

Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee of Orkney NHS Board** in the **Saltire Room, Balfour Hospital** on **Tuesday 22 May 2018** at **10:00 am**

Present: Gillian Skuse, Chair
Steven Johnston, Vice Chair
David Drever, Non Executive Board Member
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker
Rachael King, Councillor, Orkney Islands Council
David McArthur, Director of Nursing, Midwifery and Allied Health Professions
Chris Nicolson, Director of Pharmacy
Gerry O'Brien, Interim Chief Executive
John Richards, Councillor, Orkney Islands Council
Maureen Swannie, Interim Head of Children's Health Services
Heather Tait, Public Representative
Louise Wilson, Director of Public Health

In Attendance: Christina Bichan, Head of Transformational Change and Improvement
Kathleen Carolan, Director of Nursing, NHS Shetland
Emma West, Senior Committee Clerk (minute taker)

97 **Apologies**

Apologies had been received from Ian Kinniburgh, M Roos and S Sankey.

Members were advised that Kathleen Carolan Nurse Director, NHS Shetland, would be joining the meeting as she was currently in Orkney as part of the HIS review Team.

98 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

99 **Minute of Meeting held on 17 January 2018**

The minute of the Clinical and Care Governance Committee meeting held on 17 January 2018 was accepted as an accurate record of the meeting, subject to the correction listed below and was approved on the motion of S Johnston, seconded by D McArthur.

- Page 9, item 797, 4th paragraph - clarity that discussions around dementia would involve NHS Orkney, Orkney Islands Council and the Community.

100 **Matters Arising**

31 – Spiritual Care Lead

Members were advised that there had been a successful recruitment process, with Gordon Jones taking up the post in June 2018. Gordon had an extensive portfolio of experience within the NHS and came highly recommended from NHS Greater Glasgow and Clyde. Members welcomed this news.

38 – Falls Reductions

Members were advised that falls champions had been appointed with involvement from Physiotherapy and Occupational Therapy. M Rollo, Lead AHP would also be involved in this work which would encompass both the hospital and community elements.

385 & 556 – Pharmacy Reporting

It was noted that the Controlled Drugs Audit report had been provided to the Quality and Safety Group rather than the Clinical and Care Governance Committee. It was agreed that there was need clarify the default position and governance route for pharmacy reporting and a report on this structure would be provided to the next meeting.

555 – Psychiatric Locum

An appointment had been made for a minimum of 6 months, with a commitment to 3 days per week in Orkney; part of the role would be to create a job plan to enable successful recruitment of a permanent candidate by making the role more attractive.

377 – Autism diagnosis pathway

The Short Life working Group (SLWG) had held its final meeting; the pathway was currently in a paper format but would be made available electronically through the SCI gateway. The group had found common ground and was working well as a team across education and health. Approval would be sought through the Professional Advisory Committees as a formality.

788 - Public Representative on the Quality and Safety Group

The Head of Transformational Change and Improvement advised that unfortunately, appointment to this role had been unsuccessful. The Patient and Public Reference Group had been asked to assist in attracting someone to fulfill this role, this had also been highlighted to G Peters, Scottish Health Council and consideration was being given as to whether the third sector would have any available volunteers.

101 **Action Log**

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

03-2017/18 – Incidents of falls reported through DATIX

The Director of Nursing, Midwifery and AHPs advised that falls champions had been appointed and the network was working well. Datix reporting options had been updated along with work to produce a policy to be used in both the community and the hospital for continuity. There had been a recent reduction in falls but this did often follow a pattern of seasonal variation.

The Head of Transformational Change and Improvement added that a new member of staff had been appointed within Clinical Governance to support quality improvement and would be involved with this work.

It was agreed that a report would be provided to the next meeting, falls would also be scheduled into the work plan for the Quality and Safety Group who would take over reporting and monitoring of this area once the current issues had been addressed and assurance provided.

Safe and Effective Care

102 Adults with Incapacity – CCGC1819-01

The Director of Nursing, Midwifery and AHP, advised that this had been made a high priority with rapid improvements being made, the report covered audit results from January 2017 to January 2018. There had been challenges maintaining the frequency of audits due to a key member of staff being absent and a lack of additional capacity to carry out this work. This had been addressed to ensure that reporting and auditing would be completed as required.

The report highlighted a number of areas for improvement and these would be addressed along with the provision of training on a rolling basis and the formalisation of policy guidelines.

S Johnston welcomed the focus on training noting the recent consultation around reforms and highlighting the importance of any changes from this being acknowledged and implemented.

Decision / Conclusion

The Clinical and Care Governance Committee endorsed the analysis of the available data, noted areas of improvement and also those where further work was required.

