Minute of Meeting of the NHS Grampian Clinical Governance Committee on Friday 3 February 2017 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 L Clark: Non-Executive Board Member
- Dr L Lynch: Non-Executive Board Member
- Dr H Moffat: Non-Executive Board Member
- Mr E Sinclair: Non-Executive Board Member

**In Attendance:**
- Professor M Cruickshank: Research & Development Director
- Mrs J Evans: Attended on behalf of the Director of Public Health (and agenda item 7b)
- Dr J Fitton: Clinical Governance Clinical Lead, Aberdeenshire Health and Social Care Partnership
- Dr N Fluck: Medical Director
- Mrs W Forrest: Public Representative
- Mrs P Harrison: Infection Prevention & Control Manager
- Dr C Hemming: Divisional Clinical Director for Women and Children’s
- Professor S Logan: Chairman, NHS Grampian
- Dr M Metcalfe: Clinical Governance Clinical Lead, Acute Sector
- Ms F Mitchelhill: Attended on behalf of the Deputy Nurse Director
- Dr A Palin: Clinical Governance Clinical Lead, Mental Health & Learning Disability Services (LDS)
- Dr A Ross: Associate Medical Director of Primary Care and Hosted Services
- Dr S Stott: Associate Medical Director for Quality Improvement & Assurance
- Mr M Wright: Chief Executive

**By Invitation:**
- Miss A Allan & Mrs S Carr: Clinical Governance Facilitator
- Mrs L Ballantyne: Public Involvement & Feedback Manager (agenda item 7c)
- Ms J Gibb: Associate Nurse Director (agenda item 3b)
- Ms T Lebedis: Consultant Occupational Therapist in Stroke (agenda item 3.1)

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

**Item 1. WELCOME, APOLOGIES AND MINUTE OF MEETING HELD ON 18 NOVEMBER 2016 AND MATTERS ARISING ACTION LOG**

The Chair welcomed everyone to the Committee.

Apologies were received from, Professor Croft, Mrs Hiscox, Mr Pfleger, Mr Shaw and Mrs Webb.

**Minute of meeting held on 18 November 2016:** The minute was approved. It was noted to differentiate in future minutes Dr Lynda Lynch and Dr Steven Lynch. **Action: Mrs Shepherd**

**Matters arising action log:** Professor Greaves talked through the action log. There were a number of items included within sector or service reports. Awaiting clarification from Ms McNicol, Chief Midwife on matters arising item 5. An informative report from Ms Allerton, MCN Manager was provided on “Working with HMP Grampian to provide safe and effective, diagnosis, treatment, care and support for Sexual Health and Blood Borne Viruses”.

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2. QUARTERLY SUMMARY REPORT OF DEVELOPMENTS IN CLINICAL GOVERNANCE

2.1 Clinical Governance Committee Constitution
The Constitution was amended to achieve a clear understanding to meet statutory requirements and to align Committee business. Appendix 1 details the relationship to the Board, Groups and Committees, Integration Joint Boards, Acute Sector, Public Health and Mental Health & Learning Disability Service.

In response to Dr Lynda Lynch’s questions, the wording relating to membership will be amended to 4 Non-Executive Board Members and it was agreed Dr Lynda Lynch would be the named deputy for the Chair. **Action: Mrs Tait**

3. QUARTERLY SUMMARY OF NHS GRAMPIAN GOVERNANCE REPORTS

a) Acute Sector
Dr Hemming referred to the Acute Sector report and highlighted the main items. The current theatre capacity was unable to meet demand, and the available capacity was being utilised through a process of clinical prioritisation. Winter planning pressures caused short notice cancellations for elective admissions and there was potential increase in delayed discharges over the winter period. Due to the inability to safely staff a standalone winter ward, the situation was re-evaluated and an alternative model had been implemented and reviewed on a daily basis.

The Committee was informed of the steps taken in the Acute Sector to mitigate risks to ensure safe and effective services for patients and staff. It was noted in the interim the challenge continues to meet patient demand.

Mrs Forrest questioned recruitment outwith the UK. Dr Fluck intimated this was looked at, at a national level and steps were taken to address within NHS Grampian.

Mr Sinclair referred to item l) from ISD data and asked for current up to date information around medical vacancies. Dr Metcalfe agreed to provide a more refined list of NHS Grampian’s medical workforce vacancies for the next Committee meeting on the 19 May 2017. **Action: To include in the Acute Sector report**

Dr Hemming highlighted the redesign of the complaints process within the Acute Sector which was proving to be successful. A group within Acute was preparing to implement the new NHS Scotland model Complaints Handling procedure taking effect from the 1 April 2017.

