

Minute of the Virtual Meeting of **NHS Grampian Clinical Governance Committee**
to Grampian NHS Board on Friday 6 May 2022, at 1000 Hours

Present:	Dr John Tomlinson (Chair)	Interim Chair NHS Grampian Board
	Amy Anderson (AA)	Non-Executive Board Member
	Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member
	Kim Cruttenden (KC)	Non-Executive Board Member
	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)	Interim IPC Manager
	Chris Littlejohn (CL)	Consultant in Public Health
	Siddharth Rananaware (SR)	Public Representative
	Steve Stott (SS)	Associate Medical Director – Clinical Quality Assurance and Improvements
	Shonagh Walker (SW)	Associate Medical Director - Performance
Invitees:	Paul Bachoo (PB)	Medical Director - Acute
	Jonathan Iloya (JII)	Director of Dentistry
	Grace McKerron (GMcK)	Chief Nurse
	Jenny McNicol (JMcN)	Acute Director - Nursing and Midwifery
	Derick Murray (DM)	IJB Clinical Governance Committee Moray Chair
	Angie Mutch (AM)	IJB Clinical and Adult Social Work Governance Aberdeenshire Vice Chair
	Matthew Toms (MT)	Head of Performance Governance - Acute
In attendance:	Sarah Duncan (SD)	NHS Grampian Board Secretary
	Janice Rollo (JR)	Quality Improvement and Assurance Advisor
	Arlene Forbes	Quality Improvement and Assurance Administrators (Minutes)
	Laura Gunn	

Item Welcome and Apologies:

- 1 The Chair welcomed members and invitees to meeting.
Apologies received: Dr June Brown, Prof. Susan Carr, Prof. Caroline Hiscox, Dr Malcolm Metcalfe, Cllr Shona Morrison, Miles Paterson and Dennis Robertson.
- 2 **Minute of meeting held on 25 March 2022:** Agreed as accurate record. Page 5, Item 6, word corrected to Committee.
- 3 **Matters Arising and Action Log:**
JI advised, following receipt of report on Joint Adult Inspections for Aberdeen City and Moray, underway at present, Item would be brought to Committee. Grampian Area Drug and Therapeutics Committee (GADTC) would provide Annual Report to Committee on 12 August 2022. Chair noted, Committee to reflect on expectations in terms of Portfolio reporting.
Log would be updated with Committee dates for Items. Committee noted current position of Action Log.

3.1 Nosocomial Case Review Update

SS updated. Aim to review deaths of patients with health-care acquired COVID-19 infection from commencement of pandemic. Review panel has met and revised Terms of Reference. Commencing test of data collection methodology to ascertain feasibility of reaching conclusions. Support from e-Health colleagues for data analysing. The aim of the review is to identify learning points for Organisation.

SS in response to AA, advised Lay Representative on Review panel. Currently, moving away from individual case review in terms of achieving organisational learning. Review panel determined producing learning to influence decision making as correct approach. Expectation Review would not relate to individual cases. SS noted, publications by other Boards in UK do not focus on

individual cases, and pertain to “what was known at the time, what was done at the time, what we have learned and what to do in the future”. AA requested report published in understandable language with openness and transparency. SS advised, should a relative request specific details on circumstances of a family member it may be appropriate to carry out an individual case note review.

NF noted that the review would not directly address individual issue. However, implementing an organisational process for learning may offer supporting information for direct patient concerns.

SR concurred and commented, report in public domain may prompt (further) family enquiries and may be beneficial to account for these potential circumstances whilst undertaking Review, referenced Terms of Reference. SS commented, expectation to ascertain communication methods used for family involvement in relation to: Adverse Events, Complaint processes, M&Ms, IMTs and Duty of Candour. To ascertain if these processes were successful in context of Review. Reiterated, Review not currently for individual case review. SS advised, Duty of Candour could be triggered at any time, on appropriateness. JI agreed that there would be support should Review determine an individual case be reviewed through Adverse Event processes, for e.g. Duty of Candour.

Confirmed Review for System Learning. Other matters arising from Review, such as Adverse Events processes relating to an individual basis would be raised and managed out with Review, as Terms of Reference. Committee content with approach.

