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

Present:  
- Professor M Greaves  Non-Executive Board Member (Chair)
- Dame A Begg  Non-Executive Board Member
- Cllr M Kitts-Hayes  Non-Executive Board Member
- Mr E Sinclair  Non-Executive Board Member

In Attendance:  
- Ms A Croft  Director of Nursing, Midwifery and Allied Health Professions (NMAHP)
- Prof M Cruickshank  Research & Development Director
- Dr J Fitton  Clinical Governance Clinical Lead, Aberdeenshire Health & Social Care Partnership
- Dr N Fluck  Medical Director
- Mrs P Harrison  Infection Prevention & Control Manager
- Dr C Hemming  Divisional Clinical Director for Women and Children
- Mrs C Hiscox  Clinical Governance Clinical Lead representative, Acute Sector
- Mrs C Lester  Non-Executive Board Member (attended to observe)
- Professor S Logan  Chairman, NHS Grampian
- Dr H Moffat  Chair, Area Clinical Forum
- Dr A Palin  Clinical Governance Clinical Lead, Mental Health & Learning Disability Services
- Mr D Pfleger  Director of Pharmacy
- Dr A Ross  Associate Medical Director for Primary Care & Hosted Services (attended to observe)
- Mr D Shaw  Dental Practice Adviser
- Mrs S Webb  Acting Director of Public Health
- Mr M Wright  Chief Executive

By Invitation:  
- Miss F Russell & Ms S Stringfellow  Tissue Viability Nurse Consultants (Agenda Item 3ii)
- Dr AM Karcher and  Consultant, Laboratory Medicine (Agenda item 5a)
- Dr B Parcell  Consultant, Microbiologist (Agenda item 6.1)
- Dr S McCallum  Head of Radiation Protection (Agenda item 4.1)
- Dr M Nicolson  Consultant Medical Oncologist (Agenda item 6.1 & 5.1)
- Dr S Stott  AMD for Quality Improvement & Assurance (Agenda items 3.1 & 5.1)

Attending:  
- Mrs L Tait  Professional Lead for Clinical Governance
- Mrs F Shepherd  Committee Secretary

Item 1.  
**WELCOME, APOLOGIES AND MINUTE OF MEETING HELD ON 13 MAY 2016 AND MATTERS ARISING ACTION LOG**

The Chair welcomed everyone to the Committee and introduced those who were attending for agenda items. He welcomed Dr Annabel Ross, Associate Medical Director for Primary Care & Hosted Services and Mrs Christine Lester, Non-Executive Board Member both attended to observe. Dame Anne Begg, Non-Executive Board member was welcomed to her first meeting of the Clinical Governance Committee.

Apologies were received from Dr R Armes, Mrs W Forrest, Dr L Lynch, Dr S Lynch and Dr M Metcalfe.
Minute of meeting held on 13 May 2016: The minute was approved.

Matters arising action log: Mrs Tait talked through the action log. There were a number of items included as agenda items or reported in the Acute Sector report. Updates were provided on the below:

Research & Development report: Professor Cruickshank was attending to provide an update on the high risk items reported under item 6f).

New Mortuary on Foresterhill Site: A brief report was provided by Dr Manju Patel, Programme Manager detailing the short, medium and long term vision for NHS Grampian’s mortuary.

Systemic Anti Cancer Therapy (SACT): This was included as one of the main items for discussion under item 4.1.

2. QUARTERLY SUMMARY REPORT OF DEVELOPMENTS IN CLINICAL GOVERNANCE

a) Clinical Governance Committee Constitution
Mrs Tait highlighted that the Clinical Governance Committee Constitution had been reviewed. Committee members were asked to feedback any comments to Mrs Fiona Shepherd before the next Committee meeting on the 18 November 2016. This Constitution will be included on the agenda for approval. It was agreed initially to review this document every 6-12 months due to the changing nature of the Committee and the Integrated Joint Boards.

b) Clinical Governance Committee Guidance Sheet
The guidance sheet provided to those preparing for or attending the Committee had been revised. Comments on this document will be welcomed.

2.1 Deloitte High level review of Clinical Governance arrangements: Management Response to Recommendations
Dr Fluck intimated the next stage would be to produce a Clinical Governance Framework to encompass the Integrated Joint Boards and Acute Sector arrangements as well as the Board processes. The proposed framework will be included at the next Committee meeting on the 18 November 2016. Thereafter, the framework will be presented to Grampian NHS Board for approval. Dr Fluck referred to the paper including the recommendations and provided the Committee with an update on the management responses. Action: Dr Fluck

It was agreed the frequency of the Clinical Governance Committee meetings would remain quarterly.

