

**Minute of Meeting of the NHS Grampian Clinical Governance Committee on
Friday 16 November 2018 at 9.30am in the Conference Room, Summerfield House,
Eday Road, Aberdeen**

Present:	Dr Lynda Lynch Mrs Kim Cruttenden Professor Steven Heys	Non-Executive Board Member (Chair) Non-Executive Board Member Non-Executive Board Member
In Attendance:	Professor Amanda Croft Dr Janet Fitton Professor Nick Fluck Mrs Wilma Forrest Dr Chris Hemming Mrs Caroline Hiscox Dr Jonathan Iloya Professor Stephen Logan Dr Malcolm Metcalfe Mrs Grace McKerron Miss Jenny McNicol Mr David Pflieger Mrs Sandra Ross Dr Lynne Taylor	Acting Chief Executive Clinical Governance Clinical Lead, Aberdeenshire H&SCP Medical Director Public Representative Deputy Medical Director for Acute Sector/DCD Medicine Interim Director for Nursing, Midwifery & Allied Health Professions Consultant in Dental Public Health also attended for the Director of Public Health Chairman, NHS Grampian Deputy Medical Director Infection Control Manager Acute Director for Nursing & Midwifery Director of Pharmacy Chief Officer, Aberdeen City H&SCP Clinical Governance Clinical Lead representative, Mental Health & Learning Disability Services
By Invitation:	Mrs Jillian Evans Mrs Julie Fletcher Dr Alasdair Jamieson Dr William Moore Mrs Jane Rait	Head of Health Intelligence (agenda item 8.1) Transitional General Manager (agenda item 3.1) Diabetes MCN Clinical Lead (agenda item 6.1) Consultant in Public Health (agenda item 4c) screening programmes) Interim Chief Midwife (agenda items 6d) and 8b))
Attending:	Ms Sarah Hassal Mrs Jenny Ingram Ms Fiona Mitchelhill Mrs Fiona Shepherd	Management Trainee (attended to observe) Associate Director of Quality Improvement & Assurance (attended to observe) Interim Manager, Quality, Governance & Risk Unit Committee Secretary

Item Subject

1. Welcome, Apologies, Minute of Meeting held on 17 August 2018 and Matters Arising Action Log:

The Chair welcomed everyone to the Committee and introduced Ms Sarah Hassal and Mrs Jenny Ingram who attended to observe. Mrs Ross, Chief Officer, Aberdeen H&SCP and Mrs Cruttenden, Non-Executive Board Member were welcomed to their first meeting of the Clinical Governance Committee.

The Chair expressed best wishes to Mrs Liz Tait in her new role in Elgin and welcomed Ms Fiona Mitchelhill who will now provide management support to the Committee.

The Committee were informed Cllr Shona Morrison, Non-Executive Board member was a new member of the Committee and will formally be welcomed at the next meeting.

Apologies were received from Dr Armes, Mr Bachoo, Dame Anne Begg, Dr Sudipto, Dr Palin, Mr Sinclair, Dr Stott, Mrs Ward and Mrs Webb.

Minute of meeting held on 17 August 2018: The minute was approved.

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

The named leads present confirmed they were on track to provide reports on their items scheduled for the next Committee meeting on the 15 February 2019.

Action No. 5: Reporting Templates: The Chair highlighted the named lead for this item to be amended to include Ms Mitchelhill. **Action: Mrs Shepherd**

Action No. 9: Quality Report: Hospital Readmissions: Professor Croft asked for the lead Dr Rossi to be removed. **Action: Mrs Shepherd**

2. **Corporate Risks as of 19 October 2018:**

Professor Fluck presented to the Committee an update on Risk Management; Quality and Safety risk and the Strategic Risk Register. He noted the Senior Leadership Team review and discusses the Strategic Risk Register at regular intervals both in its totality and by individual risks. This approach allows both a corporate overview of all strategic risks and in-depth peer review of individual risks. Each strategic risk is aligned to a governance committee responsible for reviewing the assessment of the risk, assurance processes and mitigating actions. The Clinical Governance Committee was aligned to the Quality and Safety of Care risk.

Professor Fluck referred to the Quality and Safety Risk Tree, an electronic system which includes links to each area to see the risks associated with quality and safety in each service. Mrs Forrest expressed concern accessing this information electronically and highlighted the importance in making sure public could access and to be made aware of the risks in the organisation. Mrs Forrest also mentioned the importance in educating the public on how to provide feedback. Professor Croft informed there were discussions at the Senior Leadership Team with regards to communicating with the public. The Director of Corporate Communications was undertaking this work and will feedback through the Engagement and Participation Committee.

