

APPROVED

**Minute of Meeting of the NHS Grampian Clinical Governance Committee on
Friday 15 February 2019 at 9.30am in the Conference Room, Summerfield House,
Eday Road, Aberdeen**

Present:	Dr Lynda Lynch	NHS Board Chair (Chair)
	Mrs Amy Anderson	Non-Executive Board Member
	Mrs Kim Cruttenden	Non-Executive Board Member
	Ms Joyce Duncan	Non-Executive Board Member
	Professor Steven Heys	Non-Executive Board Member
	Cllr Shona Morrison	Non-Executive Board Member
In Attendance:	Mrs Susan Carr	Director of Public Protection & Allied Health Professions
	Professor Amanda Croft	Interim Chief Executive
	Dr Janet Fitton	Clinical Governance Clinical Lead, Aberdeenshire H&SCP
	Professor Nick Fluck	Medical Director
	Mrs Wilma Forrest	Public Representative
	Mrs Caroline Hiscox	Acting Director for Nursing, Midwifery & Allied Health Professions (NMAHP)
	Dr Chris Littlejohn	Attended on behalf of the Director of Public Health
	Mrs Grace McKerron	Infection Control Manager
	Ms Jenny McNicol	Acute Director Nursing and Midwifery
	Mr David Pflieger	Director of Pharmacy
	Dr Lynne Taylor	Clinical Governance Clinical Lead representative, Mental Health & Learning Disability Services
By Invitation:	Mrs Kate Danskin	Chief Nurse (agenda item 4)
	Dr Noha EISakka	Infection Control Doctor (agenda item 3a))
	Mrs Fiona Miele	Lead Nurse Child Protection (agenda item 3.1)
Attending:	Ms Fiona Mitchelhill	Interim Manager, Quality, Governance & Risk Unit
	Mrs Fiona Shepherd	Committee Secretary

Item Subject

1. Welcome, Apologies, Minute of Meeting held on 16 November 2018:

The Chair welcomed everyone to the Committee and noted in her new role as NHS Board Chair she will be stepping down from chairing this meeting. From May 2019 newly appointed Non-Executive Board Member, Ms Joyce Duncan will be chairing this Committee. Ms Duncan was welcomed.

Mrs Amy Anderson and Cllr Shona Morrison, Non-Executive Board members were introduced and welcomed to their first Committee meeting.

The Chair noted Mr Eric Sinclair's tenure finished at the end of December 2018 and Dame Anne Begg has stepped down from her role as Non-Executive Board Member. On behalf of the Committee, Dr Lynch thanked them both for their significant input to the Committee.

Apologies were received from Mr Bachoo, Mrs Coull, Dr Iloya, Dr Metcalfe, Dr Palin, Dr Stott and Mrs Webb.

Minute of meeting held on 16 November 2019: The minute was approved.

Matters arising: Dr Lynch spoke to the matters arising and updates were provided on the items below:

No. 04: Managed Clinical Networks (MCN): Professor Fluck provided an update that all Managed Clinical Networks were reviewing their Terms of References, these will then be considered by the Senior Leadership Team.

Professor Fluck agreed to provide a report at the Committee meeting on the 16 August 2019. **Action: Professor Fluck**

No. 07: Maternity services feedback/patient: Ms McNicol referred to the paper prepared by Mrs Rait, Chief Midwife. This work was in response to feedback from some women's negative experience of Induction of Labour (IOL). The outpatient approach introduced for eligible women a non-pharmacological option for IOL 'Cook Cervical Ripening Balloon', this removed the requirement for overnight admission to hospital, reduced the amount of monitoring women required, and provided greater flexibility for both women and service to plan and manage IOL. Whilst the overall results were very encouraging there are actions to continue to support improvement work e.g. training midwives in Moray to insert Cook Balloon locally.

Ms McNicol commended the Senior Charge Midwife in Westburn Ward (Aberdeen Maternity Hospital) who led this improvement work and noted this improvement was being presented at national forums. Mrs Forrest commended the author of the report as she felt this was a clear, easy readable and understandable report.

