Board Meeting
03.06.21
Open Session
Item 11.2

Minute of the Meeting of the **NHS Grampian Clinical Governance Committee** on Friday 12th February 2021 at 10.00 am

The following were in attendance at a virtual meeting held using Microsoft Teams

Present:

Dr John Tomlinson	Non-Executive Board Member (Chair)
Mrs Amy Anderson	Non-Executive Board Member
Mrs Rhona Atkinson	NHS Deputy Board Chair
Dr June Brown	Interim Executive Nurse Director
Professor Siladitya Bhattacharya	Non-Executive Board Member
Professor Susan Carr	Director of Allied Health Professions & Public Protection
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mrs Jillian Evans	Attended on behalf of the Director of Public Health (and attended for agenda items 4 & 5)
Professor Nick Fluck	
Dr Janet Fitton	Clinical Governance Clinical Lead, Aberdeenshire H&SCP
Professor Caroline Hiscox	Chief Executive
Ms Grace Johnston	Interim Infection Prevention and Control Manager
Mr Dennis Robertson	Non-Executive Board Member
Dr Noha El Sakka	Clinical Lead Infection Prevention and Control
Dr Steve Stott	Associate Medical Director for Clinical Quality Assurance & Improvement
Dr Shonagh Walker	Associate Medical Director - Performance and Deputy RO

By Invitation:

Mr Paul Bachoo	Acute Sector Medical Director (attended for agenda item 4)
Dr Gaener Rodger	Chair of NHS Highland Clinical Governance Group
Mr Iain Ramsay	Partnership Manager, Aberdeenshire Health & Social Care Partnership (attended for agenda item 4.1.6)

Attending:

Mrs Jenny Ingram	Associate Director of Quality Improvement & Assurance
Mrs Janice Rollo	Committee Support

Item **Subject**

1. **Welcome and Apologies:**
   The Chair welcomed everyone to the meeting.

   Apologies were received from Dr Malcolm Metcalf and Professor Lynda Lynch (Mrs Rhona Atkinson Deputising).

2. **Minute of meeting held on 13th November 2020:**
   The minute was approved.

3. **Matters Arising and Meeting Planning log:**
   3.1 NHS Grampian Ethical Decision Making Advisory Group Terms of Reference
   At the last meeting Dr Walker was asked to share the Terms of Reference. This has been included in the meeting papers and The Chair asked this to be noted

3.2 Public Representative

The Chair asked Mrs Ingram for an update on this item following on from discussions at the meeting on the 13th November 2020. Mrs Ingram informed that initial discussions with the Public Involvement Team on how a public representative will be identified to join the Committee had taken place. At this point due to the current situation and Operation Snowdrop this is still outstanding and will be resolved by the next meeting, The Chair acknowledged this is understandable in the current situation and will get a further update at the next meeting. **Action : Mrs Ingram**

3.3 SLWG Update

The Chair has two items to update on, Committee chairs have been meeting to take forward in a co-ordinated approach across the SLWG on renewal but this has been suspended for the moment due to the current situation.

The Committee has been making progress through the Clinical Quality & Safety subgroup and Mrs Ingram will provide more information later in the agenda under item 4.3.

The chair opened this up for Committee members to raise any further points. No items were raised.

The meeting planning log has been circulated with the papers and The Chair asked for any comments or questions and added that the planning log is structured around the agenda headings. Committee members had no items to raise.

4. **Standing Items:**

4.1 **Living with COVID-19: Tactical Plan of Action**

4.1.1 Operation Snowdrop Level 4

The Chair invited Professor Fluck to give an overview of the introductory paper which sets out how this section has been restructured following the tactical plan for Operation Rainbow. These objectives have been revised as we moved to a period of living with COVID and is essentially a high level picture.

In practical terms what this has meant is we have had to bring together programmes of activities and restructure them under the objectives we have established. During living with COVID extensive remobilisation plans were developed and specific programmes of work around critical areas of activity such as vaccinations.

