



Aberdeen City Health & Social Care Partnership
A caring partnership

CLINICAL AND CARE GOVERNANCE COMMITTEE

Minute of Meeting

03 October 2017
Townhouse, Aberdeen

Present:

Councillor Gill Samarai (Chairperson)
Jonathan Passmore MBE,
Councillor Sarah Duncan, (substitute for Councillor Donnelly).

Also in attendance:

Heather MacRae (Professional Lead for Nursing and Quality Assurance)
Ashleigh Allan (Clinical Governance Facilitator)
Laura MacDonald (ACHSCP UNISON rep/Health and Safety rep)
Kenneth Simpson (Third Sector Representative)
Dr. Stephen Lynch (Clinical Lead)
Kenneth O'Brien (Service Manager)
Dr Howard Gemmell, (Patient/Service User Representative)
Tom Cowan (Head of Operations, ACHSCP)
Sally Shaw (Head of Strategy & Transformation, ACHSCP)
Sarah Gibbon (Executive Assistant)

Apologies:

Dr Nick Fluck (Board member)
Bernadette Oxley (Chief Social Work Officer)
Judith Proctor (Chief Officer)
Trevor Gillespie (Team Manager, Performance Management)
Claire Duncan (Lead Social Work Officer)

OPENING REMARKS

Cllr Samarai welcomed Sally Shaw, Head of Strategy and Transformation) to her first meeting of the clinical and care governance committee.

MINUTE OF THE CCG MEETING – 28 JUNE 2017

1. The Committee had before it the minute of the previous Committee meeting of the 28th of June 2017

The Committee resolved:-

- i. To approve the minute as a correct record.

BUSINESS STATEMENT

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

It was noted that a report on falls was due back to the Committee at its meeting in January 2018 and that falls has been a particular focus following a recent inspection at Aberdeen Royal Infirmary. Whilst an ongoing action plan from the Health & Safety Executive (HSE) doesn't explicitly relate to all ACHSCP sites, a decision was made to implement actions arising from the inspection on a Grampian-estate wide basis. This means that there will be a lot of positive updates expected for the January paper.

It was agreed that Social Work sickness absence to stay on the business statement and that this should come back to the January meeting of the Clinical & Care Governance Committee.

The Committee resolved:-

- i. To note the statement.
- ii. To remove item 4 on GP contractual visits as this is now represented on the ACHSCP committee tracker as an annual report.

VERBAL UPDATE – FIRE SAFETY RISK ASSESSMENTS

2a. The requested update was unavailable for discussion during the Committee. The Chair requested that it was instead distributed to Committee members electronically, given the importance of the subject matter.

VERBAL UPDATE – MENTAL HEALTH ACTION PLANNING

2b. Tom Cowan provided a verbal update on the action planning relating to issues in the Mental Health and Learning Disability (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. He highlighted that an intention to bring a full action plan to this Committee meeting had been unrealistic

and, in the interim, updated on the position so far. He outlined that Royal Cornhill Hospital (RCH) continues to face pressure from high vacancies and the situation is not improving. Over the last few months, as indicated in the report, there has been focused activity to understand pathways, improve patient flow and reduce delayed discharges, for example the Delayed Transfer group. Other actions outlined in the update included:

- 6 temporary bed closures
- Considering patients aged 60+ for admission to OAMH in patient service to try to help equalise demand across the site.
- Pilot project for a senior Patient Flow co-ordinator

This action plan is being overseen by a group of senior managers, medical staff and nursing staff who meet weekly. Additional pressures come from the temporary closure of Bracken Ward and capacity issues at CAMHs.

Thereafter there were questions and comments on the appropriateness of an OAMH ward for those between ages 60-65 who may be trying to maintain employment; the division of wards by dementia/other mental health problems; the requirement for a whole-system approach; issues with contracts and terms of notice which could influence the inability to recruit psychiatrists; and the implications of the separation of hosted and delegated services. It was noted that the situation is perceived as high risk, potentially compromising patient care and that a strategy, timeline and resources are required.

It was also noted that this is a national issue and that Aberdeen City is not alone in facing these pressures. This issue will be raised at the NHS Grampian Board meeting by the Chair of the IJB. A system-wide approach is required for Mental Health & Learning Disability, and it was felt that the only organisation that can steer this work is the North East Partnership Steering Group (NEPSG).

The Committee resolved:-

- i. For the Chair of the IJB to write to the CE and Chair of NHSG to add this to the next NHS Board meeting agenda,
- ii. To request that a regular update on this subject remains on the business statement (to be presented at each meeting)
- iii. To request a full report, delineating actions and associated timescales, to be presented to the IJB as soon as possible after the consideration at the NEPSG

REPORTS FOR THE COMMITTEE'S CONSIDERATION

PROPOSED FUTURE MEETING DATES

3. The Committee had before it a report by Sarah Gibbon (Executive Assistant) which proposed a series of new dates for Committee meetings in 2018-19.

