Minute of Meeting of the NHS Grampian Clinical Governance Committee
Held on Friday 19 February 2016 at 9.30am in the Conference Room,
Summerfield House, Eday Road, Aberdeen

Present: Professor M Greaves, Non-Executive Board Member (Chair)
Councillor M Kitts-Hayes, Non-Executive Board Member
Professor S Logan, Chairman, NHS Grampian
Dr L Lynch, Non-Executive Board Member
Mr T Mackie, Non-Executive Board Member
Mr E Sinclair, Non-Executive Board Member

In Attendance: Professor M Cruickshank, Interim Director of Research and Development
Dr J Fitton, Clinical Governance Clinical Lead, Aberdeenshire
Dr N Fluck, Medical Director NHS Grampian
Mrs W Forrest, Public Representative
Ms P Harrison, Infection Prevention & Control Manager
Mrs C Hiscox, Associate Nurse Director Acute (also for Amanda Croft)
Dr S Lynch, Interim Clinical Governance Lead Aberdeen Health and Social Care
Partnership
Dr M Metcalfe, Clinical Governance Clinical Lead, Acute Sector
Dr A Palin, Clinical Governance Clinical Lead, Mental Health & Learning Disability Serv.
Mr D Shaw, Dental Practice Adviser
Mrs L Tait, Professional Lead for Clinical Governance
Ms D Webster, Consultant in Public Health Medicine (for Susan Webb)
Mr M Wright, Chief Executive NHS Grampian

By Invitation: Ms L Stout, Transfusion Practitioner, Blood Transfusion Service, ARI
Mr G Brown, Clinical Laboratory Manager, East of Scotland Blood Transfusion Centre,
Ninewells Hospital, Dundee
Ms S Swift, Divisional Lead Nurse, Women and Children

Minute Ms Anne Murray

Apologies Ms A Croft, Director of Nursing, Midwifery and Allied Health Professionals
Ms P Gowans, Chief Officer, Moray IJB
Dr V Hegde, Clinical Governance Lead Ophthalmology
Dr H Moffat, Chair, Area Clinical Forum
Mr D Pfleger, Director of Pharmacy (no deputy available)
Mrs F Shepherd, Committee Secretary
Dr S Stott, Consultant in ITU (invited but unable to attend)
Mrs C Ward, Optometric Clinical Lead, NHS Grampian
Ms S Webb, Interim Director of Public Health

Item

1. WELCOME, APOLOGIES AND MINUTE OF MEETING HELD ON 13 NOVEMBER 2015

- The Chair welcomed all to the meeting especially the new members :-
  - Mrs C Hiscox, Associate Nurse Director Acute also attending for Amanda Croft
  - Dr S Lynch, Interim Clinical Governance Lead for Aberdeen Health and Social Care
    Partnership
- Apologies – see above list.
- Draft Minute from the meeting held on 13 November – this was approved after following
  change.
  - Page 7 number 6a - Sterile Services/Modern Chemo Therapy drugs replace “new
    Emergency Care Centre” with “new Anchor Unit”.
- Action List – Mrs L Tait took the committee through the list of actions taken from the previous
  minute. A copy of this list had been circulated to the Committee.
- The Ombudsman is to be invited to meet with the Committee. It was agreed this session should
  be tagged onto the end of a future 2016 Clinical Governance Committee meeting.
2. QUARTERLY SUMMARY REPORT OF DEVELOPMENTS IN CLINICAL GOVERNANCE

Mrs L Tait took the Committee through the report previously circulated to the Committee. The following points were highlighted, discussed and noted.

**Deloittes** – report from the review has gone to the Senior Leadership Team and the Audit Committee for discussion. It will be taken to a future Clinical Governance Committee meeting after this.

**Development Session 27th January** - the Chief Officers from the three IJBs attended. There was also agreement that the IJB and Acute Sector papers and frameworks should be taken to the May Development Session where they can be discussed and checked. This will assist the Committee in being assured that appropriate governance is in place.

### 2.1 New Interventional Procedures

The Committee was reminded that there are currently regulations supporting the use of new interventional procedures in Scotland. The New Interventional Procedures HDL (2004)04 is being reviewed within NHS Grampian by the Clinical Operation Group under the leadership of Dr D McLeod. A localised version of the guidance and regulations is being developed for use across Grampian.

The Acute Sector Clinical Governance Group is seeking delegated formal authority from the NHSG Clinical Governance Committee to oversee all work in this area, this includes linked processes. There is also a need for the clinical community, as a whole, to be updated and made aware of this work and the need for all to adhere to the approved future legislation and guidance.

