

Minute of the Meeting on **the revised reporting arrangements of
NHS Grampian Clinical Governance Committee** on
Thursday 20 August 2020 at 10.00am

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

Present:

Ms Joyce Duncan	Non-Executive Board Member (Chair)
Mrs Amy Anderson	Non-Executive Board Member
Dr Paul Bachoo	Acute Sector Medical Director
Dr June Brown	Attended on behalf of the Executive Nurse Director
Professor Siladitya Bhattacharya	Non-Executive Board Member
Professor Susan Carr	Director of Allied Health Professions & Public Protection
Professor Amanda Croft	Chief Executive (attended for part of the meeting)
Mrs Kim Cruttenden	Chair of Area Clinical Forum/Non-Executive Board Member
Mr Albert Donald	Non-Executive Whistle Blowing Champion
Professor Nick Fluck	Medical Director (attended for part of the meeting)
Mrs Luan Grugeon	Non-Executive Board Member
Mrs Grace Johnston	Interim Infection Prevention and Control Manager
Mrs Jenny McNicol	Acute Sector Nurse Director
Cllr Shona Morrison	Non-Executive Board Member
Mr Dennis Robertson	Non-Executive Board Member
Dr Steve Stott	Associate Medical Director for Quality Improvement & Assurance

By Invitation:

Attended for agenda item 4:

Mrs Jane Fletcher	Head of Hosted Mental Health & LD Services
Mrs Isla McGlade	Interim Associate Nurse Director MHLDS
Dr Alastair Palin	Medical Director Mental Health and Learning Disabilities
Dr Lynne Taylor	Director of Psychology

Attended for agenda item 6.2:

Mrs Lisa Blues	Feedback Advisor
Ms Kirsten Dickson	Quality Improvement & Assurance Facilitator
Mrs Linda Lever	Team Lead for Adverse Events & Feedback
Dr Noha El-Sakka	Lead Infection Prevention and Control Doctor (attended for agenda item 3.1)

Attending:

Mrs Fiona Shepherd	Committee Secretary
Mrs Janice Rollo	Attended on behalf of Mrs Jenny Ingram

Item Subject

1. Welcome and Apologies:

The Chair welcomed everyone to the meeting.

Apologies were received from Mrs Rhona Atkinson, Dr Adam Coldwells, Dr Caroline Hiscox, Mrs Jenny Ingram, Dr Lynda Lynch, Dr Metcalfe and Mrs Susan Webb

2. Minute of meeting held on 18 June 2020:

The minute was approved.

Matters arising log: The Chair referred to the Matters arising log which a number of items had paused due to COVID-19 pandemic. The log will be updated and circulated with the minute, prior to the next meeting. **Action: Ms Joyce Duncan**

3. **Healthcare Associated Infection Reporting Framework**

In response to the Chair's question under item 2b) Minimal capacity to address existing issues with water, ventilation, projects/builds due to focus on COVID-19 Dr El-Sakka informed this was a challenge and a business case has been prepared to provide support to staff.

3.1 **Healthcare Associated Infection Quarterly Report – February 2020:**

Dr El-Sakka noted the NHS Grampian HAI Executive Group were unable to meet between March-June due to the work required to support the system with COVID-19, and as a result of the revised Governance arrangements which were in place, the HAIRT reported included, as part of this paper is the validated data up to the end of February 2020.

Dr El-Sakka provided the Committee with an update on the surveillance parameters from this report and the following areas were highlighted:

- Total number of *Chlostridium difficile* infections (CDI) cases in patients reported to HPS was the same total reported in the previous quarter.
- *Staphylococcus aureus* bacteraemia (SAB) cases reported to HPS represented a reduction of 28.9% from the previous quarter reported.
- Surgical site infections reports and *Escherichia coli* bacteraemia cases had shown an increase this quarter.
- Health Facilities Scotland (HFS) cleaning and estates monitoring compliance for the quarter October to December 2019 were above the national target of 90%.

4. **Effect of COVID-19 on Mental Health & Learning Disability Services:**

The Chair introduced Dr Alastair Palin, Dr Lynne Taylor and Mrs Isla McGlade to present to the Committee on the Mental Health & Learning Disability Service's agreed protected and critical services for inpatient care and changes to Community Services introduced during COVID-19. Community Services were provided at Hubs, which are single points of contact for referrals in Aberdeen City, Aberdeenshire and Moray. Unscheduled care provision was located at Kildrummy Hub Royal Cornhill Hospital and the Emergency Department at Dr Grays Hospital. These services moved to a model of same day assessment as a response to COVID-19.

