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Agenda Item: 20.

## **Integration Joint Board**

Date of Meeting: 3 October 2018.

Subject: Chair's Report – Clinical and Care Governance Committee.

### **1. Summary**

1.1. This report highlights the key agenda items that were discussed at Clinical and Care Governance Committee meeting on 11 July 2018.

### **2. Purpose**

2.1. To update Members on the current business of the Clinical and Care Governance Committee.

2.2. To provide assurances to the Board that the relevant issues are being discussed.

### **3. Recommendations**

The Integration Joint Board is invited to:

3.1. Note the contents of this report.

### **4. Key Agenda Items**

#### **4.1. Recruitment of new Non-Executives**

4.1.1. The new Non-Executive Directors had been recruited, though were yet to go through the process of being formally appointed to Committees and the Integration Joint Board. This would be ratified at the next NHS Board meeting. Members felt an induction process for the various Board and NHS Orkney committees would be beneficial.

#### **4.2. Joint Investigative Interviews of Children and Young People.**

4.2.1. The Committee raised on-going concerns regarding children being required to travel outwith Orkney to undertake Joint Investigation Interviews.

Post meeting the Head of Children and Families, Criminal Justice and Chief Social Work Officer provided members with an update that the position remained unchanged as the national review was not yet complete. He confirmed that he had

made further representation to the review team stating Orkney’s position. Until the review was complete and recommendations published Orkney would continue to represent its position.

### 4.3. Attendance at the Clinical and Care Governance Committee Meetings.

4.3.1. The number of Members in attendance at the Clinical and Care Governance Committee meetings was noted as a concern, especially considering the importance of the Committee’s remit. Members noted that it was especially concerning given the absence of key figures and stressed the need to send a nominated deputy should the individual be unable to attend.

## 5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

<b>Promoting survival:</b> To support our communities.	No.
<b>Promoting sustainability:</b> To make sure economic, environmental and social factors are balanced.	No.
<b>Promoting equality:</b> To encourage services to provide equal opportunities for everyone.	No.
<b>Working together:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities:</b> To involve community councils, community groups, voluntary groups and individuals in the process.	No.
<b>Working to provide better services:</b> To improve the planning and delivery of services.	Yes.
<b>Safe:</b> Avoiding injuries to patients from healthcare that is intended to help them.	No.
<b>Effective:</b> Providing services based on scientific knowledge.	Yes.
<b>Efficient:</b> Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

## 6. Resource implications and identified source of funding

6.1. There are no financial implications directly arising from this report.

## 7. Risk and Equality assessment

7.1. There are no equality and risk implications directly arising from this report.

## 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

## **9. Author**

9.1. Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Work Officer, Orkney Health and Care.

9.2. Steven Johnston, Vice Chair, Clinical and Care Governance Committee.

## **10. Contact details**

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## **11. Supporting documents**

11.1. Appendix 1: Clinical and Care Governance Committee Unapproved Minutes.

## 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 July 2018** at **13:00**

**Present:** Steven Johnston, Area Clinical Forum Chair (Vice Chair)  
Davie Campbell, Non-Executive Director  
Councillor Rachael King, Orkney Island Council  
Ian Kinniburgh, NHS Orkney Chair  
David McArthur, Director of Nursing, Midwifery and AHP  
Chris Nicolson, Director of Pharmacy (from item 276 via VC)  
Heather Tait, Public Representative  
Councillor John Richards, Orkney Island Council

**In Attendance:** Gemma Pendlebury, Corporate Business Officer (minute taker)  
Christina Bichan, Head of Transformational Change and Improvement

### 270 **Apologies**

Apologies had been received from G. O'Brien, M. Roos, Dr. L. Wilson and K. Woodridge.

A discussion took place regarding the regularity that the Clinical and Care Governance Committee meetings clashed with the clinics of M. Roos and an alternative day was suggested as a way forward.

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

No interests were declared in relation to agenda items.