These have all been brought together under 3 objectives. Professor Fluck continued by giving the Committee an example from Tactical Objective 1 which is very much about the protection of staff, the environment and patients. Under this objective there is the programme to deliver vaccinations, test and protect and all the testing strategies, as well the importance of wellbeing and the support strategy for staff.

This effectively becomes a broader 1st objective whilst the overall principle of looking after our staff, patients and the public is the overarching theme the intent will be as information comes to the Committee we would be making the Committee members aware of the items reported under the specific objectives and subset outcomes. This will also make the Committee aware of the breadth of items we are bringing to its attention but also to realise where we might not be bringing information for the Committee to ask questions.

Professor Fluck is happy to take comments or questions.

Mrs Anderson commented that this paper is about the here and now and wonders what the triggers will be to de-escalate our response.

Professor Fluck informed as we move out of Operation Rainbow we have tried to align our re-mobilisation approach to the Scottish Government route map of essentially trying to get society back to a normal position. The critical bit is trying

to align any route map we have back to new normal or back to normality to align it to what is happening in society.
Professor Fluck asked Professor Hiscox if she would like to add any further points.
Professor Hiscox stated at the moment a small group is looking at remobilisation, recovery and transformation and we have to get to a place where we are flexing to manage a different health and social care environment which becomes part of normal business. The process to date has required us to work really differently as a system and that's really positive and this has shown us the agility of our system to deal with surge. We have learned so much that will help us in the future. Operation Snowdrop was planned to the end of March and there is work looking at indicators to help find a way to be able to work and live with COVID.
The Chair thanked Professor Fluck and Professor Hiscox and confirmed this has been a really useful discussion and has raised what assurance processes are in place, being developed and what evidence is being collected to demonstrate that these processes are working. It is impressive as we go through this agenda to see during uncertainty and volatility there is creativity going on in terms of people trying to adapt to the current situation.

Objective 1: Provision of healthcare environments that minimise the risk to staff, patients and public

4.1.2 Nosocomial Risk Reduction (Obj 1: 1.1-1.3)

The Chair referred to Dr Brown for this item. Dr Brown began by setting the context of this paper which refers to Objective 1 in November 2020 which was prior to Operation Snowdrop. In November 2020 the Committee was not assured that the objective was fully met. Since then a lot of work has been done to move us to a different position. A programme management approach has been adopted and a programme manager appointed to lead this piece of work. The paper explains the ongoing work including assurance visits and the table on page 3 of the report demonstrates the progress made. There have been issues where clinical environments have been closed due to an outbreak, closed for a long period of time or totally closed and 100 % of visits have not been completed in these areas. Action plans have been completed for the areas visited along with all the work required on signage for the clinical environments. Work is continuing to communicate to change cultures and behaviours linking in with the Infection Prevention and Control Team (IPCT) ensuring that we have a consistent approach. Dr Brown would like the Committee to note the key risks still ongoing with nosocomial outbreaks in the system. The learning from the Incident Management Teams (IMT) and Datix reports relating to the environment are used across the system to make improvements and this work is ongoing.

Dr Brown recommends the Committee to note the progress and the governance arrangements currently in place.

The chair thanked Dr Brown and opened this up for questions and comments.

Mrs Cruttenden thanked Dr Brown for the update report and it is good to see the ongoing improvements that have been made. Mrs Cruttenden then asked if the data would be comparable with other NHS Boards in relation to nosocomial outbreaks and transmission.

Dr Brown informed that Dr El Sakka and Ms Johnston will cover this area in their report in agenda item 4.2.

The Chair highlighted that the position is clearly different since November 2020 and this has been an enormous piece of work and would like to acknowledge this and asked Dr Brown where she feels things are currently sitting. Dr Brown feels the position is better but we still have work to do on our vaccination programme which will have some impact as staff are vaccinated but this may

not affect our nosocomial outbreaks as testing all our staff will identify positive cases and patients may still be coming into hospital and testing positive.

The Chair would like to confirm visits taking place are the first round and that there will be continued cycles. Dr Brown informed that the safer workplace visits are an ongoing piece of work and is cognisant with the work of the HSE who have been inspecting hospital environments. The learning from these visits is being shared within NHS Grampian.

