

Agenda Item: 5

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 16 January 2019** at **14.00**

Present: Issy Grieve, Non Executive Board Member (Chair)
Steven Johnston, Non Executive Board Member (Vice Chair)
Christina Bichan Head of Transformational Change and Improvement
David Drever, Non Executive Board Member
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker
David McArthur, Director of Nursing, Midwifery and Allied Health Professions
Meghan McEwen, Non Executive Board Member
Chris Nicolson, Director of Pharmacy (VC)
Gerry O'Brien, Interim Chief Executive
John Richards, Councillor, Orkney Islands Council
Marthinus Roos Medical Director
Sally Shaw, Chief Officer Orkney Health and Care
Heather Tait, Public Representative

In Attendance:

Ian Kinniburgh NHS Orkney Chair
Heidi Walls, Committee Support (minute taker)

698 **Apologies**

Apologies had been received from S Sankey, L Wilson and R King.

699 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

700 **Minute of Meeting held on 10 October 2018**

The minute of the Clinical and Care Governance Committee meeting held on 10 October 2018 was accepted as an accurate record of the meeting and was approved on the motion of G O'Brien and seconded by M McEwen.

The chair welcomed the use of post meeting notes in the minutes.

701 **Matters Arising**

484 Outpatient Waiting Times

Members were advised that the demonstration of NSS 'Discovery' had been arranged to take place at the next board development session on the 31st January 2019 and further details would be emailed directly.

490 Elective Care Access Improvement Plan 2018/19 Update

The Chief Executive confirmed that further guidance on revisions to the Patients Rights Act was still pending.

702 **Action Log**

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

9-2017/18 Autism Diagnosis Pathways

The Chief Officer provided members with a verbal update and advised that whilst there was a pathway in place there was no formal framework. She reassured members that patients that required a diagnosis were being referred and seen.

The Chief Officer also noted that although diagnosis was an important issue the behaviors displayed by patients also needed to be addressed and training for staff to support this was key. She highlighted a concern that the pathway would be absorbed into the Community Mental Health Team and felt it would be more appropriate to move the process from a medical to a social model as soon as possible and the resurrection a strategy document to move this forward was being considered.

In response to queries it was noted that this should be an all age and multi agency strategy and D McArthur advised that work to formalise governance arrangements was underway.

A further concern that the changes and work described would not address long standing service users' pathway accessibility issues was highlighted and members were assured that any strategy would be produced in partnership.

Safe and Effective Care

703 **Quality and Safety Group Chairs report – CCGC1819 - 40**

Members received the Quality and Safety Group Chairs report, which provided an overview of the key items from the meetings of the group in the period September to November 2018.

The Head of Transformational Change and Improvement highlighted the review of group progress completed at the December 2018 development session and noted the open and participative session, which had produced a different programme of business. It was hoped that members would notice the positive impact in future reports to the committee.

The importance of ensuring the Quality and Safety Group was not overwhelmed by an overly strict reporting structure was noted by the Chief Executive as a key factor in the achievement of constructive meeting outcomes.

It was noted that there were some date formatting issues within this and other reports within the papers, which would need revision.

The NHS Orkney Chair questioned how the committee took assurance that the Quality and Safety Group was fully effective. Members were advised that this was achieved by ensuring the effectiveness of the Clinical and Care Governance Committee and via the annual review process, which included an assessment of the programme of business. Ongoing evaluation of the quality and depth of analysis and discussion of any escalated issues at this committee's meetings, along with the review of the Quality and Safety Group chairs reports and minutes were also

identified as key assurance mechanisms.

Members noted the report and were assured on the performance of the Quality and Safety Group.

14.24 - M Roos joined the meeting

704 **Minute of Quality and Safety Group meeting held on 10 September 2018**

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

705 **Adults with Incapacity – CCGC1819-41**

The Director of Nursing, Midwifery and Allied Health Professions presented the Report to the committee and noted that whilst the last report showed a dip in performance, the October update showed improvement.

Overall improvement had been sustained and capacity assessment, proxy decision making and 4AT were highlighted. Continued improvement in staff awareness of the need for patient and relatives engagement was also noted and the outstanding actions noted were reviewed.