It was agreed there is also the need to monitor this area, review and audit existing and completed work. Regular updates and reports should be forwarded to the Committee and include an annual report.

The Committee discussed the need for patient representation to be on groups overseeing areas of clinical work, noting that this was something that had been considered but not followed through, as yet.

The Committee agreed to support and approve

- the development of an NHSG Interventional Procedure Policy,
- The development of an Application Process.
- To grant formal delegation to the Acute Sector Clinical Governance Group for the consideration of new NHSG interventional procedures.

3. QUARTERLY SUMMARY REPORT ON EXTERNAL REPORTS, AUDITS AND REVIEWS OF NHS GRAMPIAN SERVICES

Mrs L Tait spoke to the report, previously circulated. The following points were highlighted, discussed and noted.

- **Human Tissue Bank Accreditation** – date of the accreditation visit still to be confirmed. The self assessment was submitted, however a query was received back requesting follow-up information linked to "withdrawal of patient consent" which was provided.
- **Older people in Acute Hospitals Standards** – the improvement plan was submitted January 2016, and local progress was noted by HIS.
- **Her Majesty’s Scottish Prison Inspection** – noted that the report and action plan taken from the inspection will be monitored and overseen by Aberdeenshire Clinical Governance Group. Updates will be forwarded regularly to this Committee.
- **Aberdeen City Joint Inspection of Older People** – the recent visit by inspectors involved reviewing patient notes, meeting with staff and management. The report taken from this inspection is expected to be made available in May 2016.

**Action** - main item for reporting at May Clinical Governance Committee.
• National Care Standards – new standards are being developed to assess the quality, safety and effectiveness of health and social care services across Scotland. Feedback from the 2015 consultation has now been considered and revisions made to the overarching principles before they were submitted to the Project Board in January 2016. Updated papers will be circulated once the recommendations are agreed by the Cabinet Secretary for Health and Wellbeing.

• Vale of Leven – updated report requested. The deadline for submission 31st March 2016.

• National Confidential Enquiry into Patient outcomes and Death – this is a mandatory audit across all Boards. Grampian is currently involved in three review areas. Mrs L Tait advised the Committee she will be attending a Study Day in Glasgow on 26th March and will use this to discuss what is required with colleagues from other areas. There is also the need to confirm if any penalties will be imposed if a Board cannot meet the deadline.

The Committee expressed concern around the lack of warning, time and costs linked to completing the above and similar assessments, updates and reports requested by the Scottish Government. Recruitment remains an issue in many regions and diverting staff away from clinical work to work on these imposed projects and work is affecting patient care.

3.1 THEMES FROM CARE INSPECTORATE REPORTS FOR NHS GRAMPIAN’S CHILDREN’S SERVICES

Ms S Swift attended and spoke to the paper submitted and circulated. The following points were highlighted and noted.

• The 4 new standards were the focus of the visit; these were Communication, Policies & Procedure, Invasive Procedures and Decontamination.
• Feedback from staff re the actual visit was positive.
• Verbal feedback received from the team carrying out the inspection and visit was also positive.
• Issues taken from the inspection are being addressed and include, the toy cleaning policy and the cleaning of high levels.
• Invasive devices and PVCs in theatres – this issue was listed in the 2012 inspection and also listed in this visit. Ms S Swift and Dr S Stott (Associate Medical Director for Quality) are to meet, discuss and work on improving this area.
• Decontamination – patient feedback was very complimentary and all staff thanked for their participation and hard work.

In summary, the visit was perceived as supportive and inclusive with scrutiny and support notably coming together. The Committee recognised that the approach adopted by the team involved in the RACH visit may not be representative of other teams carrying out similar visits or inspections across Scotland.

Peripheral Vascular Catheters (PVC) Bundles – some teams or clinicians are reluctant to complete the form used to record the steps that should be followed for the insertion and maintenance of these devices. Locally, work is ongoing to ensure staff are aware of the policy and work to the guidance.

The Committee acknowledges the hard work of all involved, the ongoing training of staff, and the risks highlighted in the report submitted.

4. QUALITY SUMMARY OF EXTERNAL REPORTS/GUIDELINES/REVIEWS RELEVANT TO NHS GRAMPIAN BUT NOT SPECIFICALLY ABOUT NHS GRAMPIAN

4 a) Summary of all external reports and HIS Inspections of Other Boards

I. National Committee on the Cremation of Infants - Update on progress
• NHSG has formed a working group which feeds into both the Spiritual Committee and Bereavement Groups to ensure compliance.
• A training Module, focused on Midwifery Staff noted. Currently 90 minutes long, but thought this will be reviewed in time.
II. MSN report of Paediatric Neuro-Surgery 2015
National report used to compare what is being carried out locally, and to check for any lessons to be learned

**Action** – Mrs L Tait to check and report back on linked time scales for supply of Emergency MRI and additional Theatre equipment.