No. 09: NHS Grampian transcribing policy: Professor Fluck informed there had been a number of meetings to discuss non-medical prescribing. These have propelled the need to review current procedure in a number of areas. A transcribing policy was not currently required.

No. 10: Professional Framework: As requested Mrs Hiscox made arrangements to email members a copy of the Grampian Clinical Professional Assurance Framework: Health Professionals. This was presented to the Staff Governance Committee and to the Grampian NHS Board. Mrs Hiscox assured the Committee processes were in place and there were no regulatory gaps. Mrs Hiscox referred to a breach in the process which was down to human error. The process has been reviewed and no changes are required for the time being. A high risk was identified and additional monitoring put in place.

No. 6: Healthcare Scientists: Dr Bachoo has been asked to commission a risk assessment by the Healthcare Scientist Lead. The Committee asked for a brief update for the next meeting and thereafter a full paper at a future meeting of the Committee.
Action: Dr Bachoo

No. 8: Cancer Waiting Times: A copy of the Acute Sector Cancer Performance Improvement Plan was circulated to members. The Chair felt this improvement plan did not provide the Committee with assurance and proposed this be an item for a future meeting of the Committee.

Mrs Hiscox explained historically this was an Acute Sector process but would now fall within the new Senior Leadership Team step-change programme to improve NHS Grampian approaches to Performance, Assurance, Improvement and Risk (PAIR). The PAIR process is currently developing.

No. 12: Research & Development research funding: Professor Fluck mentioned there are governance arrangements through the joint Research and Development Committee (NHS Grampian and the University of Aberdeen). Work was ongoing to identify research time allocated to clinical speciality groups to reflect job plans. Electronic job planning will be introduced this year and may help facilitate this process for medical staff.

Professor Heys referred to the Chief Scientist Office research support element of funding remains a high risk of being removed unless the allocation can be identified in consultant job plans. They also noted the CSO funding will be reducing.

Professor Fluck agreed to provide a report for the Committee meeting on the 16 August 2019. **Action: Professor Fluck**

2. **Systems, Quality, Safety and Risk**

a) **Overview of changes:**

Mrs Hiscox informed this was the first meeting in the transition to the NHSG approach to Performance, Assurance, Improvement and Risk (PAIR). The NHS Grampian Senior Leadership Team recognised the requirement to review processes for clinical governance, risk management and performance governance. As a result of this review eight Senior Leadership Team sub-groups have been established. These are:

1. Clinical Quality and Safety
2. Compliance
3. Workforce
4. Infrastructure
5. Collaborative Working
6. Innovation and Transformation
7. Involvement and Engagement
8. Brexit

These subgroups will provide clear linkages of performance, assurance, governance, risk management and improvement activities giving the Senior Leadership Team oversight of all processes and strategic issues emerging from the system. Each sub-group will agree a consolidated report to be presented for consideration to the Senior Leadership Team and a report presented to a NHS Grampian Board Assurance Committee.

The first meeting of the Clinical Quality and Safety group was on the 10 January 2019 and will be discussed under item 2.1.

Mrs Hiscox responded to Dr Fitton's concerns around how Health & Social Care Partnerships contribute to this new way of working. Mrs Hiscox noted this will be a challenge and was fully discussed at the first meeting of the Clinical Quality & Safety Group. The Group agreed the importance of the correct membership of the group and who they are representing and the focus for the group should lie in supporting whole system working.

The Chair noted to provide the Committee with assurance there was still a requirement for the Committee to have visibility around mitigating actions to manage the risks identified.

The Chair thanked Mrs Hiscox for providing an overview on this new way of working.

b) **Risk Management: NHS Grampian Quality and Safety Risk Profile:**

Professor Fluck focussed on highlighting 3 points as below:

1. **Intent:** The Acting Director for NMAHP is the risk owner for the corporate risk on Quality and Safety of Care and the assurance source is the Clinical Governance Committee with the Clinical Quality & Safety Group providing an oversight.
2. **Access:** Accessing an electronic system which includes links to each area to see the risks associated with quality and safety in each service is an issue to create a system that allows access to all and ultimately would like to be made available to the public to access.

