

Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** in the **Brodgar Room, Balfour Hospital** on **Wednesday 9 October 2019** at **14.00**

Present Issy Grieve, Non Executive Board Member (Chair)
Steven Johnston, Non Executive Board Member (Vice Chair)
David Drever, Non Executive Board Member
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker
Rachel King, Integrated Joint Board, Chair (*until 15.30*)
Meghan McEwen Non Executive Board Member
Gerry O'Brien, Interim Chief Executive
John Richards, Councillor, IJB Member, Orkney Islands Council

In Attendance Chris Nicolson, Director of Pharmacy
Marthinus Roos Medical Director
Heather Tait, Public Representative
Nigel Firth, Equality and Diversity Manager, NHS Grampian (440 via VC)
Eddie Graham, Resilience Officer (434)
Sara Lewis, Consultant in Public Health (for Action Log 05-2019/20)
Linda Merriman, Interim Nurse Manager (444)
Julie Tait, Patient Experience Officer (446)
John Trainor, Acting Head of Clinical Governance and Quality Improvement (Deputy for C Bichan Chief Quality Officer)
Becky Wilson, NHS Grampian/NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor (439)
Heidi Walls, Committee Support (minute taker)

429 **Apologies**

Apologies had been received from S Shaw, D McArthur, L Wilson, C Bichan, S Sankey and M Colquhoun

430 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

431 **Minute of Meeting held on 10 July 2019**

The minute of the Clinical and Care Governance Committee meeting held on 10 July 2019 was accepted as an accurate record, subject to the corrections listed below, and was approved on the motion of G O'Brien and seconded by D Drever

Members present section – fourth line down - R King, amended to read '*Integration Board Chair*'

Page 7 – last paragraph - first line – amend to read 'the use *of* agency workers'

432 **Matters Arising**

249 Clinical and Care Governance Committee Terms of Reference

It was noted that the identification of a fourth Orkney Island Council Elected member to

join the Clinical and Care Governance committee remained pending.

250 Orkney Health and Care's Draft Strategic Plan/ 261 Status Report – Mental Health Strategy and Service Delivery Plan Implementation Update Report

M McEwen highlighted a repeated theme of concern regarding cross party engagement on strategy development and assurance that the issues highlighted were being addressed was provided by the Chair.

256 Learning from Significant Adverse Event Report

It was confirmed that the policy title noted in the minutes, whilst rather long was accurately recorded and the Medical Director provided members with a summary of the work of the weekly Morbidity and Mortality meeting.

262 Primary Care Improvement Plan

Members were advised that the Primary Care Improvement plan had been submitted to Scottish Government, but it was noted that whilst the Integrated Joint Board (IJB) supported the aspirations of the plan, the budget and workforce implications were a concern and they had, after a vote, agreed that it should be submitted unapproved.

Members agreed that, NHS Orkney would require clear direction from the IJB on the key plan priorities and the IJB Chair confirmed that IJB prioritisation would be required within the context of all Orkney services.

277 Migration Update

Renal

The Chief Executive advised members that despite very positive initial results following chemical cleaning, subsequent results did not meet the standard required for immediate use of the equipment. It had been agreed that although it would take some time, Robertson Facilities Management would need to undertake remedial work to provide a permanent solution and the temporary repair of the unit, which had always been a reluctant fall back plan, would now be implemented.

The Chair noted that the committee could take assurance that despite the challenges involved, appropriate time was being taken to ensure rigorous and robust checks were in place.

Central Decontamination Unit (CDU)

The Chief Executive confirmed that control measures were in place and a move within the next few weeks was anticipated.

Scapa Court Residents Group

J Richards provided members with an update on liaison work with Scapa Court residents and highlighted visual impact, noise and the play area as the three main areas of concern. He advised that recent landscaping and the addition of a baffle to the laundry drier had mitigated most visual and noise concerns but noted unidentified night time noises and play area supervision after 20.00 hours as outstanding issues.

433 Action Log

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

07-2018/19 Status Report -Mental Health Strategy and Service Delivery Plan

Concerns regarding the engagement with senior clinical staff from all partner agencies in strategic planning were raised as well as an anxiety about the impact of the changing demands for mental health services on previous assurances taken by the committee.

The Chief Executive advised members that he would address the areas of concerns raised with the Executive Team.

