



CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 15 August 2023. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Chairperson; and Councillor Lee Fairfull and Luan Grugeon (NHS Grampian Board Member).

In attendance: .

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Councillor Deena Tissera.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. Members were requested to intimate any declarations of interest or transparency statements in respect of the items on today's agenda, thereafter the following was intimated:-

Caroline Howarth advised that she had a connection in relation to item 3.1 (CCG Group Monitoring Report), specifically regarding details on the closed list of GP Practices, by virtue of her being an independent GP, however having applied the objective test, she did not consider that she had an interest and would not be withdrawing from the meeting.

MINUTE OF PREVIOUS MEETING OF 18 APRIL 2023, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 18 April 2023, 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:-

to note the planner.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

CCG GROUP MONITORING REPORT - UPDATE - HSCP,23.048

5. The Committee had before it a report by Caroline Howarth and Michelle Grant which presented data and information 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 Aberdeen City Health and Social Care Partnership (ACHSCP).

The report recommended:-

that the Committee note the contents of the report.

Caroline Howarth provided an overview of the report and made reference to the annual Joint Development Session held with the Clinical and Care Governance Group (CCG Group), at which the following key points were discussed:-

- What do the Group Reports need to look like and what do they need to include to inform the Committee?
- This is the experience the Committee want to harness – is this how it feels now.
- What do the sector reports need to look like and include in order to inform the Group and the Committee Report?
- What data is needed, and do we already have it?

Caroline intimated that the output from this session had been discussed by a smaller group in July to reflect on achievements and identify any gaps, to review the Committee terms of reference, to consider 'deeper dives' into particular risks as part of the group report and to review the frequency of the group meetings to align with the four quarterly committee meetings. They agreed the production of an Action Log to address and close off any actions/decisions at Committee meetings and also to pre-populate group sector report templates to include the operational risk register.

Caroline advised that the report contained a Quarter 4 data report but the information was out of date, therefore the report had the Q1 data report as an appendix for information but had not been discussed by the group. For the October Committee meeting, the group report would include a Q1 and a Q2 data report which would be more up to date and current and each sector would comment on their Q1 and Q2 data as part of their sector reports.

Caroline indicated that the report highlighted many stable and some decreasing risks. In terms of increasing risks, recruitment and retention featured in the sector report for Allied Health Professionals and public Dental Services. In frailty there was an increasing risk around securing a sustainable medical contract for rehabilitation beds and Primary Care had several increasing risks around closed lists, asylum seekers, new BMA guidance and infrastructure.

Caroline explained that Moray Abortion Services remained high risk and in the

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

vaccination service there were concerns in relation to reduced service budget which may risk an overspend position against the primary care improvement fund.

The Committee also received an update from Emma King on the issue of GP Closed Lists, noting that at present there were 4 General Practices which have closed lists in the City Centre, this was a reduction from eleven, previously reported. She also provided details regarding the numbers of refugees/asylum seekers who required city centre services, noting that Matrix arrangements had been created in conjunction with Aberdeen City Council.

Claire Wilson provided an update in relation to the ongoing challenges within Care Homes, noting the continued work being done to reduce risks, the regular support and assurance visits which were being undertaken and intimating that the risk position should be amended within the report to 'Stable'.

During discussion, the following was noted:-

- that the CCG Group would decide themselves how many group meetings they think would be necessary to achieve their aims;
- that "Spotlights" would be used to consider particular risks going forward instead of 'Deeper Dives';
- that there was going to be an action by the Group to map the Committee Terms of Reference against the Committee Planner;
- Spotlight topics may be a newly identified strategic high level risk or that the level of risk may have remained stagnant for a long period, with multiple topics (if deemed necessary) being added to future agendas for consideration;
- that all Spotlight topics agreed by Committee would be added to the Committee Planner
- that Martin Allan was arranging a deep dive session over the next two months on Recruitment and Retention which was acknowledged as being one of IJB's largest strategic risk, with officers, IJB members and key stakeholders being invited to participate;
- that in terms of Primary Care Pressures identified within the report, it was suggested that 'Provision to Support Refugees' be a future Spotlight topic to be considered by the Committee, to include details on what the pressures were, how the risks were being mitigated, how we maintain good care and support provision to those coming to Aberdeen in the context of a General Practice system which was currently under pressure and linked to that, details of the work being undertaken around closed lists and access to GPs; and
- that 'Moray Abortion Care' be considered as a Spotlight topic for the next meeting, to include details around managing complications of abortion, the actions and mitigating risks for the safety of women and to outline what the pathway was for governance and accountability.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

