



CLINICAL AND CARE GOVERNANCE COMMITTEE

Minute of Meeting

**09 January 2018
Health Village, Aberdeen**

Present:

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

Also in attendance:

Heather MacRae (Professional Lead for Nursing and Quality Assurance)
Ashleigh Allan (Clinical Governance Facilitator)
Dr. Stephen Lynch (Clinical Lead)
Dr Howard Gemmell, (Patient/Service User Representative)
Tom Cowan (Head of Operations, ACHSCP)
Sally Shaw (Head of Strategy & Transformation, ACHSCP)
Sarah Gibbon (Executive Assistant)
Bernadette Oxley (Chief Social Work Officer)
Judith Proctor (Chief Officer)
Trevor Gillespie (Team Manager, Performance Management)
Claire Duncan (Lead Social Work Officer)
Kenneth O'Brien (Service Manager)

Apologies:

Laura MacDonald (ACHSCP UNISON rep/Health and Safety rep)

OPENING REMARKS

MINUTE OF THE CCG MEETING – 03 October 2017

1. The Committee had before it the minute of the previous Committee meeting of the 3rd of October 2017

Matters Arising

- There was a request for clarification on Item 2B of the previous minute.
- The Committee requested to reflect on the winter plan and discuss current pressures, particularly in relation to the particular challenges this year associated with the flu 'outbreak', which has received considerable media and political attention.

Kenneth O'Brien (present for a later agenda item) gave an update outlining the key pressures from a community and hospital perspective. He explained the winter plan is in place for the Partnership and has been implemented. He also outlined the benefits of the hospital social work public holiday working hours. He described the measures in place to monitor the position. Questions were raised including whether the demand has changed; whether the flu vaccination was a good match for the types of flu being seen; whether the levels of social work were felt (anecdotally) to be enough'.

Assurances were given that with the resources available, the system had coped with the demand appropriately. There was no indication of a large surge of primary care demand, but an acknowledgement that we are still relatively early in the period to fully judge the relative demand and understand the underlying trend.

The Committee noted that the full winter debrief, which will be prepared by NHSG Public Health, will give a greater understanding of the number alongside a detailed nation-wide report on the flu vaccine.

The Committee resolved:-

- i. To approve the minute as a correct record, pending the revision .

BUSINESS STATEMENT

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

The Committee resolved:-

- i. To note the statement.
- ii. To remove the item 1 'Workforce planning' from the business statement. This matter is to be referred to the IJB for consideration of a report in due course.
- iii. To refocus item 3 'Mental Health & Learning Disability staffing' to reflect the potential patient harm element of this wider workforce issue.

- iv. To request a detailed report on fire safety to be presented to the next committee meeting, highlighting what the outstanding landlord actions are, how ACHSCP can help support them to complete these and how assurance relating to registrations and contracts

REPORTS FOR THE COMMITTEE'S CONSIDERATION

LEARNING FROM EXAMINING LEVEL 2 REVIEWS INTO FALLS

3. The Committee had before it a report by Heather MacRae, providing an overview on the learning gained from examining level 2 reviews relating to falls. A number of learning points from the critical review of 12 cases are now being acted on.

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

- a) Note the work undertaken and lessons learned from the review
- b) Request regular updates on falls in light of the increase in RIDDOR reports
- c) Request an update from the Aberdeen City HSCP Patient Falls lead.

Thereafter, there were questions and comments relating to falls on the wards during Christmas; capacity of staff to undertake toolbox talks relating to falls; managing the balance between risks of falls and the longer term impacts of immobilising an individual; and the different contexts of falls in hospitals and at home.

The Committee resolved:-

- i. Note the work undertaken and lessons learned from the review
- ii. Request regular updates on falls in light of the increase in RIDDOR reports
- iii. Request an update from the Aberdeen City HSCP Patient Falls lead, to include exploring the possibility of doing a similar piece of work focusing on the community and falls at home.

CARE HOME REVIEW REPORT

The committee had before it a report by Kenneth O'Brien which presented the results of a review following notification by the Care Inspectorate about concerns at a Care Home in Aberdeen City. Kenneth O'Brien outlined the circumstances in which the need for the review had arisen. The report gave several key findings including that the care home was not found to be an 'outlier' in regards to the particular area of concern investigated.

The report recommended:-

That the Clinical & Care Governance Committee:-

- a) Note the content of this report and its appendix.
- b) Consider the suggestion within the appendix relating to a need for more joined up working, support, and scrutiny relating to the care home sector going forward.