The updates requested within appendix 1 and 2 on Interventional Radiology and Orthopaedics were noted.

b) Mental Health and Learning Disability Services (LDS)
The risks reported remain the same from the previous reports; nurse and consultant medical staffing vacancies. An addendum to the Mental Health & LDS report was tabled. Dr Palin highlighted to the Committee that the in-patient learning disability service at Elmwood had on-going difficulties maintaining a safe ratio of patients to registered nursing staff. The unit had been closed to new admissions and was reduced to 5 patients. It was only able to remain open due to the support of staff from neighbouring wards and community staff. However, this situation was now unsustainable and the difficult decision had been made to temporarily close Bracken Ward.

Ms Gibb discussed the initiatives to recruit to vacancies, including a recent radio campaign on Northsound and an open day. She informed of the opportunity for registered nurses returning to practice to train as learning disability nurses. The training in Scotland was undertaken at Glasgow Caledonian and Napier University NHS but NHS
Grampian loses nurses to other areas due to a bursary offered by these Universities. Dr Fluck suggested other ways to combat this and look to endowments to support some of these costs.

Mr Wright acknowledged the decision to temporarily close the Bracken ward, taking into account quality and safety of patients and staff. The efforts taken to recruit to registered nursing staff were acknowledged.

Professor Logan asked if a discussion could be had with the Robert Gordon University (RGU) to support this training. Ms Gibb advised RGU was not accredited for learning disability nursing. Ms Gibb agreed to start conversations with RGU. **Action: Ms Gibb**

Mr Wright noted the biggest strategic risk was lack of a sustainable trained workforce and noted the difficulties in planning this. Work was on going with NES, Robert Gordon University and the University of Aberdeen to attract potential staff to NHS Grampian.

The Committee thanked Dr Palin and Ms Gibb for providing the Committee with this additional report and background.

c) Public Health
A detailed report was provided by the Consultant in Public Health Medicine to provide Dr Lynda Lynch with a response to a question around GP licences for prescribing BCG vaccines. Dr Lynda Lynch had continued concerns some babies may fall through the net and could be at an increased risk of TB.

It was agreed this item would be explored outwith the meeting and a report provided at a future meeting of the Committee. **Action: to be included in the Public Health report**

d) Aberdeenshire Health & Social Care Partnership
Dr Fitton referred to the HMP & YOI investigation report. The Quality Health Delivery group was progressing items on the Workplan.

e) Aberdeen Clinical and Care Governance Committee approved minute dated 16 August 2016
The Committee noted receipt of the approved minute.

f) Moray Clinical and Care Governance Sub-Committee approved minute dated 16 September 2016
The Committee noted receipt of the approved minute.

As a number of reports had intimated workforce issues it had been agreed outwith the Committee to share all the Clinical Governance Committee papers with the Director of Workforce. Mr Wright suggested that the Committee may wish to receive a paper in the future detailing all the workforce streams. This was agreed.

3.1 Stroke Improvement Plan
Ms Lebedis referred to her report and provided a detailed update on the key priority areas for NHS Grampian in the Scottish Stroke Improvement Plan.

Mr Sinclair raised a number of questions and referred to the delivery of the thrombolysis consultant led pathway rates at Dr Gray’s Hospital. Ms Lebedis noted improvement work was being undertaken to improve these rates and the Lead Nurse in Elgin tracks stroke patients going through the system. Mr Sinclair asked what safeguards there were in place at ARI for acute stroke patients who cannot be admitted to the stroke unit and require to be accommodated in non-specialist wards. In response Ms Lebedis highlighted an outreach service (mobile stroke team) from the Acute Stroke Unit (ASU) which consists of a multi-disciplinary team. The team endeavour to ensure those who require ASU care be transferred when a bed becomes available. Mr Sinclair then asked in what ways do the stroke MCN plan to take advantage of the integration of Health and Social Care to
Ms Lebedis highlighted the key points from the report as detailed below:

- The stroke services were implementing a person-centred approach including goal setting in hospital and community services to ensure an individualised approach.
- The data from the rehabilitation sprint audit will be used to support benchmarking access to stroke therapy services.
- Generic Access to Stroke Rehabilitation Services Evidence - services available but daily (7 days) therapy only available at Fraserburgh and supported discharge (not ESD) in Aberdeen City only. Input at Woodend was not daily Mon-Fri due to lower staffing levels.

It was noted by Mrs Forrest the public interest around stroke and she asked how this had impacted on the service. Ms Lebedis acknowledged there had been an increase on stroke referrals from the annual stroke awareness campaign.