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

- a. Approve the dates as outlined in the report.

The Committee resolved:-

- i. To approve the committee as outlined in the report, subject to change to 2019 of the February date.

DELAYED DISCHARGE INTERIM UPDATE REPORT

4. The committee had before it a report by Kenneth O'Brien with provided an interim update on delayed discharge performance for the Clinical & Care Governance Committee's consideration.

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the Partnership's current performance in relation to delayed discharges; and,
- b) Note the current status and progress in relation to the Aberdeen City delayed discharge action plan.

Kenneth O'Brien outlined that this interim update paper is presented to the Committee at the request of IJB. The IJB receives six-monthly update reports on delayed discharge performance. He emphasised several items of note in the report, including: an additional data graph (figure 7) demonstrating the length of stay in the interim bed based; a year-on-year comparison shows favourable results this year compared with previous; the rate of improvement is not stopping, however it is slowing.

Kenneth O'Brien then invited any questions or comments from the Committee. Thereafter, there were questions and comments on an approaching point where any further reductions in delayed discharge may have higher associated costs; long-term aims for further reduction in delayed discharge figures through projects such as Acute Care@Home; sourcing the appropriate data to demonstrate delayed discharges aren't resulting in readmissions and people are being discharged to the appropriate care; resource transfer and the shifting of resources from acute to community settings; and the strategy for dealing with code 100s delayed discharges, noting a number of projects on the dashboard were delayed.

It was also noted during the meeting that the ACHSCP's performance for delayed discharge was now below the Scottish average

The Committee requested that Kenneth O'Brien works with Health Intelligence colleagues to examine the possibilities for gathering readmission data and ensuring that those discharged are discharged to the right setting. This would be presented as a verbal update to the next committee meeting.

The Committee resolved:-

- i. To note the Partnership's current performance in relation to delayed discharges; and

- ii. To note the current status and progress in relation to the Aberdeen City delayed discharge action plan.
- iii. To request a verbal update on possibilities for gathering readmission data and ensuring that those discharged are discharged to the right setting.

ACHSCP WINTER PLAN 2017/18

5. The committee had before it a report by Kenneth O'Brien which provided a brief description of the context and process behind the creation of the current ACHSCP winter plan; documented the testing arrangements put in place in regards to the 2017/18 winter plan; and set out the monitoring arrangements for the winter plan.

The report recommended:-

That the Clinical and Care Governance Committee -

- a) Review and approve the 2017/18 winter plan for the Aberdeen City H&SCP (appendix one) and its onward transmission to NHS Grampian for inclusion in the Grampian wide winter plan.
- b) Endorse the review arrangements for the Aberdeen City H&SCP winter plan for over the 2017/18 winter period (as set out in section 2).
- c) Approve the publication of the finalised 2017/18 winter plan on the Partnership's website.

The committee was presented with the final draft of the ACHSCP winter plan. The Partnership, as part of its working with NHSG, has to submit a winter plan which is then merged into the NHSG Winter Plan. The document in the appendix does not go to the government, but gets included in the NHSG Paper. It has been consulted with managers, with colleagues in acute, and signed off at SOMT.

There after there were questions and comments on the definition of winter surge; different patterns of discharge during the day; sudden increase in discharges before holiday periods; an initiative inviting hospital social work staff to work public holidays; and promotion and staff uptake relating to flu jabs.

Kenneth O'Brien then highlighted the key differences to this year's winter plan, including: public holiday working; an amended and more integrated SMOC process; review of GP practices on RAG; and interim bed capacity.

The Committee resolved:-

- i. To review and approve the 2017/18 winter plan for the Aberdeen City H&SCP (appendix one) and its onward transmission to NHS Grampian for inclusion in the Grampian wide winter plan.
- ii. To endorse the review arrangements for the Aberdeen City H&SCP winter plan for over the 2017/18 winter period (as set out in section 2).
- iii. To approve the publication of the finalised 2017/18 winter plan on the Partnership's website

JOINT INSPECTION OF HEALTH AND SOCIAL WORK SERVICES FOR OLDER PEOPLE – UPDATE REPORT

6. The Committee had before it a report by Heather MacRae, Professional Lead for Nursing and Quality Assurance, which provided an update on progress in implementing an action plan relating to the joint inspection of health & social work services for old people, undertaken by the Care Inspectorate and Health Improvement Scotland between November 2015 and February 2016.

The report recommended:-

That the Committee -

- a) Note the progress on delivering the actions relating to the inspection, as in Appendix A.
- b) Acknowledge the report provides the required assurance that actions are embedded in processes and that further assurance is no longer require.

Thereafter, there were comments and questions relating to methodological issues regarding a small sample of cases which resulted in a high figure of unmet need. It was agreed that this was not an accurate reflection. Additionally, there was discussion on the implementation of anticipatory care plans across the Partnership.