The effect of COVID-19 on acute inpatient wards has seen less acute beds in use and the inpatient acuity was increasing. Initially there was a decline in the percentage of inpatients who were detained but this figure was now rising along with the number of perinatal referrals and referrals of women with young children. In March 2020, the two Learning Disability wards amalgamated into one ward and relocated to the Royal Cornhill Hospital site bringing all services together on one site.

NHS Grampian COVID Psychological Resilience Hub provides psychological first aid which is accessed by completing a self-referral form or calling the Hub. The self-referral form triages and scores levels of distress directing the referral automatically to staff who allocate 4 levels of support for referrals. The service has received good feedback from users and recognised nationally.

Dr Taylor responded to Cllr Morrison's question. As part of the Head of Psychology Group in Scotland, the group produced a decision paper on the use of virtual therapies for the delivery of psychological and mental health care collating the views from leads of services as part of the remobilisation plan. The evidence available to date was virtual therapy appointments for psychological therapy and mental health reviews were as effective as face to face treatments.

As a first line, virtual therapy will be offered, if there were exceptional circumstances, for example, people with significant learning disability, dementia, severe trauma, suicidal risk, a risk assessment form will be completed and the person will then be appropriately allocated to one of the 4 levels of support.

In response to Mr Robertson's questions regarding; the transitioning of children from young people service to adult health services for example for a patient with an eating disorder. Dr Taylor informed NHS Grampian Child and Adult Mental Health Service (CAMHS) bring children/young people with an eating disorder or low weight into the building for face to face assessments/treatments. The follow up with virtual therapies, if required and further appointments. Responding to the question regarding the transition of children/young people to adult services. This was managed by working closely with adult health services. Dr Taylor referred to a recent Scottish Government document on Transition of children with mental health difficulties through to adult health services which describes planning with the young person starting 6 months prior to transition. Final response to Mr Robertson's question with regards to visiting impact from schools, two things that are protected; 1. The psychology hub takes referrals of all ages, from parents or children directly if over 12 and also teachers. CAMHS also has an Early Intervention Team pre-COVID was going into schools to train teachers, to offer cognitive behavioural therapy. The Early Intervention Team work in the hub and CAMHS, to provide an early intervention service within the CAMHS team. This will be monitored and it is expected there will be a significant increase nationally, with the effects of children/young people's mental health during lockdown, which will begin to be seen when children return to school. Dr Taylor informed systems and processes were in place to manage this within Grampian.

Mrs Anderson thanked the team for their presentation and acknowledged the work being undertaken. She referred to changes in the service outlined in the presentation and asked what support was being provided to staff going through these changes.

Mrs Fletcher noted this was a crucial point to raise with the change and decisions made for COVID when there hadn't been the same consultation with staff, as there would normally be. With regards to the resilience and willingness of staff working together has been amazing, with an understanding, why we were making these changes. Mrs Fletcher informed now we were a couple of months on, the communication is crucial to keep staff up dated on what's happening and why. To make decisions, to temporarily close wards/services, breaking up well established teams and to not underestimate the difficulty for staff. We were communicating in a variety of different ways; set up a garden for staff; healthy working lives group. One of the issues highlighted was the level of uncertainty and giving information as we have it, to keep staff involved, when we can.

Mrs Grugeon thanked for the very interesting and useful presentation and expressed thanks to staff and the leadership in Mental Health & LD Service in adapting the service during this period. Mrs Grugeon's question was looking at the future of the service, for our whole population being effected by COVID, how we were using data to shape the redesign of services, so we were not just thinking about replacing the same service and looking at how the changes in population taking a preventative approach. Dr Palin informed Aberdeen City Health & Social Care Partnership will be looking at a whole system review together with public partners with a "no wrong door" to accessing services.

Dr Taylor from a psychology perspective was looking at national data on the impacts on COVID and the shift that has had on our population. Part of the vision with the psychology hub was how to think how that could work going forward as a single point of access for people, to access support going forward. We were not at that point yet, we require reviewing and working with colleagues to redesign, to pull views together from public, patients and stakeholders.

The Chair thanked those for the comprehensive presentation. The Committee were assured what had been undertaken during COVID and agreed to receive an update on progress at a future meeting of the Committee. **Action: Dr Alastair Palin**

5. **Cardiothoracic Surgery: Volume:**

This item was discussed at a closed session of the Clinical Governance Committee.

