

## Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** in the **Saltire Room, Balfour Hospital** on **Wednesday 11 January 2018** at **1:00 pm**

**Present:** Gillian Skuse, Chair  
Christina Bichan, Head of Transformational Change and Improvement  
David Drever, Non Executive member  
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker  
Ian Kinniburgh, Board Chairman  
David McArthur, Director of Nursing, Midwifery and Allied Health Professions  
Chris Nicolson, Director of Pharmacy  
Gerry O'Brien, Chief Executive  
John Richards, Councillor, Orkney Islands Council  
Marthinus Roos, Medical Director  
Heather Tait, Public Representative

**In Attendance:** Fyona Stout, Committee Clerk (minute taker)

### 782 **Apologies**

Apologies had been received from S Sankey, S Johnston, R King, K Woodbridge and C Sinclair.

### 783 **Declarations of Interest – Agenda Items**

No declarations of interest were raised in relation to agenda items.

### 784 **Minute of Meeting held on 11 October 2017**

The minute of the Clinical and Care Governance Committee meeting held on 11 October 2017 was accepted as an accurate record of the meeting, subject to the correction listed below and was approved on the motion of D McArthur and seconded by C Nicolson.

Page 11 – Rachael King's name had been spelt 'Rachel' by mistake.

### 785 **Matters Arising**

#### 33 – Orthopaedics

The Head of Transformational Change and Improvement informed members that the next Western Isles Consultant visit would be the end of February 2018. There had not been enough demand on the waiting list to provide a clinic in January 2018. The Consultant would hold both Theatre and Outpatients clinics. This would provide NHS Orkney with temporary assistance to reduce the waiting list and no discussions would be held to make this a permanent situation.

The Chair noted that there would need to be more information and updates provided to members with regard to waiting times and any problems for each department for future meetings. This would be added as a standing item on the agenda.

### 31 – Spiritual care

The Director of Nursing, Midwifery and Allied Health Professions provided members with an update on the position of the Spiritual Care lead by stating that Derek Brown, the lead for NHS Highland, had produced a job description with a scope of work that would be imaginative and attractive for applicants and this would be looked at before re advertising this post in April 2018. Reassurance was given to the members that a local clergy would always be on call to provide spiritual support.

The Chief Executive requested that an update paper would be prepared on what provision was currently available and what would be provided in the future, and brought back to next meeting.

### 31 – Walk rounds

The Chair and the Head of Transformational Change and Improvement had completed the first set of walk rounds and had found them to be very beneficial.

Similar issues had been found in each area regarding storage especially. One main concern that had been highlighted were the findings from the visit to the Hospital Chapel. There had been numerous items stored in there and the staff had been using it for their tea and lunch breaks. It had felt very cold and unwelcoming. The Director of Nursing, Midwifery and Allied Health Profession's would like further information on this and would liaise with the Head of Transformational Change and Improvement.

The information and findings from the walk rounds would be collated and brought before the members.

### 33 – Ophthalmology

The Head of Transformational Change and Improvement advised members that the nurse training had been completed; however, all the trained staff would have to go through a twelve month period of mentorship.

The Clinical Nurse Manager would prepare a paper alongside the Director of Nursing, Midwifery and Allied Health Professions with regards to the governance structures which support the service for organising and staffing the new service and the day to day governance that would then report through the Quality and Safety Group and subsequently the Clinical and Care Governance Committee.

The Director of Public Health advised members that this issue had already come through risk management and the Quality and Safety Group; therefore the NHS Board had been cited. However, the Director of Nursing, Midwifery and Allied Health Professions felt this action was appropriate.

### 38 – Falls reduction

The Director of Nursing, Midwifery and Allied Health Professions advised members that a Falls champion had not yet been appointed. A meeting would take place with P MacKellar and an update would be provided at the next Clinical and Care Governance Committee meeting.