The conclusion of the enquiry group was that this was a recording error caused by the CI systems not adequately capturing all instances of deaths within services. The CI had accepted this was an issue for them. Moreover, the local CareFirst system which records all changes within care and nursing homes supported the conclusion that data-wise there was no issue with this home in terms of the numbers of deaths.

However the multidisciplinary team undertaking the review did note an increasing complexity of need within the wider care home population and the report recommended a further exploration of what can be done to support the care home sector going forward. It also noted there remained work to do to improve the 'joined up' nature of support and scrutiny to the Care Home sector.

Tom advised that there was currently work being undertaken in conjunction with the CI in relation to establishing some 'early alert' indicators and that the Partnership was looking at the networks of support that can be established across the sector, some of which also relates to formal business support mechanisms, as was the recent case involving BAC and another home.

Thereafter there were questions and comments relating to: whether the care home was an outlier in terms of needing more support than other homes; the nation-wide nature of the recording issue and the need to put pressure on care homes to record correctly; the mechanisms available to allow care home issues to be identified early and current escalation processes within ACHSCP; how to ensure a robust clinical and care governance systems for contracted services; and developing a support network for improving quality within care homes.

The Committee resolved to:-

- i. Note the content of this report and its appendix.
- ii. Consider the suggestion within the appendix relating to a need for more joined up working, support, and scrutiny relating to the care home sector going forward.
- iii. To pass their acknowledgement and thanks to the people involved in the investigation & the report.

VERBAL UPDATE – DELAYED DISCHARGE

5. Kenneth O'Brien provided a verbal update the Committee's previous request to consider what data may be available to try to measure outcomes from the Partnership's delayed discharge performance. Previous committee meeting had requested further information how the improvements made in delayed discharges were impacting on individuals. Kenneth O'Brien has collaborated with Health Intelligence colleagues and Care First colleagues to examine what this could look like and presented three new possible areas for consideration: readmissions; discharge destination; and time between discharges to death. Following discussion, the Committee did not feel that this data should be measured and presented at this time.

Thereafter, there were questions and comments relating to: aligning the delayed discharge information presented to the IJB's strategic direction and looking at broader measures that would give an idea of improvement (example: length of stay; readmission rates etc)

The Committee resolved to:-

- i. Note the verbal update as requested

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

6. 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 6a:** Clinical and Care Governance Group – Approved Minute September 2017
- **Agenda Item 6b:** Clinical and Care Governance Group – Unapproved Minute December 2017
- **Agenda Item 6c:** Clinical and Care Governance Group - Report December 2017

The report recommended:-

That the Clinical & Care Governance Committee -

- a) Note the content of the report

The Committee requested that either the Chief Officer or the Head of Operations ensure that they attend the Clinical & Care Governance Group meeting.

Dr. Stephen Lynch invited any questions and highlighted a couple of items that the Clinical & Care Governance Group wished to be brought to the Committee's attention relating to workforce:

1. **Domestic Abuse Support Worker Role** – delays in ability to recruit have led to reduction in service able to offer. Mitigated by working with Cyrenians and with help from other support workers. Lower risk categories may have experienced a wait.
2. **Court Admin** – role is up for redeployment with the current Aberdeen City Council restructure, so not allowed to recruit. Requires a specialist team with specific training and accreditation.
3. **Nursing Cover** - for nightshifts at Woodend General Hospital

The Committee discussed the causes of the recruitment difficulties and outlined that one of the challenges is how we understand, more globally, the impact of changing staffing level to monitor any potential negative effects (on the organisation and those receiving services). The Committee additionally discussed general practitioner

recruitment, outlining how many are not going into partnership due to capital costs (which may change with new GP contract).

The Committee resolved:-

- i. To note the content of the report.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

7. 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 of July to 30th September 2017

The report was accompanied by the following appendix:

- **Agenda Item 7a – Incident Report (NHS)**

The report recommended:-

That the Clinical & Care Governance Committee –

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

Heather MacRae spoke to the report and highlighted several items for note including tissue viability nursing.

The Committee resolved to:-

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

SUMMARY REPORT – NHS FEEDBACK

8. 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 July to the 30th of September 2017.

The report was accompanied by the following appendix:

- **Agenda Item 8b – Feedback Report (NHS).**

The report recommended:-

That the Clinical & Care Governance Committee -

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

Committee members acknowledged that this report represents a small subset of services for which ACHSCP is responsible: outlined desire to understand complaints within GP practices and care homes.

The Committee resolved:-

- i. To acknowledge that the report provides the assurance required.

- ii. Request that officers consider how complaints from areas such as GP practices and care homes can be considered.

ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD

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

AOCB

- 10. There were no additional items of competent business for discussion.

DRAFT