There were conversations around Committee membership and it was agreed to discuss out with the meeting. Action: Professor Greaves, Ms Croft and Dr Fluck

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

Mrs Tait highlighted to the Committee the items on the External Review Report:

Readiness for Medical Revalidation 2015/16 currently awaiting the panel’s decision from HIS.

Human Tissue Bank had been awarded accreditation. HIS were in the process of concluding their findings for the satellite sites (Raigmore for NHSG) and will issue the outcome from this process as soon as possible.
Joint Inspection of Services for Children and Young people in Moray was being led and managed by the Moray Health and Social Care Partnership. A report will be presented at the Moray Clinical and Care Governance Committee and NHS Grampian to receive the report prior to being released publicly.

Commencing in Autumn 2016 HIS will be undertaking a Quality Assurance Review of the eight National Screening Programmes. This will initially be in the form of self-assessments, to provide a baseline, and thereafter reviews will be undertaken through use of intelligence and guidance from other sources.

The report on the Scottish Stroke Improvement Programme by the Scottish Government was published on the 12 July 2016. This will be included as a main item at the next Committee meeting on the 18 November 2016.

Health Improvement Scotland (HIS) and The Care Inspectorate (CI) were leading the revision of the National Care Standards for Scotland. The final standards will be rolled out and implemented from April 2017 and used in inspections thereafter. The CI and HIS will use these standards to inform their current reviews of inspection methodology.

NHS Boards were not pre-notified of the national review of the Death Certification Service at Scotland’s Health Boards prior to the article being in the public domain. Professor Greaves referred to an article in the Press & Journal on “Almost half of death certificates across Scotland contain errors, according to a national review”.

The Committee noted the report and acknowledged the risks mentioned.

i) MBBRACE - UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2014
Clariﬁcation was sought around Table 1 and Table 2 on page 1 as the ﬁgures differed. Ms Croft agreed to seek clariﬁcation and feedback to the Committee. Action: Ms Croft

ii) HMIPS Inspection of HM Prison (HMP) and Young Offenders Institution (YOI) Grampian
The Committee felt this report was not in-depth enough and noted there were no items included for the HM Prison and Young Offenders Institution in the Aberdeenshire report when Aberdeenshire Health and Social Care Partnership oversees health care within the prison service. It was agreed the updates should be included within the Aberdeenshire report and a more detailed report will be required. Action: Dr Fitton

iii) Mental Welfare Commission investigation into the death of Ms MN: This item was included under item 7b).

3.1 Scottish Intensive Care Society Audit Group (SICSAG) Minimum Standards and Quality Indicators 2015 Review
Dr Stott referred to the report prepared for the Committee on the Scottish Intensive Care Society Audit Group. This was a yearly audit report and he explained the definitions for minimum standards and quality indicators. Dr Stott noted the Intensive Care Unit met the minimum standards set out and had done, since their inception. The quality indicator not met last year was relating to physiotherapy input.

Ms Croft intimated this was being discussed locally and physiotherapy vacancies were a national issue. This issue was being managed by the Associate Director of AHP’s and an action plan was in place to mitigate any risks. It was agreed a report to be presented on physiotherapy staffing at a future meeting. Action: Ms Croft

Professor Greaves referred to a media article on the Audit of Critical Care in Scotland 2016 report – reporting on 2015. Dr Stott had been notiﬁed ARI ICU was an outlier. An action plan looking at issues eg coding, case note reviews had been developed. Dr Stott
informed the Committee an external review was commissioned to look at these issues and agreed to share with the Committee when complete.  **Action: Dr Stott**

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

a)  **Summary Report on External Reports relevant to NHS Grampian but not specifically about NHS Grampian**

i)  **Diabetic Retinopathy Standards:** Clarification was sought around the risks reported relating to the availability of appropriate staffing. The Chair agreed to speak with Dr Olson and feedback to the Committee.  **Action: Professor Greaves**

ii)  **Prevention and Management of Pressure Ulcers:** Miss Russell and Ms Stringfellow, Tissue Viability Nurse Consultants referred to their report prepared for the Committee and highlighted the final standards were due for publication in Autumn 2016 and did not envisage much change from the draft standard. There were six key standards, sub categorised, which will be required to be implemented by all stakeholders, and will be in place once the new policy on Prevention and Management of Pressure Ulcers was signed off. They highlighted the progress made in implementing the standards as detailed below:

   **Education, training and information:**
   - Mandatory training for “The Prevention and Management of Pressure Ulcers”. This module was awaiting transfer onto AT-Learning.
   - There will be an annual awareness and pressure ulcer prevention event on the 8 November 2016 at Curl Aberdeen.

