

**Minute of Meeting of the NHS Grampian Clinical Governance Committee on
Friday 17 May 2019 at 9.30am in the Conference Room, Summerfield
House,
Eday Road, Aberdeen**

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| Board Meeting 03 09 19 Open Session Item 15.2 |
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| Present: | Ms Joyce Duncan Mrs Amy Anderson Mrs Kim Cruttenden Mrs Wilma Forrest Cllr Shona Morrison | Non-Executive Board Member (Chair) Non-Executive Board Member Non-Executive Board Member Public Representative Non-Executive Board Member |
| In Attendance: | Dr Paul Bachoo Mrs Susan Carr Professor Amanda Croft Dr Noha ElSakka Mrs Jillian Evans Dr Janet Fitton Dr Malcolm Metcalfe Ms Jenny McNicol Mr David Pflieger | Medical Director (Acute) Director of Public Protection & Allied Health Professions Chief Executive (attended until 10.50am) Attended on behalf of the Infection Control Manager Attended on behalf of the Director of Public Health Clinical Governance Clinical Lead, Aberdeenshire H&SCP Deputy Medical Director Acute Director Nursing and Midwifery Director of Pharmacy |
| Accountable Executives: | Mrs Caroline Hiscox Professor Nick Fluck | Acting Director for Nursing, Midwifery & Allied Health Professions (NMAHP) Medical Director |
| By Invitation: | Mrs Kate Danskin | Chief Nurse (agenda item 4) |
| Attending: | Ms Fiona Mitchelhill Mrs Fiona Shepherd | Interim Manager, Quality, Governance & Risk Unit Committee Secretary |

Item Subject

1. Welcome, Apologies, Minute of Meeting held on 15 February 2019:

The Chair welcomed everyone to the Committee and everyone introduced themselves.

Apologies were received from Mrs Coull, Dr Lynda Lynch, Mrs McKerron and Mrs Webb.

Minute of meeting held on 15 February 2019: The minute was approved subject to including Dr Jonathan Iloya's apologies.

Matters arising: Ms Duncan referred to the matters arising action log and noted there were a number of items for the 16 August 2019 Committee meeting some of these items could be deferred to the November meeting and item 4 was being addressed at the Clinical Quality & Safety Group.

Risk and Assurance: Professor Fluck presented to the Committee on the developing programme to improve NHS Grampian's processes for Performance, Assurance, Improvement and Risk (PAIR). The Committee were informed on the strategic risk on Quality & Safety of Care. This included a summary of all current risks associated with quality and safety across Grampian Health services. 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 PAIR data relating to risk 2190 and an agreement to present PAIR data for cancer access performance at the next Clinical Governance Committee. Key issues identified for services to address; housekeeping of risks (legacy, duplicate); clarity of risk; risk control detail insufficient.

The Committee were assured in relation to the quality and safety risk profile PAIR was appropriate.

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

2.1 **Clinical Quality & Safety Group Report**

Mrs Hiscox provided a brief update from the progress of the Clinical Quality & Safety Group and provided detail from the previous meeting on the 17 April 2019. This meeting was chaired by Professor Fluck. At this meeting the aim and purpose was approved and a discussion template was tested. The templates were completed by the three partnerships, Acute Sector, Mental Health & LDS and Public Health. An example of a completed template was tabled at today's meeting.

A paper led by Health Intelligence on the Board Quality Ambitions: Delivering what matters most was presented to the group and agreed to discuss the report within their sectors/areas and discussion to be shared with the System Leadership Team to formulate a proposal for action.

The group would consider and discuss the Gosport Independent Panel report in the Grampian context at the next meeting on the 19 June 2019 with a focus on 3 critical questions. The output from this discussion will be shared with SLT and included in the next report to the Committee on the 16 August 2019. She noted this report had been published for nearly a year; the delay was to allow teams to discuss and bring back direct from services. Mrs Hiscox mentioned the group's Accountable officers will be taking this information to their systems to feedback at the meeting on the 19 June 2019. The Committee were informed this report was shared through the Acute Sector clinical governance processes. Mrs Cruttenden, chair of the Area Clinical Forum (ACF) mentioned this report was discussed at the ACF and noted she would share the 3 critical questions.