The Chairperson made reference to a recent visit she and Councillor Cooke undertook at the Tech Library, explaining that it was an initiative which had shown how technology could be built in to high quality person centred care. She encouraged members to undertake a visit for themselves to see the impressive work that was ongoing.

The Committee resolved:-

- (i) to endorse the actions from the Joint Development Session, including those above regarding the production of an Action Log to incorporate actions from the Committee as well as the Group and the plans to pre-populate Group Sector Reports;
- (ii) to note that Judith McLenan, Lynn Morrison and Caroline Howarth would liaise to consider how best Hosted Mental Health and Learning Development fits in to avoid duplication and to highlight any risks which should be reported to Committee;
- (iii) to note that the Committee would determine Spotlight topics and request that the lead person for that service area would prepare a report and be invited to the Committee meeting to answer any questions which members may have;
- (iv) that the CCG Group could also suggest Spotlight topics by way of a report recommendation within the Group Monitoring report, to then be agreed by the Committee;
- (v) that 'GP Pressures – Quality and Safety of Care to Support Refugees' be a Spotlight topic to be considered at a future meeting of the Committee, noting that a report and attendance would be required from Emma King and/or Susie Downie;
- (vi) that 'Moray Abortion Care' be a Spotlight topic for the next meeting, to include details around managing complications of abortion, the actions and mitigating risks for the safety of women and to outline what the pathway was for governance and accountability, noting that a report and attendance would be required from Dianna Reed and/or Sandy Reid; and
- (vii) that in relation to the Minor Surgery Service and specifically the complex lesion/procedure surgery waiting list, that Caroline Howarth provide details in the next report regarding the escalation process particularly if there are changes to benign lesions for those on the list.

CHILDHOOD & ADULT IMMUNISATIONS 2022/23 - HSCP.23.049

6. The Committee had before it a report by Caroline Anderson, Programme Manager and Stephen Main, Lead Nurse, Immunisations and CTAC, which provided an update on the position on Childhood and Adult Immunisations over the past year.

The report recommended:-

that the Committee –

- (a) note the uptake of Childhood immunisations;
- (b) note the uptake in Adult Immunisations; and

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

- (c) note the actions taken to improve uptake and future improvement plans.

The Committee heard from Caroline Anderson, who highlighted the key information from her report.

In relation to Childhood Immunisations Caroline (1) advised that the data had been extracted from the Public Health Scotland (PHS) Website who extract their information from the Scottish Immunisation Recall System (SIRS); (2) indicated that there had been a gradual decline of childhood immunisations within Scotland in the past 10 years and that the most significant impact being the number of families that are “New to Area” within Aberdeen City compared to other areas in Grampian; explaining that this was due to the number of asylum seekers/refugees placements in Aberdeen City and the increasing number of International Students and their families attending Robert Gordons and Aberdeen Universities; (3) outlined some of the challenges which they have been experiencing over the past few years, including the SIRS IT Reporting System, the appointment System which was outdated and inflexible and during and following the COVID-19 pandemic, the service had seen an increase in “children not brought” to appointments due to vaccine fatigue and misinformation, which fitted with the national picture across Scotland; and (4) provided details of the Improvement Action Plan, including manual spreadsheet to compile live data, the establishment of two pre-school clinics this year in Tillydrone and Bucksburn, contacting families daily for those who did not attend in order to rebook and to determine why they did not attend, the attendance of Team members at outreach mother and toddler groups, Universities, community centres to help promote vaccines.

Caroline Anderson further advised that there had been good uptake in terms of Teenage Immunisations, particularly the HPV vaccine which had been a huge success, with findings showing that the levels of cancer related HPV in Scotland decreasing by 90% in young woman. She intimated that there had been a lower uptake in some schools and that they were working with them to look at ways of promoting the importance of vaccines, working closely with St Machar Academy. She indicated that the team attend assemblies at schools with lower uptake.