Further to previous discussions on reporting frequency, it was agreed that this item should remain quarterly, but members agreed that going forward this would be through the Quality and Safety Group. Progress would be monitored by the committee through the review of Quality and Safety Group chairs reports and/or minutes with further assurance from 6 monthly progress updates and exception reports as appropriate.

Decision / Conclusion

The Committee reviewed the Adults with Incapacity Audit Report and took assurance on performance.

It was agreed that future regular reporting would be through the Quality and Safety Group with a 6 monthly progress report to the Clinical and Care Governance Committee.

706 **15 Steps Report**

The Head of Transformational Change and Improvement provided a verbal update advising that recruitment had been unsuccessful so ways of redistributing the work were being explored.

A Quality and Care Audit finding meant that a more consistent approach to patient experience within a framework was required and members were assured that different approaches to achieving a more inclusive patient experience process were being sought with outcomes by the end of the financial year as the target.

The NHS Orkney Chair highlighted the 15 Steps as a simple and straight forward process and queried whether seeking more structure than was needed risked over complicating the issue and replicating the previous and more structured walk around approach.

The Head of Transformational Change and Improvement noted that feedback had highlighted that the walk arounds were not well received, so the implementation of something different, which also included the development of robust assurance on patient engagement, was the focus. She accepted that aiming for the gold standard risked an overly complicated process and agreed to reflect on the point raised.

Decision / Conclusion

The Committee took assurance from the update provided and noted an update report would be provided to the next meeting.

707 Significant Adverse Event Report– CCGC1819-42

The Medical Director presented the update to the Significant Adverse Event Action Plan, which noted the current progress and status of Significant Adverse Events and he highlighted the importance of the learning outcomes and the application of the resulting recommendations. It was confirmed that Senior Management Team reviewed the recommendations to assess and identify the actions that were practicable and assign actions as appropriate.

The concern highlighted by members was the fundamental commonality of the timeliness and accuracy of clinical diagnosis and communication between clinicians, as well as between clinicians and patients/ family members.

It was noted that the identification of such concerns was the reasons these processes were in place, but it was acknowledged that issues, particularly on multi morbidity and disciplinary cases, could quickly become complicated and difficult for patients and families to follow. Despite the common primary aim of providing help to patients, clinician's concentration on the patient's condition could sometimes lead to the loss of focus on communication.

It was agreed that effective communication should be a priority, but in response to a query about single points of contact it was noted that this was aspirational and not always practical, particularly with complex multi disciplinary cases and whilst it was easy to identify GPs as a centre point this was not always appropriate.

It was acknowledged that there wasn't one solution to address the challenging issues highlighted, but members were advised that raising communication issue awareness, across disciplines, was the way forward.

A recent case from an English authority which identified significant failings was highlighted and raised a query around the processes in place for information sharing and learning.

Members were assured that there were appropriate mechanism in place, including participation in an adverse events community of practice, where learning was shared, receipt of ombudsman reports for escalated issues containing a duty to respond with details of changes to practice, along with review publications from professional bodies and Scottish executive director level discussion of highlighted cases.

The Head of Transformational Change and Improvement also noted that the report provided to members had summarised themes and confirmed that steps to mitigate

specific issues that were raised during the reviews had been taken.

The NHS Orkney Chair asked to what extent a fully maintained Electronic Patient Record would help clinicians with the issues identified and the timescales for this.

The Medical Director described the huge improvement that Trakcare had provided as in addition to their own notes, clinicians were able to see where else the patient had been treated. He confirmed that a full electronic system would be even better, but noted that to improve the issues raised here clinicians would still need to be aware of and act upon the communication issues raised by the additional information.

The Head of Transformational Change and Improvement highlighted regional work on a care portal which could improve information access for GPs and aspirations for an open access care portal were also noted but there were no timescales.

In response to a query from the NHS Orkney Chair, members were advised that allocation of an issue as an SAE did not automatically indicate that there had been patient harm and assurance that Duty of Candour requirements were actioned at the beginning of any process was also provided.

The value of learning from mistakes was noted, but the benefits of seeking out examples of good practice were also highlighted and members were advised that within NHS Orkney this would be achieved via the iHub and the weekly Morbidity and Mortality meeting.