The Committee resolved:-

- i. To note the progress on delivering the actions relating to the inspection, as in Appendix A;
- ii. To acknowledge the report provides the required assurance that actions are embedded in processes and that further assurance is no longer required;
- iii. To request a verbal update after the Care Inspectorate visit in November, to provide an update on their findings; and
- iv. To instruct officers to draft a report to the IJB for its December meeting, to recommend closing off the inspection to the IJB on the 12th of December.

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

7. The committee had before it a report by Dr. Stephen Lynch, (Clinical Lead for ACHSCP) which provides assurance to the Committee that there are robust mechanisms in place for reporting clinical and care governance issues.

The report was accompanied by the following appendices:-

- **Agenda Item 7a:** Clinical and Care Governance Group – Approved Minute May 2017
- **Agenda Item 7b:** Clinical and Care Governance Group – Unapproved Minute September 2017
- **Agenda Item 7c:** Clinical and Care Governance Group Report September 2017

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

Dr Stephen Lynch highlighted the main elements of the report provided including ongoing work with Care Home in the City; sustainability development work for the GP practices; and ongoing workforce issues relating to recruitment and retention.

Thereafter questions were raised relating to how it is decided which issues will be escalated to the Committee. Whilst it was recognised that the Clinical and Care Governance Group provides an extremely valuable discussion allow situations and issues to be examined in depth, risks are not being described effectively. An additional question related to vaccinations and a potential not to include these in the GP contract.

The Committee agreed that a workshop between the Committee and the Group would be very useful for a number of reasons, including developing proportionality for the risks escalated and linking discussions with the IJB risk appetite statement.

Tom Cowan outlined the intention to have an additional series of transforming primary and community care workshops in November (preferably over 2 days), to outline our ambitions; identify what collaboration is required; to focus on how we might reimagine primary to play a dynamic role in a safe way. It is intended that these workshops would produce a series of recommendations and actions to be reported to the IJB.

The Committee resolved:-

- i. To note the content of the report.
- ii. To commend the work of the Primary Care Team, particularly relating to the early sight of issues and the willingness to engage with the sustainability review.
- iii. To request that a workshop is organised between the Clinical & Care Governance Committee and the Clinical & Care Governance Group, to examine reporting and data requirements; risk escalation and links with the IJB risk appetite statement.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

8. The committee had before it a report from Heather MacRae and Ashleigh Allan which provided an overview on the NHS adverse event report for 1st April to 30th June 2017.

The report was accompanied by the following appendix:

- **Agenda Item 8a – Incident Report (NHS)**

It was noted that there is an increase in adverse events, but that it is related to a lot of ongoing work addressing pressure ulcers. There is now a very good pathway for tissue viability teams and the associated Datix Events are increasing as a result. There is a really good management of the Datix from the tissue viability teams and they are proud of the work.

Another notable change related to incidents of abusive/destructive/violent behaviour, which has reduced by half. This was a cohort of patients who had challenging behaviour. The early triggers of the behaviours were examined, which resulted in a change to the approach with the patients, consequently reducing incidents.

The incidents (slips, trips, falls) has also decreased, which could have been as a result of the actions from the HSE recommendations and actions (which don't directly relate to Woodend), though a decision has been made to do this on an estate-wide basis.

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

9. 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 April to the 30th of June 2017

The report was accompanied by the following appendix:

- **Agenda Item 9b – Feedback Report (NHS).**

The report recommended:-

That the Clinical & Care Governance Committee -

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

It was suggested that it might be useful to receive information on any complaints which may impact on the registrations for staff. Heather MacRae agreed that the Committee could be made of any issues, but emphasised that it is extremely rare that a complaint would impact on a registration.

Thereafter, there were questions and comments relating to the use of Care Opinion and encouraging a positive cultural attitude to complaints where frontline resolution is attained where possible.

The Committee resolved:-

- i. To acknowledge that the report provides the assurance required.
- ii. To request information relating to complaints which may impact on registrations and any learning which comes from these.

SUMMARY REPORT - SOCIAL WORK DATA

10. 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 10a – Adult Social Care Health & Safety Report**

Trevor Gillespie was absent from the committee due to sickness leave. Tom Cowan invited any observations, emphasising that we need to look at this report and consider what will be useful. It was suggested that this could be included in the workshop agenda between Committee and Group members.

Thereafter there were questions and comments on: the management-level of the data; reporting to different committees and not wishing to duplicate reports; and psychological sickness levels in social work staff.

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

The Committee resolved:-

- i. To note the content of the report

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

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

The Committee agreed to escalate a report on the JISOP in order to inform the IJB of the Care Inspectorates final feedback and to close off the inspection.

AOCB

There were no additional items of competent business for discussion.