### 272 **Minute of Meeting held on 22 May 2018**

The minute of the Clinical and Care Governance Committee meeting held on 22 May 2018 was accepted as an accurate record of the meeting, subject to the below amendments and was approved on the motion of D. McArthur, seconded by J. Richards

- Page 2, second paragraph – addition of the word 'to' between 'need' and 'clarify'
- Page 3, seventh paragraph – amendment from 'meeting' to 'meetings'
- Page 3, tenth paragraph – amendment from 'confident' to 'confidence'
- Page 7, fifth paragraph – amendment of the sentence to read 'The Chair would welcome the inclusion of the third sector to feed into this policy'
- Page 8, sixth paragraph – amendment of the sentence to read 'S Johnston noted the data and information provided in the accompanying text were contradictory...'
- Page 8, ninth paragraph – sentence required completion

### 273 **Matters Arising**

#### 788 – Public Representative on the Quality and Safety Group

The Head of Transformational Change and Improvement advised that

unfortunately appointment of a public representative to the Quality and Safety Group had, once again, been unsuccessful. The terms of reference had been re-circulated for the information of anyone considering bearing office.

### 106 – Outpatient Waiting Times

The Head of Transformational Change and Improvement updated that there was a Service Level Agreement (SLA) in place with NHS Tayside. The phototherapy unit had undergone its first trial; however there were issues with the equipment that meant it had unfortunately not worked. As a result the equipment had been returned to manufacturer. The most recent update from Dounby Surgery was that the repair would be followed up with the manufacturer as a matter of urgency. It was the hope of the Head of Transformational Change and Improvement that there would be a positive update for reporting at the next Clinical and Care Governance Committee.

It was noted that this item had been discussed at the most recent Community Council meeting. Some individuals needing this service were required to make trips to Aberdeen three to four times per week due to the failure of the phototherapy unit equipment. Due to this there was a substantial cost implication.

### 109 – Public Health Reform

Cllr. R. King updated that it had been difficult to match diaries with Dr. L. Wilson due to workload and prior commitments, however it was hoped that a meeting could be arranged to further discuss issues around island proofing for feeding back to COSLA as the Council was in Recess.

### 110 – Chief Social Work Officer's Quarterly Report

Cllr. R. King raised a real concern regarding children being required to travel outwith Orkney to undertake Joint Investigation Interviews. It was felt that more local pressure needed to be applied as it would be unacceptable within the community.

The Group requested an update regarding the forensic services provision for survivors of sexual violence and were advised that there had been two members of staff who had undertake the relevant forensic examination training, with a third individual potentially commencing employment with NHS Orkney who has prior experience. The Head of Hospital and Support Services would be the lead for the service and would be attending the national taskforce meetings to improve services for victims of rape and sexual assault.

The Committee requested this be placed on the action log. The Vice Chair would request a virtual update from the Head of Children & Families, Criminal Justice and Chief Social Worker.

### Patient ID policy

Cllr. R. King raised a general query regarding the patient ID policy. The policy had no mention within it regarding whether there was a triggering length of time before individuals admitted would be allocated hospital ID. There was a further query raised in the case of patients having lost consciousness, unable to confirm their identity.

The Head of Transformational Change and Improvement would report back at the next Clinical and Care Governance Committee.

### 274 **Action Log**

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

### **Safe and Effective Care**

### 275 **Quality and Safety Group Chair's report – CCGC1819-14**

The Head of Transformational Change and Improvement noted that the group was still evolving, taking time to establish correct working processes and procedures and to ensure that it was a forum for honest and robust discussions. A formal review would be taking place on the 12 month period.

The points for highlighting arising from the April meeting were:

- A paper presenting the positive internal Controlled Drugs Audit
- Duty of Candour legislation which came into force on 1 April 2018
- Involvement of patients and services users in developing our understanding of the quality of care provided
- The Screening of Vision in Children
- The draft Terms of Reference for the Resuscitation Committee

The points worthy of note from the May meeting were:

- A report on progress against the Action Plans established as a response to Scottish Public Services Ombudsman findings from complaint investigations in the last 12 months
- Two papers were presented in relation to the Hospital Standardised Mortality Ratio (HSMR) which built on information considered in March 2018 by the Group.
  - The first of the papers highlighted that an extended case note review of all deaths within the April–June 2017 period had shown no patient deaths that would have been unexpected
  - The second paper on HSMR provided the audit findings from the internal HSMR review process.
- A report on recent 15 Steps Walk Rounds which had been conducted across the Balfour Site with G Skuse, NHSO Non-Executive Board member.
- The Head of Organisational Development and Learning presented the current status of compliance with Statutory and Mandatory training requirements.

