

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 10 April 2019** at **14.00**

Present: Issy Grieve, Non Executive Board Member (Chair)
Steven Johnston, Non Executive Board Member (Vice Chair)
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
Heather Tait, Public Representative
Louise Wilson, Director of Public Health (Phone)

In Attendance: Heidi Walls, Committee Support (minute taker)
Lynda Bradford Interim Head of Health and Community Care
Julie Nicol – Head of Corporate Services (Item 6.6)
Ann McCarlie – Project Director, New Hospital and Health Care Facilities
Rhoda Walker – Project Manager/Clinical Programme Lead, New Hospital and Healthcare Facility Project
Malcolm Colquhoun – Head of Hospital and Support Services
Jackie Gratton – Clinical Project Manager

1 Apologies

Apologies had been received from S Shaw, S Sankey, David Drever, R King and C Bichan.

2 Declarations of Interest – Agenda Items

No interests were declared in relation to agenda items.

3 Minute of Meeting held on 19 January 2019

The minute of the Clinical and Care Governance Committee meeting held on 19 January was accepted as an accurate record of the , subject to the corrections listed below and was approved on the motion of J Richards and seconded by G O'Brien.

Page 2 – fourth paragraph – removal of the sentence beginning 'A further concern that the changes and work described...'

Page 4 – seventh paragraph – amendment from 'wasn't' to 'was not'

4 Matters Arising

708 – Elective Care Access Improvement Plan

It was noted that the inclusion of additional graphs showing the national position was a pending update and the Medical Director advised that whilst he had been unable to

establish if MRI scanning delays were specialty specific or a wider issue he confirmed that times had improved.

709 – Safe Staffing Bill Report

The Director of Nursing, Midwifery and Allied Health Professions updated members on the successful recruitment of the band 8a Workforce Planner and confirmed they were in post.

713 – Patient Experience Quarterly Report

It was noted that an update on the work undertaken to understand the high dissatisfaction with the mechanisms for complaints was pending.

Post meeting note: Experience of the complaint process is covered within the Board's Patient Experience Annual Report which was approved on 26/06/19.

714 Dementia Diagnosis Rates

The Interim Head of Health and Community Care confirmed that the old age psychiatry bed figure increase noted at the last meeting had been explored further and she confirmed that it had been due to greater activity.

717 Child and Adolescents Mental Health Services

The Interim Head of Health and Community Care confirmed there had been no reduction in funding for vulnerable children in residential care services.

5 **Action Log**

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

9-2017/18 Autism Diagnosis Pathways

The Medical Director confirmed that adult autism spectrum disorder (ASD) requests continued to be referred via the Non Commissioned Activity Panel (NCAP) and advised that in order to minimise a highlighted impact of raised patient expectation created by the standardised response protocols of the NCAP Standard Operating Procedures a change had been made. On receipt of an ASD NCAP request, an acknowledgment email advising of onward transmission to the Autism Pathway Coordinator for triaging and referral, as appropriate, would be sent going forward.

An update on the consideration of a strategy document was pending, but S Johnston confirmed that progress on the paediatric pathway had been discussed at the Area Clinical Forum and assurance had been provided that it was in use and patients were being seen. An ASD coordination Group had been established and was working well, but the pathway documentation had not been finalised.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that a number of mental health practitioners had been trained to support this process, but it would take time to become fully established and the integration of the two pathways was the outstanding element. He agreed to circulate a copy of the draft pathway for information.

Members were assured that progress had been made and agreed the item would remain on the action log for further updates.

Post meeting note: The Director of Nursing, Midwifery and Allied Health Professions

advised that the draft pathway had not been finalised so was not available for circulation at this time.

Safe and Effective Care

6 Quality and Safety Group Chairs report – CCGC1920-01

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 December 2018 to March 2019.

The Director of Nursing, Midwifery and Allied Health Professions highlighted the value of the December development session and the resulting plan to move towards a clinical rather than business driven work plan.

The chair noted the assurance provided by the report and particularly welcomed the plan to improve opportunities for professional dialogue and the shift toward a more clinical focus.

M McEwen noted that the issue of record keeping errors was a common theme and asked how this could be addressed.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that whilst he was confident there was standardised understanding of record keeping requirements, standardised application was more challenging and needed constant reinforcing.

S Johnston highlighted that as the electronic patient record (EPR) developed, the opportunities for ad hoc manual notes should be reduced, as the template approach used would drive improvements.

The Medical Director noted that increased documentation requirements led to increased room for error and agreed it was a wider issue.

S Johnston welcomed the proactive move towards an established local process for learning from the Scottish Public Services Ombudsman Report and noted recent links made with the Scottish Access Collaborative.