103 Quality and Safety Group Chairs report – CCGC1819-02

Members had received the Quality and Safety Group Chairs report for information and assurance, it was noted that the agenda for this meeting was legitimately increasing and work would be required to address the volume of business and maintain focus.

R King noted the difficulty in attending frequent meeting and although this group was important to inform the larger picture there was a need to prioritise due to limited capacity. The Interim Chief Executive agreed and noted that there was work on targeting the agenda in recognition of the time commitment.

It was agreed that elected members should prioritise attendance at the Clinical and Care Governance Committee as the Quality and Safety Group reported through this.

104 Minutes of Quality and Safety Group meetings held on 5 February and 5 March 2018

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

R King raised the point of nursing staff not having the confidence to challenge, the Director of Nursing, Midwifery and AHP gave assurance that the culture was improving and this was becoming a standard part of how business was conducted.

105 **Significant Adverse Event Action Plan update – CCGC1819-03**

The Head of Transformational Change and Improvement presented an update to the action plan advising that good progress was being made.

With regard to patient travel to the mainland, the North of Scotland Trauma Group were currently trialling a Patient Transfer Standard Operating Procedure with NHS Fife with the intention to roll this out to the North of Scotland following evaluation.

The draft policy for the management of significant events had been provided to the Area Partnership Forum for comment and would be presented at the next Quality and Safety Group, then Clinical and Care Governance Committee for approval.

R King noted the mention of the paediatric environment in section 10 of the report questioning if a child would ever be transferred due purely to the lack of a suitable environment.

The Director of Nursing, Midwifery and AHP advised that if Accident and Emergency was unsuitable due to the environment at the time there was capacity to transfer the child to the acute ward, well established protocol were in place with Aberdeen Royal Infirmary and a decision to retain on island would always be made jointly. This would be much less of an issue in the new facility as single rooms provided more privacy and discreetness could be maintained.

Decision / Conclusion

The Committee considered the progress, work underway and the timetable for securing outstanding actions and requested future reports to oversee implementation and provide assurance to the Board.

K Carolan joined the meeting.

106 **Outpatient Waiting Times – CCGC1819-04**

The Head of Transformational Change and Improvement presented the report advising that this was a snapshot of performance at the end of the financial year. There continued to be challenges in some areas, but on average the number of days waited for an outpatient appointment was 37, with the vast majority of people were seen within the Treatment Times Guarantee.

Some services that were non consultant led were being included in the reporting meaning that the data provided was in excess of that required to fulfill the 12 week target. From a quality and patient perspective this was irrelevant but there was a need to clarify if there was over reporting in some areas.

R King noted that IJB had raised concerns around mental health provision across all age ranges. The Interim Chief Executive agreed that it would be beneficial to have clarity on this information which could then be used to inform commissioning especially around CAMHS and psychological therapies.

The Head of Transformational Change and Improvement noted that there was a need to capture all patients waits in the reporting, splitting reporting accurately for data submission was important but the report also needed to be representative of

the whole rather than purely target driven areas.

D Drever questioned the access support funding and was advised that this was Scottish Government funding in recognition of the requirement to make services sustainable.

D Drever also questioned whether there was a balance between funding and staffing availability and was advised that additional funding would address some issues but not all, as capacity was the main problem in some areas.

The Director of Public Health questioned the new to review ratios for specialties; in line with best practice. The Head of Transformational Change and Improvement advised that there was variation and challenges with the sporadic nature of service provision in some specialties. It was acknowledged that further work was required in this area and productive opportunities taken where possible.

The Chair requested an update on the phototherapy unit, and was advised that equipment was in place and training completed; the final step would be the confirmation of the Service Level Agreement (SLA) with staff on island to review and sign off shortly. R King welcomed this and suggested that it should be positively publicised once complete.

Decision / Conclusion

The Committee reviewed and noted the information provided.

107 **HSMR update report – CCGC1819-05**

The Director of Public Health presented the report advising that HSMR performance had been highlighted to the National Clinical Lead for Quality and Safety, Scottish Government during his visit to Orkney in April 2018. Discussion with him during Quality and Safety Group supported the approach being recommended and highlighted the potential for performance to be being adversely affected by coding issues

There was a need to further understand the data and this would be progressed with the addition of external support.

Decision / Conclusion

The Committee reviewed the report, took assurance from the information provided and welcomed the external support to further understand this data.

Policy Ratification

108 **Discharge from Hospital Policy – CCGC1819-06**

The Director of Nursing, Midwifery and AHP presented the discharge from hospital policy for approval. The policy had been simplified, took a more holistic multi-disciplinary approach and formulated procedures.

Members welcomed the policy but noted some areas for amendment or where wording could be extended and strengthened, it was agreed that these would be submitted to the author following the meeting.