3.2 Dental Services

JII updated, in relation to where practitioners have a mix of private and NHS patients have we been able to receive assurance that NHS patients receive an appropriate share of available appointments. The issues being associated with (a) potential inequality, and (b) following “public pound.”

Advised, socioeconomic variations in access to dental services always existed. During pandemic variation appeared to have worsened. Of note, no data available for private patients. Data for NHS patients illustrates 20.5% fall in participation for most deprived patients in Grampian. Compared to 16.2% fall in participation for least deprived patients in Grampian. Participation defined as measure of attendance at dentist over a 2 year period. There has always been inequality and exacerbated by pandemic.

In relation to differential between availability of private and NHS dentistry services, commented may be issue of costs and raises issue of equity of access which could be reflected on for future. Advised, difficult question to answer definitively. Recent activity for NHS patients indicated improvements in access to NHS dentistry compared to same time last year (at 53% of pre-pandemic activity) and as of March 2022, at 65% of pre-pandemic activity. Envisage trend would continue. Caveat, Scottish Government intend to review, on a regular basis, additional income multiplier added to the revised arrangement.

Highlighted, workforce availability as additional challenge. Pandemic had devastating effect on training of dental professionals. University of Aberdeen in conjunction with NHSG, only Dental School in Scotland able to graduate a cohort of dentists during pandemic. Coupled with Brexit, (less incoming European dentists), impacting on recruitment. Discussions held with a corporate Dental Practice indicated challenges of recruiting to vacancies, and may deregister around 3000 patients.

Noted, confirms despite mitigations in place by the revised arrangements, there are other factors involved and difficult to have any certainty on long term commitment of Dental Contractors to NHS.

KC shared concerns raised at Area Clinical Forum. JII responded, comparing position to a year ago, increase in access to dentistry services. Significant improvement thought to be due to revised payment arrangements in place (incentive given to dentists, 0.7 income multiplier). Concern, Scottish Government intends to continue reviewing multiplier, which would influence Contractor behaviour. Variations in terms of access to dentistry and no Private dentistry data, difficult to quantify.

In response to Chair, JII advised of gaps in potential accessibility to dentist services. NHSG has never had 100% registration. In the past NHSG was one of the worst mainland Boards in Scotland for registration figures. However, significant improvements in registration levels over past 4 years has changed that position to be one of the best. NHSG has exceeded target of adult registrations however, not yet met target for child registrations. Participation is variable. People could be

registered with dentist, but not attend. Participation figures demonstrate least deprived population visit dentists more regularly than most deprived, and not unique to NHSG. Pandemic demonstrated difference, whilst overall participation dropped, there was a greater drop in those that were least deprived.

Chair referenced accountability and queried locus for Committee and NHSG. JII advised, NHS (Scotland) Act 1978 requires Organisation to make arrangements with Dental Contractors to provide dental services. Regulations, terms of arrangements are determined by Scottish Government. NHSG hold arrangements with Contractors. Contractors request to provide services in an area and should they meet requirements are added to Dental List. Contractors decide where they want to set up their Practices, potential gap of arrangements. NHSG accountable in terms of the law, however no “levers”.

DM commented on Brexit and loss of dentists, and “is there anything Board can do, in terms of increasing education to get more dentists in place?” JII responded, lobbying Scottish Government attempting to increase places in dental schools. Further, work ongoing with General Dental Council in revising requirements for registration of International graduates.

DM further noted dental care is a Primary Care function, queried should “considerations” be held at IJBs. JII responded, Public Dental Services based in IJBs. General Dental Service universal across Grampian. Discussions occur with IJBs through Primary Care Contracting Team. PDS Clinical Leads report to IJB Clinical Governance structures. DM noted, should be considered at IJBs and Committee. Chair advised further discussions in relation to Cross System working/reporting held under item 9.

Chair thanked JII for update. Committee noted current position.

4 **Response, Recovery, Remobilisation, Renewal**

4.1 Operation Iris – Organisational Response

NF updated.

Entering transition phase from Operation Iris to the Plan for the Future strategy. Stepping out of Operation Iris moving forward, alongside a large number of Organisation changes which includes Portfolios and revised Terms of Reference for Committees to Board. Previously structured Committee agenda on Operation Iris objectives and beneficial to review agenda items following finalising of Terms of Reference.