The Chief Executive raised concern around the wording of 'zero tolerance on falls', and the Director of Nursing, Midwifery and Allied Health Professions responded by stating that although falls would continue to happen, NHS Orkney would need to improve on how they were reported and ensure that there was an improvement on learning and understanding. A thorough report to be brought to next meeting of the Committee.

#### 377 – Autism diagnosis Pathway

This would be carried forward to the next Clinical and Care Governance Committee meeting so that S Johnston, Area Clinical Forum chair could provide members with an update.

#### 385 – Area Drugs and Therapeutics Committee Chair's report

The Director of Pharmacy advised members that there had been two recent Area Drugs and Therapeutics Committee meetings. He had not managed to be involved in the regional meetings as yet. The minutes from the meetings would be included on the agenda for the next Clinical and Care Governance Committee meeting.

#### 550 – Adults with Incapacity

The Chair highlighted her concern over this item being missed from this meeting. The Director of Nursing, Midwifery and Allied Health Professions stated that he would follow this up and provide members with an update at the next Clinical and Care Governance Committee meeting. This would be a standing agenda item for this Committee.

#### 552 – Policy for Safe Handling of sharps

J Richards had noted that there would be a need for staff out with NHS Orkney to be trained on Hepatitis C and sought assurance that inoculations would be provided. The Chief Officer would update members on the progress of this at the next Clinical and Care Governance Committee meeting.

*M Roos joined the meeting*

#### 555 – Dementia Diagnosis Rates

The Medical Director informed members that the current psychiatric locum would be working within NHS Orkney until the end of February 2018 and then another locum would be employed to replace him, who would have the necessary training to carry on this area of work.

#### 556 – Controlled Drugs

The Director of Pharmacy informed members that an audit would be taking place later this week and a paper would be provided to members at the next Clinical and Care Governance Committee meeting.

#### 560 – Population Health Chair's Report

The Director of Public Health advised members that the Public Health Manager would be leading on this and that the Population Health Group no longer meet.

## 569 – Area Clinical Forum’s Chair’s report

The Head of Transformational Change and Improvement provided members with an update, stating that no one, as yet, had contacted her regarding any specific issues to do with documentation on the blog; however she would continue to observe this.

### 786 **Action Log**

The Committee reviewed the updated Action Log. (see action log for details)

### Governance

### 787 **Significant Adverse Event Audit Action Log (Quality and Patient Safety) – CCGC1718-50**

The Head of Transformational Change and Improvement provided members with a report on the Significant Adverse Event Audit Action Log and asked that the Committee consider the timescale as there were only a few actions left that would need to be taken forward to finalisation.

The Chief Executive commended the amount of completed items on the action log.

The Medical Director advised that all recommendations would be reviewed by the Incident Management Group before then going to the Senior Management Team to be perused before being reported on. This would provide a mechanism to focus on the most important issues.

### **Decision / Conclusion**

The Clinical and Care Governance Committee noted the findings from the audit undertaken and took assurance on performance.

The management of clinical incidents policy would be amended and brought through the Clinical and Care Governance Committee for approval.

### Safe and Effective Care

### 788 **Quality and Safety Group Chair’s exception report – CCGC1718-51**

The Head of Transformational Change and Improvement provided members with the Quality and Safety Group Chair’s exception report stating that the group had been established in November 2017, and the purpose of this paper would be to highlight key matters from the Quality and Safety Group to members of the Clinical and Care Governance Committee to provide both information and assurance. A full exception report had been impossible due to the fact there had only been two meetings held so far.

The Chair noted her concern around the amount of apologies that had been received for the meetings and emphasised the importance of this group and the need for members to understand this and prioritise their attendance.

It was noted that the advert for two public representatives would be going out this month once the job description had been finalised with the Chief Executive.

Members of the group had a discussion around the Quality and Safety Group and the volume and variety of members, attendees and observers who had been invited to attend. The Chief Executive assured members that the group had been put in place to provide members with assurance that the governance was being met.

#### **Decision / Conclusion**

The Clinical and Care Governance Committee noted the report and took assurance on performance.