3. **Report of developments in Clinical Governance:**

3.1 **Clinical & Care Governance Improvement Group Work stream progress report on: Adverse Events Review Sub-Group**

Mrs Hiscox provided background information. This work was commissioned to establish a robust Clinical and Care Governance Framework encompassing NHS Grampian and Health & Social Care Partnerships (H&SCPs) addressing issues of assurance, improvement, safety, learning and culture. The Clinical and Care Governance Improvement Group convened over a year ago and review systems and processes related to quality and safety of care across the system. Work streams were established on Duty of Candour, Mortality & Morbidity, Adverse Events, Complaints and Feedback, Quality Metrics, and QGRU Redesign. It was noted work streams were progressing at different stages.

Mrs Hiscox introduced Mrs Fletcher, work stream lead for Adverse Events and noted this work stream was progressing well, but there were still improvements to be made.

Mrs Fletcher referred to her report and highlighted this work was commissioned by the Medical and NMAHP Directors following feedback from the Health & Safety Executive, who felt our processes and learning from adverse event reviews could be improved. When the Clinical and Care Governance Improvement Group was established, this piece of work transferred there.

Mrs Fletcher highlighted the purpose of the sub group and work being undertaken:

- Reviewing the Adverse Event policy to ensure it is fit for purpose.

- Working with the sectors to develop a robust performance management process that covers time taken to complete, quality of the report and how they ensure learning across the sector/organisation.
- Review the current training to ensure fit for purpose.

Mrs Fletcher explained when starting this work she checked the progress of all 48 outstanding level 1 reviews which were overdue on Datix. She identified some reviews were completed to a relatively high standard but many were not. Key issues not being addressed were, no terms of reference or family not being involved. Key improvements put in place had been education on the roles of commissioners/review teams, supporting level 1 reviews and support offered to every team who had reported a Category 1 event, which would require a level 1 review. Currently there were 23 level 1 reviews on the system.

Professor Fluck informed there was improvement work being undertaken with Medical Managers to re-educate the adverse event reporting process as a priority.

Mrs Cruttenden referred to the adverse event reviewing process and asked how to feedback what she felt went well and what could be improved. Mrs Fletcher welcomed feedback on the process which would allow changes to the policy to ensure it is fit for purpose.

Dr Lynch referred to the recent request from Healthcare Improvement Scotland (HIS) Quality of Care Organisational Review – Adverse Events Baseline Exercise. The evaluation has to be submitted by 28 November 2018.

The Committee noted the report.

4. **NHS Grampian Governance Reports:**

a) **Mental Health and Learning Disabilities Services (LDS):**

Mental Health and Learning Disability Inpatient Services and Child and Adolescent Mental Health Services (CAMHS): Dr Taylor referred to this report and highlighted services had been under increasing pressure to maintain patient and staff safety across its inpatient services due to the level of registered mental health nursing staff vacancies.

Dr Taylor informed the Committee on the recent medium to long term strategic planning process to ensure the service remain sustainable and the plans to improve access to the Child and Adolescent Mental Health Service (CAMHS). A decision was made to consolidate the mental health admission wards from 6 to 5 this resulted in the temporary closure of Brodie Ward. A Patient Flow Coordinator was appointed to work closely with the senior manager on-call and senior medical staff; this had been demonstrable improvement in patient flow across the RCH site.

This risk was being mitigated by the redistribution of registered nursing staff and the employment of registered agency nursing staff until 31 March 2019. There had also been employment of newly qualified nurses. These changes had already made a significant improvement to staffing levels across the RCH site since early October 2018.

Ligature reduction programme: Dr Taylor highlighted the positive feedback from HSE on the refurbishment of Huntly Ward.

Child and Adolescent Mental Health Service (CAMHS) update: Dr Taylor mentioned a lot had been undertaken to improve the service. Funding had been approved by the Scottish Government to allow refurbishment at the Links Unit, works expected to be completed by Spring 2019.

Mrs Hiscox informed that Mrs Isla McGlade, Interim Associate Nurse Director MHLDS was in the initial stages in undertaking work on therapeutic interventions looking at the implications for mental health services across Grampian.

