

Minute of Virtual Meeting of **NHS Grampian Clinical Governance Committee**  
to **Grampian NHS Board** on Tuesday 21<sup>st</sup> of November at 1330 Hours

Board Meeting

Open Session

14.03.2024

Item 11.4

**Present**

Dennis Robertson (DRo)	Chair/ Non-Executive Board Member
Paul Bachoo (PB)	Acute Medical Director / Integrated Specialist Care Portfolio Lead
Prof. Siladitya Bhattacharya (SB)	Non-Executive Board Member
Dr June Brown (JB)	Executive Nurse Director
Dr. Noha El Sakka (NES)	Consultant and Service Clinical Director, Medical Microbiology and Virology
Dr Tara Fairley (TF)	Associate Medical Director – Clinical Quality Improvement and Assurance
Dr Emma Houghton (EH)	Associate Medical Director – Primary Care and Hosted Services
Grace Johnston (GJ)	Infection Prevention & Control Manager
Dave Russell (DR)	Public Representative
Miles Paterson (MP)	Public Representative
Susan Webb (SW)	Director of Public Health and Population Health Portfolio Lead
Alison Evison (AE)	Chair of NHS Grampian Board
Mark Burrell (MB)	Vice Chair/ Non-Executive Board Member
Gillian Poskitt (GP)	Associate Director – Quality Improvement & Assurance
<b>Invitees</b>	
Alasdair Pattinson (AP)	Dr Gray's Hospital General Manager (Item 3.2)
Alice Ritchie (AR)	Clinical Nurse Manager (Item 3.1)
Ashalatha Shetty (AS)	Consultant in Obstetrics (Item 3.1)
Liz Cheung (LC)	Lead Midwife for Maternity and Women Services (Item 3.1)
Jennifer Matthews (JM)	Corporate Risk Advisor
Sandra McLeod (SMcL)	Aberdeen City Health & Social Care Partnership Chief Officer/ Medicine & Unscheduled Care Portfolio Executive Lead (Item 4.1 & 7.1)
Catriona Sutherland (CS)	Lead Nurse (Item 4.1 & 7.1)
Clive Matthews (CM)	Unit Operational Manager – Surgical (Item 9)
Mark Mitchell (MM)	Head of Audiology Services (Item 9)
Lynne Smith (LS)	Unit Operational Manager in Obstetrics (Item 3.1)
Rachael Little (RL)	Quality Improvement & Assurance Advisor (Committee Support)
Simon Boker-Ingram (SB)	Moray Health & Social Care Partnership Chief Officer/ Moray Portfolio Executive Lead (Item 3.2)
Stephen Close (SC)	Clinical Lead / Consultant in Acute Medicine (Item 4.2)
Christopher Middleton (CM)	Senior Manager in Performance Improvement (Item 4.1 & 7.1)
Subhayu Bandyopadhyay (SB)	Consultant and DCD – Obstetrics (Item 3.1)
David Pflieger (DP)	Director of Pharmacy (Item 5)
Fiona Mitchellhill (FM)	Interim Chief Nurse Medicine & Unscheduled Care/ Chief Nurse & Frailty Lead, Aberdeen City Health & Social Care Partnership (Item 4.1 & 7.1)

**In attendance**

Andrea Salvona (AS)

Quality Improvement and Assurance Administrator (Minutes)