789 **Minutes of Quality and Safety Group meetings held on 13 November 2017 and 11 December 2017**

The Committee noted the minutes of the Quality and Safety Group meetings held on the 13 November and 11 December 2017.

790 **Falls Report – CCGC1718-52**

The Director of Nursing, Midwifery and Allied Health Professions presented the Falls Report to members, stating that the report had come from the Senior Management Team audit.

A large amount of work had been put into the research, although there had been no policy to support the findings. A baseline had been drawn with existing data and some changes had been made on how the organisation records data.

The operational leadership within the hospital would reside with the Clinical Nurse Manager and the Director of Nursing, Midwifery and Allied Health Professions would retain scrutiny over this. There would be multi disciplinary input and be based on a patient centered approach.

The way that data had been recorded through Datix had been changed to provide a more accurate and in depth analysis. By using the Scottish Patient Safety Programme (SPSP) there had been spot maps/measles charts issued to chart exactly where the falls had taken place for analysis.

Patients would be assessed on arrival, this practice had already been in place, however, a more structured process would need to be escalated.

The Director of Public Health stated that this had been a key issue within care homes and other areas and had suggested that an audit would be done to collect the data. The Head of Children and Families, Criminal Justice and Chief Social Worker would revisit how this had been reported previously and would bring an update for members at the next Clinical and Care Governance Committee meeting.

#### **Decision / Conclusion**

The Clinical and Care Governance Committee noted the report and took assurance on performance.

The Chair requested that the report would come through the Clinical and Care Governance Committee as well as the Quality and Safety Group.

The Chief Executive would provide the Head of Transformational Change and Improvement with the Falls Data from the Scottish Ambulance Service and it would be brought to the next Clinical and Care Governance Committee meeting for noting.

791 **Medical Revalidation in Scotland – CCGC1718-53**

The Medical Director provided the Clinical and Care Governance Committee members with an overview of Medical Revalidation in Scotland, stating that both revalidation and appraisals had been going very well.

The Chief Executive noted that this overview had not only provided members with the information, but had provided a lot of assurance for the committee. This had been a good example of the process that had been required as a governance committee and commended the tremendous efforts that the Medical Director had put in to this.

The Medical Director assured members that although locum doctors relocate frequently that there was a process in place to ensure that their revalidation and appraisals were kept up to date.

The Chair commended NHS Orkney on reaching 100% in some areas.

**Decision / Conclusion**

The Clinical and Care Governance Committee noted the report and took assurance on performance.

792 **Policy Ratification – CCGC1718-54**

**Pets Policy**

The members endorsed the Policy

**Infection Prevention and Control Policy for Health/Care settings**

The members endorsed the Policy.

**Pressure Ulcer Policy**

The members endorsed the Policy

**Records Management Policy**

The members endorsed the Policy

**Policy for the Safe Handling of Sharps**

The members endorsed the Policy

**Decision / Conclusion**

*L Wilson withdrew from the meeting*

### **Medicines Management**

There had been no recent meetings.

### **Person Centered Care**

#### 793 **Patient Experience Quarterly Report – CCGC1718-55**

The Head of Transformational Change and Improvement presented the Patient Experience Report to members, providing them with information relating to complaints and feedback and providing them with assurance. Members were advised that the report included activity up until the end of September 2017 and it had not been possible to include the last the quarter's activity.

The Board Chairman queried why it appeared in the report that not all the people who had submitted complaints and feedback had received a response. The Medical Director provided reassurance that everyone would receive a response; it would depend on when the query had come in and when the report had been written.

Members had a discussion around the issue with staffing within the mental health service and the impact it had been having on the service. It was noted that the report had given a brief oversight, whereas the people whom were involved in the complaint would have received a lot more information and feedback.

The Chief Executive informed members that a discussion would be taking place between himself, Head of Transformational Change and Improvement and Head of Health and Community Care regarding data. He also indicated that he was encouraged to see that 80% of complaints had been resolved early.