Mrs Anderson asked what the future plans were for the Health & Social Care Partnerships who were not involved in Quality Improvement (QI) projects. To respond Professor Fluck mentioned this work was led by the Associate Medical Director of Quality Improvement & Assurance and the Associate Director of Quality Improvement & Assurance. Professor Fluck acknowledged the requirement for a Quality Improvement register to learn from the projects being undertaken and noted the importance to get buy-in from staff.

The Committee noted the progress made by the Clinical Quality & Safety Group.

2.2 **Quarterly report from NHS Grampian Clinical Risk Meeting:**

Mrs Hiscox referred to the paper to provide a quarterly update. The Clinical Risk Meeting (CRM) meet weekly to discuss intelligence collated over the previous 7 days with a view to identifying new clinical risks from across the whole system. Please see as detailed below:

Health & Safety and Risk: During this quarter, there were 7 new quality and safety risks added to risk registers across NHS Grampian. This was significantly less than the last quarter.

RIDDOR: There were 36 RIDDOR reportable adverse events during this period an increase from 14 in the last quarter. Fifteen relate to patient injuries, 19 were related to staff injury. This information would be presented to the Health & Safety Committee.

Adverse Events: During this period there were 10 Level 1 reviews, this was a slight decrease from the 13 in the last quarter.

Duty of Candour: The last quarter saw 19 cases identified as triggering the Organisational Duty of Candour (DoC) bringing the total for the 2018/19 financial year to 65. An annual report on NHS Grampian's performance to be completed by the end of June 2019.

Violence & Aggression: From discussions at CRM violence and aggression was identified as a theme which was escalated to SLT. SLT have commissioned a piece of work on this item. CRM now review the data weekly.

Patient Safety: From the falls reported during this time the majority not resulting in significant harm 5 patients died following a fall in this quarter, this was unusual and reviews were being conducted.

Pressure ulcers: There were 77 patients reported as having pressure ulcers during this period. Through weekly revision of data, overall themes were identified and appropriately actioned. An example of an identified theme was the recurrent reporting on the Datix reporting system of the pressure ulcer when the patient moves clinical area.

External Events and Influences: The links to 7 external review reports were shared over the 3 months were included within the report to learn from external scrutiny in other areas of Health and Social Care.

Mrs Hiscox informed the format of this report will change for the next quarterly update. The Committee noted the report.

3. **Assurance Groups and Committees:**

a) **Healthcare Associated Infection:**

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

Clostridioides difficile (CDI): NHS Grampian was below the national average for quarter 4 report (October–December 2018) and above the national average for year ending December 2018. NHS Grampian was not reported as an outlier for this quarter.

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

Staphylococcus aureus bacteraemia (SAB): NHS Grampian was above the national average; we were not an outlier for Q4 and this increased rate was not above the normal variation this quarter. This was being monitored and initiatives to reduce SAB infection were in place.

Mrs Hiscox noted prior to the report being submitted to the Clinical Governance Committee the Healthcare Associated Infection executive group scrutinise the data through their assurance processes. The HAIRT bi-monthly report presented to the Clinical Governance Committee would also be reported to Grampian NHS Board. Mrs Hiscox informed the format of this report would change for future Committee meetings and a future item will be included on the report from the unannounced inspection to the Queen Elizabeth University Hospital, the Institute of Neurosciences and the Royal Hospital for Children, NHS Greater Glasgow and Clyde.

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

The Committee noted this report.

b) **Pharmacy:**

Mr Pflieger provided an update on the previously reported item local antimicrobial guidelines being past the review date. This remains a concern; a short term plan for support was provided and agreed a work plan for updating the guidelines. He highlighted the guidance was risk assessed and review dates extended as appropriate

and where appropriate guidance was being actioned by services. It was noted this was related to workforce issues and the risk was low.

Mr Pflieger provided an update on the Wholesale Distribution Authorisation (WDA)/Controlled Drug Licence. There were ongoing discussions with The Scottish Government which feeds into the National discussions with the Medicines and Healthcare Products Regulatory Agency (MHRA).

Cardiology Medicines Optimisation Clinic: In response to Mrs Anderson's question regarding the survey improving the service. Mr Pflieger informed the small patient satisfaction survey for the pharmacist led clinic demonstrated very positive feedback from service users and an improvement in the number of patients taking appropriate doses of medicines.

c) **Medicines:**

Mr Pflieger provided an update on the previously reported items:

Brexit impacts on medicine supplies: The Grampian Medicines Management Group (GMMG) signed off the formal process and policy for handling shortages in NHS Grampian and was engaging with the National Medicine Shortages Response Group.

