Minute of Meeting of the NHS Grampian Clinical Governance Committee on Friday 15 May 2015 at 9.00am in the Conference Room, Summerfield House, Eday Road, Aberdeen

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

In Attendance: Ms J Brown, Associate Director of Nursing
Dr J Fitton, Clinical Governance Clinical Lead, Aberdeenshire
Mrs W Forrest, Public Representative
Ms J Gibb, Clinical Governance Clinical Lead representative, Mental Health & Learning Disability Services
Ms P Gowans, Clinical Governance Clinical Lead, Moray
Mrs P Harrison, Infection Control Manager
Dr V Hegde, Clinical Governance Clinical Lead, Ophthalmology
Dr C Provan, Clinical Governance Clinical Lead, Aberdeen City
Mr D Shaw, Dental Practice Adviser
Ms S Swift attending, Clinical Governance Clinical Lead representative, Acute Sector
Mr S Thomson attended on behalf of Mr Pfleger for Pharmacy and Medicines Management
Mrs S Webb, Acting Director of Public Health
Mrs L Tait, Professional Lead for Clinical Governance
Mrs F Shepherd, Committee Secretary

By Invitation: Professor J Brittenden, Research & Development Director (Agenda Item 7.1)
Mrs L Harper, Associate Director of Nursing (Practice Nursing) (Agenda Item GMED Report)
Ms H Robbins, Associate Director of Quality (Agenda Item 5.2)

Item

1. WELCOME AND APOLOGIES
The Chair welcomed everyone to the Committee and asked members to introduce themselves.

Apologies were received from Dr N Fluck, Dr M Metcalfe, Dr H Moffat, Dr A Palin, Mr D Pfleger and Mr M Wright.

2. MINUTE OF MEETING HELD ON 30 JANUARY 2015
The minute of the meeting was approved as an accurate record subject to the below amendment.
Page 7, first bullet to be amended to read “Health visiting recruitment continues to be a challenge and is impacting on delivery of services but gaps were being addressed through skill mix and reviewing the delivery model and therefore minimising risk.”

3. NHS GRAMPIAN CLINICAL GOVERNANCE COMMITTEE: MATTERS ARISING ACTION LOG (Strategic risk 583)
The action log was checked by the Committee to ensure all matters arising were being addressed.
Mr Mackie referred to item 8: Workforce Issues and noted that there were various innovative recruitment solutions. This was being discussed at the Staff Governance Committee.
4. QUALITY AND SAFETY *(Strategic risk 853)*

4.1 External Review Report (including updates on recent visits)
The Committee’s attention was brought to NHSG’s review activity over the past 3 months: **Improvement Programme:** The NHS Grampian improvement programme sets out how the Board address key recommendations from the 3 reviews (Aberdeen Royal Infirmary short life review by HIS, Older People in Acute Hospitals and Royal College of Surgeons). The Executive team under the leadership of the Director of Finance, Mr Alan Gray meet weekly to discuss the progress within the tracker report. Mrs Tait asked if the Committee would consider inviting Mr Gray to attend a future Committee to provide assurance.

**Healthcare Associated Infection inspection to DGH:** An unannounced inspection was carried out at Dr Gray’s Hospital on the 14 April 2015. A significant number of good practices and adherence to policies by staff was noted by the visiting team. A number of immediate recommendations were being addressed through an improvement plan.

**Managed Clinical Network for Stroke Review:** NHS Grampian Stroke services had been visited 3 times over the last 12 months by Government representatives. The recent visit on the 19 April 2015 highlighted there were a number of improvements over the last year. The organisation was challenged to look at available number of acute stroke beds for patients within ARI and to ensure NHS Grampian representation at MCN national meetings.

**Older People in Acute Care:** NHS Grampian will be reviewed against these standards on the 20 May 2015.

**Scrutiny of Medical Cause of Death Certification (MCCD):** The scrutiny process commenced on the 13 May 2015. To provide assurance the Committee will be presented with a report in 6 months.

**Revalidation of Doctors:** The annual return was being collated for submission on the 27 May 2015. The Board was updated 4 times a year around areas of concern and statistics relevant to doctors being revalidated.

**Standards:** Healthcare Improvement Scotland (HIS) and the Care Inspectorate (CI) will be developing a suite of standards which will reflect the quality of care provided to patients and service users within the Integrated Boards.

Mrs Tait informed the Committee there will be discussion out with the meeting around the External Review Report presented to the Performance Governance Committee.