Post meeting note: S Shaw circulated an email response to the concerns raised Thursday 10 October 2019

01 – 2019/20 The Patients Rights (TTG) Scotland) Directions 2019.

The Medical Director highlighted an update provided by the Head of Transformational Change and Improvement which noted that a manual workaround for ensuring compliance with the new TTG directions was being developed by the Quality Improvement Hub. However it was also noted that the Board was not yet fully compliant as there were difficulties identifying a mechanism which was not highly labour intensive, but further work was being done to seek a more efficient process for implementation until such time as a system based methodology was available.

It was confirmed that this was a national issue and that NHS Orkney was being proactive in its attempts to address the issues. Members agreed this item could be closed and further follow up should be through the Quality and Safety Group.

05 – 2019/20 Risk Register – Cruise ship impacts

The Consultant in Public Health explained that there were no specific trends for cruise ships and the work to look at trends in service was based on postcode of residence. She advised members that data in relation to primary care out of hour's services, the emergency department and admissions to hospital was held, but the data didn't identify whether individuals were in Orkney for business or pleasure.

Further more detailed analysis of the trends was highlighted and it was noted that the use of primary care out of hour's services by non Orkney residents had remained fairly consistent whilst Emergency Department and In Patient use was increasing.

The content and implications of the update were discussed in depth, but it was agreed that the priority was to be aware of the issues so that appropriate plans could be made. It was confirmed that a paper on the assessment of the impact on NHS services by tourists was due to be submitted to the Quality and Safety Group and it was agreed that as this was the more appropriate route for review of the issues raised it would be noted as closed on the action log.

Governance

434 Major Incident/Major Emergency Plan The Balfour - CCGC1920 – 35

The resilience Officer presented the Major Incident/Major Emergency Plan for approval and noted that it had been revised to reflect the move into the new facility as well as the national agenda and the development of the trauma network.

A main aim had been to ensure the plan was easy to use and it was noted as a live document which could adapt as new issues and/or developments came on line, but a point of publication was required so that operational testing could begin.

R King noted the reassurance provided by the detailed plan and the Resilience Officer provided clarification to queries on narrative around calls to switchboard and the responsibilities regarding the declarations of a major incident alert report form at appendix one.

The Resilience Officer also clarified that assurance regarding air traffic control planning was not within the gift of NHS Orkney as the Scottish Ambulance Service were responsible for the movement of patients and he confirmed that there were clear links with Orkney Island Council and a locally coordinated group would oversee and escalate a cross agency resilience response.

Members noted that the plan was a significant step up from what was currently in place and sought assurance that training to ensure its implementation was in place.

The Resilience Officer confirmed that the Civil Contingency Act lay down a training requirement and the local resilience group had a meeting scheduled with the Chief Executive to explore how the plan would be taken forward, which would include engaging managers, clinical and support staff on operational testing. Various options were being considered such as table top exercises, live scenarios and independent element testing. The significance of the challenge was acknowledged, but its achievement was the ultimate aspiration.

The Resilience Officer captured further points of note regarding the suggested clarification of the role of the medical incident officer and the level of preparation of locum staff, (page 24), the inclusion of a surgeon in the provision of an out of hours response (page 30), links to the social work department,(page 35) and the process relating to media enquiries, (page 37).

The Chair welcomed the thorough and comprehensive plan.

Decision / Conclusion

The Committee reviewed and approved the plan subject to the discussed amendments as appropriate and agreed it should be highlighted to the board.

Safe and Effective Care

435 Quality and Safety Group Chairs report – CCGC1920 - 36

Members received the Quality and Safety Group Chairs report, which highlighted the current period of focus on group redesign and restructure.

The Chair noted an element of concern regarding the current position as the Clinical and Care Governance Committee relied on the outcomes of this group for assurance on operational quality and safety issues.

The Chief Executive agreed and noted that the challenge they were struggling to resolve was the current requirement for the group to provide board level assurance at the same time as providing an open space for clinicians to meet and discuss issues at an operational level. The Chief Executive confirmed discussions with the Head of Transformational Change and Improvement were ongoing.

Decision / Conclusion

The Committee reviewed the report and noted ongoing work to resolve the issues highlighted.

436 Minutes of Quality and Safety Group meetings held May 2019

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

437 Significant Adverse Event Update (SAE) – CCGC1920- 37

The Medical Director presented the report which provided members with an update. He confirmed it had been submitted to the Quality and Safety group, the action plans had been reviewed and the purpose of the paper was to inform members of the process and provide assurance that issues had been progressed.