III. Healthcare Improvement Scotland Western Isles Hospital Unannounced Older People in Acute Hospitals Inspection (selected from 14 received)
Groups have been set up to review reports received, especially looking for lessons that can be learned. Example tabled was from the Western Isles, a recommendation listed involved “language”. NHSG can relate to this example as this is an area where support and training is required locally.

IV. Pulling Together: Transforming Urgent Care for the People of Scotland, November 2015 – update
Out of Hours Report covering the ongoing integration of services in both the Acute and Primary Care sectors and embedding of the new arrangements. Noted there is the need to ensure that the required IT is in place to enable work in this area.

4 b) Summary Report on Guidelines/ Evidence Notes/ Advice Statements/ Innovative Technology Overviews and Technology Scoping Reports received by NHS Grampian
Work is ongoing to identify key staff that will complete gap analysis and report back on performance in this area. Brenda Lurie from the Quality Governance Risk Unit is leading this area of work.

4 c) Summary of all external reports and HIS inspections of other boards
Noted.

4.1 Lesson for NHS from the Beatson Report
There are a large number of papers and reports regularly received or made available to NHSG. The Committee recognise there is a need for person/s in the various sectors, departments and teams to oversee this area to ensure that relevant and valuable information, notification of issues and actions especially those with timelines are followed through. The Beatson Report is an example of a report holding lessons learned which will help NHSG when considering local projects e.g. Anchor Unit, etc.

**Beatson Hospital/Services Report** – discusses the issues which caused the dislocation of services with both internal and external bodies, staff dis-satisfaction and other issues faced by the Hospital. The report can be used by Boards to look at current and future services and linked risks to ensure that they avoid the issues encountered in the Beatson Hospital.

In Grampian the Acute Sector was given responsibility to scope and check existing and future work or services and by doing so give assurance locally that Grampian would not replicate issues encountered in the Beatson Hospital. The Committee noted the need to monitor any risk linked to any of the project work currently ongoing in NHSG especially services being relocated to different or new locations.

The Committee discussed current recruiting issues and the need to rethink delivery of existing and new services to ensure they can be sustained, are affordable and safe (future proofing). There is also a need to ensure that these same services work together even if they are separated e.g. geographically.

**Noted** – Dr N Fluck, Ms A Croft and Mrs L Tait to decide, at the Agenda setting meeting, which reports to take to the Clinical Governance Committee meetings.

The Committee note the report and are assured that the recommendations made are addressed in the context of the Anchor Unit.
### QUALITY SUMMARY OF NHS GRAMPIAN SECTOR GOVERNANCE REPORTS

#### 5 a) Aberdeen City

- **GP Practices** - staffing remains stable but recruitment of all types staff including GPs remains an issue.
- **Service Delivery** – a new service delivery model is being considered to ensure services can be sustained and delivered safely.
- **Health Visitors** – funding is enabling fast track training and the trainees are expected to complete their training 2017. Risk level to move from Very High to High.
- **Child Protection** – a Child Protection Clinical lead as been recruited
- **Woodend/Links Unit** – recruiting issues remain.
- **Recent Flooding** – good news tabled was the commended work and support from the local community, services and staff who all pulled together and successfully transferred the affected Nursing Homes and transferred patients to alternate safe locations quickly and safely.

**Action** - RGU/Return to practice, Mrs C Hiscox to check and report back to the Committee.

**Clinical Guidance Internet/intranet** – this system was developed to support those working in the community. However due to the site not being kept up to date and current it is a wasted resource. Dr C Beattie will be leading the review of the site and content and ensuring all within will be kept up to date and current.

Concern was expressed by the Committee around staff’s inability to adhere to the local or national guidance if the current information was not available on CGI.

Committee – noted the report

#### 5 b) Aberdeenshire

The format used for reports has been modified and each risk listed will be allocated a risk register number. Dr J Fitton confirmed that all known risks are being monitored and that there were no new risks.