Dr Lynch acknowledged the learning from Huntly Ward at Royal Cornhill Hospital and mentioned the risk level for Ward 4 at Dr Gray's hospital had moved from very high to medium. Dr Taylor clarified this was an error and remains as very high.

b) **Acute Sector:**

Dr Hemming highlighted from the report the areas of achievement and good practice; Shared Learning Events continue to provide information and education to staff. The Acute Sector Clinical Risk meeting was demonstrating positive changes.

The main items for discussion were highlighted as below:

Perfusion Service: A new risk was highlighted on Clinical Perfusion Scientists following an accreditation visit from the College of Clinical Perfusion Scientists. The post of Chief Perfusionist remains unfilled. A locum Perfusionist supports NHS Grampian though the provision is tenuous as they do not work solely for NHS Grampian. Losing accreditation from the College of Clinical Perfusion Scientists would result in NHS Grampian being unable to deliver a cardiac surgery service. An action plan had been created with support from the College. It was noted the lack of skilled individuals was a national issue.

NHS Grampian delivers the regional service. Professor Croft asked for all Healthcare Scientists to be reviewed, as more may be vulnerable than the Perfusion Service. The Acute Sector will update the Senior Leadership Team on progress. The Committee asked to be kept updated within the Acute Sector report: **Action: Acute Sector**

Transcribing of medication by Physician Associates (PAs) in NHS

Grampian: NHS Grampian was the first healthcare Board in Scotland with an active recruitment and placement programme for PAs. PAs were currently in pro-active areas which are "early adopters". It was noted the reason PA *transcribing* coming into sharper focus was a concern about errors noted by one pharmacist working with a PA in their area. Other anecdotal evidence does not show any clear increase in errors compared with the rate of errors by junior doctors while *prescribing*. A number of developments put in place including an instruction that PAs were not to transcribe medications.

Professor Fluck is the Chair of the national Physician Associates group which is looking at regulating the career, which will take time. It was noted PAs supervision is overseen by medical staff.

There may be significant implications as we move forward as to what is supervised practice as different regulators have different levels of definition. Professor Fluck noted Physician Associates were valued in NHS Grampian and have a portfolio they were retrained to perform.

It was noted there was no policy around transcribing in NHS Grampian. It was agreed Professor Fluck, Mrs Hiscox, Mrs Cruttenden and Mr Pflieger would discuss out with the meeting and to provide an update for a future meeting on what is NHS Grampian's position on transcribing. **Action: Professor Fluck & Mr David Pflieger**

The Committee asked to receive an update on the professional framework to keep the organisation safe. **Action: Professor Fluck & Mrs Hiscox**

Access Performance (Cancer Waiting Times): Professor Croft referred to this item and informed the efforts made to increase capacity around cancer waiting times. Dr Lynch asked to include in the next Acute Sector report a copy of the Cancer Waiting Times action plan. **Action: Acute Sector**

To respond to Professor Heys question regarding alternative areas being considered for

cancer wait treatment, this was included, looking at the capacity at Dr Gray's Hospital.

Dr Lynch thanked the Acute Sector in providing additional supporting information in their addendum report.

c) **Public Health:**

Dr Iloya highlighted from the Public Health report the new areas of concern reported:

Cytopathology laboratory in Aberdeen Royal Infirmary: Without cervical screeners, the cervical screening in Grampian would cease. It is a national challenge; Health Boards had been identified as being responsible to provide local solutions. NHS Grampian established a workforce group to consider all options.

Ultrasound scan images: A detailed project plan was now in place, which includes a timeline for implementing image storage by March 2019. An initial meeting to move forward with this had been held.

Obstetric Ultrasound unit: There is a risk that NT measurements were no longer carried out due to a lack of staff in the Obstetric Ultrasound unit, resulting in possible cessation of first trimester Down Syndrome screening. A local group worked to sustain the service and provide solutions. This group is now working to develop strategies to increase the resilience of the service in the short, medium and long term. This was reported to the Acute Sector Clinical Governance Committee. This risk is on the relevant Acute Sector risk register and a wide range of actions were being taken forward.

Dr Iloya referred to the previously reported item on **Blood Borne Virus (BBV) testing and Hep B vaccination:** There is a lack of assurance by prison healthcare staff that BBV testing and Hep B vaccinations were being undertaken on or shortly after admission. A short life working group with Scottish Prison Service, Prison Healthcare Staff and NHS Grampian staff will be looking at the standard operating procedures for testing, treatment and referral for BBVs and vaccination within the prison setting.