Shortage of Immunoglobulin kiovig: This item will be removed from future reports as what changes have occurred was now routine.

Systemic Anti-Cancer Therapy (SACT): This issue had improved significantly. A review was being undertaken between local Medicines Management and North of Scotland Cancer Alliance (NCA) to ensure clarity of roles and assurance regarding potential gaps in governance.

We are working on reducing rates of errors in documentation within Aberdeen Royal Infirmary. The GMMG's focus was on high risk medicines with a specific action plan to improve guidance and measurement events and near misses involving these medicines.

4. **Outcome from Level 1 Review and Scottish Public Services (SPSO) Investigation Case:**

Mrs Hiscox provided an overview of this report. This was the first time the Committee had received a copy of an Adverse Event Level 1 review, the output from an SPSO investigation and associated action plans. The purpose of sharing this report was to enhance understanding within the Committee to enable appropriate questioning to provide assurance.

Mrs Hiscox highlighted there were currently 22 Level 1 reviews commissioned in the last financial year and there had been 35 cases closed by the SPSO in the last year, 8 were not investigated, 9 were not upheld, 7 were partially upheld, and 11 were fully upheld. She noted the SPSO investigations require a significant amount of work.

Ms Mitchelhill and Mrs Danskin were invited to highlight key points from their report.

Adverse Event Level 1 Review: Ms Mitchelhill provided background information on this review. The review identified 7 clear main findings and conclusions, these questions were answered. Ms Mitchelhill noted the review team did not think the patient's death was avoidable and there were no concerns with the care of the patient; the quality of the nursing record information and accessibility was of a high standard and the quality of the completion of the surgical consent form. Four key recommendations were identified for the service to take forward. A copy of the action plan was shared with the Committee on page 13 of the report.

Mrs Forrest commented she found this report very helpful to see the outline of the case, the evidence being investigated and actions taken.

Mrs Hiscox offered to provide a better understanding of adverse event categorisation and the complaints process by arranging a session for the Committee.

The Committee identified a theme around communication from the report and requested assurance on what the organisation was doing to address communication issues in relation to shared learning and in particular the use of appropriate language to enhance understanding.

Scottish Public Services (SPSO) Investigation Case: Mrs Danskin informed on the 35 cases closed by the SPSO in the last year, 8 were not investigated, 9 were not upheld, 7 were partially upheld, and 11 were fully upheld.

Mrs Danskin referred to the SPSO completed case. There can be significant delays in SPSO cases. This specific case relates to the patient's care between April and June 2017. The letter from SPSO commencing the investigation was dated June 2018. A full report of the SPSO investigation was sent to the complainant and NHS Grampian and the findings of the review were shared with the department. Mrs Danskin mentioned the importance on how to ensure system wide learning.

Mrs Danskin responded to the Chair's question regarding upheld SPSO cases in comparison to other NHS Boards. NHS Grampian's data was compared with 3 other Boards in Scotland. NHS Grampian's investigation reports when compared with the 3 other Boards the data suggests further improvement opportunities. NHS Tayside and Lothian were maintaining very low numbers. NHS Lothian were contacted to discuss any strategies they implemented to achieve this.

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 and colleagues from NHS Grampian recently visited SPSO to better understand their processes and improve working relationships.

The Committee noted the information in these reports was positively received.

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

5.1 **Inequalities in Health: Inequalities Dashboard:**

Ms Duncan mentioned from a conversation with Mrs Luan Grugeon, Chair of the Short Life Working Group on Inequalities in Health this would be an item on the agenda for the next meeting of the Committee on the 16 August 2019. **Action: Mrs Shepherd**

6. **Reporting**

6.1 The Chair agreed to report the following items to the Board

- Outcome from Level 1 Review and Scottish Public Services (SPSO) Investigation Case.
- Risk and assurance as part of the Performance, Assurance, Improvement and Risk (PAIR) process.
- Pharmacy and Cardiology Medicines Optimisation Clinic – Patient Survey

The Chair agreed to speak with the Chair of the Performance Governance Committee regarding the relevance of the Clinical Governance Committee reporting. **Action: Chair**

6.2 **Assurance on Clinical Risks:**

The Committee agreed they felt adequately assured regarding the following risk:

ID 2507: Quality and Safety of Care: There is a risk 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.

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

The next meeting will be on **Friday 16 August 2019** from **9.30-12.30pm** in the **Conference Room, Summerfield House.**