Mrs Cruttenden wanted to comment on the accessibility of information for staff if they miss the COVID brief. Dr Brown advised there is currently ongoing work looking at staff communication and confirmed there will be a series of videos going out to staff to reiterate messages starting on the 23rd of February 2021.

Mr Robertson asked Dr Brown if she was able to gauge staff confidence levels, about delivering care and how they feel about their own well-being. Dr Brown informed in relation to nosocomial spread and keeping staff safe there are various forums where this can be discussed for example the Grampian Area Partnership Forum, Bronze Control Rooms and Clinical Advisory Structures, Dr Brown has not had any reports that staff lack confidence and feels staff know how to keep themselves, patients and families safe.

Mr Robertson is encouraged by this.

The Chair moved to the recommendation in the report and the Committee is asked to note the progress and the governance arrangements. The Committee agreed with recommendation but also wanted to acknowledge the huge amount of work that has taken place since November 2020 and The Chair asked Dr Brown to pass this on to all those involved.

4.1.3 Public Health Report (Obj 1: 1.5-1.6)

The Chair invited Mrs Evans to introduce the Public Health Report. Mrs Evans began by describing the activity in place to maintain critical and essential services and the response to the pandemic. Mrs Evans would like to highlight some key points from each section of the report starting with core health protection. The report describes how risks are being managed for core health protection and whilst a lot of time is taken up managing significant aspects of the pandemic the report describes how core health protection is being managed. The report also outlines the scale and support given to care homes and the governance arrangements in place.

Mrs Evans continued by drawing the Committee's attention to the screening report discussed at the last meeting in November 2020. This report contained older data relating to bowel screening and the follow up of positive cases for urgent suspected cancer. Dr Evans wanted to update the Committee that the current data represents a more positive position.

The report highlights the vaccine transformation programme and the extension to this programme as we move towards a new way of providing vaccinations. Mrs Evans highlighted the risk in staffing, the vaccination supply and public satisfaction.

There is a section in the report on COVID testing and the extension to testing using lateral flow devices and Dr Evans wanted to highlight a particular piece of information advising of a change in the type of testing used for vulnerable groups in particular care at home staff, this is due to the vulnerability of the people being cared for. Dr Evans wanted to conclude with some of the risks around staff testing particularly around staff adhering to the testing. A questionnaire has been running in the staff brief focusing on staff adherence to LFT and the results are really positive and this is encouraging news. One final point is contact tracing which has given the opportunity to provide extra support to people who are self-isolating.

Mrs Evans then asked for questions or any points requiring clarity

The Chair thanked Mrs Evans for the clear well laid out report and opened up for questions and comments

Mrs Atkinson asked for clarification and referred to the area on risk on page one being a high level risk but is being tolerated could Mrs Evans clarify this. Mrs Evans stated this is a managed risk being described and because of challenges with capacity COVID risks are prioritised and the team has highlighted they are managing the risk. Mrs Evans stated the consequence are not detailed and will take this back to the team for further work.

Professor Fluck proposed that more work should be done with Mr Sevenoaks the Corporate Risk Specialist to help articulate the risk and risk treatment approach to give assurance.

Mrs Ingram stated it was good to see that the cervical screening mailing issue highlighted in November 2020 has been resolved. Mrs Evans reported that this was a national issue with a mail merge which had a knock on effect to appointments and there was local monitoring of the situation. This incident was managed and co-ordinated by NSS for all Boards and steps included:

- Media release – national.
- Correspondence issued to practices re number of women affected.
- Letter sent to women advising they should highlight their 'priority status' when making a smear appointment.
- Smear-takers sent communications of the incident and the need to prioritise affected women.
- Priority lab testing.
- National monitoring of process to identify issues.

The situation is being monitored by the Adverse Event Monitoring Team (set up nationally) and women have received appointments.

Professor Bhattacharya referred to the strain the department was under due to vacancies in senior clinical leadership and asked Mrs Evans what is being done to resolve this issue. Mrs Evans informed that locums have been recruited and this has worked well as they have been with the team for some time. There is an extensive recruitment programme for NHS Grampian trying to attract people from overseas to fill the gap in consultant posts. A national recruitment process is also underway for the North of Scotland and hopefully there will be the opportunity to appoint through this.