Of note, in complex circumstances currently and in transition phase, important for Committee to determine Clinical Governance Committee agenda.

4.2 Clinical Risk Management Update

GMcK provided an overview of Paper circulated with agenda covering: Items escalated to the Chief Executive Team in the period 12 March 2022 to 22 April 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 – Risks reported in the period 12 March 2022 – 22 April 2022.

Recommendation

The committee asked to note the clinical risk profile and associated impact of Board level derogations, highlighted in report.

Chair noted, Committee requires assurance of process (Clinical Risk Management) to manage clinical risks appropriately. Guidance from Executives on assurance of process in place, mitigations and improvements.

NF advised, Clinical Risk Management process in place and undergoing further refinement and improvement including: Risk escalation protocol, Action Plans and quality of Risk Management process. Chair commented, period of different Risks arising and exacerbated by pandemic and understanding way to effectively discharge governance been a work in progress. From Board Seminar, intention as a Committee to review Risks of a Committee level. NF responded, combination of reviewing how we handle Risk in Committee, in terms of recorded Risks, escalation, process(es) around risk and hazard analysis.

NF advised in response to SR, broadly have an organisational Risk Register. One system where risks are recorded, one policy, one protocol and one SOP. Risk Registers, organisational places

where risks are recorded and divided in to Sectors. Moving forward, may need to consider changing to align with Portfolios. Each risk has an Owner, for accountability and is responsible with Risk Handler. Robust system in place. Some Areas more advanced in Risk Management.

AA noted, discussions recently held on how Ethical Framework could support System as a whole moving forward. Commented, ethical approach around autonomy, fundamental principles could be brought to Committee on Risk and add value to process of assessing and managing risk. NF commented, principle is recognised as good opportunity and Ethics Group have been extremely valuable during last 2 years. Challenge to know the direction of travel, how much we embed this in to a “structural” process (e.g. Risk Management), versus educating and supporting staff in ethical principles. Of note, training packages etc. available on Ethics. Two different directions. Want to support staff in understanding Ethical Framework and principles to apply, in any area of work. More cautious hardwiring structural requirement into process, as may generate unintended consequences (e.g. stalling progress) or additional work. AA noted unintended consequences and capacity within System. Commented, approach to working “with” rather than “to” our patients, interesting area of consideration. NF agreed and noted cross-over with aspects of Realistic Medicine agenda, principally around shared decision making.

Committee agreed beneficial for development session on Risk Management and in relation to how Committee receive assurance. Noted, may require liaising with IJB colleagues.

Jl to provide Committee with summary of acronyms and definitions, in relation to National Reporting Framework for Adverse Events, Complaints Handling and Risk Management.

Chair thanked GMcK for update.

5 Portfolios

5.1 Integrated Family Service

5.1.1 Dr Gray’s Maternity Services Update

JMcN updated.

Moray Maternity Review published in December 2021 and proposal to Cabinet Secretary for consideration. Announcement on 30th March 2022 with recommendation of move to foundation destination point of Model 4, which is mainly linked with Raigmore, and for women in Moray to have choice of where they give birth, with Raigmore an option. Further, move to Model 6, Obstetrics led service at Dr Gray’s Hospital. Change from recommendations published in December 2021 Report. Cabinet Secretary’s Office requested a Plan to reach Model 4 destination point. Plan to be submitted by Summer 2022. Further a Plan to reach Model 6, submitted by end of Year 2022. NHS Highland and NHS Grampian received £5 million finance to support. Commenced planning in moving forward, including seeking clarification on financial model. Supporting work by “double diamond” approach to enhance planning, including aspect of wider development of Dr Gray’s Hospital. In summary, at beginning of “journey” with clarity of what is to be achieved and Plan will include working with NHS Highland, particularly for Model 4 and Communication and Engagement Plan key to relationships. Further Model 6, Obstetrics led service will include and be alongside community Maternity Unit to provide full choice for Moray women.

Chair noted, Committee requires lens on quality and safety, advising Board and Performance Governance remit to oversee planning. JMcN commented, Oversight Group to be implemented as directed by Scottish Government. NF commented when Oversight Group convened important to develop Terms of Reference.