*[C Nicolson joined meeting via video conferencing at 13:53]*

### 276 **Minutes of Quality and Safety Group meetings held on 4 April and 14 May 2018**

The Committee noted the minutes of the Quality and Safety Group meetings

277 **Adults with Incapacity – CCGC1819-15**

The Director of Nursing, Midwifery and Allied Health Professionals provided a report for committee members to comment on the proposals and note the reasons for delay in the progression of the audit.

The audit was an important element of assurance to the Clinical and Care Governance Committee and the most recent results presented to the last meeting demonstrated positive and sustained levels of improvement across the elements inspected.

The AWI Audit was unavailable to the committee due to significant and unexpected reductions in Staffing capacity and sustained Clinical demand within CMHT and Hospital

The Audit process was very comprehensive with a well structured methodology and reviewed a large number of records. It was a manual process which was person intensive and required a strong clinical skill-set, entailing a sustained effort from a Nurse with experience of Audit and AWI assessment over a period of two weeks. The Director of Nursing, Midwifery and Allied Health Professionals assured members that this would be a temporary issue and that the audit was well underway. Another audit was scheduled to take place within a 6-weeks timeframe.

Cllr. R. King noted her gratitude for the information and factors behind the delay. It was felt to be beneficial that the IJB be made aware of the details of the report to enable Joint Board to provide help where possible in the coming months. Cllr. R. King also raised awareness within the Group that there would be a huge increase of focus on mental health services nationally.

**Decision/Conclusion**

There would be a more detailed update provided around the Adults with Incapacity Audit virtually, at the next Quality and Safety Group meeting and also to the next Clinical and Care Governance Committee.

278 **Significant Adverse Event Action Plan Update – CCGC1819-16**

The Head of Transformational Change and Improvement provided an update on the actions arising from the Significant Adverse Event (SEA) Action Plan internal audit and was pleased to announce that almost all actions had been completed. There were two actions outstanding:

- Section A, Action 5: A Standard Operating Procedure should be developed for negotiation of patient transport to the mainland. This action would be returning to the Committee in October 2018.
- Section C, Action 11: Senior management and the Board should oversee the customisation of requirements in the national framework for SAEs to the Orkney situation ahead of future SAEs, and agree their approach with HIS. A start to this customised approach was made with the draft NHS Orkney Learning from Clinical Practice policy

Members of the Committee raised that there were instances of text missing from the pdf'ed version of the SEA action plan due to the change from Excel

spreadsheet to pdf document. The Head of Transformational Change and Improvement agreed to circulate the original spreadsheet.

Staff from the Emergency Medical Retrieval Service (EMRS) had attended Orkney to deliver a good quality exercise trialing a Single Point of Contact system. The SPOC system saw a person or a department serving as a coordinator or focal point of information concerning an individual accessing NHS Orkney services. Members were informed that such a system would be utilised going forward as it had proved a far more efficient and effective process. Initial feedback had been positive.

Members' attention was drawn to Section A, Action 10: The suitability of the paediatric in-patient environment. In particular patient confidentiality was a major concern and access to more private assessment space should be a definite requirement. Members were in agreement that it would be unacceptable for a patient, especially a child or young person, to share personal information in the vicinity of other patients. Further concern was voiced regarding the open spaces within the new hospital, though there were more areas for triage and assessment. Staff would be required to use their judgment and a degree of sensitivity when speaking with young people, and to be mindful of the types of questions they were asking in open or otherwise occupied areas. Relocating to a private room should be a priority if needed.

In connection with Section A, Action 1, members were informed that Roelf Dijkhuizen did not sit on or attend the 'Choose Life' working group. It had been felt more appropriate that the Head of Transformational Change and Improvement would feedback relevant information to R Dijkhuizen. It was also noted that he would still, where appropriate, be involved in suicide review.

A significant amount of work had been undertaken to ensure the completion of Section C, Action 10. The Group were informed that work had been undertaken internally, rather than external investigations being required.