The Chair asked if the vaccination programme will reduce the outbreaks in care homes. Mrs Evan stated there is a lag as the protection becomes effective and in cases where there have been outbreaks post vaccination these will be due to people incubating COVID before being vaccinated. This raises the importance of having staff and resident vaccinated and the speed in which we are doing this is really important.

The information in the report around vaccination is really encouraging and initial modelling work is very positive and the impact can be seen on hospitalisation following vaccination as the programme rolls out.

The Chair asked Mrs Evans if the change in Diabetic Retinopathy Screening from 1 year to 2 years is a Grampian change or a national change. Mrs Evans confirmed this is a national change.

The Chair asked about the local variation in test and protect in very sheltered housing and is this an enhancement. Mrs Evans explained that the lateral flow advice on testing on page 8 highlights the reason for not using LFT in this group of staff but to use PCR testing. This is due to the vulnerable nature of the people

who are being care for and staff working over different sites with multiple people every day and the risk of transmission is higher. The testing rational is to give gold standard testing to give a high level of assurance. The decision has been taken by the Test and Protect Oversight Board to make a variation in practice in Grampian which is an enhancement.

As there were no further questions or comments the Chair went to the recommendations and asked the Committee to the note and agree the risks and recommendations presented in the paper.

Mrs Atkinson referred back to her question relating to the first recommendation and is willing to note this and receive a further report before this is accepted.

The Committee agreed and the Chair requested Mrs Evans to provide a further report on this recommendation prior to being approved by the Committee.

Action: Mrs Evans

The Chair thanked Mrs Evans and her colleagues.

Objective 2: Provide protected and critical, clinical and non-clinical services

4.1.4 Critical & Protected Services (Obj 2: 2.1 – 2.6)

The Chair invited Dr Bachoo to provide an update on the report previously submitted to the Committee in November 2020 to provide more assurance on this item.

Dr Bachoo informed the Chair that a considerable amount of work has been undergone by clinical teams since the last report and this is reflected in the three papers submitted to the Committee. The first report details a new risk and the second paper is the plan around the mitigation of that risk and how this will be monitored. The key point to note is, it has taken the three months since the last Clinical Governance Committee to get a whole system understanding of the risk. The risk has been co-created with our chief officers and relates to the flow of patients over the health and social care system and is a shared risk.

Dr Bachoo asked the Committee to note the progress made since the last report and will take any questions or comments.

The Chair found the paper very helpful in setting out the background and the plan to take things forward and opened this up to Committee members.

Mrs Anderson asked in relation to the critical and protected services and the new risk in the first paper is this is linked to any new guidance centrally to ensure that this is seen as acceptable. Dr Bachoo confirmed there has been no specific guidance but the plan has been shared with the Scottish Government and the Regional Access Performance Team.

Mrs Atkinson highlighted a point from the Critical & Protected services paper where there is a statement relating to the impact of major events and the prioritisation system in place may not be able to adequately mitigate against the risk of harm. Mrs Atkinson asked Dr Bachoo what the expectation is on the Committee when accepting this statement as it is in a formal paper. Mrs Atkinson continued by relating this to the time patients are waiting beyond the 78 weeks and the time lost to disability and how this will relate to the use of social services.

Dr Bachoo informed that this will be part of the performance of the plan and the dashboard is what the Chair requires to give assurance on.

Professor Bhattacharya agreed there needs to be a statement about what is to be expected based on the tool used to make these predictions. This will involve very complex modelling as recovery is not going to take months but potentially years.

Dr Bachoo added there is ongoing work on this area and also on the limitations of our ESCAT system. The service is currently analysing the feedback from a

communication sent out to patients updating them on the delay and future work will look at how patients are monitored while they are waiting on surgery.

Dr Bachoo stated as the R rate comes down there will be more capacity for surgical patients.

