

## CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 31 October 2023. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell (Chairperson) and Professor Siladitya Bhatta; and Councillors Jennifer Bonsell and Lee Fairfull.

In attendance: Caroline Howarth, Councillor Allard, Fiona Mitchelhill, Shona Omand-Smith, Graeme Simpson, Claire Wilson, Val Vertigans, Sophie Beier, Jane Gibson, Susie Downie, Stuart Lambert, Daniela Brawley, Sandy Reid, Sarah Wallage 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.

Apologies for absence were intimated on behalf of Lynn Morrison and Rachael Little.

### DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

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

### MINUTE OF PREVIOUS MEETING OF 15 AUGUST 2023, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 15 August 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.

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**CCG GROUP MONITORING REPORT - UPDATE - HSCP.23.075**

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 which marked the first trial of the new sector reporting template, noting that all sectors received pre-populated templates containing a copy of the operational risk register, their previously reported risks and any questions raised at the previous Clinical Care and Governance Committee.

By way of a summary, the report contained data from Quarter 1 as Quarter 2 had only ended on 30 September 2023 and (1) advised that the most commonly reported theme at the group was around staff wellbeing which was highlighted in several sector reports around low staff morale and stress; (2) indicated that some staff groups had received violence and aggression training after being involved in some challenging situations and had been offered psychological support; (3) explained that there were also several reports which highlighted concerns over the speed of various stages in the recruitment process which were causing significant delays; (4) advised that there were several good news stories about successful recruitment in dietetics, district nursing and in covering some maternity leave in the pharmacy team; (5) explained that Sexual Health had seen a reduction in the implant waiting list and there was an interim solution in place to support Moray abortion services; (6) indicated that Community and Treatment Care Services had received some excellent patient feedback and Care Homes were trialling a professional-to-professional phone line to try and ensure that all admissions to hospital from care homes occur only where admission was the best possible option for the patient; and (7) advised that the data remained out of sync which was something they were striving to correct for next year by aligning the group and committee dates to allow time for data analysis at the end of each quarter.

During discussion the following points were raised and noted:-

- that the Risk Register could be used to identify 'Spotlight' items for further consideration;
- that the workforce challenges were being continually monitored by IJB with a number of initiatives being undertaken to improve the situation, including partnership recruitment fairs - A recruitment video had been produced and would be shown at the next meeting of the IJB on 5 December 2023; and

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- that it was important to continue to provide detail within the Group Monitoring report, however some user friendly key points should be highlighted within an Executive Summary, and Sector Reports, could be added as appendices.

### **The Committee resolved:-**

- (i) that an Executive Summary highlighting key points/risks would be included within future Group Monitoring Reports, with appendices containing the detail from the various sectors; and
- (ii) to otherwise approve the recommendation contained within the report.

### **ABORTION CARE FOR PATIENTS IN MORAY, ABERDEEN CITY AND ABERDEENSHIRE - HSCP.23.078**

6. The Committee had before it a 'Spotlight' report by Dr Daniela Brawley, Consultant and Lead for Sexual Health for NHSG - Managed Clinical Network, Dr Dianna Reed, Consultant and Clinical Lead for NHSG - Sexual Health Service, Dr Sarah Wallage, Consultant and Abortion Care Lead and Ms. Karen Edwards, Deputy Service Manager for NHSG Sexual Health Service, which provided details on the current status of abortion care provision for Moray, Aberdeen City and Aberdeenshire residents and highlighted some inequities in care provision across Grampian.

### **The report recommended:-**

that the Committee –

- (a) acknowledge the inequalities of abortion care provision to residents of Moray in comparison to those resident other areas of Grampian; and
- (b) direct the Chief Officer to inform solutions to:-
  - reduce variation in abortion care to Moray residents by instructing the Chief Officer to engage with stakeholders to reduce inequity of care;
  - reduce the impact on other non-abortion NHS Grampian and NHSG Sexual Health Services (SHS); and
  - help establish clear governance processes for abortion care across Grampian.