3. **Observations:** During 2018 the Board approved a move from the existing risk categories to a set of new categories with a view to supporting the Performance, Assurance, Improvement and Risk (PAIR) process.

Professor Fluck noted this was a challenge and a lot of work to embed into our everyday business. Mrs Hiscox mentioned this was the first time the Committee was presented with the Risk Profile which provides the information and knowledge of Quality and Safety risks and an understanding to interrogate.

Mrs Forrest noted the importance for the public to be re-assured if a person is identified not being up to standard for example with hand hygiene compliance. It was noted if this occurred it would be addressed at the time that it was identified.

The Chair on behalf of the Committee mentioned to be mindful when including embedded documents, to ensure the recipients have appropriate access.

c) **Quarterly report from NHS Grampian Clinical Risk Meeting:**

Mrs Hiscox referred to the paper, the NHS Grampian Clinical Risk Meeting meet weekly to utilise system wide intelligence, identify potential themes or trends and emerging current governance risks impacting on NHS Grampian. A report is then provided to the Senior Leadership Team. The topics discussed are listed in page one of the paper for example Health and Safety and Risk; new risks identified on the risk register and Health and Safety and RIDDOR reportable events.

Mrs Hiscox referred to the key risk no. 3: We don't have robust systems in place to share learning across the whole system. She confirmed this model was now set up across the whole system.

Mrs Hiscox responded to Mrs Forrest's question regarding addressing the key risks to provide assurance to the Clinical Governance Committee. This plan would be to present to the Committee a dataset to demonstrate for example the recent Healthcare Improvement Scotland: Quality of Care Organisational Review to look at learning and improvement. It is intended to have the Clinical Risk Meeting support an infrastructure and the assurance will be presented here.

The Committee noted the report and agreed the planned approach for future reporting.

2.1 **Clinical Quality & Safety Group Report:**

This was the first paper submitted to the Committee to provide an update from the first meeting of the Clinical Quality & Safety Group held on the 10 January 2019. As included in the paper at the first meeting the group raised a number of points for clarification and suggested amendments to the groups Terms of Reference, this will be reviewed again at the next meeting on the 11 March 2019.

The Committee agreed the recommendations to note the work to date to develop the Terms of Reference, support the group to build a clinical and care governance network and agree the group will provide a system wide format to the Committee on a quarterly basis.

3. **Assurance Groups and Committees:**

Reported Items:

a) **Healthcare Associated Infection:**

Dr EISakka provided an update from the previous quarterly report as below:

Staphylococcus aureus bacteraemia (SAB): NHS Grampian was above the national average; we were not an outlier. This was being monitored and initiatives to reduce SAB infection were in place.

E.coli bacteraemia: NHS Grampian were below the national average.

***Clostridium difficile* Infection** will now be known as **Clostridioides difficile (CDI)**: NHS Grampian was still above national average and not reported as an outlier for this quarter. In the previous quarter NHS Grampian was reported as an outlier in this group. Dr EISakka noted plans were continuing in a positive direction to reduce the CDI rates.

Dr EISakka noted the actions taken to date with initiatives in place to reduce the rates of infection and management of cases.

The Chair noted NHS Grampian were still above the national average. Dr EISakka informed that NHS Grampian was working closely with Health Protection Scotland (HPS).

i) **Healthcare Associated Infection (HAI Bi-monthly Report – January 2019**

Mrs McKerron mentioned this was a bi-monthly mandatory report which is updated to include detailed information on each infection.

The Chair thanked both Mrs McKerron and Dr EISakka for their update and acknowledged the amount of good work undertaken by the team.

b) **Pharmacy:**

Mr Pflieger provided an update on the previously reported item on updating of local antimicrobial guidelines being past the review date. This remains a concern; a short term plan for support has been provided and agreed an action plan for updating the guidelines. A further update will be provided at the next Committee meeting.

c) **Medicines:**

Mr Pflieger provided an update on the previously reported item 2a) **National Shortage of Immunoglobulin Products**. For the new members of the Committee he provided background information. There was a current shortage of intravenous immunoglobulin supplies available to NHS Scotland. This was being co-ordinated by the relevant clinical team, and following national advice, specific groups of patients had their intravenous immunoglobulin therapy stopped or they have been transitioned to subcutaneous immunoglobulin. Both were under close clinical observation and clear communication with individual patients.