SB queried, assurance of quality and safety during transition process. JMcN advised processes embedded in Maternity Services including Risk Management processes. In particular for DGH and Moray Maternity Services currently each “transfer” reviewed. Carried out jointly with Team at Raigmore, as appropriate. Aligns with SOP and learning in place for any Event that occurs.

JMcN responded to DM, timetable for developing Plan, not delivery of Plan. Expectation of 2 year period to potentially reach Model 4 and approx., 7-10 years for Model 6.

AA commented on 7-10 years for complete transition and queried requirement of Committee link to NHS Highland Clinical Governance Committee for shared governance. Helpful comment, for consideration.

Committee noted current position and to receive matters relating to quality and safety of Maternity Services.

5.1.2 Ockenden Review of Maternity Services

JMcN updated on Ockenden Report, independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust.

Report defines essential actions, broad themes of workforce planning and sustainability, staff training, safe staffing and references Continuity of Care Model. Continuity of Care Model, included in "Best Start", 5 year plan for Maternity Services. Reports states this should cease across England, however when analysed this relates to Teams not well enough resourced and impact Model is having on care, being issue. Noted, differentiation. Identifies Clinical Governance leadership, Incident Investigations and Learning from baby and maternal deaths. Focused on human factor training as essential in Maternity Services, also reflected in Morecambe Bay Report.

Scottish Government have not provided impact of Report, direction for Scotland however, NHSG Chief Midwife leading Multi-disciplinary Team, holding 2 Workshops utilising English Tool to assess aspects highlighted in Ockenden Report. Report (including Improvement Actions on Quality and Care) would be provided to Committee.

Committee noted development of NHSG Report and to be brought to future Committee.

5.2 Public Health

5.2.1 Joint Health Protection Report

CL provided overview of SBAR and draft Joint Health Protection Plan 2022-24, circulated with agenda.

In response to AA, CL advised Public Health Alliance (Public Protection Leaders Group) is a strategic ambition post-pandemic, to "reinvigorate" collective and collaborative Public Health efforts incorporating; protecting and improving public health and delivery of equitable healthcare, to the population.

AM commented on technical language in Paper and highlighted requirement for an accessible and understandable report. CL thanked AM for feedback and advised Paper would be subject to an Equalities Impact Assessment which would highlight changes required and potential for "easy read" version of report for Public domain.

Chair noted, assurance required at Board level for sufficient attention to preventative aspect. In terms of Committee lens of Quality and Safety, assured there is appropriate arrangements in place across Grampian.

Committee approved draft Plan to continue through the consultation phase.

6 Break

7 Healthcare Associated Infection Report

NeS provided overview of Exception Report and Local HAIRT, circulated with agenda.

In response to SR, NeS advised of gap in Scottish Government target (90% not 100%) accounts for natural variation / gaps in practice. Achievement of 100% target not realistic. Of note, minimum requirement considered as safe practice set by National surveillance which NHSG align to.

DM positively noted reduction in antibiotic use in NHSG. AA reiterated and acknowledged standards maintained during a period of great pressures. Assured issues noted being reviewed and of an appropriate plan in place.

Chair commented on MRSA and queried cause of drop in screening. NeS advised, under review. Difficult to agree on one factor, given huge impact of pandemic. Highlighted, similar picture in other NHS Boards. Chair added, ascertaining root cause could potentially prevent in future. Requested results of exploration brought to Committee for assurance. Chair queried, had antibiotic use reduced due to lower level activity and would this be sustained, with increasing activity. NeS advised, Antimicrobial Committee in Grampian for monitoring. When "business back to normal", would see more infections and antibiotic use.

Committee assured subject to requested information arisen through discussions.

8 **Clinical Quality & Safety Subgroup Report**

Jl provided an overview of Clinical Quality and Safety Subgroup Report, circulated with agenda covering: Performance; Assurance; Improvement and Risk.

Chair, in relation to Information Governance, highlighted the present issue regarding circulation of documentation to non-NHS email addresses for Public Representatives. Of note, working with Information Governance to resolve.

AM reiterated point raised previously, in relation to report accessibility / format for Lay Members. Jl thanked AM for feedback.

Chair referenced point in relation to resources. Broader discussion required with CET and NHS Board.