Members were advised that earlier in the year all boards completed a Scottish Government SAE survey and it was noted that changes to national guidance would see the introduction of a formal national reporting process which included the requirement to notify Health Improvement Scotland of any level one SAE. It was noted that a national meeting to provide advice to boards on how this would be taken forward was scheduled for the 22 October 2019.

M McEwen queried whether the report would need to be submitted before or after the SAE investigation. It was confirmed that a report would need to be submitted as soon as a level one SAE was recorded.

The Chair was heartened by the number of SAEs that had been taken forward and completed.

Decision / Conclusion

The Committee welcomed the report and took assurance that appropriate structures were in place for the review of Significant Adverse Events and that learning was taking place.

438 Elective Care Access Update – CCGC1920-38

The Acting Head of Clinical Governance and Quality Improvement presented the update and invited questions.

M McEwen noted the slower than expected improvement described in section four of the update and it was agreed that there was a requirement to more effectively anticipate and mitigate potential challenges, so that more realistic planning and target setting

could be achieved.

It was confirmed that discussions with regard to a monitoring structure for weekly waiting times and plans to mitigate the impacts of consultant vacancies were ongoing.

The Chief Executive noted that performance in relation to waiting times targets was reported to and monitored by the Finance and Performance Committee and its inclusion at this meeting was to ensure a focus on the clinical impacts of the waiting times.

It was agreed that the data as currently presented produced a performance rather than clinically focussed response from members and that further input from clinicians via the quality and safety group could help shape and guide future updates to ensure they captured the appropriate clinical governance issues.

In addition the Chair thought the inclusion of data to highlight capacity issues raised by waiting times would be helpful and would enable members to consider whether funding issues needed to be escalated to the IJB.

Decision / Conclusion

The Committee welcomed the report and action plan and took assurance that work was ongoing.

439 Infection Control Annual Report– CCGC1920- 39

NHS Orkney Consultant Microbiologist and Infection, Prevention and Control (IPC) Doctor presented the annual report to members and highlighted the excellent work which had maintained IPC standards within the old Balfour site in the run down to transition, the quality and improvement award for CDU and the catheter associated urinary tract infection successes in Macmillan.

The Medical Director congratulated the team on the achievement of standards that they were on a par with the best and highlighted the hard, behind the scenes, work which maintained such a record.

M McEwen enquired about the ongoing issues with CDU and the NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor assured members that patients should not be affected and the Chief Executive confirmed that putting patients first was the priority and a key factor in why the unit had not yet moved to the new site.

The Chair took great assurance from the report and asked how such good news stories were shared.

The NHS Orkney Consultant Microbiologist and Infection, Prevention and Control Doctor advised members that there was an infection control newsletter, but noted it was more of an educational, rather than feedback, tool. H Tait confirmed that R Wood, Infection and Control Manager, was very good at providing feedback to staff, but it was agreed that the introduction of a more structured process should be considered.

Decision / Conclusion

The Committee noted the report

440 Equality and Diversity Annual Report– CCGC1920-40

The Equality and Diversity Manager presented the report which provided members with an update and assurance that NHS Orkney was currently fully compliant with all Equality and Diversity legislation.

Two positive updates regarding on island training and the introduction of a video British Sign language were highlighted

Decision / Conclusion

The Committee welcomed and noted the report.

441 HSMR Update– CCGC 1920-41

The Medical Director presented the report, explained the process to members and highlighted a recent Information Services Division change in the HSMR calculation methodology, which meant that data from August 2019 onwards would not be comparable with previously published reports.

The chair enquired whether the context of an ageing Orkney population would skew local figures, but the Medical Director advised members that despite the investigation of high peaks no avoidable causes had been identified.

Decision / Conclusion

The Committee noted the current position and the revised reporting methodology.

442 ISD Publication of National Audit Report Scottish Stroke Improvement Programme – CCGC 1920-42

The Medical Director presented an update for members of the actions taken to address the three areas, which had been raised by the audit, where NHS Orkney did not meet the national standards.

It was noted that to address the issues raised the NHS Orkney Stroke Pathway had been reviewed and updated with a clear focus on minimising the door to needle time for patients that qualified for thrombolysis.