The Medical Director informed members that all complaints would be reviewed by the Incident Management Group and any issues highlighted would be followed up by the group. It was noted that any recurring patterns would be picked up at the Incident Management Group meetings. It was also noted that complaints had been captured in Datix; therefore this would allow more reporting to be done.

The Chair had raised a concern around the poor response rate regarding the feedback. It had been suggested that another form of communication should be looked at, for example phoning patients rather than relying on sending out paper copies. The Head of Transformational Change and Improvement would have a discussion regarding this with the Patient Experience Officer and see if this could be improved. There had been an issue with staff shortages and the Patient Experience Team structure would be looked at to provide more support.

The Board Chairman had noted the success rate of patient feedback within NHS Shetland and advised that there had been a lot of advertising and promotion of the patient feedback options.

The Director of Pharmacy highlighted that every department would need a lot of support around changing the culture around patient experience.

### **Decision / Conclusion**

The Clinical and Care Governance Committee noted the report and took assurance on performance.

#### 794 **Unacceptable Actions Policy – CCGC1718-56**

The Medical Director provided members with the Unacceptable Actions Policy to be reviewed and approved.

Due to the nature of some of the complaints it was agreed that there would be an escalation process to the Chairman of the Board and this would be added to the policy.

### **Decision / Conclusion**

The Clinical and Care Governance Committee endorsed this policy with the recommendation that the point of escalation to the Chairman of the Board if it would not be appropriate for the Chief Executive to handle the issue be added.

#### 795 **Participation Standard – CCGC1718-57**

The Head of Transformational Change and Improvement provided members with the feedback provided from the Scottish Government Participation Standard for noting.

The Chief Executive noted that this had been a positive report.

Members suggested that it would have been good to include an executive summary on the front of this report.

### **Decision/Conclusion**

The Clinical and Care Governance Committee noted the report and took assurance on performance

### **Population Health**

#### 796 **National review of Abdominal Aortic Aneurysm Screening Programme – CCGC1718-58**

The Director of Public Health provided members with an update on the National review of Abdominal Aortic Aneurysm Screening Programme stating that NHS Orkney worked alongside NHS Shetland and NHS Grampian in a collaborative. This review had occurred across Scotland.

Table one of the report was labeled as specific to NHS Orkney, although the elements contained had been common across a number of boards in the north. The Director of Public Health highlighted that the report reminded boards of the requirement to ensure adequate public health input to screening programmes but the consultant in Public Health post was currently vacant. The specific actions in the report had been directed to the collaborative for response.



NHS Orkney, through the collaborative, would be addressing the issues raised and would reply back within a three month timescale. The complexity of abdominal aortic aneurysm screening meant that issues for residents of NHS Orkney were partly dealt with by NHS Grampian.

The screeners had come from NHS Grampian and all patients from NHS Orkney requiring review by surgeons had been managed through NHS Grampian. NHS Grampian had identified improvements in the pathway around seeing the clinical specialist and scheduling for operation.

Much of the ground work around the issues raised in the report had been done in NHS Grampian and as a collaborative we would not anticipate any specific issues with regards to these recommendations.

Reporting to the Quality and Safety Group had occurred in relation to ensuring that the lead screener and clinical lead posts were being covered.

### **Decision / Conclusion**

The Clinical and Care Governance Committee noted the actions specific to NHS Orkney.

### **Social Work and Social Care**

797

#### **Chief Social Work Officer's Quarterly Report – CCGC1718-59**

The Head of Children and Families, Criminal Justice and Chief Social Worker presented the report providing information relating to current and recent themes emerging from the Professional Social Work Advisory Committee and the Professional Social Care Advisory Committee

Conversations had been ongoing within Social Work and Social Care trying to put strategies into place to improve the policy and the governance around it. Both committees had brought forward sustained and significant demands on the perspective.

There had been a half day seminar for Social Work Scotland and the Chief Social Work Officer had attended this, noting that the structure in NHS Orkney was very similar to other areas.