Grampian Population Screening Programme Governance (GPSPG) Report – November 2018: Dr William Moore, Consultant in Public Health referred to the GPSPG Annual Review Panel reports submitted to the Committee for information.

Mrs Hiscox referred to the two new areas of concern 1a) and 1b) within the reporting framework (level of risk: very high). She noted there had been discussions with the Director of Public Health and Professor Fluckto investigate where these risks sit and how to mitigate at a service level. Mrs Hiscox will discuss with Mrs Susan Webb regarding risk mitigations. **Action: Mrs Hiscox**

There was discussion regarding future workforce. It was agreed this should be included on the Staff Governance Committee agenda. Professor Logan asked this to be considered before reporting to Grampian NHS Board.

The Committee asked to receive further updates on Monitoring of Tuberculosis and Neonatal BCG vaccination in 12 months. **Action: Public Health**

4.1 Management of the Women and Children's Service in Dr Gray's Hospital:

Miss McNicol referred to the report and noted following the Cabinet Secretary visit to Dr Gray's Hospital on the 7 November 2018, the first phase of re-establishing obstetric services at the hospital would be published on the 19 November 2018. There was public involvement support to proactively seek feedback from women affected by the changes in Moray and there was an evaluation of women's experiences of induction of Labour to be published. Engagement with the maternity liaison group and local community continues.

Miss McNicol noted the paediatric services continues to be delivered as an ambulatory

service open from 08:00 to 22:00hrs; until recently this was delivered 5 days a week due to an insufficient number of paediatric consultants coupled with no junior medical staff, it did however include 24 hour cover for critically unwell children attending the emergency department or for the unwell newborn.

5. Assurance Groups and Committees reporting to the Clinical Governance

Committee: The Committee noted the below reports.

a) Dental:

As requested at the previous Committee meeting Dr Iloya provided an update on the progress being made by the short life working group for the Dental Paediatric and Adult Special Needs General Anaesthetic Services breaching Treatment Time Guarantee (TTG). He referred to the detailed report and highlighted what had been set up to address the issues and the options to improve the delivery of the service. Weekly management meetings in paediatrics to ensure theatre lists for dental were escalated and managed if potential cancellation issue. To manage inequity in waiting list and length of wait for routine paediatric cases between Moray and Aberdeen city/shire, referral boundaries were being reviewed and altered to increase number of referrals being sent directly to Moray.

Dr Iloya noted the short life working group has plans in place to progress improvement in waiting times and there is some evidence of improvement in cancellation of dental lists. He highlighted one of the key risks; potential delays around patient safety in terms of sub-optimal outcomes of care for this group of patients due to delayed diagnosis and treatment.

Professor Fluck asked for recommendation 2 to be removed from this report. **Action: Dr Iloya**

The Committee noted the report and acknowledged the work undertaken by the short life working group to progress. It was agreed for the Committee to receive updates at future meetings.

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

c) **General Ophthalmic Services:** The Committee noted this report.

d) **Hospital Transfusion Committee:**

i) National Shortage of Immunoglobulin Products:

Mr Pflieger provided an update there was no change to the future supply of immunoglobulin products, this remains uncertain. The Hospital Transfusion Team continues to meet to devise strategies to manage and mitigate risks associated with these issues in the best interest of patients and clinical services, where this is possible.

The Chair asked what the clinical implications were for patients being treated with alternative treatments e.g. plasma exchange. Mr Pflieger agreed to seek a response out with the meeting and feedback to the Committee. **Action: Mr Pflieger**

e) **Pharmacy:**

Mr Pflieger provided an update on the previously reported item 2b) MHRA Wholesale Distribution Authorisation (WDA) /Controlled Drug Licence and re-assured the Committee NHS Grampian, MHRA and the Home Office had been discussing the requirements for a licence or not. Shetland & Orkney engaged in further reducing their dependency on NHS Grampian for medicines supply. It was noted this risk level was reduced to 'low'.

f) **Medicines:**

Mr Pflieger referred to the new area of concern; Brexit impacts on medicines supplies: It is unclear how these functions would be delivered post Brexit and there is also potential for UK access to new medicines to be delayed as it becomes a smaller market for pharmaceutical launches. Much of the mitigation for the macro economic and trade impacts of Brexit remain outside the scope of a local NHS Board. Ongoing discussion with other NHS Boards and Scottish Government as to actions required.