### **Decision/Conclusion**

The Committee agreed that the Significant Adverse Event Action Log spreadsheet should be a separate agenda item for the next Clinical and Care Governance Committee meeting on 10 October 2018.

### 279 **Outpatient Waiting Times – CCGC1819-17**

The report provided members with information on performance in regards to access to outpatient services.

For the quarter January-March 2018 the average number of days waited for a new outpatient appointment within the Balfour Hospital was 34 and 90% of patients were seen within 193 days. The majority of patients were noted as seen well within the 12 week standard; however there were still breaches of the target being experienced within a number of speciality areas. The total number of patients waiting over 12 weeks as of 5 June was 262. The most significant area of pressure was in Ophthalmology with over 150 patients currently waiting more than 12 weeks to be seen at a first new outpatient appointment.

The Head of Transformational Change and Improvement informed members that



there had been an identified plan of action for the most challenging specialist areas which would be presented to the Senior Management Team during week commencing 16 July 2018.

Work had also been undertaken to better understand NHS Orkney reporting processes and in particular its comparability with national requirements and the reporting activities of other Board areas. It had been identified that reporting of “other” activity included several non-consultant led services and mental health specialties which were not eligible for inclusion within this type of reporting. This had, over time, worsened the reported position and the reporting practice had now been amended with a positive effect on the waiting list position.

From 1 April 2016 the Scottish Government had set a target that the maximum wait for AHP MSK Services from referral to first clinical outpatient appointment would be four weeks (for 90% of patients). It would require significant action to both fully understand the extent of the issue around this and to develop and deliver an effective improvement plan. This was in the process of being taken forward with the assistance of the Head of Health and Community Care to ensure all practical steps were being taken to reduce the length of wait experienced by patients requiring the service.

The Group discussed the utilisation of the NSS ‘Discovery’; a browser based system hosted by NHS National Service Scotland (NSS) which contained all data within it for every Health Board. Indicators within NSS ‘Discovery’ was viewed from an NHS Scotland Board of Treatment/Residence perspective and the comparative NHS Scotland health information contained within the system would enable NHS Scotland Boards to determine their performance against specific criteria compared to their peers (English and Scottish) and identify opportunities for driving improvement. It would also facilitate the identification of areas where deployment of resource could be targeted more effectively to better address local populations' health and care needs.

NSS ‘Discovery’ enabled an authorised user to drill down through indicators from a topology perspective of the data all the way down to person centred information, dependent upon user security access approvals.

### **Decision/Conclusion**

Members agreed that the management of long waiting patients was a key area to be addressed. Further data around the length of wait times was required for scrutiny by the Committee, especially around the challenging target for MSK physiotherapy waiting times.

Members felt that it would prove helpful for a demonstration of NSS ‘Discovery’ to be delivered to the Committee and Non-Executives. It was a powerful data analysis and gathering tool that could help frame the hard-line questions needing to be asked within service areas. The Head of Transformational Change and Improvement agreed to arrange a demonstration of NSS ‘Discovery’.

### **Policy Ratification – CCGC1819-18**

#### 280 **Informed Consent policy**

Members received the Informed Consent policy for approval.

The purpose of the document was to set out the standards and procedures in NHS Orkney which aimed to ensure that health professionals comply with national guidance on obtaining informed consent.

The policy had been presented to the relevant advisory committees for comment and approval. Direct comments have been received by the policy creator and acted upon accordingly. The policy was noted as a more comprehensive and safer approach to obtaining consent from individuals. The form alone ensured that members of staff to partake in a conversation with the patient obtaining their consent. Members noted that the policy was good practice. It would ensure every clinician followed the same processes that good clinicians have been following for years and evidences that those processes have been completed.

Cllr. R. King noted that the policy was thorough and comprehensive. However, a concern was raised that it had not undergone legal scrutiny as a safeguarding measure.

Further discussion took place regarding comparisons of the previous consent system and the new policy. Previously clinicians had been concerned about the consent measures in place, and the new policy was agreed as a much more appropriate system that protected both staff and patient. The policy was undergoing an initial pilot phase. Should the CLO return with any queries about the policy the possibility of capturing the trial candidates within that query was discussed. Further amendments also potentially needed following review of the General Medical Council (GMC) guidance on informed consent upon its release.

