



CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 21 February 2023. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Kim Cruttenden Chairperson; and Luan Grugeon (NHS Grampian Board Member) and Councillor Deena Tissera.

In attendance: Caroline Howarth, Lynn Morrison, Fiona Mitchellhill, Graeme Simpson, Laura McDonald, Val Vertigans, Barbara Dunbar, Campbell Thomson, Stella Evans, Shona Omand-Smith, Stuart Lamberton, Susie Downie and Mark Masson (Clerk).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

An apology for absence was intimated on behalf of Councillor Allard.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

MINUTE OF PREVIOUS MEETING OF 11 NOVEMBER 2022, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 11 November 2022, for approval.

The Committee resolved:-
to approve the minute.

BUSINESS PLANNER

4. The Committee had before it their Business Planner for consideration.

The Committee resolved:-

- (i) to note the reasons for the reporting delay in relation to item 5 (Long Covid Update) and that a summary update report would be submitted to the next

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- meeting of the Committee, with a full report being submitted at a later date in the year;
- (ii) to remove item 17 (Workforce Plan) from the planner for the reasons outlined therein;
 - (iii) to note that the Chairperson would liaise with Caroline Howarth to discuss arrangements for a Committee Development Session and also a Joint Development Session with the Clinical and Care Governance Group;
 - (iv) to otherwise note the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP.23.006

5. The Committee had before it a report by Lynn Morrison and Michelle Grant which provided information and data to provide assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality service from ACHSCP.

By way of summary, the report indicated (a) that this quarter had continued to see significant and enduring pressures across all health and social care services, with teams and services having to manage rising demand in some areas and increasing complexity, acuity and delayed presentations, coupled with continued workforce availability challenges due to recruitment and retention challenges and staff absences; (b) that the Clinical and Care Governance group continue to hear of pressures across service areas, however with some positive news too around some recruitment successes in some teams; (c) that winter surge planning, contingency planning around industrial action had also been undertaken and there had been a pause in any strike activity pending further pay negotiations, however, this remained a risk until this was resolved; (d) that information governance delays continued to be a concern and work to improve this was being taken forward by the Chief Operating Officer to try and find a way to enable service initiatives in a number of services within the partnership to be able to progress where there had been significant delays due to information governance sign-off requirements not being able to be resolved; (e) that there were many examples of excellent improvement work and other initiatives to improve the care being delivered to the people of Aberdeen and wider Grampian and to support staff wellbeing and development; (f) that the entire health and social care partnership workforce were to be thanked and commended for their continued commitment and hard work delivering the best services they could despite the ongoing challenging circumstances they were having to work through; (g) that this would be Lynn Morrison's last report to the committee as Chair of the Group, having been asked to step in on an interim basis in May 2021; and (h) that the role of chair was now passing back to the Lead Officer for Clinical Governance for the partnership, with this role sitting as part of the remit of the Lead for Medical Clinicians under the revised Senior Leadership Team arrangements.

The report recommended:-

that the Committee note the contents of the report

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Lynn Morrison provided a comprehensive summary of the report, in particular, making reference to the various workforce challenges and pressures and outlining ongoing mitigations across services. In response to questions from members, the following was noted:-

- that there were challenges within the maternity service due to recruitment and the two-year training requirement for nurses before commencing duties, although a new National Workforce Tool was being utilised and a business case to increase staffing was being considered – the situation continued to be monitored;
- that there was a need to develop a shared approach to define, monitor and escalate risk, particularly where there may be a risk of harm to patients;
- that a new system, namely 'G-Pass' would be used by GP staff to help monitor patient complaints, pressures and impact;
- that there continued to be positive intergenerational work for care home residents including physical activity; and
- that consideration would be given on how GP practice feedback from patients and reporting of complaints could be captured and included within future reports and also how this information could be shared for learning and improvement.

The Committee resolved:-

- (i) to note that updates in relation to 'Information Governance', 'GP pressures and potential improvements including usage of the G-Pass system', and 'Duty of Candour' would be considered in future reports;
- (ii) to note that Michelle Grant would investigate whether comparative data information (City/Shire/Moray) from the Datex system could be used and included within future reports;
- (iii) to note that a further update on the Moray Abortion Care Scanning Pathway would be included with the report at the next meeting;
- (iv) to note that there continued to be pressures in relation to NHS Dental Services and de-regulation and it was important that the situation was regularly monitored by the Committee;
- (v) to express thanks to Lynn Morrison for all her work in terms of presenting the Group Monitoring reports and for chairing the CCG Group effectively; and
- (vi) to otherwise approve the recommendation contained within the report.