Members were also advised that in light of the required clinical improvement and with universal clinical agreement the pathway had been implemented before completion of the advisory committee processes, but as a live document amendments could be made, as appropriate.

Decision / Conclusion

The Committee welcomed the report.

443 Sharing Intelligence for Health and Care Groups Annual Report 2018-19 –CCGC 1920-43

The Chief Executive presented the report of the multi agency group that reviewed information about care systems across Scotland with a focus on NHS Boards. He explained that all the findings from across different government bodies were analysed

so that any common messages could be identified. He advised members that it was a useful independent process which helped ensure that current thinking was on track and noted that there had been no surprises and the themes highlighted closely reflected current local discussions.

Decision / Conclusion

The Committee welcomed the report

Policy Ratification

444 Person Centred Visiting Policy – CCGC 1920-44

The Interim Clinical Nurse Manager presented the Person Centred Visiting Policy to members for approval.

She explained that work on a review had started before the move into the new facility, but a government directive on open visiting meant the work was escalated after the move and that although there had been a number of challenges prior to implementation she confirmed the policy had been implemented.

Members welcomed the policy, noted some positive feedback in the Orcadian and anticipated that further feedback from patients and relatives could be expected via the patient experience feedback systems.

The Chief Executive confirmed that the majority of visiting would continue to be within standard hours and highlighted the importance of systems, which ensured the safety of staff and members of the public outside core hours.

Decision / Conclusion

The Committee welcomed the report, approved the policy and agreed it should be highlighted to the board.

Medicines management

445 Pharmacy Annual Report – CCGC 1920-45

The Director of Pharmacy presented the annual Pharmacy Report and highlighted the antimicrobial prescribing elements as linked to the earlier positive Infection Control discussion. He also noted that the report narrative had been written with a focus on actions taken to address key challenges and quality.

Members were advised that whilst the new base and the development of pharmacotherapy services in primary care were positive and exciting, there were tensions as the small team strove to respond to the numerous drivers for change. A quality approach and providing assurance that the right areas of work were prioritised were highlighted as key areas of focus. The pharmacotherapeutic injury indicator (22) on page fifteen of the report was explained and described as just one example of an area which could be addressed with specialist focus.

The Chair warmly welcomed the very detailed and interesting report and asked if the main barriers to tackling the key challenges could be identified.

The Director of Pharmacy highlighted the recruitment and retention of appropriately qualified and experienced staff as a barrier. He emphasised that it was a capacity and not a resourcing issue and explained that pharmacists could only be attracted to roles which utilised their clinical skills as well as their abilities to sort system issues. Organisational culture was a factor too and the medically orientated model of Orkney's primary care services was noted, particularly the high GP to patient ratio which meant there was a perception that there was no requirement for the introduction of further clinical expertise in the smaller practices.

S Johnston ask if the Primary Care Improvement Plan would enable the multi disciplinary approach and whilst the Director of Pharmacy agreed it was a step in the right direction he noted the aspirational nature of the content and wondered how long it would take to achieve.

In response to questions the Director of Pharmacy also confirmed that the introduction of the Hospital Electronic Prescribing and Medicines Administration system would definitely be a major improvement for patient safety in the hospital.

M McEwen enquired whether NHS Orkney could train staff and develop the skills needed locally and the Director of Pharmacy confirmed that it could and was something they tried to do where ever possible. He advised that establishing links early, via the schools, so that interested candidates could be supported and encouraged to return to practice in Orkney had been the most successful. However, he also noted a recent experienced recruit from Australia, attracted by the new hospital, which highlighted an integrated approach as the way forward.

Members asked how the challenges presented by the organisational cultural issues could be addressed and wondered whether the new GP contract would be useful in countering some of the barriers mentioned.

The Director of Pharmacy noted the GP contract as double edged in that GP interpretation of the contract was often that the pharmacist would be there to immediately reduce workload, but it was important to be open to pharmacists taking a role where changes to practice, to help address issues in a different way, were the focus. This was illustrated with of an example where a pharmacist had succeeded in demonstrating how changes could lead to improvements and how really resistant initial perceptions had been completely reversed.

Decision / Conclusion

The Committee welcomed the report and took assurance on medicine governance.

Person Centered Care

446 Complaints Performance Report June 19 CCGC 1920-46

The Patient Experience Officer presented the report for quarter one of the 2019/20 financial year which updated members on the recent performance relating to complaints and feedback.