J Richards asked if any assistance was required with regard to the gauracy issues, but the Chief Executive confirmed that the requirements were too complex and these would be revisited and resolved.

The Chair highlighted how interesting and helpful she had found her recent attendance at a Quality and Safety meeting as an observer.

Decision / Conclusion

The Committee reviewed the report and were assured on the performance of the Quality and Safety Group. It was agreed that The Director of Nursing, Midwifery and Allied Health Professions would take the concerns regarding record keeping errors to the Quality and Safety Group.

Post meeting note:

The Director of Nursing, Midwifery and Allied Health Professions advised that this

issue had been discussed with the Senior Charge Nurse and the Interim Clinical Nurse Manager and both had confirmed the issues would be made clear to staff and corrective practices would be reinforced. Alternative approaches to ensure more effective documentation processes would also be considered.

7 Minute of Quality and Safety Group meeting

No approved minutes were available

8 15 Steps Report – CCGC1920-02

The Director of Nursing, Midwifery and Allied Health Professions presented the update on the planned for implementation of the 15 step challenge which received positive comments from members.

Decision / Conclusion

The Committee noted the report and particularly welcomed the engagement of staff and non executive board members and it was agreed the chair would provide further feedback on the training event directly to those involved with the project planning.

9 Significant Adverse Event Report – CCGC1920-03

The Medical Director presented the update to the Significant Adverse Event (SAE) Action Plan, which noted the current progress and status of Significant Adverse Events. He highlighted the work of the Quality Improvement Advisor to involve families in the process, but noted the complex and time consuming nature of the process.

In response to queries regarding the support offered to families it was confirmed that families often approached NHS Orkney after seeking advice from Advocacy Orkney, so partnership working was common. If families made a direct approach they would be signposted to Advocacy Orkney or an alternative organisation as access to objective support was vital.

Decision / Conclusion

The Committee were assured that SAEs were being handled in line with the learning from Clinical Incidents Policy, but felt an opportunity to explore how learning from clinical incidents was demonstrated and communicated would be valuable and recommended this as a topic for a future board development session.

10 Elective Care Access Improvement Plan 2018/19 Update – CCGC1920-04

The Medical Director 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.

Issues for the regularly highlighted specialties were an ongoing issue, but overall it was an improving picture.

It was agreed that an additional update on all waiting times should be included in the report for the next meeting after members sought assurances regarding the accuracy and frequency of waiting times information provided to patients, the implications of

the use of words such as 'new' on the figures presented and clarity on the longest time a patient might wait.

Decision / Conclusion

The Committee welcomed the report, took assurance from the improving picture and noted the request for an additional section regarding all waiting times in the next update.

Post meeting note: Waiting times for review appointments are not part of statutory reporting and therefore our systems are not able to provide this for all service areas. There is work happening nationally to develop a routine dataset which will include return appointments and improve our ability to report on and monitor waits of this kind. If there are key service areas the Committee would like explored in more depth a report with the data that is available can be produced as a starting point for further development.

11 Safe Staffing Bill Report – CCGC1920-05

The Director of Nursing, Midwifery and Allied Health Professions presented the report and noted that although it was not running to time, stage 2 two had ended in February 19 and generated a number of amendments. He also noted that the format for reporting on staffing had not been agreed but the designated responsibility for staffing had moved from wholly that of the Director of Nursing role to a shared responsibility. The one size fits all approach had been questioned, implications for social care were receiving more attention and the functionality of software issues was ongoing. It was anticipated that further detail regarding these issues would be resolved at stage three.

Members were advised that local dynamic risk assessment of staffing was in place and the new Workforce Planner would lead on migration work.

Scale, real time staffing requirement, limited funding to develop workforce tools and lack of clarity regarding Scottish Government action for non compliance were highlighted as the key local challenges presented by the bill.

Members welcomed the interesting and helpful report and highlighted the move away from territorial ward areas towards increased nursing staff flexibility as a positive alignment with NHS Orkney's move to the new hospital and healthcare facility.

The Director of Nursing, Midwifery and Allied Health Professions confirmed it would be an opportunity for staff to develop current skills and acquire new ones and S Johnston confirmed a joint presentation to an Area Clinical Forum and Area Partnership Development Session to share this work with staff was planned for the 3 May and would be open to all.

Decision / Conclusion

The Committee noted the report and welcomed the contextualised assurance provided.

12 **Equality and Diversity Annual Report – CCGC 1920 – 06**

The Head of Corporate Services presented the NHS Orkney Equality and Diversity Workforce Monitoring Annual Report, noted it as a requirement of the Equality Act 2010 and provided assurance that NHS Orkney recruitment, selection and retention policies for staff are fair and free from discrimination.

