Aberdeen City Health & Social Care Partnership
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CLINICAL AND CARE GOVERNANCE COMMITTEE

14 March 2017
Town house, Aberdeen

Present: Councillor Alan Donnelly (Chairperson), Jonathan Passmore MBE, Councillor David Cameron

Also in attendance: Professor Mike Greaves (NHS Grampian Board member); Bernadette Oxley (Chief Social Work Officer, Aberdeen City Council), Kenneth Simpson (Third Sector Representative),Dr Howard Gemmell (Patient/Service User Representative), Judith Proctor (Chief Officer, Aberdeen City Health and Social Care Partnership), Tom Cowan (Head of Operations, Aberdeen City Health & Social Care Partnership), Kevin Toshney (Acting Head of Strategy & Transformation, Aberdeen City Health & Social Care Partnership), Ashleigh Allan (Clinical Governance Facilitator), Brenda Lurie (Clinical Effectiveness Team Leader, NHSG), Julie Warrender (Nurse Manager, for item 4d, Jillian Evans (Head of Health Intelligence, NHSG, for item 4f) & Trevor Gillespie (Team Manager, Aberdeen City Council, for items 5d & e)

Apologies: Dr Nick Fluck, Dr Stephen Lynch, Heather MacRae

OPENING REMARKS

Judith Proctor updated the committee on a successful tendering process for the new practice in Northfield/Mastrick.

MINUTE OF PREVIOUS MEETING

1. The Committee had before it the minute of the previous Committee meeting of the 1st of November 2016.

The Committee resolved to:-

i. Approve the minute as a correct record.

BUSINESS STATEMENT

2. The Committee had before it a statement of pending business for information.

The Committee resolved to:-

i. Note the statement.

Judith Proctor additionally informed the Committee that Item 3 and outlined the intention to take an update on the development of the workforce plan to the Committee at its June meeting.

REPORTS FOR THE COMMITTEE'S CONSIDERATION

JOINT INSPECTION OF SERVICES FOR OLDER PEOPLE IN ABERDEEN CITY – UPDATE REPORT

3. The committee had before it a report by Heather MacRae (Professional Lead for Nursing and Quality Assurance) and Brenda Lurie (Clinical Effectiveness Team Leader, NHSG) which provided information on further work undertaken to develop an action plan to implement the recommendations from the Joint Inspection of Adult Health and Social Care Services in Aberdeen City Health and Social Care Partnership (ACHSCP) report.

The report recommended that the Clinical & Care Governance Committee:-

i. Endorse the agreed action plan.

ii. Request reports every 6 months on the progress in implementing the action plan.

Judith Proctor spoke to the report and reminded members of the inspection process, which reached its conclusion with the production of an action plan for improvements against certain areas and formal conclusion in January 2017 after approval by the inspectors. Going forward, managers will meet with the link inspectors for Aberdeen City to evidence work and implementation of the action plan. She then invited questions on the action plan and the content of the Report.

Members thereafter looked for assurances the actions would be completed in designated timescales; requested a final report in 6 months time; and enquired as to if the cancelled IJB self-directed support workshop was to be rescheduled.

The Committee resolved to:-

i. Endorse the agreed action plan

ii. To request a final report on the implementation of the action plan in 6 months' time

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

4a. The committee had before it a report by Brenda Lurie (Clinical Effectiveness Team Leader, NHSG) which provided the details of any governance issues or concerns that the Clinical & Care Governance Group agreed should be escalated to the committee.

The report recommended that the Clinical & Care Governance Committee:-

i. Note the content of the report

ii. Confirm that the revised report provides assurance that services are considering the impact of clinical and care governance issues on the delivery of safe, effective and person centred care.

Brenda Lurie spoke to the report and emphasised that the Clinical & Care Governance Group had a workshop at the end of November where they looked at the reporting to this committee. Following the session a short life working group was set up to review the format, which has now changed slightly to have more focus on the impact of issues identified. Guidance was also developed, which was sent out to the group along with the revised report template. This was all tested at the February 2017 meeting and received positive feedback from the group members. Accordingly, it is the template used for this meeting.

Thereafter, it was requested to have 'draft' minutes from the most recent meeting of the Clinical & Care Governance Group included in the papers for the committee. Additionally, there was in-depth discussion on Item 1 of the summary sheet which indicated a 15-week wait for social work assessment: this will be investigated to ensure its accuracy and impact, and reported back to the next meeting. Finally,

additional queries were raised over the balance of risks across health and social care, as it was felt that the risks identified were weighted towards health.
The Committee resolved to:-

i. Note the content of the report.

ii. Ask for additional work to get the appropriate level of assurance from a truly integrated report.

