



Aberdeen City Health & Social Care Partnership

A caring partnership

CLINICAL AND CARE GOVERNANCE COMMITTEE Minute of Meeting

10am, 28th of June 2017
Health Village, Aberdeen

Present:

Councillor Alan Donnelly (Chairperson), Jonathan Passmore MBE (Chair Person, IJB), Councillor Gill Samarai, Dr Nick Fluck (NHSG Board Member)

Also in attendance:

Dr Stephen Lynch (Clinical Director, Aberdeen City Health & Social Care Partnership), Dr Howard Gemmell (Patient/Service User Representative), Tom Cowan (Head of Operations, Aberdeen City Health & Social Care Partnership), Ashleigh Allan (Clinical Governance Facilitator), Heather Macrae (Professional Lead for Nursing & Quality Assurance), Laura McDonald (Trade Union/Staffside Rep), Claire Duncan (Lead Social Worker), Trevor Gillespie (Team Manager, Performance Management),

Apologies:

Judith Proctor (Chief Officer)

OPENING REMARKS FROM THE CHAIR

Cllr Donnelly opened the meeting.

MINUTE OF PREVIOUS MEETING – 14 MARCH 2017

1. The Committee had before it the minute of the previous Committee meeting of the 14th of March 2017.

The Committee resolved to:-

Approve the minute as a correct record.

BUSINESS STATEMENT

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

With reference to No. 4 Heather Macrae informed the Committee that she is taking this forward and has contacted Rosie Cooper, Falls Lead.

The Committee resolved to:-

- i. Note the statement.

REPORTS FOR THE COMMITTEE'S CONSIDERATION

ADVERSE EVENT (SIGNIFICANT EVENT ANALYSIS) AND COMPLAINT REVIEWS IN GENERAL PRACTICE.

3. The committee had before it a report by Dr Stephen Lynch (Clinical Director, ACHSCP) which provided information on the themes from the 2016/17 contract review visits to general practice. It additionally provided an analysis of adverse and significant events in practices that don't use Datix and provided more information on the checks and balances around peer reviews.

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Request and review an annual report on the themes from practice contract visits;
- b) Instruct the Clinical Director, in conjunction with the locality GP leads, to facilitate cluster based SEA review and shared learning, and to explore opportunities for cross sector SEA work; and
- c) Instruct Health and Social Care Partnership officers to engage with NHS Grampian on future versions of Datix and encourage its use in primary care settings.

Referring to the first recommendation Mr Passmore asked for assurance; stated the Committee encourages 100% participation; and we ensure it is absolutely comprehensive. Referring to the second recommendation he felt it important the

Partnership supports this work and particularly emphasised the learning element be broadened and we **must find opportunities**, instead of explore opportunities.

The Committee resolved to:-

Amend the recommendations, and to add a fourth, to read:

- i. Request and review an annual report on the themes from practice contract visits and to encourage full participation in the process;
- ii. Instruct the Clinical Director, in conjunction with the locality GP leads, to facilitate cluster based SEA review and shared learning, and to ensure opportunities for cross sector SEA work are maximised; and
- iii. Instruct Health and Social Care Partnership officers to engage with NHS Grampian on future versions of Datix and encourage its use in primary care settings.
- iv. Instruct the Clinical Director to engage with the NHS process in relation to the Duty of Candour

MENTAL HEALTH AND LEARNING DISABILITY STAFFING

4. The committee had before it a report by Tom Cowan (Director of Operations, ACHSCP) which provided an update on issues in the Mental Health and Learning Disabilities (MH&LD) services relating to the current staffing position across both delegated services within ACHSCP and within those Acute services under the direct management of NHS Grampian.

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Request the development of a detailed action plan to be presented at the next Clinical & Care Governance Committee; and
- b) Request quarterly updates on progress at committee.

Cllr Samarai asked for assurance that there is sufficient time for the detailed action plan to be presented to the next Committee meeting, considering its going to encompass a collaborative whole system approach. Mr Cowan said he would go back to the author of the report and check the timelines.

Dr Fluck provided a national overview of the current staffing situation. For doctors in training there is a 68% overall fill rate into training positions, at every single stage of training there are more posts than there are even people who could fill them. In GP training the position is slightly better in the north, in terms of schemes for the national average, it is into the 70s. The government created a hundred new GP training posts which lead to an overall recruitment of 25 more GP trainees across the country, however it has skewed the distribution of where they have taken up positions with remote and rural areas being most hit, for example there is a 50% vacancy rate in Elgin and people have chosen to go more to the conurbations. Dr Fluck added the picture is unlikely to change. The additional factors are part-time working; only 11% intend to work full-time. In terms of retirement age for doctors this has gone down.