Decision / Conclusion

The Committee approved the Discharge from Hospital Policy which they welcomed as an excellent policy, subject to minor non material amendments which would be provided to the author out with the meeting.

Medicines management

No reports this meeting.

The Area Drugs and Therapeutics Committee had met with operational issues being discussed. It was agreed that the correct governance route for this committee needed to be clarified to ensure that important key messages were being received.

Person Centered Care

No reports this meeting as this was a quarterly report.

Population Health

109 **Public Health Reform – CCGC1819-07**

The Director of Public Health provided members with an update on the national changes around public health and the impact locally to the Board.

She advised that there had been a number of single shared services reviews with changes around the new national body for public health and public health reform. There was a need to ensure that rural aspects were considered and that outcomes were suitable for remote and rural areas.

R King noted that this had also been raised through the Convention of Scottish Local Authorities (COSLA) with debate around the priorities; she suggested meeting with the Director of Public Health out with the meeting to further discuss issues around island proofing that could be fed back through COSLA.

Decision / Conclusion

The Committee welcomed the update provided.

Social Work and Social Care

110 **Chief Social Work Officer's Quarterly Report – CCGC1819-08**

The Chief Social Worker officer 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.

There had been significant discussion around recommendations in relation to a review of governance arrangements carried out over the early part of 2018. Briefly, the key rationale for change related to the requirement to make best use of time and allow a governance group to emerge that could more effectively lead the social work and social care profession in Orkney. This is to be achieved by a restructuring of governance to create a social work governance group consisting of Heads of Service and Professional Leads that would have 2 quality improvement groups

reporting in for children and adults services. The group were in agreement that this proposal would strengthen governance arrangements and allow a clear line of sight for improvement work and clarity re professional leadership and direction.

There was also discussion around the proposed changes to the Joint Investigative Interviews of children and young people and how this could negatively impact on children and young people locally. The direction of travel being set out was to create more centralised highly specialised and trained teams of investigative interviewers as opposed to the current established generalist approach. A number of areas of discussion emerged in relation to Orkney having enough demand to sustain this higher level of specialism and if not, the impact of any such team being based in Inverness and the impact of this on children and young people and the subsequent resourcing issues. Representation would be made to Social Work Scotland to explore options for this to topic to be considered within any island proofing discussions.

R King raised real concern around children having to travel for such interviews and questioned if this was being addressed at a national level. S Hunter advised that the work was not concluded and was being influenced and raised at Chief Officer's group. There would not be the volume of work locally to meet the criteria, but he agreed that the national direction of travel could not be supported locally.

S Johnston noted the similarities to support for victims of sexual violence and the agreement of the need accept some element of risk in these situations for the benefit of the victim. The Interim Chief Executive agreed to progress this.

Work was also being completed to create a joint supervision policy. S Johnston noted that the Area Clinical Forum had held a development session around clinical supervision that had been well attended and was progressing. The Chair welcomed inclusion of the third sector to feed into this policy.

Decision / Conclusion

The Committee noted the report, took assurance on performance and agreed that concerns around the Joint Investigative Interviews of children and young people should be escalated.

111 Minutes of Professional Social Work Advisory Committee meetings held on 27 March 2018

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

J Richards raised concerns around the limited Mental Health Officer cover Out of Hours; S Hunter advised that this was a known issue but a further member of staff had been appointed who would feed into this rota and make it more sustainable.

112 Minute of Professional Social Care Advisory Committee meeting held on 28 March 2018

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

113 **Delayed Discharges – Analysis and Exploration - CCGC1819-09**

M Swannie presented the report which had been presented to the Integration Joint Board (IJB) in December 2017. There was currently a favourable delayed discharge position and although there were peaks and troughs in relation to homecare provision, need was being managed with no one currently on the waiting list for residential care.

The Head of Transformational Change and Improvement informed members that NHS Orkney had a poster at the NHS Scotland event showing the positive changes made across the system and the favourable outcomes from this.

R King questioned if there was ever the case where an unavailability of homecare would result in an inappropriate home care admission that wasn't in the person's best interest. M Swannie advised that although there were home care vacancies these were being well managed, data would be captured through the allocation and resources committee.

J Richards questioned if there were vacancies within Braeburn court and was advised that although the exact numbers were not available this was a well used facility and was often full. M Swannie agreed to provide members of the occupancy figures electronically following the meeting.

Post meeting note - 1 house in Braeburn court was occupied by children's services and one was available for short breaks, of the other 12 houses 2 were empty. Braeburn court had previously reached full occupancy but with turnover there were current vacancies as in Kalisgarth.