MINUTE OF THE CLINICAL & CARE GOVERNANCE GROUP – 19 OCTOBER 2016

4b. The committee had before it the approved minutes of the Aberdeen City Clinical & Care Governance Group meeting of the 19th of October for noting.

The committee had no comments on the content of the minute.

REPORT FROM CLINICAL & CARE GOVERNANCE GROUP MEETING - 8TH FEBRUARY 2017

4c. The committee had before it a summary report to inform the Clinical & Care Governance Committee of key clinical and care governance issues and actions for noting.

Judith Proctor referred back to the previous recommendation to bring this back to a future meeting.

NATIONAL IN-PATIENT SURVEY WOODEND HOSPITAL RESULTS

4d. The committee had before it a report from Alison McGruther (Unit Nurse Manager, Elderly and Rehabilitation Services) which sought to provide assurance to the committee that information gained from the National Inpatient Survey 2016 has provided opportunities for learning and is informing improvement work.

The report recommended that the Clinical & Care Governance Committee:-

i. Note the content of the report.

ii. Endorse the work being undertaken to learn and improve the service and experience that patients, their families and carer have within Elderly and Rehabilitation Services.

iii. Support the improvement work, despite the service having clear difficulties in identifying specific examples to work on individually, across the service as a whole.

Julie Warrender spoke to the report and first highlighted both the many positive elements of the report and the working ongoing to address improvements in: gaining feedback; identification of the person in charge of a ward; reducing the noise in wards at night; and improving discharge transport.

Thereafter there was a query on the item relating to discharge transport, as it wasn't clear from the report what the issue actually was (i.e. availability, suitability etc…). This was as the survey did not ask respondents to specify.

Judith Proctor then gave an update on the THinC service mentioned in the paper and the option for developing the service. This will be brought to the IJB at its meeting on the 28th of March.

The Committee resolved to:-

i. Note the content of the report.

ii. Endorse the work being undertaken to learn and improve the service and experience that patients, their families and carer have within Elderly and Rehabilitation Services.

iii. Support the improvement work, despite the service having clear difficulties in identifying specific examples to work on individually, across the service as a whole.

ARRANGEMENTS WITHIN ACHSCP GENERAL PRACTICES TO MONITOR ADVERSE EVENTS/COMPLAINTS

4e. The committee had before it a report by:

- Brenda Lurie (Clinical Effectiveness Team Leader, NHSG)
- Dr Stephen Lynch (Clinical Lead ACHSCP)
- Shona Smith (Lead Officer for Primary Care Modernisation)
- Dr Caroline Howarth (Cluster Clinical Lead, ACHSCP)

This report sought to provide assurance to the Clinical and Care Governance Committee that robust arrangements are in place, within both independent and directly managed GP practices in ACHSCP, to monitor adverse events and complaints from patients.

The report recommended that the Clinical & Care Governance Committee:-

i. Note the report and support the ACHSCP's current arrangements to monitor adverse events and patients complaints within General Practices in ACHSCP.

ii. Request a report on the themes from the 2016/2017 programme of annual contract visits for the next meeting.

Brenda Lurie spoke to the paper, highlighting the main issues and summarising the work undertaken.

Thereafter, members queried whether use of Datix could be included in contract negotiations and who could report adverse incidents in practices using Datix. Additional discussion considered whether these figures were relatively low; comments on what external processes there were to verify the peer review elements; and how we could include examples of good practice. A final point requested a little more context around the data, such as benchmark information to help the committee understand the information.

The Committee resolved to:-

i. Note the report and support the ACHSCP's current arrangements to monitor adverse events and patients complaints within General Practices in ACHSCP.

ii. Request a report on the themes from the 2016/2017 programme of annual contract visits for the next meeting.

iii. Seek a more detailed report on the reporting and analysis of adverse and significant events in those practices which don't use Datix, and more information on the checks and balances around the peer reviews.

FALLS

4F. The committee had before it a report from Jillian Evans, Head of Health Intelligence NHSG, which looks to improve understanding of the scale and impact of falls in Aberdeen hospitals, clinical and surgeries, and to highlight areas of practice and process where improvements should be made.

The report recommended that the Clinical & Care Governance Committee:-

Find an appropriate member of NHS staff to:

i. Note the findings of this report relating to falls across all Grampian premises.

ii. Review staff awareness and training for Level 1 reviews and the requirements for RIDDOR reporting.

iii. Confirm and reinforce incident monitoring arrangements in Sector Clinical Governance Process.

iv. Extend monitoring and formal governance process to Level 2 reviews.