STAFF WELLBEING - WORK OF THE CITY STAFF PARTNERSHIP FORUM - HSCP.23.010

6. The Committee had before it a report by Sandy Reid which provided an update on staff wellbeing issues within ACHSCP.

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The report outlined the most recent absence sickness rate for partnership staff (NHSG employees only) which showed that sickness absence as of December 2022 was 5.93% and listed the top five recorded reasons for sickness absence as follows:-

- Anxiety/stress/depression (14.06%);
- Colds/coughs/flu (12.98%);
- Gastrointestinal problems (8.04%);
- Back problems (5.55%); and
- Covid (5.13%).

The report advised that in total there were 14,174 hours lost to sickness absence in ACHP in December 2022 alone.

The report recommended:-

that the Committee note and discuss the report.

The Committee heard from Sandy Reid who highlighted the key information from the report and responded to questions from members.

During discussion, the following was noted:-

- that in terms of the wellbeing of the workforce, staff were reminded by operational managers, that annual leave (2022) should be taken by the end of March 2023;
- that if possible, future reports in this regard should include comparable figures with other IJB areas;
- that there was a need for the organisation to look at the retention and recruitment of staff, but also to address workloads, repeat absences and how best to support the workforce in this regard;
- that managers in Aberdeen City Council complete mental health assessments for staff;
- that complimentary therapies at Woodend Hospital, including physiotherapy sessions funded through endowments were helpful for staff; and
- that managers should be reminded to ensure that staff take regular breaks each day to support staff wellbeing, in line with statutory minimum legal requirements.

The Committee resolved:-

- (i) to request that future reports on staff wellbeing/sickness absence include comparison details from other IJB areas; and
- (ii) to otherwise approve the recommendation.

UPDATE ON MENTAL WELFARE COMMISSION VISITS AND ACTION PLAN - HSCP.23.011

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7. The Committee had before it a report by Kathryn Kinnear which provided an update on visits from the Mental Welfare Commission (MWC) in the past 12 months for the Mental Health and Learning Disability Inpatient and Specialist Services.

The report had attached the following appendices in relation to the 8 visits at Royal Cornhill Hospital in 2022:-

- Strathbeg and Loirston Ward Report;
- Corgarff Report;
- Polmuir Road Report;
- Intensive Psychiatric Care Unit Report;
- Great Western Lodge Report;
- Forensic Acute/Rehab Report;
- Brodie Ward;
- Skene Ward; and
- Action Plans arising from reports.

The report recommended:-

that the Committee –

- (a) instruct officers to submit this report on progress to both the Aberdeenshire and Moray IJBs (in a pdf format, attached to their respective reporting templates);
- (b) note the positive experience of the Mental Welfare Commission following their visits; and
- (c) note the progress being made on the action plans created following the visits.

The Committee heard Kathryn Kinnear provide an overview of her report, making reference to (1) the three themes running through the reports including communication, environmental and the recording of care in the notes; and (2) action plans, the process following the service receiving the report and governance arrangements.

During discussion, the following was noted:-

- that the action plans required to be submitted to the MWC within three months;
- that the MWC refer to the action plans when they undertake future visits to seek information on progress being made; and
- that it was acknowledged that further work would be required in relation to cascading feedback from the visits to other hospitals for learning purposes and a formulated mechanism to do this would be considered by Kathryn and her team.

It was noted that Kathryn Kinnear would liaise with Matt Jobson, in relation to the work of the NHS Grampian Quality and Safety Forum regarding a governance structure for cascading feedback from visits.

The Committee resolved:-

to approve the recommendations.

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ITEMS WHERE ESCALATION TO IJB IS REQUIRED

8. The Committee considered whether any items required escalation to the IJB.

With reference to article 8 of the previous meeting of 11 November 2022, relating to Information Governance and its effects on the Community Pharmacy Team, the Hubs and the Third Sector, it was noted that the Chair and Luan Grugeon were to receive feedback from Lynn Morrison following her discussion with Fraser Bell and Sandra McLeod. Luan Grugeon sought an update in this regard.

The Committee resolved:-

to note that Lynn Morrison would liaise with Fraser Bell and circulate a summary update on the progress being made in relation to the above.

- **KIM CRUTTENDEN, Chairperson**