- **Hand Hygiene** – work is ongoing to address the known issues.
- **Recruitment/Contingency Plans** – recruiting remains an issue, also noted that a number of GPs are due to retire. To ensure services continue different service delivery models are being considered.
- **Recent Flooding** – noted that local services pulled together to ensure the transfer of the patients to alternate safe locations.
- **Rural Services** – discussion around possible changes to the number of practices serving rural areas and how this may mean incurring additional travel. Telephone consultations are becoming more main stream. Also noted that if there is any change public consultations can ensure public transport is put in place.

**5 c) Acute Sector**

- **Medical** – five areas covered, namely Dr Grays, Women & Children, Clinical Support Services, Surgical and Medicine.
  - **Interventional Radiology** – recruitment remains an issue. All steps have been taken to advertise and attract staff to the area but with little to no success. Clinical risk remains High to Very High.
  - **Medication Errors/Safety** – Medication Safety Group has a new chair Dr C Hemming who will be heading ongoing work aimed at addressing and improving performance.
  - **Cancer Pathways** – Matthew Thoms is leading work being carried out to identify and resolve problems.
- **Emergency Dept Dr Grays** – staffing levels now at a critical level.

- **Nursing** – recruitment remains an issue and affecting the ability of wards, services and theatres to perform to capacity.

There was discussion around the current workload both locally and nationally and the possibility of cross cover being provided by other teams, hospitals and even boards.
Dr Grays (DGH) – has a list of high risk issues, however it was noted that some of the items listed if in another area would not be listed. Noted that some issues in DGH were difficult to address or resolve due to the age of buildings, type of flooring materials, etc.

Committee noted the report.

5 d) Mental Health & Learning Disability Services.
- Quality Development drop in event December 2015 – noted as being a success.
- Ombudsman – recent meeting, the report was discussed. Noted that the ombudsman was receptive to comments and suggestions tabled on the day.
- Health Care Support Workers – recruiting campaign is ongoing.
- Trainee posts – efforts to recruit have only attracted 2 recruits. Concern was expressed about the future of the service as it stands (locally and nationally).

Primary Care historically received an excellent service, but was aware the service was under pressure as the level of accessible or available support had dropped.

5 e) Moray CHSCP
The paper submitted was noted.

5 f) Public Health
- No new risks have been identified in the last quarter.
- Hepatitis C drugs – issues have been raised around the cost linked to the drugs being prescribed and dispensed to new and existing patients. Each Board works to a different profile, NHSG needs to check its profile. A National Group has been formed to review this area, issues and funding.
  Action – Dr D Webster to look into this area and report back to the Committee.

6. QUARTERLY SUMMARY OF INTERNAL ASSURANCE INFORMATION

6 a) Healthcare Associated Infection
Issues discussed
- Flooring – is a new high risk item, but this is part of the “back log maintenance programme” and will be addressed.
- Stephen Hospital – carpets are being removed from clinical areas.
- Hand Hygiene – a package has been developed which can be delivered by any member of staff to volunteers.
- Face Fit Test – audit was carried out in the high risk areas and the infection unit/s. Performance level recorded was 90% the remaining 10% was new staff.

6 b) Adverse Events Update
Previous reports tabled were informative but did not always assure the Committee, so the format of the report has been re-shaped to include themes, responses, etc. Each Sector will be included in the new reports. The Committee were assured there is a robust process in place to escalate issues.

National work is also ongoing around the sharing of learning from Adverse Events. Boards will be able to submit examples of learning... Ms S Webb, Ms A Croft and Mrs L Tait are overseeing this.

Committee noted the change to the process.

6 c) NHS Feedback Report update, 12 months on
Ms L Ballantyne attended to provide update on processes in place and spoke to the report submitted and circulated.

When Ms Ballantyne was first in post, gathering evidence and data on learning for reports was difficult but with the introduction and use of online systems to record information, data and performance reporting has improved.
The report lists 5 top headings and it was noted that local performance and outcomes in these areas are much improved, even although feedback from patients has and is increasing. All feedback is welcomed, valued and required to enable service/s to confirm good practice or act on areas where improvement is required.

Training – it is recognised that there is a skill around getting patients to engage in conversations concerning their hospital experiences or care and staff need to undergo training to enable them to do exactly this.

Real-time Feedback – the Person Centred Teams are working on this. Also noted that the Management Team in Dr Grays are carrying out a pilot to gather real-time feedback.

Improvement Trees – are on display in all wards and some public areas. These should be kept up to date but seems some are not and this needs to be addressed.

6.1 Patient Safety Programme Matrix
Scottish Patient Safety Programme (SPSP) – Scottish Government wish to maintain a commitment to this area. The programme started in the acute hospitals and was expanding into other services. It was noted that key themes were recurring in each of the programmes.