### **Decision/Conclusion**

The Committee approved the Informed Consent policy on the proviso that it be reviewed by the Central Legal Office (CLO). The Director of Nursing, Midwifery and Allied Health Professionals was to ensure this would be followed up.

### 281 **Records Management policy**

The policy was approved by the Committee.

### **Medicines management**

### 282 **Internal Audit – Dispensing Practices for Controlled Drugs – CCGC1819-19**

The Director of Pharmacy presented the internal audit report on Clinical Governance of Controlled Drugs for Dispensing Practice which had been circulated around various groups and committees. The audit was to look at the inspection arrangements for the controlled drugs, rather than practices and the Committee was asked to note the recommendations of the audit and discuss the progress in implementation of the recommendations:

The arrangements for performing controlled drug inspections within NHS Orkney were noted as effective. A number of areas where controls could be strengthened were outlined throughout the report.

The main high level points which were discussed in more detail in the paper were:

- That the existing arrangements around inspections with NHS Grampian

inspections team should be developed into a more comprehensive memorandum of understanding (the intention was that this be included within the Grampian Pharmacy SLA which was being urgently reviewed)

- Formalisation of Actions with Action Owners from each practice identified and timescales implemented
- To prepare a report annually commencing October 2018 (CDAO annual report now scheduled)

Further discussion arose around the potential practical implications of NHS Grampian no longer procuring drugs for NHS Orkney. The most notable being NHS Orkney needing to undertake procurement directly through wholesalers. There would be a serious implication on staffing and the timescales for procuring required substances in the initial stages of the new process; however it would be a much more controlled system going forward.

Cllr. R. King raised a concern around procurement timescales and whether there would be a shortage of drugs in the initial stages of the changeover. The Director of Pharmacy noted that this would be investigated as part of the whole planning process.

The potentially negative impact that Brexit could have upon an already difficult situation was explored and the Director of Pharmacy noted that he was already undergoing discussion around the various pressure points in partnership with the NHS Orkney Chief Executive.

### **Decision/Conclusion**

The situation with NHS Grampian no longer being permitted to supply NHS Orkney with controlled drugs was noted as a time-critical incident. Members agreed that the continuity in service provision was paramount and as such asked for that an item around this should be on the Corporate Risk Register. Members also felt that the potential impact of Brexit upon NHS Orkney should be escalated more clearly on the Risk Register.

### **Person Centered Care**

#### 283 **Patient Experience Quarterly Report for period ended 31 March 2018 – CCGC1819-20**

The Committee Received the report providing information relating to complaints and feedback, along with ongoing Patient Experience work. This report was to seek assurance on Key Performance Indicators.

### **Decision/Conclusion**

The committee noted the patient Experience Quarterly Report.

#### 284 **Patient Experience Annual Report – CCGC1819-21**

The Patient Experience Annual Report was received and discussed by the Committee.

Members were informed that the number of complaints received and recorded had significantly increased following the introduction of the new Complaints

Handling Procedure. In total, NHS Orkney had received 67 Early Resolution complaints and 35 Investigation complaints. The number of recorded Early Resolution complaints showed that the organisation had engaged well in the first year of the new process and that patients were satisfied with the outcomes in the majority of cases. 83.5 % of Early Resolution complaints were responded to within the 5 day timescale, whilst 80.0% of Investigation complaints were responded to within 20 days. Alongside this, it was noted that staff continued to undertake the online Complaints and Feedback training modules regularly. Though responses to the complaints experience questionnaire had been very poor. Whilst not always recorded, staff continued to work with patients to ensure they received person centred care and that service improvements were driven by the experience of patients.

Members engaged in further discussion around complaints raised with services provided jointly with the Integration Joint Board. Both Orkney Island Council and NHS Orkney were noted as having very different complaint resolution processes and there were times when patients wishing to complain were unsure of where to direct their concerns or had potentially submitted a complaint to the incorrect organisation. There had also been issues in connection with data protection and data sharing across the Integration Joint Board, however it was noted that in some cases this had been due to staff wishing to safeguard the data of their patients and service users.