   **Assessment of risk for pressure ulcer development:**
   - Prevention and management of pressure ulcers pathway had been updated.

   **Assessment, grading and care planning for identified pressure ulcers:**
   - The reporting on Datix allows live feedback.

Mrs Hiscox commended the team in leading this work with staff engagement being acknowledged. This had ensured NHS Grampian will be in a very good position meeting the standards.

iii)  **Vale of Leven Report NHS Grampian Update:** The Committee acknowledged this comprehensive report and commended the team around the work to ensure any actions will be linked with the ongoing improvement work.

iv)  **Trauma and Orthopaedic ACCESS Review – Feedback report from NHS Grampian peer review visit:** Dame Anne enquired about physiotherapists working at weekends. Ms Croft advised this issue had been addressed, with physiotherapists and newly recruited physiotherapists now working 5 days over 7 days. Dame Anne asked for information around the locum surgeons carrying out hip and knee operations and the number of patients going out with NHS Grampian. The Committee agreed to receive an update on this item at the next Committee meeting.  **Action: Update to be included along with the Acute Sector report**

v)  **National Nutritional Standards for Food in NHS Scotland Hospitals:** The Committee noted this report.
Summary Report on Guidelines/Evidence Notes/Advice Statements/Innovative Technology Overviews and Technology Scoping Reports received by NHS Grampian

Mrs Tait referred to this report prepared by the Clinical Effectiveness Team Leader. This report provides the Committee with assurance that NHS Grampian reviews and acts on guidance from SIGN, HIS and national audits. It was noted receiving reports could take some time so this report provides an interim update.

Mr Sinclair referred to his pre meeting question around stroke and acknowledged the answer was included in agenda Item 3. He commended the process in place to review audits such as Scottish Stroke Care Audit which was published on the 12 July 2016.

The Committee were assured around the processes in place to ensure scrutiny of items coming into the organisation (via the Chief Executive’s office) will be managed and actioned appropriately by the Quality Governance & Risk Unit.

c) Summary of all external reports and HIS inspections of other Boards May–July 2016

The Committee noted this report.

4.1 National Review of the Governance arrangements for the Safe Delivery of Systemic Anti-Cancer Therapy (SACT)

Dr Nicolson outlined the current position regarding SACT in Grampian, Orkney and Shetland to ensure SACT was prescribed, dispensed, administered and disposed of in accordance with the Medicines Act 1968. It was noted the areas of underperformance resulting in poor engagement and a negative compliance audit in June 2014 and the HIS inspection report February 2016, were being addressed. The SACT group meet twice monthly to progress the Implementation Group Workplan. It was recognised that there were financial implications in the process for checking and re-circulating protocols for which all clinical staff require access either via Q-pulse or the intranet. It was noted Orkney, Shetland and Dr Gray’s Hospital do not have access to Q-pulse. Dr Nicolson commented although progress was being made there was a financial challenge to allocate time and backfill.

Mrs Hiscox acknowledged the number of areas of non-compliances in the Workplan and highlighted this was an improvement process and was being monitored by the Acute Sector and resources were being investigated to ensure an effective outcome. It was noted there was an excellent renewed level of commitment to providing a high quality SACT service from all the SACT team.

The Committee requested a further report to provide assurance around resource implications to support and continue to make further progress. Action: Update to be included along with the Acute Sector report.

On behalf of the Committee the Chair acknowledged this was a very busy department and a significant amount of time had been invested by the SACT team and recognised this commitment, although the situation must remain under scrutiny by the Committee.

5. QUALITY SUMMARY OF INTERNAL ASSURANCE INFORMATION

The Chair introduced those who attended the Committee and invited them to answer questions from their reports.

a) Healthcare Associated Infection and Clostridium difficile infection (CDI) Action Plan

Dr Karcher provided an update from the previous meeting on NHS Grampian’s rates of CDI with data broken down for age groups ≥65 years and 15-64 years. She reported significant work was undertaken to improve these rates as NHS Grampian had been an
outlier. NHS Grampian was now back on track, monitoring was continuing and staff were not being complacent. Dr Karcher explained the figures in detail with the total number of cases being divided by the number of bed days.

It was noted there were no concerns with other infections eg Surgical Site Infections or Staphylococcus aureus Bacteria.

The Chair thanked Drs Karcher and Parcell for attending to provide the Committee with an update on this item.

b) **Thematic Analysis of Adverse Events**
Mrs Webb discussed the revised reporting format which would be presented to the Committee at the next meeting on the 18 November 2016. This will include summary management information to gain assurance that appropriate action will be taken to safeguard patients.

c) **NHS Grampian’s Handling and Learning from Feedback Annual Report 2015/16**
The Committee noted this report.

