationale for risk level reduction. NES advised, risk level has been reduced as NHSG have improved process of capturing and addressing multi drug resistance, reflected as an improvement.

Chair commented on item A within Report – Healthcare Built Environment. Quoted “Public Health/Health Protection Team state that it is not within their remit to support this kind of work” and requested further explanation. NES informed, there are some “grey” areas in relation to roles and responsibilities and no definitive guideline as to where this “sits”. Short Life Working Group set up and discussions held between IPC and Public Health to agree on each departments responsibilities. This has not been concluded due to complex and overlapping nature of topic. Chair thanked NES for clarification and noted useful to know there are discussions ongoing and acknowledgement of being worked through.

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

The Committee agreed and accepted recommendation.

## 11 Cross-System Quality, Safety and Assurance Group

Gillian Poskitt, Associate Director - Quality Improvement and Assurance, updated on paper circulated highlighting key areas of work in: Performance, Assurance, Improvement and Risk.

DRo positively noted attendance at the virtual Quality and Safety in Healthcare Event. Feedback from speakers of event had related to loss of interaction which would have occurred face to face. For next event endeavour to host in a hybrid way.

DR commented on the update provided relating to Strategic Falls Group, referenced Scottish Patient Safety Programme Acute Falls and linkage to falls data provided by JB within the CRM Report. Queried if NHSG are performing similarly to other Boards in Scotland.

JB would require to review recent data but previously it was noted that NHSG were “out performing” other Boards. GP added, may be beneficial to include national perspective within the Strategic Falls Group update to Cross-System.

DRo queried data collated and if specifically localised and not only Grampian wide. JB confirmed information collated and reviewed within each Portfolio. Exemplified falls process of data collation. Data would be collated for specific Portfolio and discussed at relevant Falls Group and reported to the Strategic Falls Group where information is collated and reviewed on whole system basis. Weekly data also reviewed at CRM meeting. Added, Quality Council established for a nursing and midwifery perspective to discuss data, review improvements and learning. Highlighted, number of systems in place to review local and whole system data. Chair commented, assuring to understand the different layers that sit below the Committee which receives the “bigger picture” but that in depth work happens at local level.

Chair discussed the Health and Care (Staffing) (Scotland) Act 2019 and queried if remit of the Act would remain with Staff Governance, noting that this could have an impact on quality and safety of care. JB advised, in remit of Staff Governance however, Clinical Governance would have an

interest of clinical risk(s) due to staffing issues, two fold approach. Chair commented, require to consider which elements of the Act would be within remit of Clinical Governance Committee.

**Recommendations:** The Committee is requested to support the update on the Clinical Governance Framework relating to Portfolios and the development of consistent approach to Clinical Governance supported by agreed template for meetings and data sets for dashboards.

Committee agreed and accepted recommendations.

## 12 **Next Meeting**

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

Chair asked members to note supplementary meeting scheduled **21<sup>st</sup> September 2023**, which will combine Clinical and Staff Governance Committees for specific update on Emergency Departments.

### **AOCB**

NF informed, Cabinet Secretary had formally contacted all Boards in relation to assurances and processes in place following Lucy Letby Case. NF provided assurance of NHSG processes for “Fitness to Practice” and Adverse Events. NHSG required to collate submission to Scottish Government. Information would be shared with Committee when appropriate.

In response to DR, NF advised, detailed letter received with elements relating to; staff support, identifying concerns, and systems / processes to take forward concerns. No specific ask regarding regulation of managers out with standard regulation of professionals. Focused on operational and national systems that detect significant adverse events.