A further topic was discussed regarding complaints around visiting clinicians and consultants not employed by the NHS Orkney Health Board. It was difficult for patients to distinguish between NHS Orkney and the Health Board within which the visiting clinicians were employed and were generally aiming their displeasure at the service within which they had received their perceived dissatisfactory treatment. Members agreed that there was a need to follow national guidelines and that NHS Orkney should be required to have a degree of oversight into whatever pathway their patients were engaged in. In the interest of fostering a good patient experience.

### **Decision/Conclusion**

Members noted that the new complaint handling system had been implemented, and this was noted as generally being an improvement and so a positive step forward. An opportunity was identified to gain open learning from dissatisfied complainants, which would help to ensure all individuals were receiving feedback and responses in a timely fashion.

### **Population Health**

#### **285 Public Health Priorities – CCGC1819-22**

The report received by the Committee served the purpose of sharing the public health priorities and noted the endorsement of NHS Orkney of the priorities.

Following the 2015 Public Health Review, the 2016 Health and Social Care Delivery Plan, the Scottish Government had outlined a commitment to set national public health priorities with Society of Local Authority Chief Executives (SOLACE) and the Convention of Scottish Local Authorities (COSLA) that would direct public health improvement across the whole of Scotland. This would establish the national consensus around public health direction that would inform local, regional

and national action.

A range of engagement events have been held nationally and staff from NHS Orkney joined a virtual event.

### **Decision/Conclusion**

Members were informed that the Director of Public Health would feed the public health priorities into the Strategic Planning Group (SPG) in order to increase the awareness of those issues. She would also produce a document regarding how the priorities would be applied within a public health workstream.

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

#### 286 **Chief Social Work Officer's Quarterly Report – CCGC1819-23**

The Committee received the Chief Social Work Officer's Quarterly Report, however noted that the Chief Social Work Officer was unavailable to present the report at the meeting.

The report was opened to the Group for comments and the following issue was raised:

- Item 4.1 –the Vice Chair raised that there had been some further changes. A representative from the Chief Officers Group attended the Area Clinical Forum Chair's Group to discuss the link between the ACF and IJB and there being variability Scotland-wide. Further clarity was required and the ACF Chair's Group have since written to the Chief Officer Group for this

The Committee members discussed the possibility of the Chair of the ACF being invited to the IJB, as there had been involvement of the Chief Officer at designated meetings of the ACF to speak on particular items.

Concerns regarding the membership at both the IJB and SPG were discussed and it was noted that this had been extended to numbers which were unsustainable. In light of this, both groups were looking at moving back to the legislated number of attendees to ensure an appropriate speed for the completion of business. Balance was needed in connection with integration across Health and Social Care and the understanding was that there would be a review of progress in connection with IJBs across Scotland. There was an audit into this being undertaken and Cllr. R. King agreed to link in with the head auditor, Claire Sweeney, to ensure there was an island perspective.

### **Decision/Conclusion**

Members noted that there was a need to be open to designing and IJB that works for Orkney, rather than a prescriptive way of working that might not be suitable. To do this we would be required to illustrate the method and how it was working for Orkney.

#### 287 **Minutes of Professional Social Work Advisory Committee meetings held on 5 June 2018**

The Committee noted the minute of the Professional Social Work Advisory

Committee meeting.

### 288 **Joint Inspection of Adult Services – CCGC1819-24**

The Committee received the report in connection with the Joint Inspection of Adult Services; however the Head of Health and Community Care had not been available to deliver the report.

The report was opened to the Group for comments and the following issue was raised:

Recommendation 4, Item 4.1 – There was a discrepancy between the figure detailed in the 'Action' column and the 'Action, Comments and Review' column.

#### **Decision/Conclusion**

The Vice Chair agreed to contact the Chief Financial Officer for the Integration Joint Board for further clarification on the discrepancy between the figures of item 4.1 of the JIAS Action Plan Review.

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

### 289 **Audit Committee – Cross Committee Assurance**

The report provided the two Internal Audit reports that were presented to the Audit Committee meeting on 1 May 2018 and it was agreed that these should be shared with the Clinical and Care Governance Committee for information:

- Nurses, Midwives and Allied Health Professionals (NMAHP) Revalidation
- Waiting Times

There were two action points taken from the Revalidation report.