In terms of Adult Vaccinations, Caroline advised that there had been an 85% uptake for over 65 year olds in relation to the Flu vaccine and 90% uptake for the Covid Vaccine. She also outlined details of the Adult Programme within the Improvement Action Plan, making reference to promotional aspects of the immunisations including ongoing links with Grampian Regional Equality Council, the Homeless Service and gypsy/travellers in liaison with Aberdeen City Council, leaflets in different languages, various pop-up clinics, attending churches/mosques and all sheltered housing complexes. She also made reference to the Vaccination Centre’s which relocated to Bon Accord Centre on 19 June and the work undertaken to engage with health, social care, third sector services and community groups to create a Community Hub.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

Caroline Anderson and Stephen Main responded to a number of questions relating to immunisations, during which, the following was noted:-

- that teenage vaccine uptake in boys was 70% and girls was 80%;
- that anecdotal information had shown that there had been an increase in children presenting with measles in the UK, particularly in London – however there was no evidence of an increase in Aberdeen or Grampian in this regard;
- that Home-Start were willing to support people with anxiety in order to help with their attendance for vaccinations; and
- that there was a lower uptake than expected for adult immunisations within the Health and Social Care Partnership workforce - noting that work was ongoing to improve this including increased communication, establishing more staff clinics, attending GP practices and sheltered housing so staff could be vaccinated there, links to Grampian City Consortium and other partners to create more pop-up clinics in the city hospitals and at possibly Marischal College and Health Village.

Caroline Howarth made reference to the report which stated that during the COVID-19 pandemic, residents were unable to attend in person at GP Practices to receive their adult routine for Adult Routine (Shingles & Pneumococcal). She wished to clarify that this was not the case and that the Shingles vaccination was transferred over to the Aberdeen Health and Social Care Partnership and that there had also been IT issues in this regard.

The Committee resolved:-

- (i) that an update report be submitted to the Committee in 12 months' time; and
- (ii) to otherwise approve the recommendations contained within the report.

ROYAL CORNHILL HOSPITAL - RISKS - HSCP.23.050

7. With reference to article 7 of the minute of meeting of the previous meeting of 18 April 2023, the Committee had before it a report by Judith McLenan, Lead for Mental Health and Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services, which provided an update on Royal Cornhill Hospital risks.

The report recommended:-

that the Committee –

- (a) note the update that Muick and Davan are now fully functioning wards;
- (b) note the update regarding the fourth Adult Admitting Ward opening on 3 July 2023, giving the service an extra bed capacity of ten; and
- (c) note that the monitoring of ongoing risks will be achieved via the local service governance groups and escalated to the appropriate committees accordingly.

CLINICAL AND CARE GOVERNANCE COMMITTEE

15 August 2023

The Committee heard from Judith McLenan who provided a summary of the report making reference to the refurbishment of two wards (Muick and Davan) within Cornhill Hospital. She provided information in relation to positive and helpful round table discussions with the Chief Executive Team and external regulators to look at the complexities surrounding the risks relating to patient placement following the closure of wards. She also made reference to repairs within the Fyvie ward. She intimated that Muick and Davan wards were now fully operational and that currently there were four general adult mental health and learning disability admitting wards and three older adult admitting wards.

The Chairperson made reference to a recent visit she had with Councillor John Cooke to the wards, explaining that the work done had been impressive and they were fully fit for purpose.

In response to a question by the Chairperson, Judith provided information in relation to Grampian's Asset Management Group which had identified other mental health wards which had not been refurbished and were considered as high on the list for requiring action to reduce the risk of suicide, however she provided assurance that risk control measures were in place in this regard.

The Committee resolved:-

- (i) that with reference to the decision at the previous meeting in April, specifically "to note that the concerns relating to staff absence rates sickness absence rates, including the reasons for absence and whether they were work related and short, medium or long term", that this would be reported via the Risk Audit and Performance Committee and/or the IJB; and
- (ii) to otherwise approve the recommendations within the report.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

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

The Committee resolved:-

that no items be escalated to IJB.

- **LUAN GRUGEON, Chairperson**