The Committee thanked Ms Lebedis for this informative report. The Committee noted and approved the recommendations in the report.

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

a) Dental:
The Committee noted this report.

b) Pharmacy:
The Committee noted this report and acknowledged the replacement Aseptic Unit within ARI was currently undergoing commissioning prior to handover to the service.

c) Medication Safety Group:
In the absence of a representative to answer questions, Dr Metcalfe referred to the main item; the challenges with electronic Immediate Discharge Letter (eIDL) and significant errors in prescribing which required clinical pharmacy team intervention. It was noted discharge errors were mainly clinician errors. To improve medication safety, tests of change had been developed with clinical teams.

It was noted the next report on Adverse Events to the Committee on the 19 May will be on Medication Safety.

d) Eye Health Network:
The Committee noted this report.

e) General Ophthalmic Services:
The Committee noted this report.

   i) General Ophthalmic Services Management of Learning from Adverse Events and Feedback Protocol: The Committee noted receipt of this Protocol.

f) Hospital Transfusion Committee
A report would be provided at the next Committee meeting on the 19 May 2017.

g) Radiation Safety Committee
The Committee noted this report.
4.1 Research & Development

Professor Cruickshank provided an update on the risks around reduction in funding from the Chief Scientist Office. The budget is in relation to non-commercial research funded by the Scottish Executive and is determined annually. The research support element remains a risk for NHS Grampian unless the allocation could be justified and identified in consultant job plans. Work continues to meet the requirement to identify training and research time within job plans to justify the funding allocation which was proving a challenge.

A number of actions by the Medical Directorate were in place looking at aspects relating to identifying clinical time, working with university partners, and having a shared research strategy. NHS Grampian was looking at NHS Tayside’s research and development activity/processes. It was noted that promotion of NHS Grampian’s research and teaching portfolio makes for an attractive organisation for future employees.

Professor Logan expressed his disappointment this issue had not progressed adequately and was interested to see reports on how research activity would be identified and to see the beneficial effects to patients taking part in research. This will be taken forward outwith the meeting. **Action: Professor Logan & Dr Fluck**

Professor Cruickshank referred to the annual Grampian Research & Development Conference on 8 November 2016 which was a very successful day with good engagement and with involvement and support from the Chief Scientist Office.

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

a) External Review Report:

Mrs Tait highlighted to the Committee, the activity planned for the next 3 months, included in the report:

Healthcare Improvement Scotland commenced a programme of Quality Assurance. The first review will be on **Scottish Abdominal Aortic Aneurysm Screening**. NHS Grampian’s self-assessment will be submitted by the 17 February 2017.

**The Mental Welfare Commission (MWC) intends to visit NHS Community Hospitals** in NHS Grampian between 1 June and 30 September 2017. The Clinical Governance team was engaging with the Moray and Aberdeenshire Health and Social Care partnerships to help prepare for these visits, with a possible visit to Woodend Hospital.

The Unit was supporting clinicians in the enquiries for **Non Invasive Ventilation, Neurologic Disorders in young people under the age of 25 and Mental Health of young people who had self-harmed during the previous 2 years.**

Unit staff were participating in testing the methodology for **The Quality of Care Reviews** Health Care Improvement Scotland and supporting NHS Grampian to populate the methodology. The report will be provided by April/May 2017.

**Forensic Network Quality Review** intends to visit NHS Grampian within this financial year. Our Mental Health colleagues are actively engaged in this review.

A recent email received from **Healthcare Environment Inspectorate (HEI)** announced an inspection of community hospitals (Peterhead, Fraserburgh and Ugie) from the 1-3 March 2017. Support will be provided by the Aberdeenshire Clinical Governance Coordinator.
6. **QUALITY SUMMARY OF EXTERNAL REPORTS/GUIDELINES/REVIEWS RELEVANT TO NHS GRAMPIAN BUT NOT SPECIFICALLY ABOUT NHS GRAMPIAN**

   a) **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 to provide the Committee with assurance on processes in place within the organisation to manage and scrutinise any NHS Grampian reviews, guidance from SIGN, HIS and national audits. The Committee noted this report.

   b) **Summary of all external reports and HIS inspections of other Boards: August – October 2016**

   The Committee noted this report.

7. **QUALITY SUMMARY OF INTERNAL ASSURANCE INFORMATION**

   a) **Healthcare Associated Infection**

   Mrs Harrison referred to the paper and provided an update on NHS Grampian’s rates of *Clostridium difficile infection* (CDI) for age groups >65 years and 15-64 years. These were now above the national average. She reported significant work was undertaken to identify the reason for the observed increase and were looking at stool submission rates, testing criteria, laboratory methods and identifying other factors which clinicians may be unaware of e.g. Proton Pump Inhibitors or antibiotics received over the counter without prescription.