The report (1) made reference to the Obstetrics and Gynaecology team in Dr Gray's Hospital and highlighted the traditional provision of abortion care for Moray residents and NHS Grampian Sexual Health Service and for Aberdeen City and Aberdeenshire residents; and (2) outlined the staffing challenges to provide abortion care in Moray since the end of 2020, the ongoing concerns regarding the current care pathway for Moray residents and the impact for abortion care provision across Grampian.

The Committee heard Daniela Brawley provide a summary of the report and respond to questions from members, including the potential reasons for an increase in service

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demand; the current funding situation; and outlining what the preferred outcome would be to improve the matters.

During the discussion, it was acknowledged that a clear service level agreement/governance process was required to determine what teams in local areas could provide by way of abortion care services.

### **The Committee resolved:-**

- (i) to approve recommendation (a); and
- (ii) to note that the Chairperson, following consultation with Daniela Brawley, would write to his counterpart in Moray IJB to seek assurances that a clear governance process would be established for abortion care services across Grampian.

### **QUALITY AND SAFETY OF CARE TO SUPPORT REFUGEES UPDATE: PRIMARY CARE ABERDEEN CITY - HSCP.23.077**

7. The Committee had before it a 'Spotlight' report by Emma King, Primary Care Lead and Susie Downie, Interim Primary Care Lead, which provided an update on the current situation within Primary Care Aberdeen City, in relation to refugees, that being, asylum seekers and refugees.

### **The report recommended:-**

that the Committee note the update and options to meet asylum seekers general medical services needs and associated risks.

Susie Downie provided a summary of the report and she and Caroline Howarth responded to questions from members including outlining future trends, GP numbers in Grampian compared to those in the rest of the country, issues relating to the recruitment of GPs and indicating that a patient engagement session would be held on 1 November 2023.

### **The Committee resolved:-**

- (i) to approve the recommendation; and
- (ii) to note that the monitoring of progress in this regard would be included within future Group Monitoring reports.

### **ADULT SUPPORT & PROTECTION ANNUAL RETURN TO SCOTTISH GOVERNMENT 2022-23 - HSCP.23.076**

8. The Committee had before it a report by Val Vertigans, Lead Strategic Officer Adult Public Protection, HSCP which outlined the Adult Support and Protection (ASP) annual return data submitted to Scottish Government for 2022-23 for assurance purposes.

### **The report recommended:-**

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that the Committee note the ASP Annual Return to Scottish Government for 2022-23.

The Committee heard Val Vertigans highlight the key information from the report, including the number of ASP Referrals received, noting that there was a 44% increase from the previous year; and providing details of the Referral Sources, noting that under 20% were from NHS, overtaking the Police as the second highest source of referrals which was likely due to training and awareness-raising undertaken within Health.

Claire Wilson advised that the implementation and work of the new Adult Protection Social Work Team had a very positive impact in terms of the reduction in the percentage of Referrals which were progressing to Investigation.

**The Committee resolved:-**

to approve the recommendation.

### **ABERDEEN CITY HEALTH AND SOCIAL CARE OPERATIONAL RISKS - HSCP.23.074**

9. The Committee had before it a report by Martin Allan, Business and Resilience Manager which outlined the governance arrangements around the reporting of operational clinical risks through the Clinical Care and Governance Committee and Clinical Care and Governance Group and the links to the Board Assurance and Escalation Framework.

**The report recommended:-**

that the Committee –

- (a) note the governance arrangements around the reporting of operational clinical risks in the Partnership as detailed in the report; and
- (b) agree the frequency of considering the full Operational Risk Register (comprising clinical risks) at future meetings of the Committee.

Martin Allan outlined the key information from the report, noting that (1) the Committee received a monitoring report every cycle 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 services from the Partnership; and (2) that the operational risks were managed via the NHS Grampian Datix system.

**The Committee resolved:-**

- (i) to approve recommendation (a); and
- (ii) to agree that a full Operational Risk Register (comprising clinical risks) would be submitted to the Committee on an annual basis.

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**ITEMS WHERE ESCALATION TO IJB IS REQUIRED**

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

**The Committee resolved:-**

- (i) that no items be escalated to IJB; and
  - (ii) to request that Sandy Reid provide a high level overview 'Spotlight' report in relation to Recruitment and Retention across all sectors and that it be presented to the Committee at the next meeting.
- **MARK BURRELL, Chairperson**