APPROVED
Board Meeting
07.04.2022
Open Session
Item 11.2

Minute of the Virtual Meeting of **NHS Grampian Clinical Governance Committee to Grampian NHS Board** on Friday 11th February 2022 at 10.00 am

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
	Dr June Brown (JB)	Executive Nurse Director
	Prof. Susan Carr (SC)	Director of AHPs and Public Protection
	Kim Cruttenden (KC)	Non-Executive Board Member
	Prof. Nick Fluck (NF)	Medical Director
	Grace Johnston (GJ)	Interim IPC Manager
	Chris Littlejohn (CL)	Deputy Director Public Health
	Cllr Shona Morrison (SM)	Non-Executive Board Member
	Miles Paterson (MP)	Public Representative
	Dr Steve Stott (SS)	Associate Medical Director
Invitees:	Julia Graham (JG)	Quality Improvement and Assurance Advisor
	Luan Grugeon (LG)	Non-Executive Director
	Janice Rollo (JR)	Quality Improvement and Assurance Advisor
In attendance:	Arlene Forbes (AF)	Quality Improvement and Assurance Administrators
	Laura Gunn (LG)	(Minutes)

Item Welcome and Apologies:

1 The Chair welcomed members and attendees to the meeting.

Apologies were received from: Dr Janet Fitton, Prof. Caroline Hiscox, Jenny Ingram, Dr Malcolm Metcalfe, Siddharth Rananaware, Dennis Robertson, Dr Noha El Sakka, Dr Shonagh Walker and Susan Webb.

2 **Minute of meeting held on 17th December 2021:** Agreed as accurate.

3 **Matters Arising and Action Log**:

Chair advised NHS Grampian Board would be kept informed of developments associated with DGH External Review.

3.1 Nosocomial Case Review

Nick Fluck updated. The Review was instigated for deaths associated with nosocomial acquired COVID. Provided an update on methodology and use of Structured Judgement Tool. Review would further include Derogations. NF advised in response to Chair, the Review would be brought to Closed Session of Committee and further Lessons Learned. Of note, currently IMT/PAG held for outbreaks and associated actions. Amy Anderson enquired of Review patient/carer involvement. NF advised of communications held at time of death. AA offered support in Review involvement, if beneficial. NF advised in response to Chair, review of nosocomial figures occurring and published on a National basis and direct review of Discharge to Care Home, however noted different approach and methodology. Kim Cruttenden questioned if Review would consider treatments given to patients and NF advised included in Structured Judgement. NF further acknowledged some evidence may not be available in terms of timeline, for e.g. sequencing information. Chair thanked NF for update.

3.2 Public Health

Care Home rates for the booster vaccination programme:
Public Health thanked for the response and JB further advised for assurance of Committee the uptake of Booster Programme was higher than for general population.
Self-referral screening for Women over 70:
Shona Morrison thanked Public Health for the current information and requested future Public Health updates on screening.

4 **4.1 Operation Iris and Omicron Major Incident**

NF presented.

Operation Iris Update:

Clinical Governance Lens and Assurance - Derogations in Care Delivery are monitored weekly through Clinical Risk Management meeting. Good outcomes in delivery of Critical Services (CAT 0 and 1 Interventions, Cancer Care and Unscheduled Care). In terms of Derogations and Delivery of Critical Services, the impact on Non Prioritised Care important to understand potential issues.

NF displayed graph, Grampian – Excess Mortality – 2020 (Death Certification data indexed against 2017-2019). Demonstrates during Operation Rainbow, increased excess mortality differentiated between COVID and non COVID related. Noted periods with decreased rates. Referenced 250 excess overall in 2020, and 71 lower. Displayed graph, Grampian – Excess Mortality – 2021 and noted very different to 2020. Moved in to Operation Snowdrop with lower level of excess mortality. Moving in to summer months of 2021, and Third Wave of activity saw sustained excess mortality with a modest proportion related to COVID. Hence during Third Wave, more than expected number of people dying in Region but not a large proportion was related directly to COVID. Leading in to Operation Iris, Winter 2021, small excess mortality largely COVID related.

Cardiology Outpatient Profile (selected for analysis)
Displayed graph, New Outpatient referrals over time, including 'straight to test'. Number of referrals coming in to system progressively increased through 2021. Displayed graph, Outpatient Waiting List Size at month's end 20/21/22 demonstrates waiting list in 2020 was falling and has then progressively continued to rise to a current plateaued peak. Expectation from missed referrals, March 2020 to January 2022, approx. 2000 people. Prediction expected around ¼ to go on to interventional diagnostics in specialist cardiology. Demonstrates importance of interruption in Cardiology Pathway of care.

