

## Clinical Governance Committee Report to Grampian NHS Board Meeting on 17 May 2019

### Purpose of Report

This report updates the Grampian NHS Board on key issues and corporate risk rating arising from the Clinical Governance Committee meeting on 17 May 2019.

**Risk: The Clinical Governance Committee is the assurance source for the following strategic risk: ID 2507:** Quality and Safety of Care: There is a risk that the focus on quality and safety of care across NHS Grampian and partner organisations could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on new evidence based guidance, evidence from quality audits, independent assessment, patient experience and recorded incidents.

This risk remains categorised as high.

### Recommendation

The Chair sought and received confirmation from all Committee Non-Executive members that they could assure the NHS Grampian Board that risk ID 2507 was being appropriately managed and controlled by the Executive.

The Board is asked to note the following key points:

- 1. Quality & Safety Risk Profile:** The Committee were informed of the developing programme to improve NHS Grampian's processes for Performance, Assurance, Improvement and Risk (PAIR). The strategic risk on Quality & Safety of Care was presented. This included a summary of all current risks associated with quality and safety across Grampian Health services. Different approaches to analysing this risk profile for the purpose of providing assurance were presented. Of note, there are two very high quality and safety risks; Safe Medicine's Management (reference 2190) and Access Performance (reference 2433). There was a focused discussion on using PAIR data relating to risk 2190 giving a broad view on our understanding and control of this risk. There was also an agreement to present PAIR data for cancer access performance at the next Clinical Governance Committee. Key issues identified for services to address included housekeeping of risks e.g. removal of legacy and duplicates; clarity of consequences of clinical risk and the provision of more detail related to risk control. The Committee were assured that the PAIR methodology was the most appropriate way to provide assurance around control of identified risks.
- 2. Outcome from Level 1 Review & Scottish Public Services Ombudsman (SPSO) Investigation Case:** This was the first time the Committee have received a full copy of a Level 1 review and the output from an SPSO investigation with its associated action plans rather than high level metrics and theme reports. The purpose of sharing both reports in full was to enhance understanding within the Committee of how such events were managed and to enable appropriate questioning to support the Committee's assurance function. This approach was positively received and will be built upon for future Committee meetings. The Committee identified a theme around communication from the reports and requested assurance on what the organisation is doing to address communication issues in relation to shared learning and in particular the use of appropriate language to enhance understanding. The Committee were informed of the ongoing work to improve the complaint handling and the SPSO processes and the plan to increase stage 1 (early resolution) responses.

3. **Pharmacy Report:** The Committee noted the pharmacy quarterly report. The report highlighted that although some guidelines have passed their formal review date, they have been risk assessed and checked to ensure the advice is still current. There is a work plan to ensure formal full review takes place. It was noted this is related to workforce issues and the clinical risk is low. The Committee were notified of an area of good practice relating to the Cardiology Medicines Optimisation Clinic. The small survey of patient satisfaction for the pharmacy led clinic demonstrated very positive feedback from users.

Ms Joyce Duncan  
NHS Grampian Clinical Governance Committee, Chair

28 May 2019