g) **Radiation Safety Committee:** No report was received.

h) **Research and Development:**

Professor Heys asked if there was a strategy in place for clinicians applying for research funding. It was agreed further discussion was required out with the meeting to include Professor Cruickshank, Research & Development Director and Professors Fluck and Heys. **Action: Professors Cruickshank, Heys and Fluck**

i) **Advisory Committee on Resuscitation:** The Chair referred to this report and asked to feedback to the author of the report to avoid the use of acronyms. **Action: Mrs Shepherd.**

5.1 **Paediatric Dental (routine and special needs) and Adult Special Needs**

Dentistry Breach of Treatment Time Guarantee: This was discussed under 5a).

6. **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:** Ms Mitchelhill noted this report was to provide assurance processes were in place within the organisation to manage and monitor any NHS Grampian reviews and audits.

b) **Summary of all external reports and HIS Inspections of other Boards: April– June 2018:** The Committee noted this report.

c) **Clinical Effectiveness Project Reports Published from 24 April–23 July 2018:** The Committee noted this report.

d) **The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland:**

Mrs Rait provided an update for the Committee on progress towards implementation of the Best Start Five Year forward Plan for Maternity and Neonatal Services in NHS Grampian in line with the recommendations of the review.

She highlighted the key actions being progressed as below:

- Best Start Programme Board had been established with multidisciplinary, management and service user membership.
- NHS Grampian was not selected to be an early adopter Board but was progressing towards achieving 23 local recommendations within set timescales.
- Good progress had been made towards achieving the short term objectives required by January 2019.
- There is significant focus on the redesign of neonatal services within the document, to reduce the number of neonatal intensive care units across Scotland to five and ultimately three by 2022. It is vital for NHS Grampian to retain a neonatal intensive care unit as the implications for the loss of an intensive care service would be significant for women and families as well as maternity, neonatal and paediatric surgery services. An options appraisal had taken place at national level over the summer, and the outcome is anticipated in the near future.

Mrs Rait informed on funding being secured from the Scottish Government to take forward The Bliss Baby Charter (framework for neonatal units) this charter is aligned to Best Start recommendations.

On behalf of the Committee the Chair noted recommendation 1 and acknowledged the progress made and thanked the efforts by the service. The Committee asked to receive updates around induction of labour within the Acute Sector report. **Action: Acute Sector**

6.1 **Diabetes Performance Markers:**

Dr Jamieson referred to his report and highlighted NHS Grampian provides information to the Scottish Government in connection with 12 quality improvement and outcome areas, which forms the diabetes quarterly report. Some of the data measures were useful to identify Key Performance Indicators (KPI) to report. This paper highlights the key areas of concern as well as areas of achievement and good practice as detailed below:

Insulin pump use in diabetes population under the age of 18: The provision of insulin pump use in this population is low in comparison to other Board areas. The target level of >25% had been achieved but NHS Grampian had the lowest current provision. This issue is moving rapidly and the level of risk had now changed from high to low.

Insulin Pump provision to adult population in Grampian: The target (9%) for the adult population in Grampian is unlikely to be met. We were confident there is no obstacle to provision of adult insulin pumps and meeting current demand. The blocks to current achievement of this target were perceived to be patient suitability and patient desire. It is hoped the considerable interest in use of new technology around glucose monitoring would engender an opportunity for increasing diabetes education delivery, and from this greater interest in insulin pump usage.

Work was being undertaken with the Diabetes Education Co-ordinator to redesign the education for insulin pump users and looking at diabetes prevention and early intervention.

Dr Jamieson referred to other factors available being the Freestyle Libre flash monitoring system; this system allows users to review changing sugar levels and a much better awareness of their diabetes.

Mrs Forrest referred to her experience attending diabetes clinics with her grandson as a child and now the adult service. The experience had been excellent; his care had been discussed in depth which provided him with confidence and independence. Mrs Forrest expressed thanks to the service.