5.1 **Scottish Patient Safety Programme (SPSP)**
Dr Stott referred to the report and provided background information; the SPSP had been an integral part for all Healthcare Services across NHS Grampian since 2008. The new aim for SPSP would focus on ‘People using health and social care services would be safe from harm’. There would be a transitional year to allow embedding of existing work together with development of new work. All programmes would be focussing on the core themes.

There were ongoing discussions on how the programme would be managed by NHSG and the Acute Sector rather than SPSP standing alone. Due to the multiple programmes, the transition year and competing demands on clinical teams, there would be a risk if work was not spread or sustained in one or more of the areas. The programme was being led and embedded by the Patient Safety Programme Manager.

Mrs Hiscox intimated the Acute Sector fully supports the SPSP across healthcare services as part of core business and although some services could be overwhelmed, irrespective of this improvement work comes through being part of governance day to day work. Dr Ross intimated that IJBs were already disseminating good practice via their clusters.

Dr Fluck recognised that incidents within social care were being managed but in a different way to health. There is a national platform to share learning from incidents and this can be progressed both ways. NHS Grampian agrees and approves what can be shared nationally from local incidents.

The Committee noted the improvements and acknowledged the size of the Scottish Patient Safety Programme across NHS Grampian and agreed to receive progress reports.

6. **QUARTERLY SUMMARY OF ASSURANCE GROUPS AND COMMITTEES REPORTING TO THE CLINICAL GOVERNANCE COMMITTEE**

a) **Dental:**
Mr Shaw updated the Committee on the item of concern previously reported; The quality of care provided by a private dental practice in NHS Grampian. There were links with the Health & Safety Executive.
b) Pharmacy:
Mr Pfleger notified the Committee of the new area of concern; ARI Pharmacy currently does not have a MHRA Wholesale Distribution Authorisation (WDA) / Controlled Drug Licence. An internal audit had been completed and an action plan in preparation to prepare for a WDA application. An update detailing the process, infrastructure issues and outcome from the internal audit will be presented at the next Committee meeting.

**Action: Mr Pfleger**

c) Medication Safety Committee:
Dr Hemming updated the Committee on the items previously reported; Medication safety changes require higher recognition with clinical staff and the importance of medication safety being embedded within practice. Awareness sessions by clinical and managerial staff increased medicine safety and objectives clarified. The Medicine Safety group were reviewing membership to include primary care and community and increasing meeting frequency to improve medical engagement in relation to medicine reconciliation. It was noted there had not been a Medicine Safety Officer in post since 31 March 2016. The post had been advertised and a lot of nurses had expressed an interest so a review of post/roles was being considered.

d) Eye Health Network:
There was no report received. The Chair agreed to contact Dr Olson out with the meeting.

**Action: Professor Greaves**

e) Optometry:
The Committee noted this report.

f) Research and Development:
Professor Cruickshank provided an update on the high risk items reported, in particular the reduction in funding from the Chief Scientist Office. As anticipated there was a reduction in budget in relation to non-commercial research funded by the Scottish Executive for 2016-17. The researcher support element could be a risk for NHS Grampian unless the allocation could be justified and identified in consultant job plans. There was discussion around the difficulty in engaging clinical staff being involved in research. It was noted there was a requirement to identify within job plans the training and research activity undertaken by clinicians. She intimated the research support element of the funding requires to be clearly embedded within clinical departments/staff activity and electronic job planning would allow seeing where funding was allocated. A group has been convened to consider how to increase awareness and participation in research across Grampian, with input from the University of Aberdeen and Robert Gordon University, to promote research support and research activities.

g) Hospital Transfusion Committee:
It was highlighted as a concern the adverse events reported were all linked to training.

Dr Fluck advised that groups were looking at specific issues on how to quickly improve.

6.1 Radiation Safety Committee on compliance with the Ionising Radiation (Medical Exposure) regulations 2000 (IR(ME) R)

Dr McCallum, Head of Radiation Protection presented the report from the Radiation Safety Committee and highlighted the main points from the report. To re-assure the Committee it was noted the failings in the national report on radiotherapy would not happen in NHS Grampian. It was noted from a previous report to the Committee the licences for two types of Nuclear Medicine lapsed in 2010. An independent review to investigate the circumstances and subsequent report made 11 recommendations. The Nuclear Medicine department made changes to their systems and procedures and the independent report and a summary of the action taken was forwarded to the warranted inspector for IR(ME)R who commended the thoroughness of the report and of NHS Grampian’s response. It remains challenging to maintain full compliance with both sets of regulations in radiology and dentistry which were relatively large and dispersed departments.
Dr Fluck noted this was an organised team and commended them in keeping all Employer’s written procedures and protocols up to date.