It had been noted that it would be beneficial for dementia discussions and any other demands on services to be brought to the Clinical and Care Governance Committee to help support Social Work and Social Care with governance issues. The Chair welcomed this and noted the importance of these discussions.

Members had a discussion around the increasing problem of opiate abuse within Orkney. The problem had increased and ongoing research and work had been going into this to ensure that it would not take a hold within the community. There would need to be services coordinated and offered within the community.

The Board Chairman welcomed the changed focus around this stating that it had been reassuring to know that the information had been shared across all sectors so that members would have a coherent aspect to this.

It was noted that not one specific agency would be able to solve this. Areas would need to work together to come up with a solution.

#### **Decision / Conclusion**

The Committee noted the report and took assurance on performance.

798 **Minutes of Professional Social Work Advisory Committee meetings held on 9 October 2017 and 4 December 2017**

The Committee noted the minutes of the Professional Social Work Advisory Committee.

799 **Minute of Professional Social Care Advisory Committee meeting held on 7 December 2017**

The Committee noted the minute of the Professional Social Care Advisory Committee meetings.

800 **Delayed Discharges – Analysis and Exploration - CCGC1718-60**

This would be brought forward to next Clinical and Care Governance Committee meeting.

801 **Joint-Inspection of Adult Services – Action Plan – CCGC1718-61**

The Head of Children and Families, Criminal Justice and Chief Social Worker provided members with an update on the progress made to address the recommendations made in the joint report by Healthcare Improvement Scotland and the Care Inspectorate following the inspection of Adult Services.

The Chair noted that some of the items had not been completed and the date had overrun. The Head of Children and Families, Criminal Justice and Chief Social Worker agreed to speak to S Hourston-Wells regarding this and provide feedback to the Clinical and Care Governance Committee at the next meeting.

Members highlighted their concern around items and issues being placed on hold due to staff shortages.

#### **Decision/Conclusion**

The Clinical and Care Governance Committee noted the progress that had been made.

#### **Chair's reports from Governance Committees**

802 **Area Clinical Forum Chair's report**

The Clinical and Care Governance Committee noted the report.

## **Risk**

### 803 **Risk Register Report – CCGC1718-62**

The Head of Transformational Change and Improvement presented the risk register report to members, stating that this was the standard report for the current time period and that the risk exposure levels continued to decrease.

The risk register report would also be presented to the Quality and Safety Group and the report had been put on the agenda for members to note the current status. The Chair noted that the wording should be reevaluated and the numbering process on how they would be scored should be revisited. The layout would need to be on one page to allow for ease of understanding.

### **Decision/Conclusion**

The Committee reviewed the report and took assurance on performance.

### 804 **Agree risks to be escalated to the Audit Committee**

No risks would need to be escalated to the Audit Committee.

### 805 **Emerging Issues**

The Chief Executive advised members on the upcoming publicity issues.

The Chair requested that if anything untoward happened that someone would inform the non executive members as soon as possible.

### 806 **Any other competent business**

The Board Chairman updated members on the visit from Jason Leitch, due to happen on 5 March 2018.

The Chair had welcomed the Chief Executive to his first Clinical and Care Governance Committee meeting.

The Chief Executive had requested that a Hospital Standardised Mortality Ratios report be brought to the next meeting.

The Chair had requested that if at all possible, could times of agenda setting meetings not be changed in the future.

### 807 **Agree items to be brought to Board or Governance Committees attention**

It was agreed to raise the following issues to the Board through the chair's report:

- Walkrounds
- Falls Reduction
- Significant Adverse Event Audit – Action Log
- Medical Revalidation
- Joint Inspection of Adult Services

**Items for Information and noting only**

808 **Schedule of Meetings**

The Committee noted the schedule of meetings for 2017/18.

809 **Record of Attendance**

The Committee noted the record of attendance.

810 **Committee Evaluation**

Members noted that the meeting provided a lot of positive discussions and positive assurance to members. J Richards noted that he had felt like a valued member of the committee and had thanked members

DRAFT