There was discussion with regards to strategic planning for Diabetes MCN. It was agreed this would be a discussion to include all Managed Clinical Networks at a Senior Leadership Team meeting. **Action: Professor Fluck & Mrs Hiscox**

7. **Report on External Reports, Audits and Reviews of NHS Grampian Services**

7.1 **External Review Report:**

Ms Mitchelhill highlighted to the Committee the items on the External Review Report: **Proposal for Joint Healthcare Environment Inspections and Older People in Acute Hospital Pilot visit to non-acute Hospitals:** A further test of HIS's Quality of Care Review took place at Fraserburgh Hospital on the 24 and 25 October 2018. The verbal feedback received from inspectors was very positive.

Her Majesty's Inspection of Prison (HMIP) revisit to HMP & YOI Grampian 11-13 June 2018: Positive feedback on the improvements and efforts made addressing concerns raised. The inspectors noted the clear collaboration between Aberdeenshire Health & Social Care Partnership and HMP & YOI Grampian.

Mrs Hiscox asked to also include national reports. It was agreed for the next Committee to include Gosport War Memorial Hospital: The Report of the Gosport Independent Panel. **Action: Ms Mitchelhill**

8. **Internal Assurance Information:**

a) **Healthcare Associated Infection:**

Mrs McKerron provided an update on a previously reported item; item 2c) *Clostridium Difficile* (CDI) for Q2 and year ending June 2018. Healthcare Associated and Community Associated Infection incidence rates were above the national average. NHS Grampian is an outlier in Q2. Mrs McKerron noted the IPCT were aware the ongoing improvement in HAI Rates was dependent on staff compliance with Guidance and Protocols. She acknowledged the initiatives in place to reduce the rates of infection and management of cases.

The Committee noted the report.

b) **Maternity services feedback/patient experience following the changes in Moray:**

Mrs Rait informed this paper was to provide information on feedback received from women, families and the local community as a consequence of the temporary service change, specifically related to maternity care. To date the service received 15 formal complaints/concerns since the service change. 10 of these complaints/concerns had been received from MSP/MPs on behalf of their constituents. Additional feedback was received via social media and the Moray Maternity Service Liaison Group.

Mrs Rait noted this change in service was affecting women's confidence in the service provision, leading to anxiety about the quality of care. A number of key actions were being taken to address these concerns.

The Committee noted the work undertaken responding to women's feedback, and the engagement with women, families and communities, to initiate service improvement post service change.

8.1 **Quality Report: Hospital Readmissions**

Mrs Evans reported a quality report on hospital readmissions was presented to the Clinical Governance Committee on the 18 May 2018. The Clinical Governance Committee noted the report and requested further intelligence to better understand context and the reasons behind increasing or comparatively high readmission rates in general surgery, paediatrics and community hospitals.

Mrs Evans informed the focus on today's report was on General Surgery re-admissions. It was agreed with clinicians and managers to introduce a new 'ambulatory care' approach to explain the particular increasing rates in General Surgery re-admissions. This new approach meant emergency patients were assessed and investigated in more depth in an ambulatory setting rather than being admitted to a hospital bed. This is seen as a positive change in practice. There were issues with how the new 'ambulatory' patients were recorded and coded for both operational use and national statistics – and this had a significant impact on readmission rates.

Mrs Evans highlighted the key risk around the inability of national coding systems to keep pace with changing models of care relying on manual work-around for operational management. The lack of consistency in the coding of ambulatory activity across all Boards in Scotland means we cannot compare quality and performance outcomes reliably.

Mrs Evans referred to the recommendation in the report; the coding gap for Ambulatory Care models of service delivery and the analytical challenges this presents to services, as a local and national issue for resolution.

Dr Lynch acknowledged the significant effort and work undertaken and asked if the value from this work justified the input or if it might be better focussed elsewhere. To respond to Dr Lynch, Mrs Hiscox noted this was an important piece of work continuing to be refined and these reports generated discussions on quality in a way that had not been done previously.

The Committee noted the report and acknowledged this would be an item at a future Grampian NHS Board Seminar.

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

9.1 **Deputy Chair:** Mrs Cruttenden agreed to take on the role of Deputy Chair of this Committee.

10. **Reporting**

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

- Healthcare Improvement Scotland (HIS) Quality of Care Organisational Review – Adverse Events Baseline Exercise
- Healthcare Scientists in Acute Sector
- Cytopathology Laboratory in Aberdeen Royal Infirmary
- Dr Gray's Hospital Obstetric Service

10.2 **Assurance on Clinical Risks:**

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

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

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

The next meeting will be on **Friday 15 February 2019** from **9.30-12.30pm** in the **Conference Room, Summerfield House.**