Recommendation

The Clinical Governance Committee is requested to support: The work to support the further development of responding to and learning from Adverse Events; and proposal to continue to provide two distinct reports quarterly to the Clinical Governance Committee on the work of the Clinical Quality and Safety Subgroup and a summary of clinical metrics from the weekly Clinical Risk Management (CRM) meeting.

Committee supported recommendations.

9 **Clinical Governance Committee**

9.1 Review of Committee Constitution

Review of Committee's Constitution, Terms of Reference, circulated as draft for comment. Further Paper, on cross System working circulated for reference.

Noted thanks to Sarah Duncan, NHSG Board Secretary for work on review of Board Committees and their Terms of Reference, in line with NHS Grampian Plan going forward.

The Board Secretary shared the intention for all Committees to hold delegated authority to obtain assurance on behalf of the Board. Committees would then report to Board on an exception basis only, with the approved minute of each meeting continuing to be shared. This approach was supported by the Committee with a requirement to clearly define the process for escalations to the Board.

Further, referenced professional governance and to explicitly highlight whether this role is, or is not taken on by Committee. Discussion then focussed on independent contracted services as an example. From a delivery of service point of view, it was agreed this sits with IJBs but the complexity lay with the professional governance aspect. It was proposed that it may be beneficial for professional governance to fall within the Committee remit, with a formal link to Staff Governance. It was agreed that the Board Secretary would support discussion on this between the Executive Nurse Director, Medical Director and the Director of People and Culture.

It was agreed that Primary Care, are perhaps a special example, however for some services essentially delivered by direction of IJBs, the Board and Council decide on direction of delivery and vehicle is Health and Social Care Partnership. Consequently, the Board has a part in being accountable for quality of delivering service, as directed by IJB. In addition the Portfolios span services and pathways of care that are both hospital and community settings and the IJBs have an interest in the range of those services and pathways, and the Health Board are directly involved.

There are existing mechanisms for IJBs and the Chief Executive Team (CET) to meet as a group, including the North Group which IJB Chairs and Vice-Chairs form part of and Chief Executive of NHSG can be invited to. The 3 Chief Officers also form part of Chief Executive Team and are embedded in the Senior Management of NHSG. However, it was felt that a joint session around discussing service delivery and professional governance routes to provide assurance would be beneficial. This would support how we work together to be effective, and provide overall assurance on delivery of safe system.

SR commented, in relation to independent contractors and as a member of the public perspective, insufficient awareness/education. Lack of communications from Primary Care perspective, including Dentistry. In terms of governance and clinical care, responsibility appears to sit with Health Board. Chair responded, lack of public awareness and gives a “confusing picture” and requires knowledge of whole system working and appropriate direction.

9.2 Portfolio Leads Clinical Governance Workshop

Noted, due to time constraints Lead on item unable to remain for discussions.

Jl commented, required to define Portfolio governance arrangements and further in relation to Item 9.1 discussions.

Agreed session(s) would be required and beneficial, with attendance of IJB Chairs. Consideration of time required noted. NF commented, Portfolios span Services and Pathways of Care, which are both hospital and community settings, etc. IJBs have an interest in range of those Services and Pathways, and Health Board directly. Should address how we “work together” as a System that is effective, provides overall assurance and delivery of safe System. Potential to design workshop that would re-establish work commenced in January 2020 with Partnership dimension and now requires Portfolio arrangements, independent contractors and people who are not contracted, (work independently on National Framework Contract) for delivering services to people. Define scope of interest and how this works with Portfolios and IJBs and how we work together respectively in delivering an efficient and safe system.

Chair, beneficial to hold discussions (over period of time) focussed on how to effectively work together as whole System.

Jl to develop proposal to progress. Chair noted thanks to Angie Mutch and Derick Murray for their involvement and welcome liaising in future on this matter and with introduction of colleagues to support.

10 AOCB

No AOCB raised.

11 Reporting to the Board

Minute of meeting and Items 3.2, 7, 5.1.1 (noting Quality and Safety aspects would come to Committee), and whole System working (Workshop planning to progress).

12 The next meeting would be held on **12 August 2022, 1000 - 1300 Hours, via MS Teams.**