Decision / Conclusion

The Committee considered the report, recognised the issues around communication and were content that assurance had been provided.

708 Elective Care Access Improvement Plan 2018/19 Update – CCGC1819-43

The Head of Transformational Change and Improvement presented the report which provided members with an update on work undertaken with regard to the improvement of elective access in line with 2018/19 targets with the Annual Operational Plan.

An overall improved performance was noted, with the exception of an anticipated dip, and in common with other boards ophthalmology and dermatology remained particularly challenging, but an improvement from January 2019 in dermatology, ophthalmology and cardiology was anticipated.

Treatment Time Guarantee figures were driven by ophthalmology and orthopedic capacity and there were no on island solutions. The plan to adopt a sustainable approach to the growing requirement to respond to government plans was also noted.

The challenge of providing assurance on targets was noted by members and it was agreed that additional graphs showing the national position would be a helpful inclusion in future reports.

The Medical Director noted MRI scanning delays he had experienced with an orthopaedic patient, but it was agreed this would need further investigation to identify whether it was specialty specific or a wider issue.

Decision / Conclusion

The Committee reviewed and took assurance from the information provided.

709 Safe Staffing Bill Report– CCGC1819-44

The Director of Nursing, Midwifery and Allied Health Professions presented the report and noted that the Bill which was introduced on 23 May 2018 was now in stage 2 and issues, particularly for remote and rural areas, meant the April/May 19 implementation target was likely to be delayed.

The recruitment of a band 8a workforce planner due to start in February 2019 was highlighted as a positive as were the aspirational principles and intent of the Bill, but there were also challenges.

Members noted the helpful report and the possibility of associated financial risks was discussed, including some issues around saved costs from agency staffing, but it was agreed further details were required before its impact could be fully assessed. Concerns about the gaps with regard to the integration of Social Care and Third sector services, as one size does not fit all, were also highlighted.

Concern that a focus on the provision of assurance at a national level could produce prescriptive and obstructive processes was raised, but the potential positives were also acknowledged. It was agreed that it was too soon to be clear on the implications but it was an issue members did not wish to lose sight of.

Decision / Conclusion

The Committee reviewed and took note of the main points of the bill and agreed a further update report should be provided at the next meeting.

Policy Ratification

710 Learning from Clinical Incidents Policy – CCGC1819-45

The Medical Director presented the Learning from Clinical Incidents policy for approval noting it was a live document that was likely to evolve.

Decision / Conclusion

The Committee welcomed and approved the Learning from Clinical Incidents Policy.

711 NHS Orkney Complaints and Handling Policy and Procedure – CCGC 1819-46

The Head of Transformational Change and Improvement presented the NHS Orkney Complaints and Handling Policy and Procedure for approval advising members that a national procedure had been adopted, but amendments had been needed to meet an internal audit recommendation.

Members acknowledged that the document met with government guidance, but wondered whether it accurately reflected the way we wanted to work and whether an opportunity to include learning from good practice had been missed. It was also

noted that a robust policy was required, but it was suggested that a shorter document noting that a national procedure was followed could suffice.

Decision / Conclusion

The Committee approved the NHS Orkney Complaints and Handling Policy and Procedure but noted it as a live document that would evolve with ongoing work.

Medicines management

712 No reports at this meeting.

Person Centered Care

713 **Patient Experience Quarterly Report for period ended September 2018
CCGC1819-47**

The Head of Transformational Change and Improvement presented the report to provide assurance on the key performance indicators noted and highlighted a plan to review the structure of this report going forward.

She advised members that the handling of complaints had become more challenging and described how an improvement in early resolutions had also produced a negative outcome as performance on the remaining more challenging issues had slipped.

She also noted that the way complaints were being handled was changing so more appropriate processes, to fit what was being done on a daily basis, were needed, but this was having a knock on effect on the complexity of cases and subsequent timescales.

Members were assured by the improvements in early resolution at source and noted the challenges faced by the complexity of the remaining stage 2 issues and that resolution of all such cases within the 20 days timescale was not always possible. A similar Freedom of Information trend was noted and the dichotomy of the need for robust and appropriate investigation and resolution and the requirement of procedural timescales was acknowledged and discussed.