Training was highlighted as the one area where reporting was unavailable, but it was hoped that the roll out of the relevant module within the new Electronic Employee Support System (eEss) would address this.

Decision / Conclusion

The Committee welcomed the clear report and noted the good assurance provided.

13 **Regional Clinical Services Update Report – CCGC 1920-07**

The Director of Nursing, Midwifery and Allied Health Professions presented the update and advised members that he, along with the Medical Director and the Director of Public Health, had joined the initial meetings of the North of Scotland Regional Clinical Leadership Group.

Members were advised that involvement with the group provided a structure and forum for common issues, but it was also highlighted that the group was in the early stages of development and members should be aware that the paper outlined the intentions of the group, but it would take time before tangible outcomes could be confirmed.

The Director of Nursing, Midwifery and Allied Health Professions agreed that there were challenges, but noted he was optimistic and felt the group offered huge opportunities as long as restrictive bureaucracy could be avoided.

The Medical Director believed any regional focus should be on the development of structures which empowered and supported different health boards to run services which responded to local needs.

C Nicholson noted that the Directors of Pharmacy had worked regionally for a long time and it had been incredibly helpful, but it had taken some time to achieve good outputs.

Decision / Conclusion

The Committee reviewed the report, noted the comments made and agreed the item should be added to the action log for a further update at the October 2019 meeting.

14 **QEUH HIS Report Update – CCGC 1920-08**

The Medical Director presented the report which provided members with assurance regarding the board's position in relation to the recommendations and requirements contained in the recently published Healthcare Environment Inspectorate Report on the Queen Elizabeth Hospital.

Members noted the comprehensive risk assessment and welcomed the confirmation

that most of the recommended work was already in place and, at times, over and above the baseline.

Decision / Conclusion

The Committee noted the report and took assurance.

15 Migration and Transition to the New Hospital and Healthcare Facility Report

The project team delivered an update presentation on the progress of work regarding the migration and transition to the new hospital and healthcare facility.

Copies of the presentation slides had been circulated to members of the committee prior to the meeting and focused on providing clinical safety and governance assurance to the committee.

Detailed information regarding the movement of patients and the commissioning of facilities and equipment were provided and comprehensive answers supplied to all questions.

The Chair noted that members fully appreciated the complexity of the undertaking and thanked the project team for the time spared to provide an update.

Decision / Conclusion

The committee took assurance from the evidence of high level planning and the utilisation of learning from other hospital moves.

Policy Ratification

16 NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications – CCGC 1920-09

The Director of Pharmacy presented the policy for approval and provided members with a development and purpose overview.

In the past, any medicines which were not approved by the Scottish Medicine Consortium (SMC) could be accessed via an individual patient request process. It worked well, but five years ago after concerns regarding access barriers to some areas of treatment it was decided a new process was needed and the Peer Approved Clinical System (PACS) was introduced.

It was noted that as a PACS panel was comprised of clinical peers, it would've been difficult to develop an individual policy so a joint approach with Grampian and Shetland had been adopted.

The Director of Pharmacy explained that whilst it might appear the new process would allow patients to access any medicine they choose, in practice it may be used much less frequently than initially imagined as it was clinically driven. A clinician would need to be convinced of a medicine's additional efficacy, be able to demonstrate benefit and willing to prescribe before submitting a request on the patient's behalf.

The Director of Pharmacy noted that a lot of the policy content was prescribed by Scottish Government and highlighted the potentially significant financial implications for health boards of the new decision making process as the reason for the extended process and a key issue for members to consider.

It was noted that unlicensed medicines remained under local control.

Decision / Conclusion

The Committee approved the joint NHS Grampian, NHS Orkney and NHS Shetland Policy for requesting non formulary licenced medicines, for licenced indications, but recommended that their concerns with regard to the decision making process and the financial implications for the board be highlighted.

Medicines management

- 17 There were no reports at this meeting but the Director of Nursing, Midwifery and Allied Health Professions took the opportunity to note that the NHS Grampian/NHS Orkney Consultant Microbiologist and Infection Prevention and Control Doctor had complimented the NHS Orkney anti microbial policy and highlighted the completeness of the administration as an exemplar at the recent NHS Orkney Morbidity and Mortality meeting.

Person Centered Care

- 18 **Patient Experience Quarterly Report for period ended December 2018 – CCGC 1920-10**

The Director of Nursing, Midwifery and Allied Health Professions presented the report to provide assurance on recent performance relating to complaints and feedback.

It was noted that communication was the main theme of the issues highlighted in the report, but the need to ensure appropriate management of patient expectations was also highlighted.