S Johnston noted that family/patient preference was not recorded and questioned if this was an issue. C Bichan advised that these cases were very few in number and mainly around improvements in communication that could have been made at an early stage in the patient journey. Early improvement ideas were being considered including facilitated self checkout to provide more ownership to patients and avoid such situations.

Decision / Conclusion

The Committee noted the information provided,

114 **Local Community justice Outcomes Approval Plan – CCGC1819-10**

The Head of Children and Families, Criminal Justice and Chief Social Worker provided members with an update, noting the work of the Orkney Community Justice Partnership's Community Justice Outcomes Improvement Plan 2018 - 2021.

Drew attention to terms of need assessment and conviction rates, community perception of safety,

R King noted the positive indications from a lengthy history of positive local collaboration and co-operation in the field of Community Justice and the importance of focusing on these as well as addressing any negative aspects.

Decision/Conclusion

The committee noted the content of the Orkney Community Justice Outcomes Improvement Plan 2018 – 2021

Chair's reports from Governance Committees

115 Finance and Performance Committee

The Clinical and Care Governance Committee noted the report and acknowledged that information around delayed discharges had been presented at the meeting.

Risk

116 Risk Register Report – CCGC1819-11

The Head of Transformational Change and Improvement presented the risk register report to members, advising that the Director of Finance was reviewing the presentation of reports at committee meetings to streamline reporting and ensure the relevance of information.

R King drew members' attention to the notable theme of Information Technology in many of the risks; she requested an update on risk 296 around hospital case notes. C Bichan advised that processes and procedures were in place to mitigate and manage this risk.

Members questioned risk 291 around the use of the patient consent form. C Bichan advised that the updated form was already being used but the wider policy framework was still under review to ensure that it was suitable for all the professional groups before being adopted.

Decision/Conclusion

The Committee reviewed the report and took assurance on performance.

117 Agree risks to be escalated to the Audit Committee

No risks required to be escalated to the Audit Committee.

118 Emerging Issues

The Interim Chief Executive advised that the Board had received notification from the Ombudsman that a complaint had been upheld around informed consent. There would be a further briefing to the Board and relevant information was being gathered in order to progress.

119 Committee Annual Review – CCGC1819-12

The Committee had received the following documentation for review

- Committee Self Evaluation Questionnaire
- Terms of Reference
- Draft Business Cycle/Work plan 2018-19

Self Evaluation Questionnaire

The Interim Chief Executive noted the scoring around ensuring that all necessary action was taken and plans developed; and ensuring that priorities were appropriate and advanced. With a large agenda there was a need to ensure that there was adequate focus around capturing the relevant issues.

Terms of Reference

The Director of Public Health suggested that there could be a need for further clarity around best value and exactly what this meant for the committee. The Interim Chief Executive noted that this included best value in the allocation of resources; focus and clarity which should be inherent in every report and recorded in the committee reporting template. It was agreed that there was no amendment required to the terms of reference around best value.

The Director of Public Health queried if the quorum requirements should be amended so that parts of the business could be discussed if there was adequate representation in that area, for example Health Board business still be discussed if the Committee was not quorate due to the lack of an elected member.

Members agreed that there was a requirement to have awareness of all issues coming through the committee to enable it to inform the wider picture, the quorum would be revisited if issues arose.

The following amendments were agreed:

- Remove Health Intelligence and Clinical Governance Manager, as this post was no longer in existence
- Chief Officer to be made a member of the group rather than in attendance.

Business Cycle.

- Add Duty of Candour Annual report to July meeting, for onward reporting to the Board.
- Caldicott Guardian Annual report to be provided to the Audit Committee.

Decision/Conclusion

The Committee approved the documentation subject to the amendments required.

120 **Draft Clinical and Care Governance Committee Annual Report – CCGC1819-13**

The Committee had received the Draft Clinical and Care Governance Committee Annual Report, it was noted that the successes and concerns had since been added to the report and a final version would be circulated to members.

Decision/Conclusion

The Committee approved the report subject to the final version being provided.

121 **Any other competent business**

The Interim Chief Executive noted that this would be G Skuse last meeting as Chair of the Clinical and Care Governance Committee; he recorded his thanks and appreciation on behalf of the Committee for her hard work both on this committee and the Board as a Non Executive, which had been well recognised.

G Skuse responded that it had been a joy and a pleasure to Chair the committee and although it had been a steep learning curve it had been a very rewarding experience and this was a very positive time for the organisation.

122 **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:

- The positive work that was ongoing around Adults With Incapacity, Falls, Delayed Discharges and the Autism Pathway
- Concerns around the proposed changes to the Joint Investigative Interviews of children and young people

Items for Information and noting only

123 **Schedule of Meetings**

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

124 **Record of Attendance**

The Committee noted the record of attendance.

125 **Committee Evaluation**

Members noted that it had been a positive meeting.