   The Chair thanked Mrs Harrison and Dr Karcher for their detailed report.

   b) **Reporting and Learning from Adverse Events – Violence and Aggression in the Workplace**

   Mrs Evans referred to the report compiled on violence and aggression occurrences reported through Datix. This lengthy report included information and details on the violence and aggression rates by ward, service and specialty and incidents by sector, service. This data will be shared with sectors and partnerships to consider and raise awareness. The annual staff survey results suggest a significant under-reporting of occurrences and this could be improved. Work was on-going to improve reporting using the governance structures and processes to improve the consistent use of NHS Grampian Reviews and RIDDOR reporting.

   The Committee noted the recommendations and approved the revised reporting format for this item and acknowledge the depth of information received on this item.

   i) **Progress report (from 18.11.16 Committee meeting) on Reporting and Learning from Adverse Events Falls in Hospital**

   This report was provided to re-assure the Committee on the developments since the time of the last report at the meeting on the 18 November 2016.

   c) **Learning from Complaints and Scottish Public Services Ombudsman Findings – Clinical Governance Report**

   Mrs Ballantyne referred to the report to provide assurance NHS Grampian learns from, and takes actions, as a result of feedback and SPSO recommendations. She highlighted from 1 June 2016 - 30 November 2016 NHS Grampian acknowledged an average of 100% of complaints within the 3 working day target. For the same six month period, NHS Grampian responded to an average of 67% of complaints within the 20 working day target this was an 8% reduction from the 75% responded to within target in 2015/16. At a future meeting service area success in implementing and sustaining the recommendations, learning and sharing across Grampian could be reported/presented.
The Committee welcomed receiving the detail included within the case studies. Dame Anne mentioned complaint 4 and stressed the unlikelihood of this being the only patient who felt their level of care was poor. Mrs Ballantyne confirmed there was a process of re-visiting and auditing of complaints to ensure wider learning. There was discussion on how complaints were categorised. Mrs Ballantyne explained the risk matrix and taking into account the patient’s experience.

Professor Logan asked if NHS Grampian was prepared to implement the new NHS Model Complaints Handling Procedure in the organisation by the implementation date of 1 April 2017. Mrs Ballantyne advised the organisation was currently working towards this.

It was noted NHS Grampian receive and record compliments on Datix and the system was set to allow ward areas to record their own compliments and the option to provide thank you letters.

The Committee noted the detailed report and acknowledged the work of the Feedback team. The Committee approved the recommendation.

d) Public Protection
Mrs Carr referred to the report and stated that in the past child protection and adult protection was reported to the Clinical Governance Committee under this umbrella. NHS Grampian had made the decision the Public Protection strands would include the protection of Children and Young People; Gender Based Violence (GBV); Female Genital Mutilation (FGM); Human Trafficking; Adult Support and Protection legislation; Those at risk of being a fire casualty; Radicalisation and Multi-Agency Public Protection Arrangements (MAPPA).

A successful Public Protection conference was held on the 30 November 2016. The opportunity was taken to launch the new NHS Grampian Public Protection intranet site at this event. This will provide support to staff, managers/supervisors with key information to protect the public from harm. The Committee were interested to hear of the developments across NHS Grampian, identified as an area of good practice, and of interest to other Boards across Scotland.

The Public Protection website was demonstrated at the meeting by Ms Allan. The site can be located at this address: (http://nhsgintranet.grampian.scot.nhs.uk/depts/QGRU/PublicProtection/Pages/default.aspx)

In response to Dame Anne and Dr Lynda Lynch’s questions regarding information on the named person, Mrs Carr stated that each section on the Public Protection website had been completed by the topic specialist and the Child Protection document included detailed information on the named person. Mrs Carr agreed to check with the Child Protection Nurse Consultant. Action: Mrs Carr

The Committee noted this was an informative/detailed report and the on-going work undertaken to support NHS Grampian staff to proactively contribute to keeping the public safe from harm and supported the on-going collaboration with key partners.

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

9.1 The Chair agreed to report the following items to the Board and to the Performance Governance Committee:
- Research support funding

Examples of good practice were also reported on:
- Scottish Stroke Improvement Programme
- Public Protection
- Mitigation of risks in the Acute Sector

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

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

**ID 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.

10. DATE AND TIME OF NEXT MEETING
The next meeting will be on 19 May 2017 from 9.30-12.30pm in the Conference Room at Summerfield House.