- 1) Reviewing the 'Lapsed Professional Registration' policy to ensure that it remained up to date and consistent with current practice. The revalidation policy had been revised.
- 2) Ensuring that the role performed by the HR Logistics Officer could be performed in his absence in both the short and long term. The Group were D. Wilson (Recruitment Officer) was able to access the system.

There was one action point taken from the Waiting Times report.

- 1) Ensuring staff were recording the arrival time of patients arriving by ambulance as being the time the ambulance arrives and not the time the patient was brought to A&E reception.

#### **Decision/Conclusion**

The Director of Nursing, Midwifery and Allied Health Professionals advised the Committee that both actions had been addressed. The Professional Registration policy had been updated and the duties performed by the HR Logistics Officer could be performed by the Recruitment Officer in the interim as she had access to the required systems.

The Accident and Emergency (A&E) waiting times report received was noted as being positive, though members were advised that the action point was not of concern. The current location of A&E meant staff were unable to see the front door, and so could not accurately record the time of the ambulance arriving. Due to this, arrival times were incorrect by a matter of seconds and this would not be a permanent problem due to the up-coming move to the new hospital.

### **Risk**

#### 290 **Risk Register Report – CCGC1819-25**

The Committee received the Risk Register Report to seek assurances in relation to how risks were being handled and to note the content of the risk register and the actions proposed.

There were 40 active risks across the Corporate and Operational risk registers. 9 Risks had been either closed or made inactive since the last report. This was highlighted in section 4 of the report.

Members raised queries in connection with the following items:

- Item 287 – This item had been mitigated and would be moved to the Hospital Operational risk register
- Item 238 – This item was noted as something that SMT were actively dealing with. Discussion had also taken place regarding this within the 'Matters arising' section of these minutes and would be included on the Committee action log
- Item 84 – This item had reduced from 'Very high' to 'High' and was linked to the pager work that had been undertaken recently. Key individuals on call were in possession of pagers and mobiles telephones should there be a service problem with the pagers. Members noted it was the responsibility of the individual to ensure they were contactable at all times whilst on call.
- Item 251 – This item had been placed on hold on the direction of the Chief Executive, though would still maintain a 'Medium' risk status
- Item 291 – Would need to be reviewed following the approval of the Informed Consent policy
- Item 296 – The risk was noted as no longer exists.

### **Decision/Conclusion**

Members reviewed the risk register and received assurance on the performance required to mitigate and close the risk register actions suitably.

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

- Brexit – The amalgamation of an IJB and NHS Orkney approach to Brexit
- Complaints handling – Combined working between the IJB and NHS Orkney and further clarity regarding when staff are within their rights to withhold information relating to a patient or service user.

#### 292 **Emerging Issues**

### Recruitment of new Non-Executives

The new Non-Executive Directors had been recruited, though were yet to go through the process of being formally appointing to Committees and the IJB. This would be ratified at the next Board meeting. Members felt an induction process for the various NHS Orkney and IJB committees would be beneficial.

### Attendance of the Clinical and Care Governance meetings

The number of members in attendance at the Clinical and Care Governance meetings was noted as a concern, especially considering the importance of the Committee's remit. Members noted that it was especially concerning given the absence of key figures and stressed the need to send a nominated deputy should the individual be unable to attend. This was a key issue due to previous problems with Quoracy.

#### 293 **Any other competent business**

No other competent business.

#### 294 **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:

- Induction process for new non-executives and new Chief Officer within both NHS Orkney and the Integration Joint Board (IJB)
- Children being required to travel outwith Orkney for Joint Investigation Interviews
- The issue of lack of attendance at the Clinical and Care Governance Committee

### Items for Information and noting only

#### 295 **Schedule of Meetings**

The Committee noted the schedule of meetings for 2018/19.

#### 296 **Record of Attendance**

The Committee noted the record of attendance.

*[M. Roos joined the meeting at 16:22]*

Members took the opportunity to revisit the earlier discussion regarding Clinical and Care Governance Committee meetings that coincided with the clinical time of the Medical Director. The Medical Director noted that a later start for the meeting of 14:00 would help to ensure that he would be able to attend future meetings.

#### 297 **Committee Evaluation**

Members noted that it had been a positive meeting.

Meeting closed at 16:25