Omicron Plan Update
Additional Response Plan to support potential stress in System from Omicron. Three triggers for plan to be "switched on", G-OPES, Hospital Threshold Crossed >120 and Staff Direct COVID Related Absence >10%. Not reached in the 3 domains to trigger the Omicron Plan.

CGC Learning
Wave to wave variation in impact, learning from one plan to next and to refine future response(s). 'Third Wave' response had a higher, than any other point, non COVID impact and requires to be understood. Noted, easier to identify planned care with defined interventions than critical 'Medical Pathways of Care' – which may be as critical as planned care. Omicron Plan template for the future on how to build a plan.

Chair thanked NF for update.

Steve Stott enquired of excess mortality non COVID (Summer 2021) and NF advised "feels" more than normal variation, 'location of death' more than 50% in community setting. HSMR Chart data triggered by hospital episode, excludes care homes and community. Chris Littlejohn observed measurement of deaths that have occurred and requires context (consequences against potential counter factual). NF important to note, "plausibility" level and for next Plan, preserving critical services, chronic care and medical care that did not have an obvious transactional element. From learning to include (more of) these elements in Plans, with prioritisation of different levels of surgery. Luan Grugeon commented on National perspective and direction from Scottish Government. Further, interested on data relating to mental health and the impact on mental health throughout the pandemic. Important to consider physical and mental health. NF advised initial reports on learning had dialogues, Boards to Scottish Government. NF, important to consider mental health learning aspect, to protect and prioritise services that would otherwise lead to significant harm.

Chair noted significance of learning associated with variations in different Waves of the pandemic. Impacts both Nationally and Locally, in future. NF commented each Wave approach was not identical, organisation approach differed, for good reasons. Committee welcome transparency for lessons learned.

Committee assured that relevant matters being addressed, including lessons learned and associated future plans.

4.2 Derogations – Clinical Risk Management Update

June Brown updated. Report circulated.

Physical bed spacing (derogating from IPC guidance)
The Incident Management Team concluded the reintroduction of beds could be considered one of many contributory factors of outbreaks. During the pandemic, where there have been nosocomial mortalities, these will be reviewed as part of the Boards Nosocomial Mortalities Case Review and will consider any derogations.

Positively noted, having reintroduced the beds, patients within the Escat 0 and 1 categories were being treated and with few cancellations recorded.

Corridor Care
Of note, updates to TrakCare potentially delayed due to clinical pressures. Therefore, the patient may not have been in the corridor for full period of time recorded.

Safe Staffing Levels
Continued derogated staffing levels aligned with Scottish Government guidance. Opened additional beds in surge Wards 303 and 304, with expectation these would close at the end of Operation Iris. 35 military personnel had been on site since mid-January, with confirmation they would exit NHSG on 26 February 2022. A difficult period of time, recorded many areas within the System working at Amber and Red levels of staffing.

Priorities of Care in adult inpatient and community team settings
Initial analysis had examined Falls, Medication Events, Violence and Aggression events. Of note, there had not been an increase in number of Falls recorded. A small number of Medication and Violence and Aggression Events had been recorded above the upper limit however, generally within normal limits.

Investigations and Complaints Processes
Noted, not yet seeing full impact on Investigations and Complaints within Operation Iris period. Complaints may be made retrospectively. At the time of this report, there was no indication of an increase in complaints since the introduction of derogations however, may be too early to see this within the data.

Prof. Bhattacharya queried to what extent the Complaints Pathway had been affected during the pandemic. JB advised derogation now in place in relation to NHSG triage complaints process, following meeting with Chief Executive and Ombudsman. Of note, similar approach taken by other NHS Boards. Opted for a risk based approach. Low risk complaints would be put ‘on hold’ and higher risk complaints would be prioritised. Explained potential reason for higher number of complaints in System.

Amy Anderson enquired of particular messages staff give to patients in order to remain transparent. JB advised information shared widely in relation to Priorities of Care, etc. Messages also conveyed to patients when they enter the System and during care. Further, continue to work on early resolution when patients raise concerns, working with them at the time rather than having a poor experience. Patients are generally very understanding.

Chair queried would Safe Staffing Levels derogation continue in future. JB advised of additional beds in the System within surge wards (beyond those added for bed derogation). Working on exit plan which would assist with staffing levels in other areas. Main issue, lack of medicine footprint beds for the needs of population. Require to look at bed compliment and staff to support. Positively noted, a total of 35 international nurses had been recruited and would join NHSG in the coming months. As well as 20 Honour students from RGU currently going through recruitment process. Review of workforce required in terms of support that could be provided to ensure staff utilised in most appropriate ways.