Item	
1	<p><b>Welcome and Apologies:</b></p> <p>The chair welcomed members and invitees to the meeting.</p> <p>Dennis Robertson (DRo) introduced himself as the new NHS Grampian (NHSG) Clinical Governance Committee Chair and acknowledged the hard work, forensic scrutiny and inclusivity that the previous Chair Luan Grugeon (LG) had brought to the role. Mark Burrell (MB) has been appointed Vice Chair, and will Chair in DRo's absence. The Chair also thanked Arlene Forbes (AF) for her assistance in supporting the Committee and advised Andrea Salvona (AS), the Quality Improvement and Assurance Administrator will be supporting the Committee.</p> <p>Noted apologies received: Prof. Caroline Hiscox, Hussein Patwa, Prof. Nick Fluck.</p>
2	<p><b>Minute of meeting held on 29 August 2023:</b> Agreed as accurate.</p>
3	<p><b>Matters Arising and Meeting Planning Log:</b></p> <p>In light of recent staff changes, matters arising and the planning log will be taken offline and reviewed thoroughly to ensure previous matters arising are answered and work is aligned to the 2024 planner. GP welcomed queries or comments on items and invited members could email any to GP to discuss with the Chair.</p>
3.1	<p><b>Integrated Families Portfolio – Breast and Gynaecology Services Update</b></p> <p>Lynne Smith (LS), Unit Operational Manager provided overview of paper circulated to the committee, concerning the pressures facing breast and gynaecological services.</p> <p>Noted further change since the paper was submitted to the committee, breast consultant's now taking on-call in general surgery due to British Medical Association (BMA) guidelines and recommendations. This will significantly impact elective capacity. Currently working on capacity available and early estimations change will affect two clinics per week. LS reported a vacancy within the Breast Radiology team with a new specialty Doctor starting January 2024 to increase radiology capacity. Moving to Baird Hospital will increase capacity but won't provide additional staffing. Currently reviewing workforce on sick leave, and have secured NHS locums to support. LS stressed the key risks to note are appointment waiting times and potential delays in diagnoses and treatment.</p> <p>NHS Forth Valley appointments are currently paid for centrally. However, if NHS Forth Valley appointments are increased, funding may be required from the Integrated Family Portfolio. Preference not to refer urgent suspected cancer patients to another board, but this is the current position.</p> <p>The Chair opened the item to questions.</p> <p>The report was commended by the public representative for being clear and easy to follow. Concerns expressed about the financial burden arising from the arrangement with NHS Forth Valley.</p> <p>Concern was also expressed about the future capacity of NHS Forth Valley to support NHSG. As they were also supporting three other boards. NHSG breast services team visit to NHS Forth Valley reviewed their model and identified the need for Specialty Doctor. Currently supporting a significant number of NHSG patients (200) within their core capacity and a small number as waiting times initiatives. NHSG is responsible for calling patients. Patients who decline a NHS Forth Valley appointment are given first available appointment in Aberdeen. Initial patient wait for an NHSG appointment was 13 weeks. Currently, NHSG wait is down to seven weeks.</p> <p>Question raised if there were ongoing discussions with patient groups and patients and families travelling outside the Grampian area. Patient groups are communicated with, and patient's expenses reimbursed routinely for travelling to health appointments outside NHSG. Queried reason for unvetted patient dating back to April 23. The vetting process is very tight but a large number of patients are referred back to General Practitioners for further</p>

	<p>information if medical criteria are unmet. LS offered to review the patient referred to. Assured that Support Managers are regularly reviewing data. Concerns raised as to whether staff taking on-call may exacerbate the situation and questioned if plans were in place. Clinics are being reduced in response to on-call. Temporary plans are in place to mitigate the impact. Recruitment of Specialty Doctor Post and maximizing trainee clinics would offset the impact from undertaking on-call. Reviewing NHS Forth Valley model about Advanced Nurse Practitioners. Other ideas are being considered to increase capacity. Radiology staff starting in the New Year. Clinical lead canvassed at conferences and potentially two or three people are interested in coming to Aberdeen for a one-year post to support elective capacity. The expectation is for the position to improve when service moves to Baird Family Hospital. Planning to operate an inpatient and a day ward in Baird, and considering closing the day care ward overnight, which will support nursing in terms of capacity. Enquiry raised about gaps in two-week look ahead period and the driver for this. Utilisation for both services is good in terms of capacity. In regards to the two week ahead utilisation, this was due to patient discussions at Multi-Disciplinary Team (MDT) and then booked two weeks in advance.</p> <p><b>Recommendation – The Committee is asked to note the content of paper, the steps and progress made to date, and the ongoing challenges being faced by the service. Committee agreed and accepted recommendation</b></p>
3.2	<p><b>Moray Portfolio Risks</b></p> <p>Alasdair Pattinson, Dr Gray's Hospital (DGH) General Manager, provided verbal update on risk management including implementing and recording action plans to assure the committee that these had been progressed. The risk register had been reviewed to re-examine the risk descriptors. Jennifer Matthews (JM) provided support and guidance, and existing mitigations and actions aligned to some of the risks on the risk register for both Dr Gray's and the Health and Social Care Partnership. Further mitigations and action plans are now in line with the Risk Action Plan Guidance that was discussed and shared. The internal review and oversight processes had been checked and was now in place through the respective operational management and governance processes within both DGH and the Health and Social Care Partnership, to ensure the risk register and other clinical risk management- related matters, are updated in line with policy expectations, which includes some more focused oversights at a portfolio level through the senior management team and clinical governance management meetings. Risk owners and handlers for risks were identified and entered into the risk register. Staff training identified and staff will be offered support going forward.</p> <p>In comparison to last year, 90% of very high and high risks have action plans aligned to them and all reviewed within the required timelines. Approximately 50% of very high and high risks within the Health and Social Care Partnership have also been reviewed and updated. Work is ongoing through respective operational and clinical governance processes to ensure that 100% over the coming weeks. JM noted that the concerted effort made by staff, but accepted the need to continue improving practices and raising awareness and education around practices regarding risk management. To provide assurance JM will be continuing communication with the team.</p> <p>Concerns remain that 10% of risks are very high without an action plan and question raised whether the Moray leadership team had monitoring and oversight of this. AP reported Emergency Department (ED) is currently under review to ensure all appropriate actions are in place and expect completion next week. The anaesthetic consultant vacancies will be reviewed at the next Clinical Risk Management (CRM) group tomorrow along with ED risks. Of the remaining very high risks, one had already been reviewed and one relates to ongoing work around the biomedical support worker: Moray is currently working with the Aberdeen team who manages the service in DGH. There is also ongoing work around cardiology</p>