The Chair thanked Dr Bachoo and suggested the Committee note:

- The cross system progress and the understanding of the risk and challenges
- Support the plan to address capacity prioritisation and monitoring with a view to stabilising the position of these patients and
- Receive a further report at the next Committee for assurance.

Action: Dr Bachoo

4.1.5 Operation Snowdrop Level 4 critical & protected services – system examples (Obj 2: 2.2 – 2.6)

Professor Fluck introduced this item by giving a summary of Operation Snowdrop and the current phase of our response and how to build on and support other areas of critical activity such as the vaccination programme, surge and flow and test and protect. Services have been encouraged to stop things that are not essential and approach them to ask what has been stopped and what is the spare capacity.

Professor Fluck informed that this paper includes three examples of services approach to planning for critical and protected services.

1. Sexual Health Services (video is available for Committee members)
2. Allied Health Professionals
3. Primary Care Services

The paper describes how each service approached prioritisation, risk, critical/routine activity and staff deployment and demonstrates the different approaches within the organisation.

Professor Fluck is happy to take questions.

The Chair thanked Professor Fluck and opened up for questions or comments.

Mrs Robertson asked Professor Fluck about the coping strategies people are having to adopt to continue providing services.

Professor Fluck recognises this and staff absolutely want to carry on providing the services and continued by highlighted a paper presented earlier in Operation Snowdrop informing that Mr Power, Director of People and Culture is leading on health, welfare and wellbeing. This is being supported by the Psychology Hub and programmes of work to offer support to our staff with internal and external pressures outside work i.e. home schooling.

The Chair stated it is good to see the variety of the ways people have reported this isn't just a checklist. The Chair then asked how many examples of these are expected, who will receives them and do they get signed off or do they just get noted. Professor Fluck stated NHS Grampian is still in a command and control structure and a formal approach was found not to be the best way forward. The balance between devolving as much autonomy and local leadership and trust as we can is very important and staff connect through the Senior Leadership Team, daily Bronze Control check-in and the Clinical Board.

Mrs Ingram informed that the Clinical Board has gone back to two weekly and all three of the services have presented not for sign off but just for that connection and the cross system approach which was well received.

The Chair moved to the recommendation asking the Clinical Governance Committee to support the approach being taken by services and the organisation to review critical and protected services in response to Operation Snowdrop. The Committee is happy to support this recommendation.

Objective 3: Plan, direct and assure an integrated whole system Winter Response - Tactical Operating Model (WR-TOM)

4.1.6 Winter Surge & Flow Programme Update (Obj 3: 3.1 – 3.5)

The Chair informed Mr Ramsay has joined the meeting to present this item. Mr Ramsay thanked the Committee for the opportunity to attend today's meeting to provide an update on the surge and flow programme with an emphasis on whole system working. There has been good progress made over this winter and throughout the pandemic. NHS Grampian and the three Health and Social Care Partnerships (HSCP) alongside other partner organisations have a good history of collaborative working on mutual respect and a growing understanding of individual, team, sector and organisational risk and this has placed the whole health and social care system on a sound footing. Surge and flow covers an extensive and diverse range of services and is hugely complex especially as the primary objective is a single service and this may not align with the objectives of surge and flow for example in a care at home service trying to maintain people safely at home for as long as possible. The relationships in place ensures the patient/person/service user remains at the centre of the decision making.

Mr Ramsay continued by informing of the key areas of achievement made in establishing a surge and flow data set from both hospital and community based services while this is not complete it will definitely start to allow us to understand demand and capacity and the pressure across the whole system and to enable scrutiny. Mr Ramsay wanted to touch on another couple of areas of work around the transport arrangements where a 7 day ambulance service that has ensured that patient have been well supported to return home. Good progress has also been made with the frailty pathway.

Mr Ramsay is happy to answer any questions from Committee members.

The Chair thanked Mrs Ramsay and asked is there links with Health Intelligence?

Mr Ramsay informed there is extensive work ongoing with Health Intelligence (HI) and the daily data provided is hugely important. Services are good at looking at their own data but not so good at using data across the whole system, this is an area we are starting to understand better. A dashboard to look at this data across the whole system would allow us not only to understand the pressures but have more constructive conversations and scrutinise data over the whole system.