The Chair acknowledged this was a very re-assuring report from the Radiation Safety Committee.

7. QUARTERLY SUMMARY OF NHS GRAMPIAN REPORTS

a) Acute Sector:
Mrs Hiscox apologised for the late report which was tabled at today’s meeting and provided an overview of two of the new areas of concern:

a) Implementation of DNACPR standards: The Resuscitation Officers were taking this forward. An education plan was being considered and will be included on the Acute Sector Clinical Care Quality Support Group (ASCCQSG) agenda. There will be an update included on the Acute Sector report for the next Committee meeting.

b) Complex Nutritional Care standards: To implement these complex care standards gaps had been identified. HIS indicated there would be a period of 4 months before scrutiny would commence principally through Older People in Hospitals (OPAH) visits. NHS Grampian would be in a strong position as many of the structures required for the Complex Care Standards were already in place. However, the joined up documentation was poor, existing protocols need to be updated so a single policy operates across NHS Grampian. The Grampian Nutritional Care Group was re-established to progress the implementing of these standards.

Reports associated with these items were included as appendices to the report.

The Chair requested the Acute Sector report should be submitted by the deadline, to ensure members received papers, in advance of the meeting to allow time to read in preparation for Committee meetings.

b) Mental Health and Learning Disability Services:
The risks reported remain the same from the previous report. It was noted the service was engaging in a number of redesign projects to ensure a safe and effective service which was unlikely to improve in the short to medium term.

The Mental Welfare Commission Investigation into the care and treatment of Ms MN was not a Grampian report. A response to the MWC was sent, on behalf of our Chief Executive providing an update on actions from the recommendations included in the report.

Professor Logan acknowledged the national shortage of required senior trainees and a need for redesign projects to ensure a safe service.

c) Public Health:
Mrs Webb highlighted there were no new areas of concern. The areas of achievement and good practice reported were the Joint Health Protection Plan 2016-18.
Mrs Webb drew to the Committees attention the two adverse event reports; Cervical Screening Programme Incident and Newborn Blood Spot Screening Programme Incident. Working groups were looking at long term considerations.

Dame Anne asked what the implications were to patients waiting for Hepatitis C antiviral drugs. In response, Mrs Webb mentioned the New Viral Hepatitis C drug initiations were capped to circa 20 patient costs due to financial pressures in drugs budget. It was planned to look at other Boards in Scotland to see how they were delivering on this national target. In response, Mrs Webb referred to the national modelling work which estimated a minimum 1500 treatment initiatives per year is required to reduce the number
of liver failure/cancer presentations. This equates to 168 patients in Grampian per year. Funding has been made available to achieve the target. However, with a reduction in drug costs negotiation is underway within acute to increase the number of patients initiated versus investing in another treatment. A business case is currently in development to inform this debate.

d) Aberdeenshire Health and Social Care Partnership:
Dr Fitton appreciated the opportunity to continue attending the Clinical Governance Committee meetings. Dr Fluck intimated the Committee welcomed engagements from the partnerships.

Dr Fitton provided an update on the GP workforce issues which had not improved, plans were in place to mitigate any risks - an alternative skill mix and model was trialled which introduced the Advanced Nurse Practitioner (ANP) to the practices to become more involved in the day to day triage of practice patients.

8. ITEMS FOR NOTING
The Committee noted the Evaluation of the 5th Annual Quality and Safety in Healthcare Event (Quality Teams = Quality Care) held on the 23 May 2016.

9. ANY OTHER COMPETENT BUSINESS (AOCB)
There was no AOCB.

10. REPORTING:
10.1 The Chairman agreed to report the following items to the Board and the Performance Governance Committee:
- Systemic Anti-Cancer Therapy (SACT)
- Pharmacy Licensing infrastructure
- Mental Health and LD Service – Senior Trainees
- Medical staffing engagement

10.2 Assurance on Clinical Risks
The Committee agreed they felt adequately assured regarding the following risks:

586 Future services are not developed within the context of a regional network, health and social care integration and community planning – high risk

853 Quality and safety could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on evidence – medium risk

11. DATE AND TIME OF NEXT MEETING
The next meeting will be on Friday 18 November 2016 from 9.30-12.30pm and a Development Session from 12.30-4.00pm in the Conference Room, Summerfield House to be confirmed.