The Committee noted the report and acknowledged the risks mentioned and was assured improvements were being made towards the compliance with national standards. The Committee agreed to invite Mr Alan Gray to a future meeting to provide a progress report on NHS Grampian Improvement Programme. **Action:** Mrs Tait

The Committee agreed to report Stroke Services to the Board.

5. NHSG CLINICAL GOVERNANCE COMMITTEE – AREAS OF ASSURANCE: PLAN FOR 2014 *(Strategic risk 853)*

5.1 Healthcare Associated Infection (HAI) Report
Mrs Harrison referred to the HAI report which included one new area of concern around the Bed Response Team for equipment and environmental cleaning between patient beds. Further evaluation of this model was underway and being monitored by an assurance group and the Infection Control Committee.
Mrs Harrison provided updates on previously reported items. The environmental audits in Mental Health and Learning Disability Services action plans were completed and robust systems were in place.

5.2 Adverse Events
Ms Robbins provided the Committee with a note of progress and future plan for the management of adverse events. Ms Robbins referred to NHS Grampian Policy for the Management of and Learning from Adverse Events and Complaints. There had been delays in achieving ratification of this policy but approval had been granted by the Grampian Area Partnership Forum in April 2015.

The key points from the paper were highlighted as below:

- The draft policy had been applied by the management groups in the Acute Sector and Mental Health Services. Now that the policy had been ratified there was a need to develop methods for monitoring compliance and identifying areas for improvement.

- A series of three leaflets developed by the national adverse events working group had been adapted for use in NHS Grampian. These leaflets aim to ensure that patients, families, staff and managers were all informed about significant adverse events, the process for reviews and where support and advice could be accessed.

- Healthcare Improvement Scotland (HIS) published Learning from adverse events through reporting and review: a national framework for Scotland (2nd Edition) (April 2015) the wording of NHS Boards was replaced with Health and Social Care Services.

- The revised framework identified that a human factors approach was critical to undertake a review. The Quality, Governance and Risk Unit held a two day learning session for a cohort of 50 staff educators.

- The Directors of Nursing and Quality, Workforce, Corporate Communications and Medical Director meet to review adverse events initially reported as major or extreme. To improve and streamline this process the Associate Director of Quality of the QGRU, Informatics Manager and Risk Management Advisor will be visiting NHS Tayside to observe their process.

- The PriceWaterhouse Cooper audit report into the Management of and Learning from Clinical Adverse Events will go to the Audit Committee prior to sharing at the Clinical Governance Committee.

The national adverse events community of practice met for a networking meeting with HIS in April 2015 and asked to consider providing some guidance to support the adverse events work in relation to Health and Social Care Integration. As yet there has been no discussion with the Chief Officers regarding how adverse events in Grampian will be managed.

Ms Robbins responded to Mrs Forest’s question in relation to Health and Social Care Integration and how adverse events across Grampian will be managed. She mentioned that there was a recent incident being investigated with a multiagency approach. Ms Robbins assured the Committee that a process was in place for the Health and Social Care Integration. The Committee would like to be provided with regular updates at a future Committee meeting.

The Committee noted the report and progress to date.

6. SERVICE REPORTS (Strategic risk 586)

6.1 Dental
Mr Shaw reported on an item of concern previously reported. Paediatric General Anaesthetic Waiting lists had not improved since the previous meeting in January 2015. The position will
be further exacerbated by a proposal to bring Dental Paediatric Anaesthesia in line with other paediatric anaesthetic procedures following a Risk Assessment on the 23 March 2015. This will result in a reduction in the number of patients seen per session from around 7-8 currently to 6. In April and May 2015, 9 sessions were cancelled due to no appropriately trained staff being available and current waiting time was 22 weeks. Dental and Acute services were working on this for several months and were still working towards a solution from an operational view.

Mrs Webb informed the Committee that this issue was a challenge and required to be investigated out with the meeting to look at a number of issues to be addressed. It was agreed this item will be discussed at the appropriate management structures and the Committee will be provided with a report at the next meeting on the 14 August 2015.

**Action:** Mrs Webb. Aberdeen City CHP, Paediatric Service

The Committee agreed to report this item to the Board.

### 6.2 Ophthalmology and Eye Health Network (EHN)

Dr Hegde highlighted the new areas of concern around missed case of retinal detachment and missed case of ocular metastasis. These cases continue to be investigated. Concern was raised around a surgeon supplied by Medinet. This was reported to Medinet and services of the surgeon were no longer utilised in NHS Grampian.

Dr Hegde highlighted areas of achievement and good practice including The Code of Good Medical Practice to EHN stakeholders and Reflective Practice Framework and had seen a positive response.