With regard to the EU we know the numbers of EU doctors wanting to come to the UK has almost vanished in the last year.

Mr Passmore acknowledged the current situation and said it isn't just about recruitment it is also about the impact on the staff we have got, it is extremely critical. There might be little we can do in the short term to alleviate the pressures they are under but we must ensure we communicate what we are trying to do, even if it is just to acknowledge their problems and reassure them we are working on them. Referring to having a balanced approach to this Mr Passmore said it must be fully balanced.

It was recommended a piece of work be commissioned very quickly, for the Chairs Group, to look at what national activity is going on and where we are in a) influencing it; and b) implementing any of the work that is taking place locally. When we have the opportunity this would be escalated to the IJB. Furthermore Mr Passmore would have the opportunity, at the national group to bring what leverage he can, as well as be well informed.

The Committee resolved to:

- i. Request the development of a detailed action plan; and
- ii. Request updates on progress at every Clinical & Care Governance committee on progress of that plan.
- iii. Request national activities, including our compliance, in order to inform the IJB on progress.

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE GROUP – SUMMARY REPORT

5. The committee had before it a report by Dr Stephen Lynch (Clinical Director, ACHSCP) 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 was accompanied by the following appendices:

- **Agenda Item 5a** - Approved minute of the Clinical & Care Governance Group meeting (8th February 2017)
- **Agenda Item 5b** - Draft minute of the Clinical & Care Governance Group meeting (31st May 2017)
- **Agenda Item 5c** - Clinical & Care Governance Group report

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

The Committee resolved to:-

- i. Note the content of the report.

GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

6 The committee had before it a report from Ashleigh Allan (insert job title) which provided an overview on the NHS adverse event report for 1st January – 31st March 2017.

The report was accompanied by the following appendix:

- **Agenda Item 6a – Incident Report (NHS)**

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Acknowledge that the report provides the assurance required.

The Committee resolved to:-

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

SUMMARY REPORT – NHS FEEDBACK

7 The committee had before it a report from Ashleigh Allan (Clinical Governance Facilitator) which provided an overview of the NHS feedback report for 1st of January – 31st of March 2017.

The report was accompanied by the following appendix:

- **Agenda Item 7b – Feedback Report (NHS).**

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Acknowledge that the report provides the assurance required.

The Committee resolved to:-

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

SUMMARY REPORT - SOCIAL WORK DATA

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

The report was accompanied by the following appendix:

- **Agenda Item 8a – Adult Social Care Health & Safety Report**

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

Claire Duncan referred to the report and highlighted a couple of concerns in terms of social work. With regards to Health & Safety, and the number of actions outstanding, 19 work place inspections have been completed but only 12 returns.

In terms of the outstanding tasks, from the ones that were completed, they include fire and safety risk assessments. Mrs Duncan informed the committee that she will be taking these forward for resolving, but posed the question did the committee want updates on particular outstanding issues? Mr Cowan responded and said the committee do want assurances, around the non returns, this is not optional. It was noted that Fire safety certificates, checks, availability of protocols are in place, this includes commissioned services. Assurance is sought urgently as a matter of priority, as compliance with fire safety check was of considerable concern to the committee.

The second concern Mrs Duncan drew attention to was that of social work staff absence and the significant rise in short term absences, particularly within the learning disability service. 1800 days over a 3 month period have been lost. Mr Cowan advised he has brought in, short term, an experienced NHS manager to take over the temporary leadership of learning disability services to provide some support to the Head of LD services.

The Committee resolved to:-

- i. Note the content of the report
- ii. Express concern around the increasing absence for psychological reasons, across the board, and request a report back on actions being taken across the whole partnership.
- iii. Bring, out of committee, reassurance in compliance of health and safety responsibilities of both in-house services and to commission services. Officers to be tasked to deliver this assurance to the committee.

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

9 The Chair of the Committee invited any escalations to the IJB.

There was one escalation:

1. Mr Gillespie referred to the social work complaints process and pointed out changes from the 1st of April this year. He wished to make the committee aware this has been signed off and is compliant. The committee suggested a presentation on the changes be taken to the Clinical Care Governance Group, and any recommendations be brought here.

AOCB

1. Mr Passmore raised data virus attacks and asked for assurance on the ability of services to continue in the event there is an attack. Dr Fluck spoke of a business continuity solution and of its effectiveness in using web based access to Vision 360. Dr Fluck also said there is likely to be a full debrief report. Dr Lynch advised that practices also manually print off a list of patient appointments at the end of each day. Mr Cowan pointed out the Board have signed off a significant sum of money to be invested in technology and IT in relation to future business continuity.