Performance figures for stage 2 complaints were highlighted and discussed and a number of contributing factors such as complaint complexity, multiple complaints from one source and final response review and sign off challenges were noted. It was agreed that whilst the figures stood out it had been agreed that a focus on quality of

investigation and response took priority over rigid adherence to timescales.

It was noted that an unacceptable behavior policy was pending and should help address some of the challenges of repeated complaints.

The chair took assurance from staff uptake of the training modules.

Decision / Conclusion

The Committee reviewed the Annual Report and assurance was taken.

Population Health

447 Winter Plan– CCGC1920-47

The chair highlighted the Winter Plan to members and The Chief Executive noted that Scottish Government required all boards to demonstrate how winter performance would be maintained.

Members noted that the report included with papers was still in draft form and that feedback from Scottish Government remained pending.

It was noted that Brexit planning was included within the plan and it was agreed that a challenge regarding the accuracy of fuel poverty figures on page 21 of the plan would be investigated.

Decision / Conclusion

The Committee noted the Winter Plan and recommended for board approval, subject to any amendments required in response to Scottish Government feedback and the clarification of the fuel poverty.

Social Work and Social Care

448 Chief Social Work Officer's Annual Report – CCGC 1920-48

The Chief Social Work Officer presented the annual report providing information relating to social work matters for the period 1 April 2018 to the 31st March 2019.

The chair welcomed the report which provided a clear summary and highlighted the key issues

Members discussed and noted duplication of reporting with the overlap in roles of the Integrated Joint Board, Orkney Health and Care and NHS Orkney, but agreed that it was appropriate for this report to be submitted to the Clinical and Care Governance Committee.

D Drever noted a factual error on page 9 of the report where he was referred to as Councilor D Drever.

Decision / Conclusion

The Committee noted the report and took assurance on performance

449 **Orkney Community Justice Partnership Annual Report– CCGC 1920-49**

The Chief Social Work Officer presented the annual report to provide members with assurance in relation to criminal justice matters and highlighted sex offender and domestic abuse programs as two future developments.

Members were also advised that J Humphreys had retired but Sharon- Ann Paget would be joining the team.

The chair highlighted the number of wide ranging challenges within the report, and asked if there was a longer term plan for all those listed. It was confirmed that there was ongoing dialogue about Orkney patients in Grampian and that work to explore different ways of working continued to be taken forward.

Decision / Conclusion

The Committee noted the report

Chair's reports from Governance Committees

450 **Area Clinical Forum (ACF) Cross Committee Assurance Report**

S Johnston presented the ACF report and highlighted two key issues from recent meetings. The first related to concerns raised by clinicians regarding missing or inaccessible records on cCube and the second was concerns raised through NAMAC regarding the dissemination of patient safety alerts to frontline clinical staff.

S Johnston advised members that subsequent meetings with the medical records team had been held and most issues regarding cCube had been resolved. It had been agreed that some outstanding training needs had been identified, but there was real willingness to engage with and support clinicians. A few concerns relating to Allied Health Professions (AHP) notes remained and were more difficult to resolve, but work arounds were in place should notes be needed urgently and members were assured that quality checks were in place.

Members were advised that there were a number of ongoing conversations about the processes regarding the dissemination of patient safety alerts and it was agreed that the Director of Nursing, Midwifery & AHP would investigate for nursing staff and the Quality and Safety Group should explore whether there were similar concerns from other staff groups.

Risk

451 **Agree risks to be escalated to the Audit Committee**

No risks were escalated to the Audit Committee

452 **Emerging Issues**

No emerging issues were noted

453 **Any other competent business**

The Head of Children and Families, Criminal Justice and Chief Social Worker highlighted

an ongoing Children Services Inspection and advised members to anticipate a challenging inspection report.

454 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:

- Major Incident/Major Emergency Plan
- Person Centred Visiting Policy
- Winter plan
- Primary Care Improvement Plan

Items for Information and noting only

455 Members noted the Chief Executive Letter from Health Improvement Scotland regarding a change of approach for hospital inspections reporting.

456 Schedule of Meetings

The Committee noted the schedule of meetings for 2019/20

457 Record of Attendance

The Committee noted the record of attendance.

458 Committee Evaluation

The chair thanked members for a positive meeting