### 6.3 Pharmacy

Mr Thomson provided the Committee with an update on items previously reported:

- The Grampian guidance on medicines reconciliation was now on the intranet and sharing EIDL online package with community pharmacies.

- The changeover of national medical gases in cylinders contract: A group had been set-up to manage actions and assure training had taken place.

- The Aseptic Unit within ARI: Looking at options for a potential modular unit. There were plans being considered for longer term solutions in association with the ANCHOR Centre development.

### 7. SECTOR/SERVICE REPORTS (Strategic risk 853)

#### 7.1 Aberdeen City

Dr Provan provided an update on areas of concern previously reported as below:

- GP Practices in Aberdeen City were having difficulty recruiting GPs especially in the north cluster. There were a lot of initiatives in place eg the CHP were supporting and expanding the Career Start scheme and in discussion around the new GP contract with a view to recruit more doctors into General Practice.

- Nurse staffing between Woodend and the Links Unit had stabilised given that the Links Unit had temporarily relocated to the Woodend site. This allows support to the nursing team in addition to reducing Woodend staff numbers leaving the site to cover the Links Unit.

- The Health visiting service funding had been received from the Government and recruitment was completed.

Mrs Tait asked for an update at the next Committee meeting on the Aberdeen City Joint HIS and Care Inspectorate Children’s and Young People’s Inspection which highlighted a number of areas of good working practice. **Action:** Dr Chris Provan
7.2 Aberdeenshire
Dr Fitton provided an update on the HMP Grampian. These vacancies had now been recruited. She reported that the learning from the HEI inspection to Inverurie Hospital was being shared with other community hospitals in preparation for future inspections.

Dr Fitton highlighted the area of achievement and good practice by using Datix light which allowed GP Practices to provide feedback to Grampian Hospitals regarding issues with patient discharge, to review and identify any common themes.

Dr Fitton highlighted that Aberdeenshire were currently looking at changing their patient management and admission to General Practice beds within community hospitals which could have a positive impact in appropriate admission and flow within the Acute Sector.

7.3 Acute
Ms Swift provided the Committee with an overview of the reports under appendices 1-5 as below:

- Staffing and recruitment continued as an issue of concern across the Acute Sector particularly around nursing and medical staffing within the Obstetric, Neonatal and Gynaecology service. Ms Swift informed the Committee of a variety of initiatives around recruitment.

- Significant work was being undertaken around delayed discharge including a discharge hub with engagement and representation from Social Work, community hospitals and AHP’s.

- Daily safety briefings were taking place every morning with Acute services, which provides information about identified risks across the sites, this has helped to meet service targets.

- The Acute Sector had been subject to two HEI inspections this year, ARI in January 2015 and Dr Gray’s Hospital in April 2015. An action plan had been developed to address the issues highlighted.

- Significant work had been undertaken to meet the recommendations from the OPAH unannounced inspection in December 2014. There was a planned visit scheduled for the 20 May 2015.

**Morecambe Bay Investigation Report: Maternity, Neonatal and Paediatric Services self analysis against recommendations:** This analysis report was presented at the Acute Clinical Governance group. The group requested a more detailed action plan to be developed.

**Scottish Confidential Audit of Severe Maternal Morbidity 2014: reducing avoidable harm, Aberdeen: Maternity Unit specific data from the 10th annual report:** This will be discussed at the 15 August 2015 meeting.

Appendix 6: Ms Swift directed the Committee to this report on Patient Flow Acute Sector Systems Improvement Support Team (ASSIST) which provided an update on work streams progressing to improve patient flow in NHS Grampian.

Appendix 7: Mrs Harper referred to the GMED report and highlighted the new area of concern. Moray and Aberdeenshire Integrated Joint Boards (IJB’s) commission out of hours nursing services delivered by Marie Curie. There were ongoing discussions and recruitment of nursing staff due to vacancies.
Mrs Harper advised the Committee around the difficulty of retaining Advanced Nurse and Paramedic Practitioners within GMED. Considerable investment was required to train these Practitioners. Due to the Out of Hours working and the attractiveness of Advanced Nurse Practitioners to General Practice there was an ongoing movement of staff between these areas.

Dr Provan highlighted the difficulties in recruiting GP’s to work within GMED. Work had being undertaken to promote the service focussing on the flexibility of shift patterns.

Appendix 8: The Acute Sector Leadership Team hold weekly quality huddles to look at the details of new major and extreme incidents reported within Datix. Actions from these incidents are identified for tracking to monitor the process and outcomes from the quality huddles and when complete are signed off on the action tracker.

The Committee agreed to report Workforce issues to the Board.