Professor Fluck informed that HI is embedded in the program but there are areas where data is not available, for example GP services.

The Chair commented it is extremely heartening to see cross system work coming through in Committee reports.

The Chair and the Committee are happy to support the recommendation made in the report.

4.2 **Healthcare Associated Infection Quarterly Reporting Framework**

Dr El Sakka and Ms Johnston attended the meeting to introduced two papers one is the Healthcare Associated Infection report 2020 and this is for information. This report requires to go through several Committees for ratification prior to being presented to the Clinical Governance Committee. Dr El Sakka wanted to make members aware by the time this report reaches this Committee most of the information/data is outdated but in the report with the info gram, has all the information required for assurance. Dr El Sakka moved on to talk about the second report containing the HAI quarterly reporting framework with an addition in the front to give more assurance around certain areas, for example the nosocomial position of outbreaks in NHS Grampian in relation to other NHS Boards in Scotland.

Throughout the outbreaks the Infection Prevention and Control Team (IPCT) has followed structures put in place for outbreaks to conduct problem assessment groups followed by the incident management team. All outbreaks are investigated, reported on with conclusions, mitigating measures and learning outcomes. Throughout the pandemic the IPCT have been looking at common themes internally and externally to use in education and to change culture.

Dr El Sakka updated on the previously reported item on the eye outpatient clinic. At the moment the level of risk has been downgraded to low and we are assured mitigations are in place.

Dr El Sakka asked the Committee to note the Scottish Government target issued in December 2019 has been updated for 2022 and it is very unlikely that we will reach the targets within the defined time, however this is the same position in all other Boards in Scotland. Dr El Sakka went on to provide a verbal summary of the items included in the IPCT regular report. It should also be noted that the IPCT is very stretched but the situation has improved with the addition of new members of staff in the nursing team.

The Chair thanked Dr El Sakka and opened this up for questions

Mrs Cruttenden asked where there is learning from IM&Ts and staff are not based in a permanent area how is the learning shared and how can this be accessed outside the briefs.

Dr El Sakka informed the minutes from IM&Ts are circulated to the members of the team and this is followed on by a debriefing and the actions are saved on Datix. Mrs Johnston added that Ms Roberts the Safer Workplace Programme Manager is taking this forward to get the message out wider than one team.

The Chair asked about the eye outpatient clinic and the issue with ventilation. Dr El Sakka informed that the ventilation is being actioned by another group as the risk of infection is being mitigated at present by the relocation of the clinic.

The other question is around the 2022 targets from the Scottish Government. Dr El Sakka informed the targets have been assigned for each of the boards and the reduction would be from the same time from each board.

The Chair thanked Dr El Sakka and the Committee noted the report and the actions taken. These reports will be going to the board with our comments.

4.3 Clinical Quality & Safety Subgroup Quarterly Report

Mrs Ingram informed the Committee the report presented is under the headings of performance, improvement, assurance and risk and the discussion will mainly focus on the assurance and risk element with a brief update on two items from performance. Mrs Ingram wanted to highlight the two areas below from the performance area of the report.

Mr O'Brien the Adult Support and Protection Lead brought the Adult Protection Committee: Biennial Reports 2018-20 for Aberdeen City & Aberdeenshire to the group for noting and will bring the Moray report when available. The Care Inspectorate and HMICS have suspended the inspections during the pandemic but have now advised the process is to be restarted. Mr O'Brien will update the Clinical Quality & Safety Group of the inspection dates, the publishing of inspection methodology and any resource demands.

Healthcare Improvement Scotland unannounced inspection to Woodend Hospital. Ms Gibb is updating the Clinical Quality & Safety Group on the progress of the action relating to nursing records and is linking in with the Records Standards Group.