Jillian Evans spoke to the papers and highlighted the detail within the report which gives a sense of scale and impact. Today, she has drawn out the ACHSCP part of this report and given some recommendations on this basis. She emphasised that

only 1 fall over the 2 year period in ACHSCP was classified as extreme, but also emphasised that this has a large human impact.

Thereafter, members queried whether the classification of a fall was a product of the situation or severity. It was noted that the consistency of coding was variable in some places.

The Committee resolved to:-

i. Note the findings of this report relating to falls across all Grampian premises.

ii. Review staff awareness and training for Level 1 reviews and the requirements for RIDDOR reporting.

iii. Confirm and reinforce incident monitoring arrangements in Sector Clinical Governance Process.

iv. Extend monitoring and formal governance process to Level 2 reviews.

v. To request a report to on the learning gained from examining level 2 reviews.

CARE GOVERNANCE DATA

CARE GOVERNANCE REPORT

5a The committee had before it a report from Brenda Lurie, Clinical Effectiveness Team Leader, NHSG) which sought to provide an overview of the Care Governance Data reports (following this report) and an outline of further work to streamline these reports for the Committee.

The report recommended that the Clinical & Care Governance Committee:-

i. Note the Care Governance Data Reports as presented in the Appendices

Brenda Lurie spoke to the paper and explained that the main change was to include a covering paper for the datix paper to the group. The Clinical & Care Governance Group has also discussed developing a joint reporting framework to streamline the reports coming to the committee. However it was noted that due to existing reporting cycles and systems this work is still to be undertaken.

The Committee resolved to:-

i. Note the Care Governance Data Reports as presented in the Appendices

INCIDENT REPORT – NHS

5b The committee had before it a report from Brenda Lurie, Clinical Effectiveness Team Leader NHSG, which sought to provide an overview to the Clinical and Care Governance Committee on the adverse event report from 1st October to the 31st December 2016.

The report recommended that the Clinical & Care Governance Committee:-

i. **Acknowledge that the report provides the assurance required.**

Brenda Lurie spoke to the report and informed the committee that it presents the date for adverse events for the last quarter report for the quarter.

It was highlighted that the main difference was an increase in the number of events coded under 'security' (10 to 48), which was attributed to a number of school children using the premises as a short. Actions are being taken to address this.

The Committee resolved to:-

i. Acknowledge that the report provides the assurance required.

FEEDBACK REPORT – NHS

5c The committee had before it a report from Brenda Lurie, Clinical Effectiveness Team Leader NHSG, which sought to provide an overview to the Clinical and Care Governance Committee on the feedback report from 1st October to the 31st December 2016.

The report recommended that the Clinical & Care Governance Committee:-

i. **Acknowledge that the report provides the assurance required.**

Brenda Lurie spoke to the report and highlighted that there were fewer complaints received compared with the previous quarter.

Thereafter the committee requested a themed analysis of the complaints from the last 12 months to come back to the committee. It was also noted that the Clinical & Care Governance Group already look at these themes, which has led to improvement work.

The Committee resolved to:-

i. Acknowledge that the report provides the assurance required.

FEEDBACK (COMPLAINTS) REPORT – SOCIAL WORK

5d The committee had before it a report from Trevor Gillespie, Team Manager, which sought to provide an analysis to support the performance information being presented to the committee.

The report recommended that the Clinical & Care Governance Committee:-

i. Note the content of the report

Trevor Gillespie spoke to the report, highlighted the main trends in the report and invited questions. It was noted that there is the potential for an increased number of incidents with the opening of a new centre, as this is an unsettling time for vulnerable people. Additional support has been put in place to manage this transition period.

Thereafter, members raised queries related to the process for upheld/partially upheld complaints; and how complaints which indicate issues in policy or legislation are escalated.

The Committee resolved to:-

i. Note the content of the report

INCIDENT REPORT – SOCIAL WORK (ADULT SOCIAL CARE HEALTH AND SAFETY UPDATE REPORT)

5e The committee had before it the Adult Social Care Health & Safety Committee Report from the 10th of January 2017 for noting, provided as an appendix to item 5d.

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

6 The Chair of the Committee invited any escalations to the IJB, given that the draft minute of this meeting shall be presented to the IJB in March. There were no escalations.

AOCB

Councillor Donnelly thanked the C&CG committee, ahead of the elections. Councillor Cameron echoed these sentiments.