Dr S Stott currently involved in formulating the NHS Grampian response to the changing focus of the programme remembering SPSP is a subset of the NHSG safety work. There is an executive team overseeing patient safety, trying to ensure patient safety has senior leadership lead tasked while ensuring that patient safety is embedded in every day work and is part of normal day to day practice.

Case Note Review – Royal College of Physicians has secured this work. It is hoped that NHSG can work with the Royal College and learn from data and information gathered.

Way forward is thought to be the use of a nationally agreed Bundle/s. The Committee discussed projects testing change e.g. ward rounds and the need to encourage and influence the adoption of agreed processes which improve patient safety. However, anything rolled out will be tested and will be open to review and change.

Committee – acknowledged the extent of the Patient Safety Programme, the improvements and the need to seek Assurance.

7. QUARTERLY SUMMARY OF ASSURANCE GROUPS AND COMMITTEES REPORTING TO THE CLINICAL GOVERNANCE COMMITTEE
7 a) Pharmacy (including Medical Safety Committee)
Report submitted.

7 b) Optometry
Report submitted

7 c) Eye Health Network
The original report submitted was blank and a second amended report was submitted.

Action – Mrs L Tait and Chair to meet and discuss.

7 d) Dental
- IT Problems being encountered by the service since the roll-out of the recent upgrade and the problems are affecting the ability of the clinicians to deliver safe services to their patients.
- IM&T and the Dental team have created a working group to consider and resolve the issues being encountered. Also a need to enhance the support provided especially around the various systems used by the service...
- Scottish Government recently notified all Boards informing them all referrals to and from secondary care will be via SCI Gateway. Fortunately, NHSG will be able to deliver this target.
- Patient Safety – there are processes in place to check that services delivered are safe.
Paediatric Dental Services – were commended on the progress they have made.

7 e) Research and Development
No update available. Committee assured that linked meetings and training were ongoing.

7.1 NHSG Hospitals Transfusion Committee Report - Introduction of the requirement for a second sample prior to transfusion of blood components (including a copy of HTC Approved Minute 21st August 2015)

Ms L Stout and Mr G Brown attended and spoke to the report submitted and circulated to the Committee.

The change has been implemented to avert the issues around samples being mis-identified. It is hoped, in the future, to move to the use of bar-codes but this is dependent on required IT being in place. Some areas have already implemented the process e.g. Dr Gray’s but all will have to move to the new process effective 5th April 2016.

Points covered and discussed
- The different types of blood product, shortage of blood stocks and the need to opportunistically encourage patients to get their blood tested so all are aware of their blood type and it is on record.
- Second samples will be used for non-urgent cases and not urgent cases and children (5 and under).
- Patients and Staff are assured that no one is ever at risk from any resultant delay. O type blood is always available if and when required.
- TrakCare and other systems need to be able to speak to each other, and have alerts built in.
- If first samples are taken at, for example the pre-assessment clinic, then hospital length of stay should not be affected.
- DATIX – suggested that the BTS should contact the DATIX team and arrange for templates and categorisation of feedback to be built into the system.

In summary guidance was received from the British National Standards Body for this specialty area and is being introduced across Scotland and is strongly recommended by the transfusion specialists (by consensus). It would be difficult for NHSG not to go down this route but crucial the position is monitored to ensure there are no adverse consequences. Noted that there will be a review in August 2016.

Action – NHSG is responsible for identifying a key person to link in the BTS and ensure that all communications and education material is distributed to staff. Noted that NHSG is responsible for informing all of the change not the BTS.

The 9 listed recommendations were accepted with the caveats raised. Also a need to ensure clinicians training is current.

8. ITEMS FOR NOTING AND INFORMATION

8.1 Quality Event 23rd May 2016
Flyer and form circulated to the Committee, all are encouraged attend.

9. ANY OTHER COMPETENT BUSINESS (AOCB)

- Driving Improvement in Non Medical Technologies – Consultation Paper was tabled, hard copies available.

10. REPORTING TO:
10.1 The Board
Capacity within Interventional radiology
- Concern around level of High risks tabled for Dr Gray’s
- Workforce issues versus Clinical safety
- New Interventional Procedures work delegated to Acute sector
| 10.2 | **Performance Governance Committee**  
|      | Same as Board |
| 10.3 | **Assurance on Clinical Risks**  
|      | The Committee were assured that all risks had been considered and were being managed or escalated |

### 11. **DATE AND TIME OF NEXT MEETING**

The next meeting will be on Friday 13<sup>th</sup> May 2016 from 9.30-12.30pm in the Conference Room, Summerfield House.