Chair noted, consideration of unsustainable System pressures pre-Covid which had been illuminated throughout period. System requires remodelling before it can reach expected standards we would want to deliver. Queried, how to best use the Quality and Safety lens moving forward for Committee. JB responded, of concern staff become normalised to what may not be good quality of care. Level of scrutiny required and essential to have a clear plan in place with good communication, involvement of staff for improvements.

Prof. Bhattacharya enquired of digital solutions to ease burden on administrative staff, specifically AI options and of associated governance. JB responded, from staff perspective committed to introduce Allocate system which would assist with rostering of all staff to help understand from workforce perspective where risks lie. The system also takes into consideration the acuity of patients, which will display risk areas and areas requiring support. Electronic Patient Record (EPR), currently paused, however will assist with patient interface and allowing patients to be more involved in their care planning and delivery. Hospital Electronic Prescribing and Medicines Administration (HEPMA) work ongoing. NF added, model of health care and care delivery needs consideration and revision. Requires understanding of workforce and technology that would influence both the design and workforce in the future. Work and governance for this develops.

NF assured Committee, should a derogation be found to have a risk profile, out-with "comfortable" operating processes, the derogation may be stopped at any time. Current framework in which we operate, however still accountable for individualised risk based decisions.

Derogations would continue to be reported to Committee until stood down. Committee confirmed assurance of processes in place.

4.3 IPC Respiratory / Non-Respiratory Pathway – Implementation Update

Grace Johnston updated. The new guidance was launched on 29 November 2021, with approx. 2 weeks permitted to implement and familiarise teams with information and changes to practice.

In order to support teams across Health and Care settings with implementation, the IPCT, including Safer Workplaces team, held seven Short Life Working Group meetings between 12 November and 24 December 2021. As well as, nine Q&A / awareness sessions held by an IPCD and IPCN and were attended by approximately 200 staff.

New guidance was communicated widely with regular promotion in the Daily Brief, discussion at Weekly System Connect meeting and raised at HAI Subgroup meetings, which are part of the IPC governance structure.

Many areas have reported good progress with implementation. The majority of areas are still embedding the new terminology but progress has been made. There are some processes which cannot be fully implemented such as the Badgernet system (used by AMH) which sits on a national platform and cannot be updated. Further, the NIPCM supports usage of the RCPCH guidelines which continues use of Red, Amber and Green pathways for elective patients. Therefore, there are two systems in place in RACH however seems to be working well.

IPC and Safer Workplaces Teams continue to provide support and raise concerns with observations of embedding practice.

In response to Chair, GJ confirmed the changes required to be implemented across all Health and Care Settings.

Chair thanked for report on progress.

5 **5.1 Healthcare Associated Infection Reports**

Grace Johnston updated on Local and National HAIRT, reports circulated to Members.

GJ advised Local HAIRT of July 2021 approved. Supporting clinical areas with MRSA and CPE clinical Risk Assessments and screening compliance. April – June 2021, the number of PAG and IMT meetings had reduced significantly. National HAIRT of July 2021, no noted concerns. Variations continually monitored.

GJ advised in response to Chair, monitor variations carefully and in relation to staffing levels. Re-prioritise areas with patient outcomes.

GJ advised in response to Chair, in relation to PAGs and IMTs of April – June 2021, would increase in number moving forward reflecting increased activity. The community levels of COVID impact on System.

AA queried in relation to community hospitals, sight of variation in these settings and GJ advised National surveillance collates healthcare and community settings. JB advised the IPCT responsible for community hospitals.

GJ advised in response to Chair, reduction in antibiotic use may potentially relate to patients not accessing treatment required.

Committee require assurance on Reports for NHSG Board and of the mitigating ongoing work. **Committee assured.** Chair put forward thanks for the Reports.

5.2 Public Health Weekly Report

NHSG Covid-19 Situation Report circulated to Members. **Committee noted content of Report.**

5.3 Paediatric Audiology Services – Urgent Request

Request from Cabinet Secretary, dated December 2021, and NHS Grampian Audiology Head of Service response circulated.

Amy Anderson queried involvement of children and families in this work. JB would forward question to Jenny McNicol, Portfolio Lead, and provide response.

Chair commented on governance and framework within the portfolio. NF advised of variation within Healthcare Scientists Community in terms of professional regulatory frameworks (some not within regulatory frameworks). The aspect of professional governance is a dimension broader than this and was one of the issues raised in the NHS Lothian enquiry.

Chair requested update at future Committee to be assured on implementation.

6 **Reporting to the Board**

Minute of meeting and Items 4.1, 4.2 and 5.1.

7 The next meeting would be held on**, 25th March 2022, 1530 – 1700 Hours, via MS Teams.**