	<p>services in DGH due to some patient pathway concerns identified to ensure they are in line with the review process around adverse events. These should be updated by the end of next week, or the following week. JM will monitor the risk register.</p> <p><b><i>Chair thanked for update, and will receive another verbal update on the 14<sup>th</sup> of May 2024.</i></b></p>
4	<p><b>Emergency Department Update</b></p> <p>4.1 <b>Joint Staff and Clinical Governance Committees Unapproved Minutes of 21 September 2023</b>  Sandra McLeod (SMcL), Aberdeen City Health &amp; Social Care Partnership Chief Officer &amp; Medicine &amp; Unscheduled Care (MUSC) Portfolio Executive Lead, provided overview of paper circulated to Committee regarding the Emergency Department Update and addressed points raised in other meetings and groups.</p> <p>Work is now being carried out by Lucy MacLeod and Stephen Friar, who are part of the MUSC team, to improve communication and decision-making and the ‘four conversations’ work which has now commenced on how we can better communicate within the team and the system overall. There have been some initial weekly interview feedback sessions, particularly in the Emergency Department (ED), and the hope is that will continue to start to build those relationships and support any additional actions that we need to take as a chief executive team which includes the Senior Leadership Team, Chief Executive team members and the ED operational team. We do have information and resources in place to enable staff to access support around health and wellbeing and this is well publicised in the Emergency Department who have a good system and a peer support network. Concluded that there are lots of resources available to staff and the organisation will continue to work on that. Steven Close (SC) invited questions and comments from the group. DR commented that he is a member of the Ethical Decision-Making Support Group and asked if there was clarity on the status of the 3030 rule which was discussed there. JB was able to confirm that work is being progressed, looking at what is required to offer support to our clinicians to make our patient journey as safe as possible. This was also covered in the next item.</p> <p><b><i>Recommendation – The committee is asked to note the contents of the Joint Staff and Clinical Governance Committees minutes, noting progress, and await update and paper from Sandra McLeod.</i></b></p> <p><b><i>Committee agreed and accepted recommendation.</i></b></p> <p>4.2 <b>Overall Emergency Department Update</b>  Dr June Brown, Executive Nurse Director, provided verbal update on the work being progressed around the lay down of patients by the SAS in ED in conjunction with Prof. Nick Fluck, some of which will be reported on in item 7 of the meeting. There is a national agreement around this from Scottish Ambulance Service and the Scottish Government. The expectation is that we are to offload ambulances within 30 minutes and to allow that to happen in capacity within the emergency department, then for patients who are ready to go into a ward environment to move within 30 minutes, and equally, we also need to ensure that patients who can, are discharged appropriately and we have appropriate use of our discharge system.</p> <p>This highlights the effective use of our whole system rather than just the one element at the beginning of ED attendance, and confirms that collaborative work is ongoing with our staff. There has been a strong feeling among the clinicians who feel they may not have the time they need to properly assess patients on these proposals for the SAS and ED on lay down times.</p> <p>We have spent time over the last couple of weeks with staff, so that we can hear their concerns around these proposals and now have a short-life working group set up to engage with those staff and Partnership Staff Side Reps. The remit of the group is to look at how we</p>