To respond to the Committee's questions if there were any clinical implications for patients being treated with alternative treatments Mr Pflieger noted this wasn't a process without harm but there had been no significant irreversible harm. He noted for those patients who did not transition successfully to the alternative therapies they would continue on the appropriate immunoglobulin.

Mr Pflieger commented that the haematology service has been exemplary and the service has robust processes in place and was now moving to monitoring.

Mr Pflieger referred to the new area of concern the low level of risk item 1a) Brexit impacts on medicine supplies. Mr Pflieger stated he is currently awaiting information from the Department of Health (DoH) for the planning of EU and EEA pharmaceutical companies that supply prescription-only medicines and pharmacy medicines to the UK.

The Committee noted this work was in progress and the Committee will be kept up to date through the Medicines quarterly report.

Exception Reporting:

d) **Dental:** The Chair referred to the Dental report on behalf of the Committee and commended the progress made by the short life working group for the Dental Paediatric and Adult Special Needs General Anaesthetic Services breaching Treatment Time Guarantee (TTG). It was agreed to highlight this to the Board.

e) **Eye Health Network:** The Committee noted this report.

f) **Radiation Safety:** Professor Fluck referred to the areas of achievement and good practice. He highlighted the recent Health & Safety Executive inspection on the 15

January 2019 of Radiotherapy and Nuclear Medicine department. The inspector commented the radiation safety was well managed. The service awaits the formal letter and expects minor actions required to be completed.

Verbal updates (high risks highlighted from previous report):

g) Acute Sector:

Ms McNicol provided a verbal update from previously reported high risk items as below:

Perfusion Service: A Senior Perfusionist had now been appointed and there were plans in place for a trainee post for succession planning.

Clinical Risk Meeting (Acute): This group meet weekly looking at e.g. complaints, adverse event and Duty of Candour. This group has demonstrated a positive change.

h) Mental Health and Learning Disabilities Services (LDS):

Dr Taylor provided a verbal update on the previously reported items as below:

- Ligature reduction programme: Dr Taylor highlighted the positive feedback from HSE on the refurbishment of Huntly ward; this work was on-going.
- The delay transfer group had significant impact on patient safety. A patient flow coordinator was appointed to work closely with the senior manager on-call and senior medical staff; this demonstrated an improvement in patient flow across the RCH site.
- The staffing shortages in the service had seen 2 wards closed and the redistribution of nursing staff and the employment of registered agency nursing staff. Areas were being monitored to mitigate any risks.
- Child and Adolescent Mental Health Service (CAMHS) there had been a lot of work undertaken to improve the service. The refurbishment at the Links Unit continues.

Mrs Hiscox noted future Acute Sector and Mental Health & LDS reports will be submitted to the Clinical Quality & Safety Group.

Main Item for discussion:

3.1 Public Protection

Mrs Carr referred to the report and highlighted from the previous year's annual report there had been significant progress in working with our multi-agency partners and highlighted the public protection training and awareness; NHS Grampian's mandatory induction course for all new employees includes a 45 minute session on Public Protection.

Mrs Carr noted this report provides detailed information from strands of Public Protection: Child Protection; Gender Based Violence (GBV); Female Genital Mutilation (FGM); Human Trafficking; Adult Support and Protection; Prevent and Multi-Agency Public Protection Arrangements (MAPPA).

Mrs Miele was introduced to provide an update on Child Protection. The three multi-agency Significant Case Review Sub Committees carried out a number of Initial Case Reviews. Aberdeen City and Aberdeenshire each carried out one and Moray carried out 3. The Initial Referral Discussion (IRD) process across Aberdeen City was under scrutiny due to the upcoming City inspection, there has been a focus and drive to ensure robust multi-agency action plans were in place to address the actions identified. The case supervision was evaluated and identified supervisors require a quality of training that focuses on a model of supervision. Training has been identified and there will be 40 supervisors trained by June 2019 from across NHS Grampian.