6. **Systems, Quality, Safety and Risk:**

6.1 **Clinical Quality and Safety Subgroup Quarterly Report**

Dr Brown emphasised, as we continue with COVID and the revised governance arrangements this paper has been set out using the Performance, Assurance, Improvement and Risk (PAIR) process, to summarise the key matters considered by the Clinical Quality & Safety Group and the Clinical Risk Meeting.

Dr Brown highlighted the following information:

Performance:

- The Sharing Intelligence for Health & Care Group: This review was in February 2020 and the report was received in June 2020. The report highlighted, there was positive recognition the culture and relationships with partnerships. Areas we require improvement, in relation to recruitment and audit data. The outcome was no additional actions from the seven national agencies, as we have plans in place to progress.

Assurance:

- As a sub group of the System Leadership Team the Clinical Quality & Safety Group were asked to identify their role and purpose post COVID, the value the group provides was identified was co-ordination of cross system clinical quality of standards of care. In reviewing clinical risks and those mitigations by supporting best practice. The group felt keen to progress with the outcomes from the review in March 2020 of the clinical and care governance processes across NHS Grampian and the partnerships. However, these require to be considered, in line with COVID-19 and the overarching remobilisation plan.

Improvement:

- The NHS Grampian Clinical Board continues to meet and was well attended with a focus on the COVID-19 Tactical Plan of Action specifically on objectives 1-4. There was a review of the Clinical Board in terms of the value it had added and continues to meet.
- The Clinical Directorate work continues in a co-ordination role.

Risk:

- The Audit Committee considered the findings from the PriceWaterhouse Cooper audit. An update will be reported to the Clinical Governance Committee.

6.2 **Handling & Learning from Feedback Report 2019-2020**

Dr Brown introduced Mrs Lever, Mrs Lisa Blues and Ms Dickson to present the Feedback Annual report for 2019–2020. Mrs Lever informed the 2019-2020 Annual Report was set out, in a revised format demonstrating the variety of ways NHS Grampian gathers feedback from patients, carers, staff, individuals and families across Grampian. In the 'at a glance' section clear details on the number of contacts from each of the areas of feedback and real time experiences were displayed.

Mrs Lever asked the Committee if they had any comments/feedback prior to the final submission to The Scottish Government at the end September 2020.

Mrs Anderson noted she liked the report and asked questions in regards to a number of pieces of feedback which led to improvements and thought it would be helpful to include examples of what the feedback was and what the improvements were for the future and does the Feedback team have the capacity to cope with a possible influx of feedback. Mrs Lever responded to these questions. At the start of the pandemic there was a vast reduction of feedback received and staff was realigned to work in other areas that were experiencing surges. We have one member of staff seconded to the Test and Protect team as seen as a priority. However, there was an acknowledgement and agreement this member of staff will return to the team as and when the volume of feedback increases.

Mrs Grugeon liked the infographics within the report and was very easy to read. Mrs Grugeon's question was around the Equality and Diversity section, in the report and noted there was no reference to anyone living in poverty and asked if this could be added to this year's report. Mrs Blues acknowledged, the information received from Equality and Diversity did not include anything on poverty and agreed, this can be included to the 2019-2020 Annual Report.

The Committee acknowledged the work by the Clinical Risk Meeting and the Clinical Quality & Safety Group and approved the NHS Grampian Handling and Learning from Feedback Annual Report.

6.3 Assurance on strategic risk ID 2507

The Committee agreed they felt adequately assured regarding the following risk:

ID 2507: Quality and Safety of Care: There is a risk the focus on quality and safety of care across NHS Grampian and partner organisations could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on new evidence based guidance, evidence from quality audits, independent assessment, patient experience and recorded incidents – High risk.

7. Reporting to the Board:

The Committee agreed the following items to be reported to the Board:

1. Effect of COVID-19 on Mental Health Learning Disability Services.
2. Handling & Learning from Feedback Report 2019-2020.
3. Healthcare Associated Infection Quarterly Report.

8. Any Other Competent Business (AOCB):

8.1 The **Board Short Life Working Group (SLWG)**: The Chair informed the SLWG was working on a number of areas; one which impacts on Clinical Governance. The Clinical Governance Committee will be asked to look at what we are doing and how we link with the Integration Joint Boards (IJBs).

9. Date and Time of Next Meeting:

The next meeting will be on **13 November 2020 from 9.30-12.30**. Meeting invites will be sent through Microsoft Teams.