	<p>can effectively address all of the concerns raised safely. Available to discuss this going forward in CRM.</p> <p><b>Chair thanked for update.</b></p>
4.3	<p><b>HIS &amp; PIDA 84 update</b></p> <p>Dr June Brown, Executive Nurse Director provided verbal update on NHSG having received a PIDA 84 communication from Healthcare Improvement Scotland (HIS), about the concerns being expressed in the media in relation to the Emergency Department (ED) within NHS Grampian. NHS Scotland have the right to query anything in the media, and to raise their concerns with any board, which they did in this case. A robust piece of work was done by SMcL and her team in providing data, information, and anything else required to go back to HIS, to provide them with assurance about the work that was conducted locally.</p> <p>No communication has been received back from HIS in relation to this at this time regarding the ED on the unannounced inspections conducted 8 - 11th of October 2023. This concludes the PIDA 84 which has now been closed off and raised for noting only</p> <p><b>Chair thanked for update.</b></p>
5	<p><b>Grampian Area Drug &amp; Therapeutics Committee Annual Report</b></p> <p>David Pflieger (DP), Director of Pharmacy, and chair of the Grampian Area Drug and Therapeutics Committee (GADTC) provided overview of report circulated to Committee, focussing on the risk and governance section in the Annual Report and referencing themes.</p> <p>It was recognised staff had contributed to the work of the GADTC but there had been issues ensuring full attendance this year. As a result, business had been impeded, and the service was close to agreeing exceptional executive powers to enable some business to be taken forward safely. DP suggested the work of GADTC and all other Governance Committees are adopted as part of job planning. DP highlighted a number of challenges cited in the report.</p> <p>The chair asked if there are plans to resolve the attendance of GADTC. Assured the chair that there are plans to implement executive controls and reported recent success with Practice GPs due to offering them a small sessional fee. Acknowledged risk when implementing guidance or part of policy and meetings were unexpectedly not quorate.</p> <p>By the next meeting of the GADTC controls will be in place. DP reassured the committee this will be developed from previous COVID procedures, will be proportionate, and won't override existing rules. DP will take advice and report back to the committee.</p> <p>The chair suggested the Senior Team should be made aware to enable continuity and ensure meetings are quorate. JB confirmed appropriate support was being discussed from a nursing perspective.</p> <p>Concerns were also expressed about a 20% increase in NHSG prescribing budget and the impact in terms of other resources. Suggestion that efficiencies in prescribing could be made in some health and social care partnerships and given the financial spend, could the group help shape the membership to tackle the exponential prescribing increase.</p> <p>DP commented the report relates to last year's spending and that while the last eight weeks' data had been unavailable, the estimated spend indicates likely overspend of around £12 million. While significant in terms of impact on other services, this is broadly in line with other boards.</p> <p>The Primary Care prescribing group is in discussions and was attended by City and other Health &amp; Social Care Partnership colleagues from both finance and clinical lead perspectives. The team and the group are looking for any opportunities, such as Switch Script when GPs are prescribing. Sandra MacLeod's team working on messaging for the public on over-ordering etc, but no easy ways in which significant generic saving can be extracted.</p> <p>The chair suggested DP speak to the Chief Executives Officers for advice on how to move forward. DP Explained that the service has tried to operate through the sectoral risk registers and it is now clear this is not capturing all of the risk, so work is ongoing to carry corporate risk.</p>