Moray received the outcome of their inspection process. The inspectors were satisfied with the range of improvements Moray have actioned to improve the outcomes of children and young people in Moray.

Mrs Carr highlighted the key points from the Public Protection strand report and referred to key Public Protection risks and highlighted the aims that require to be addressed to be achieved through attention to: culture, communication and compliance.

The Committee noted the report and work being undertaken to support NHS staff to co-operate and proactively contribute to keeping children, young people and adults safe from harm.

The Chair thanked Mrs Carr for the detailed report which was well received and agreed to receive a report in 12 months.

4. **Scottish Public Services Ombudsman (SPSO) Upheld Cases**

Mrs Hiscox mentioned this was an action from a previous Committee meeting to provide assurance from one aspect of monitoring patient experience and feedback. The report refers to our performance to cases investigated by SPSO.

Mrs Danskin was welcomed to the meeting and she referred to her paper to inform the Committee of issues the public were raising with SPSO, and following detailed investigation by the Ombudsman, which had been wholly or partly upheld. This piece of work came about by working with the Complaints and Feedback team looking at NHS Grampian's upheld/partially upheld SPSO cases held on Datix IT system to identify themes or patterns.

Mrs Anderson thanked Mrs Danskin for the detailed paper and highlighted from reading SPSO reports, a theme of upheld complaint issues was communication with patients and their families. Mrs Anderson asked how NHS Grampian was encouraging skills for an early resolution to mitigate complaints. Ms McNicol informed complaints early resolution was discussed at the Acute Sector Clinical Risk meeting. She informed there is a plan to test Mrs Hiscox and herself contacting every complainant to listen to their concerns and take appropriate action.

The Committee noted this paper and agreed to receive an annual analysis of SPSO cases and to receive a 6 monthly update on progress of improvement work undertaken.

5. **External Reports:**

a) **External Review Report:**

Ms Mitchelhill had nothing to add to this report. She highlighted this report would now be submitted to the Clinical Quality & Safety Group.

b) **Summary of all external reports and HIS Inspections of other Boards: October–December 2018:**

The Committee noted this report.

c) **Clinical Effectiveness Project Reports Published from 24 October–25 January 2019:**

The Committee noted this report.

d) **Summary Report on Guidelines/Evidence Notes/Advice Statements/ Innovative Technology Overviews and Technology Scoping Reports received by NHS Grampian:**

The Committee noted these reports and asked how this information was shared with the IJB Clinical & Care Governance groups/committees for discussion.

It was noted these reports will be included (for information sharing) by the Clinical Quality & Safety Group.

6. **Any Other Competent Business (AOCB)**

As this was Dr Lynch's last meeting as Chair of the Clinical Governance Committee. Mrs Forrest thanked Dr Lynch and gratitude for her role as Chair over the years.

7. **Noting**

7.1 Clinical Governance Committee Constitution (2 yearly review)

The noted the revised version of the Constitution and agreed to review in 6 months.

8. **Reporting**

8.1 The Chairman agreed to report the following items to the Board and Performance Governance Committee:

Board:

- Public Protection
- Scottish Public Services Ombudsman (SPSO)
- Short life working group: Dental Paediatric and Adult Special Needs General Anaesthetic Services breaching Treatment Time Guarantee (TTG)
- Performance, Assurance, Improvement and Risk (PAIR).
- Healthcare Associated Infection (HAI)

Performance Governance Committee:

- Cancer Waiting Times
- Public Protection
- Scottish Public Services Ombudsman (SPSO)

8.2 **Assurance on Clinical Risks:**

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 – High risk.

9. **Date and Time of Next Meeting**

The next meeting will be on **Friday 17 May 2019** from **9.30-12.30pm** in the **Conference Room, Summerfield House.**