7.4 Mental Health and Learning Disability Service (MH&LDS)
Ms Gibb referred to the area of concern previously reported: Nursing staff vacancies reported there was a slight decrease from September 2014. Ms Gibb highlighted the recruitment plans which included external adverts, canvassing and recruiting to the return to practice course. She mentioned that 2 part time and one full time consultant had been appointed and the consultant vacancy in Orkney had also been filled.

Ms Gibb referred to the lessons learned from adverse events and highlighted the learning points from 3 completed adverse event reports. It was noted that there was difficulty implementing shared learning across the service. Mental Health Services was working with Healthcare Improvement Scotland to find a comprehensive way of implementing change.

Ms Gibb referred to the areas of achievement Royal Cornhill Hospital had met the Scottish ECT Accreditation Network (SEAN) standard.

7.5 Moray CHSCP
Ms Gowans reported on a new area of concern; staff absence rate and lack of bank staff to support community hospitals. Alternative models had been looked at to support and improve attendance.

Ms Gowans provided an update on items previously reported; Regulating Anticoagulation Therapy (RAT) Software in Primary Care. Agreement had been reached with NHSG to replace the current system within Primary Care practices. This will be piloted in Moray and Aberdeen City for further testing of reporting mechanisms.

Ms Gowans mentioned the areas of achievement and good practice, the quality of the training at the NHS Grampian dental school had been criticised recently in the local press but good reports had been given relating to the quality of graduates in Moray. The AHPs were working with the Local Authority to provide a 7 day a week service and within Moray a new care facility was being considered as an option for rehabilitating patients out with the Acute hospital.

Ms Gowans responded to Mr Sinclair’s questions around The GIRFEC principles not fully rolled out. She acknowledged that this was delayed in Moray due to lack of funding for co-ordinators. There had now been agreement to appoint to a NHS Grampian wide post.

7.6 Public Health
As agreed at the meeting on the 30 January 2015 Mrs Webb reported on the Alcohol Brief Interventions and highlighted that significant work was being undertaken to progress the recommendations.
Ms Forest asked when writing reports to avoid using acronyms or to include a glossary.

Mrs Webb commented on the areas of achievement and good practice around the NHSG Abortion and Repeat Abortion Research and the Hepatitis B Needs Assessment.

7.7 Research and Development
Professor Brittenden provided the Committee with an update on items previously reported:

- MHRA Statutory GCP inspection notification was received on 30 April 2015. This will be a joint inspection of NHS Grampian and University of Aberdeen. A working group were focusing on the dossier for submission and the group were progressing on identified areas in advance of the inspection within the next 6 months.

- Reduction in budget in relation to non-commercial research funded by the Scottish Executive in 2015-16. Professor Brittenden mentioned that there was a requirement for NHS Grampian to increase its research activity to maintain the level of funding received. She intimated that the researcher support element of the funding requires to be clearly embedded within clinical departments/staff activity by 2016. An extension had been requested to ensure that time is identified within consultant job plans to justify the current funding allocation.

- The Biorepository laboratory achieved accreditation from HIS in April 2014.

The Committee made reference to the very detailed report and asked if there were any issues or concerns. Professor Brittenden mentioned that plans were in place to progress areas of concern.

The Committee agreed to report the Joint Medicines and Healthcare Products Regulation Agency (MHRA) inspection between the University and NHSG to the next Board meeting.

8. ITEMS FOR NOTING AND INFORMATION
The Committee noted the following reports:
8.2 Research and Development Annual Report 2014-15

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

10. REPORTING TO:
10.1 The Chairman agreed to report the following items to the Board and the Performance Governance Committee:
- Dental Paediatric General Anaesthetic Waiting Lists
- Joint Medicines and Healthcare Products Regulation Agency (MHRA) inspection between the University and NHSG
- Stroke Services
- Workforce

Celebrating success:
- Care facility was being considered in Moray for rehabilitating patients out with the Acute hospital sector.
- Aberdeen City Joint HIS and Care Inspectorate Children’s and Young People’s Inspection.
- Aberdeenshire patient management and admission to General Practice beds within community hospitals.
10.2 **Assurance on Clinical Risks**
The Committee agreed they felt adequately assured regarding the following risks:

586 Future services were not developed in partnership with local authorities, third sector, independent contractors and the community – high risk

853 Risk patient safety is compromised and is not evidenced in practice – high risk

11. **DATE AND TIME OF NEXT MEETING**
The next meeting will be on **Friday 14 August 2015** from **9.30-12.30pm** in the **Conference Room, Summerfield House**.