	<p><b>Recommendation – The Committee is asked to note the contents of the report. Committee agreed and approved recommendation, with request for DP to attend the Committee meeting in May with an update on where corporate governance risks and what mitigations are in place.</b></p>
6	<p><b>Healthcare Associated Infection Reports</b></p> <p>Dr Noha El Sakka (NES), Consultant in Laboratory Medicine, provided overview of paper circulated to Committee on Healthcare Associated Infection Reports.</p> <p>While figures vary throughout the year, no outliers in relation to the rest of the country and NHSG don't exceed the 95% confidence interval. There is ongoing work monitoring the parameters including weekly surveillance meetings and initiatives to improve each parameter and ensure feedback is given to teams, and we engage with clinical areas. If anything is heading off track, initiatives are brought in.</p> <p>The Chair opened up the floor to questions.</p> <p>Concerns were expressed around a decrease in Methicillin-resistant Staphylococcus aureus (MRSA) screening and the need for an explanation of ongoing actions to improve the risks held for assurance purposes.</p> <p>Grace Johnston (GJ), Infection Prevention &amp; Control Manager, reported several work streams are ongoing across NHSG. The pandemic may have affected MRSA screening. Currently re-engaging with the electronic patient records team. The October report shows figures continue to improve. NHSG are still below the national average or the national standard for compliance with these measures, but work is ongoing.</p> <p>AE reported interest in the report but wanted feedback from the report concerning the Infection Prevention &amp; Control (IPC) team not having sufficient resources and the prioritisation of work around the built environment and aging infrastructure. Reported that GJ, joins the prioritization meetings and inputs into the IPC team, keeping them up to speed with all activities. Currently, looking to prioritise work and dates and facilities, roles and project colleagues, what requires focus and the process for that development is still in progress.</p> <p>JB explained that infrastructure is currently the biggest risk at the moment and that they are improving the process of how risks were coming in given the volume of infrastructure requests to ensure colleagues have the capacity to report otherwise this would slow down services. To mitigate the impact, when services are closed staff will work on finishing backlogs during that time.</p> <p>Dave Russell (DR), public representative asked if NHSG still had aspirations to get back to pre-pandemic activities.</p> <p>It was explained the National Surveillance Programme monitors whether or not to switch on/ off pandemic activities. NHSG attends national meetings, and confirmed requirements have not yet been met for switching on. Monitoring at the local level is through the IC Net system which identifies any risks automatically from the laboratory system and sends them to the infection control nurses and triggers an investigation to the surgical site infections. Some work is required around the IC Net, but alert organisms to the infection control team is in place and going well.</p> <p>JB noted that HAI reports have progressed through governance structure for ratification, but as they hadn't been ratified at the Healthcare Associated Infection (HAI) Executive Committee on account of not being quorate, the reports were brought here.</p> <p><b>Recommendation - The Committee is asked to note this report and the actions taken.</b></p> <p><b>The Committee agreed and accepted recommendation, with request for an update in six months regarding prioritisation of work around the built environment and aging infrastructure.</b></p>

7	<p><b>Clinical Risk Management Report</b></p> <p>Dr June Brown, Executive Nurse Director, provided overview of report circulated to Committee, advising the committee of an addition in relation to access to emergency departments. This had previously not been viewed as a board deviation and was therefore missed from the report, although data is regularly reviewed. Of note, in the report is ARI transition to the Safe Care of Patients to be achieved by December. The addition of a compliment section provides a more balanced view of the feedback the board receives.</p> <p>The chair invited questions.</p> <p>In response to the outstanding adverse events completions that are overdue, these are being reviewed by staff in addition to writing up action plans and taking these forward. This has been a challenge for the last 18 months. Gillian Poskitt and Quality Improvement &amp; Assurance (QIA) Team have been working with the Portfolio Executive Leads to develop a robust process and action plans to sign these off.</p> <p>GP advised that the QIA Team aims to use a whole system lens within their system or within their governance structures. The aim is to show good practice and act as a critical friend or an independent set of eyes to establish what should be worked upon.</p> <p>Dave Russell (DR), the public representative queried the report text stating the bed-based review removed the need for corridor care and asked if it was more appropriate to say it would reduce the need for corridor care. JB clarified that at this stage the review will reduce the need for corridor care but the plan overall is to remove the need for corridor care.</p> <p>AE queried examples cited report suggesting there was a lack of formal recording and asked how NHSG are controlling and mitigating risks. JM clarified that there were gaps in assurance processes around how we are managing risk but this doesn't necessarily mean these were not acted upon, merely that all risks are not being recorded. Noted positive feedback from staff on the recent action plan guidance note.</p> <p><b>Recommendation – The Committee is asked to note the clinical risk profile and associated impact of board level deviations highlighted in this report and support the actions being taken to reduce risk.</b></p> <p><b>Committee agreed and accepted recommendation.</b></p>
7.1	<p><b>MUSC Portfolio</b></p> <p>Chris Middleton (CM), Operations and Performance Lead for the Medicine &amp; Unscheduled Care (MUSC) Portfolio, and Catriona Sutherland (CS), Lead Nurse, provided overview of report circulated, MUSC Portfolio governance structure and a discussion on risk management governance.</p> <p>CM provided the context around the current status of risks noting this was an area under improvement and further developments. CM has engaged with JM regarding refreshing and reviewing risks within the new process and highlighted some risks as examples. The current assessment is that the right resources are in place to help develop a plan, this just needs implementing in terms of the areas of high risk.</p> <p>Continuing to focus on suicide and self-harm risk at the moment, and ensuring there is as much assurance as possible, noting some work is outstanding and we're pulling in expertise from Cornhill in order to assist with some risk assessments and action plans. CM assured the committee that the risk register will be a point of focus during portfolio board meetings that are undertaken with the operational management, service team, and nursing colleagues: who are also reviewing and updating action plans. The risk register review should be completed mid-December.</p> <p>DRo queried the capacity to provide additional support to deal with suicide prevention. CM replied they are mindful of Cornhill's capacity and their ability to deliver. CM assured this</p>