Mrs Ingram confirmed that the Clinical Quality & Safety Group has been meeting 6 weekly through the pandemic and at the December 2020 meeting a refresh of the work was finalised, this may need updated as result of the SLWG. The aim

of the group is to have a cross system approach to learning, mitigation of clinical risk and areas for improvement. The approach taken to develop our clinical and care governance arrangements particularly of hosted services enables us to enact our accountability to the Integrated Joint Board for healthcare services. This has been taken through each Clinical and Care Governance Group where the clinical, quality and safety responsibility is retained through the existing groups in Grampian and the HSCP's. The Clinical Quality and Safety Group is the vehicle to address cross system clinical and governance issues and each group has agreed to look at the same core information as detailed in embedded attachment of the committee paper.

The Chair thanked Mrs Ingram and opened up for questions or comments.

The Chair highlighted from the paper there seems to be a change to the approach to risk and this has been received very positively and asked if there will be any further developments in this area. Mrs Ingram informed this will be covered is the next part of her update.

Mrs Ingram added that Duty of Candour (DoC), guidelines, audit and inspection will also come to the Clinical Quality and Safety Group to ensure a cross system approach.

On the risk management element Mrs Ingram reported on the work being undertaken with Mr Sevenoaks the Corporate Risk Advisor to reframe our strategic risk around quality and safety. Mr Sevenoaks is using a bowtie diagram detailed in the paper and a small core group from the Clinical Quality and Safety Group are working to develop this further. The next report to the Clinical Governance Committee will look different in relation to the risk profile.

Mrs Ingram added there are experts around the clinical risk data which has strengthened the process but we need to be clear what comes to this group. The next report to the Committee will share the outcome of a meeting with the HSE which will give clarity on RIDDOR reporting as this has changed to be more pragmatic which may increase our staff reporting.

The Chair asked if there were any questions or comments for Mrs Ingram.

Professor Bhattacharya felt this was a helpful report and during the meeting we have heard about the diverse pressures on the system and how the system is responding, we have also heard quantity in the system is being impacted and the plan for a recovery. To what extent do you think there will be a tolerance for the quality of service in the circumstances?

Mrs Ingram has been encouraged by the Clinical Quality and Safety Group continuing to meet 6 weekly and although there has been a reduction in complaints reporting, the clinical reporting has remained static and sectors are continuing with their Clinical Risk Meetings and Clinical Governance Groups.

Dr Brown added from a nursing perspective the registered nurse to patient ratios is reduced and this is being measured on a regular basis. The care assurance tools are still being completed and staff are being supported to take a different approach to admission documents by using "asking me". All this data is being looked at on a regular basis.

As there are no more questions the Chair asked the Committee to acknowledge the work by the Clinical Risk Meeting and the Clinical Quality & Safety subgroup to maintain continuation of adverse events, complaints management and clinical risk identification and mitigation.

The Chair thanked Mrs Ingram for her report.

4.4 **Brexit – Programme Update for noting from Alan Gray**

The Chair informed this paper is for noting and asked if the Committee had any questions for Mr Gray? The Committee had no questions and are happy to

note the report. The Chair confirmed there will be the opportunity for discussion with Mr Gray at the next meeting on the 14th May 2021.

5. **Any Other Competent Business (AOCB):**
No items were raised.

6. **Reporting to :**

6.1 The Board

- Living with COVID-19 Tactical Plan of Action
- Critical & Protected services and the progress that has been made
- HAIRT Report November 2020
- Update on the current position in Dr Gray's

6.2 Strategic Risk

ID 2507 - In the current position the risk remains high. Do we feel as a Committee that we have sufficient assurance that the risk is being controlled and mitigated in the circumstances the service is currently facing?
The Committee are assured.
Mrs Ingram informed the Committee as work progresses on the strategic risk it may mean that there are subsets of risks underneath the overarching risk the Committee need to also consider.
The Chair and Mr Robertson would like to note the hard work of the Senior Leadership Team and the workforce.

Dr Rodger, Chair of NHS Highland Clinical Governance Committee, thanked the Chair and the Committee for allowing her to attend the meeting and
The Chair and Mrs Ingram will contact Dr Rodger to arrange a follow up meeting.

7. **Date and Time of Next Meeting**

7.1 The next meeting will be on **14th May 2021 from 10.00 am – 1.00 pm**