Members agreed that the appropriate investigation of complaints with a focus on learning from and addressing the issues identified should take priority over fixed procedural timescales.

The report highlighting high dissatisfaction with the mechanisms for complaining was flagged and it was noted that obtaining feedback from complainants was an ongoing challenge and further work would be needed to undertaken to understand the figures.

The use of hard copy forms issued to patients on the wards was questioned and although it was noted that a commitment to written feedback from patients whilst still on site was perhaps unlikely it could still contribute to an overall awareness that the organisation is open to the receipt of concerns and complaints.

M McEwen left the meeting

Decision / Conclusion

The Committee reviewed the report, took assurance from the information provided and agreed that the decision relating to complaints processes and timescales should be highlighted at the next board meeting.

Population Health

714 Dementia Diagnosis Rates CCGC1819-48

The Chief Officer presented the report and whilst it this raised issues members appreciated the provision of clear and frank information.

The Chief Executive noted the importance of seeing the whole picture and understanding the scale of the challenge, which would enable solutions to be actively sourced.

It was noted that active and willing third sector support, particularly for the simpler, but hugely helpful interventions, was available locally and the suggestion that third sector links for dementia support should be pursued was supported.

The Director of Pharmacy shared concerns highlighted with regard to Alzheimer medication and noted it was not an issue confined to Orkney, going forward this should reduce as clinicians became more familiar with prescribing the drug.

In addition to the system issues identified, local cultural issues around dementia diagnosis and its impact on patient experience figures, as well as the take up for post diagnosis support, were highlighted and noted as an area for further work.

In response to queries, the Chief Officer confirmed that the adoption of the current video conferencing model for assessment was taken from the Shetland project and advised that she would explore whether the old age psychiatry bed figure increase noted reflected a new way of classification or a material increase.

Decision / Conclusion

The Committee reviewed the report and took assurance that the concerns with had been noted and were being addressed.

Social Work and Social Care

715 Chief Social Work Officer's Quarterly Report – CCGC1819-49

The Chief Social Worker Officer presented the report providing information relating to current and recent themes emerging from the Social Work and Social Care Governance Group meetings held in October and December 2018

The 3 key themes with regard to generalist social work, social work practice development and learning and development were highlighted.

A description of a direct contact with two young people studying to become social workers who had secured placements at Eunson Kloss was noted as a positive indication for the future.

Decision / Conclusion

The Committee noted the report.

716 Minutes of Social and Social Work Governance Group 9 October and 13 December 2018

The Committee noted the 9 October and 12 December 2018 minutes of the Social and Social Work Governance Group.

Chair's reports from Governance Committees

717 Finance and Performance Committee

Members received the cross committee assurance report from the Finance and Performance committee and noted the following two issues:

Child and Adolescents Mental Health Services

Assurance that there would be no unanticipated outcomes from a reduction in funding for vulnerable children in residential care services was sought, but the Chief Officer advised members that she would investigate this query further and report back as she was not aware of any funding decrease.

Dementia services

Members noted that this issue had already been addressed within the agenda for this meeting.

Area Clinical Forum

Members received the cross committee assurance report from the Area Clinical Forum and noted that the Autism Spectrum Disorder Pathway and the Learning from Clinical Incidents Policy had been addressed within the agenda for this meeting. It was noted that although there had been agreement at SMT to use a different name for the local roll out of Realistic Medicine the principles would be the same and an increased awareness of this approach was key.

Risk

718 Agree risks to be escalated to the Audit Committee

No risks were required to be escalated to the Audit Committee.

719 Emerging Issues

No emerging issues were noted

720 Any other competent business

No other competent business or the following issues were noted:

721 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:

- Autism Diagnosis Pathway
- The committee decision relating to complaints processes and timescales

Items for Information and noting only

722 Extraordinary Care Packages Report

Members noted the information provided

723 Schedule of Meetings

The Committee noted the schedule of meetings for 2018/19 and approved a proposal to postpone the January 2020 meeting by two weeks to avoid report deadlines falling during the festive period.

724 Record of Attendance

The Committee noted the record of attendance.

725 Committee Evaluation

The Chair thanked members for the healthy, open and frank discussions and the value of the meeting was acknowledged by all and the oversight and direction from the new chair was noted and welcomed.