	<p>was based on a consultancy arrangement and a program of work, rather than resolving the whole issue in its entirety. Good practice identified will be exported as rapidly as possible.</p> <p>The Chair invited questions.</p> <p>Miles Paterson (MP), the public representative expressed concern about the lack of action plans in place. It was explained the report was written prior to JM reviewing the risk register. CM is undertaking work to restructure the action plans as JM advised. Approximately 1/3 of risks register have time-measurable actions in place and are reviewed regularly to complete by December.</p> <p>JM acknowledged the level of engagement and that improvements and changes won't happen overnight and will continue to support and monitor going forward. DRo acknowledged progress has been made, and MP noted still some room for concern.</p> <p>GP asked if any mitigations that could be put in place regarding complaints and CM accepted that some consultancy from GP would be beneficial.</p> <p>AE sought reassurance the wellbeing of staff and staff engagement was being taken into account. CM acknowledged this and advised this work was routine for staff and was intended to streamline work for people to manage more effectively, rather than creating additional burdens.</p> <p>TF queried if there was multi-professional engagement for his assurance processes and if there were plans to put this in place. CM responded there was and this is built into service through pathway and into Senior Leadership Team. There is a monthly call to review performance requirements and changing demand and representation in portfolio board from professional disciplines.</p> <p>Also implementing a longer-term development plan and engaging professional disciplines and support elements as early as possible. The aim is to get a 3-year development plan in place.</p> <p><b>Recommendation – The Committee is asked to review and scrutinise the information provided in this paper and confirm it provides assurance that:</b></p> <ul style="list-style-type: none"> <li>• <b>Improvements are being made to processes regarding the formal management of risk within the MUSC Portfolio, and appropriate evidence of these improvements have been provided to the Committee's satisfaction.</b></li> </ul> <p><b>Additional recommendation:</b></p> <ul style="list-style-type: none"> <li>• <b>Future reporting – to request that updates on this subject be brought to the Committee to confirm progress in February 2024.</b></li> </ul> <p><b>Committee agreed and accepted recommendation, agreed a written report to come to the Committee for the 14<sup>th</sup> May 2024 meeting and if required a verbal update on the 13<sup>th</sup> February 2024 meeting.</b></p>
8	<p><b>Cross-System Quality, Safety and Assurance Group Update</b></p>
8.1	<p><b>8.1 Handling and Learning from Feedback Annual Report</b></p> <p>Gillian Poskitt (GP), Associate Director - Quality Improvement &amp; Assurance, provided overview of report circulated to Committee. GP informed the group she had chaired the Quality, Quality &amp; Cost System and Safety &amp; Assurance Groups meeting where there had been recommendations made regarding the Annual Report around Risk &amp; Governance.</p> <p>Updated on the peer review and inspection from NHS Ayrshire and Arran, which was beneficial in terms of understanding other boards' perspectives and learning which has engendered better informal communications between the two boards. This has led to corporate-wide conversations, with each of the portfolios providing information from their</p>