A focus on the content and appropriateness of a response over fixed timelines was reiterated as the chosen priority.

Decision / Conclusion

The Committee reviewed the report and took assurance that complaints had been dealt with appropriately

Population Health

- 19 No reports at this meeting

Social Work and Social Care

- 20 **Chief Social Work Officer's Quarterly Report – CCGC 1920-11**

The Chief Social Worker Officer presented the report providing information relating to

current and recent themes for the period to the 10 April 2019 and highlighted the Audit Scotland Report (December 2018) and associated impacts relating to clinical and care governance as the key issue of note for members.

The chair highlighted the need to ensure the proposed NHS Orkney clinical strategy covered both health and social care and that the government position on the commissioning of services didn't overwhelm a focus on local requirements and the importance of securing appropriate services for Orkney.

The Chief Social Work Officer noted the significant challenges of cultural change that had been experienced during recent commissioning work within children services. Traditionalist wished to continue with the way they have always been done, but it was noted that the realities of funding pressures were compelling and there had been a realisation that it was no longer an option.

It was highlighted that a fundamental role of the Clinical Care and Governance Committee was to raise and discuss clinical and care issues and ensure all parent bodies (Health Board, Integrated Joint Board and The Council) were sighted on key issues.

The Director of Public Health welcomed the report and highlighted page 18 of the Audit Scotland report as a particularly succinct and helpful resource to guide future agenda items and it was noted that a more balanced mix of health and care issues should be the aspiration going forward.

In response to concerns relating to capacity issues within community services it was clarified that the term community led support referred to community social work and a move away from the management based approach of the past to one of appropriate local engagement.

Decision / Conclusion

The Committee noted the report and agreed that a short paper on community led support at the next meeting would be helpful.

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

No approved minutes available for this meeting

Chair's reports from Governance Committees

22 No reports this meeting

Risk

23 Agree risks to be escalated to the Audit Committee

No risks for escalation to the Audit Committee were noted.

24 Emerging Issues

No emerging issues were noted

25 **Committee Annual Review– CCGC 1920-12**

26 **Committee Self Evaluation Questionnaire Results**

The chair summarised the results, highlighted the importance of the focus on governance rather than operational issues and noted that no significant issues had been raised.

Terms of Reference

Members reviewed the revised draft terms of reference and noted the overall improvement. A couple of omissions from the attendance list were noted (Director of Public Health and Public Representative) and it was confirmed that these would be corrected along with amendments regarding the appropriate balance of focus on health and care.

It was agreed that quoracy requirements would be reviewed next year.

Members approved the Terms of Reference subject to the changes noted and it was agreed a final version would be circulated virtually to members.

Draft Business Cycle

Members noted that there was still work to be completed with regard to the business cycle, but this would be progressed over the next 12 months as work on the clinical strategy and the Clinical and Care Governance Committee's controls risk and assurance framework was completed.

It was confirmed that key documents and annual reports needed to be included in the business cycle, but it was important to ensure it didn't become too prescriptive and that there was space to add agenda items as appropriate to the operational business. Appropriate items regarding population health was one area highlighted for further work and it was agreed that the final agenda setting meeting was the key forum in this process.

Members approved the draft business cycle for 2019/20 subject to the comments noted.

27 **Draft Clinical and Care Governance Committee Annual Report – CCGC 1920-13**

Members approved the draft Clinical and Care Governance Committee Annual Report.

28 **Any other competent business**

Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report April 2019

The Medical Director provided a verbal update to members on the Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report April 2019 and members were assured that NHS Orkney patients were being treated appropriately.

Area Clinical Forum

The chair noted an issue from the Area Clinical Forum, regarding lack of staff awareness when approved policies were implemented and sought clarity regarding the dissemination process. As an operational issue, it was agreed assurance from Heads of Service should be sought via the Quality and Safety Group.

29 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:

- SAE Report and the subsequent recommendation of a board development session topic exploring how learning from clinical incidents was demonstrated and communicated
- The financial implications for the board of the approval of the NHS Grampian, Orkney and Shetland Policy for requesting non formulary licenced medicines, for licenced indications
- The assurance that NHS Orkney patients were being treated appropriately following the Health Improvement Scotland Clinical Management of Breast Cancer in NHS Tayside Report 2019

Items for Information and noting only

30 Person Centred Care Newsletter Issue 11

Members noted the information provided

31 Schedule of Meetings

The Committee noted the schedule of meetings for 2019/20

32 Record of Attendance

The Committee noted the record of attendance.

33 Committee Evaluation

The Chair thanked all and was looking forward to the next meeting in the new hospital and healthcare facility.