	<p>team's perspective as a learning system and organisation, and how we can better disseminate learning.</p> <p>GP requested any member with access to a network or group about the learning organisation to pass on the details to her to include in the Annual Report.</p> <p>Update on Indicator 5 was that unfortunately, NHSG are still an outlier around early resolution. This was due to the resolution to amend the data set failed. Measures are now in place to resolve and reports will begin to run from December 2023 every week. 8.2 Learning Notice</p> <p>GP introduced the Learning Notice, which was agreed previously by the group to members for input and feedback.</p> <p>SW observed that across the system we all understand the concept of learning differently and to this end, a workshop is planned in conjunction with colleagues from HIS, the Improvement Service, and PHS. National information is currently being gathered to facilitate decisions on improvements that may be taken forward in NHS Grampian.</p> <p><b>Recommendation – The Committee is requested to support:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve the publication of Annual Report – Handling and Learning from Feedback.</b></li> <li>• <b>Information and option to involve group members in the 'learning organisation' work</b></li> </ul> <p><b>The Committee agreed and accepted recommendation</b></p>
9	<p><b>National Paediatric Audiology Report</b></p> <p>Clive Matthews (CM) Unit Operational Manager, and Mark Mitchell (MM) Head of Audiology, provided overview of report circulated to Committee highlighting local actions identified in the report and SBARs.</p> <p>Various steps taken in advance of the Scottish Government's independent review of Paediatric Audiology report. An action plan is in place for all 55 recommendations identified in the report. A positive outcome was the growth of a collaborative and supportive relationship between the service and national lead, recognised this was an achievement given the challenges and tensions present before the report. It is expected NHSG will be invited onto the new National Advisory Board. A revalidation of training for Audiology Staff will commence in January. A further development was the recommendation for an external peer review, which NHSG are keen to embrace.</p> <p>The chair noted that while paediatrics was the focus in this meeting, acknowledged challenges in adult services, and could look at this in the future.</p> <p>MM confirmed the recognised route for training is the clinical Physiology degree undertaken at Glasgow Caledonian, and audiology is included in that. A former route was the BSc at Queen Margaret University has been suspended.</p> <p>MB, the public representative noted the SBAR section on non-clinical management and governance. CM responded they have identified areas for improvement in clinical governance, service development, audits, education and having protected time. Staffing levels have impacted on staff being able to attend training, as service delivery has been prioritised. Increases in staffing numbers would help achieve some of those areas, and have identified possible member of staff to bring into the department next year. The chair invited questions.</p> <p>JB offered to support staff through Value Based Reflective Learning</p> <p>Clarified that governance sits with Paul Bachoo (PB) for planned care in the Integrated Specialist Care Portfolio and complaints concerning children fall under the Integrated Family Portfolio.</p> <p>JM acknowledged the work the team has undertaken, and ongoing work will continue with reporting and managing risk.</p>

	<p>Noting that the SBARS predated the report, clarification was sought on where the actions lie. CM reported prior to the report shorter-term approaches were explored, such as trainees and bank staff, but vacancies continued, given the national shortage of audiology staff. Any longer term planning may need to be actioned beyond board level. It was highlighted by CM and PB there was no national prioritised approach to what is considered most important, and without national support not all actions were achievable, but there will need to be a degree of prioritisation and this will be similar for other health boards.</p> <p><b>Recommendations – The Committee is asked to –</b></p> <ul style="list-style-type: none"> <li>• <b>Note the contents of this report,</b></li> <li>• <b>Acknowledge the requirement for wider organisational support in order to achieve the recommendations identified in the independent review of audiology service in Scotland</b></li> <li>• <b>Seek further future updates from audiology service to ensure progress towards achieving these recommendations.</b></li> </ul> <p><b>The Committee agreed and accepted recommendation. DR and PB to discuss the timeframe for update following a meeting with Katherine Ross.</b></p>
10	<p><b>Significant Adverse Event Review</b></p> <p>Paul Bachoo, Integrated Specialist Care Portfolio Lead provided verbal update to the committee regarding the co-commissioned significant adverse event review between NHSG and the Scottish Ambulance Service.</p> <p>JB and PB are commissioners of the report, and the Term of Reference (ToR) has been agreed and review team chosen, with a governance lead and Quality Improvement Lead from Scottish Ambulance Service (SAS), an Emergency Department (ED) consultant from NHS Tayside and a Patient/Family Liaison Officer from the ED in Aberdeen Royal Infirmary. The review is progressing and will be brought back in 2 months.</p> <p><b>Chair thanked for update. It was agreed that the review would be discussed in a closed session due to anonymity.</b></p>
11	<p><b>Next Meeting</b> The next meeting would be held on <b>13 February 2024, 1330 – 1630 Hours</b>, via MS Teams.</p>