



**CLINICAL AND CARE GOVERNANCE COMMITTEE**

**Minute of Meeting**

**20 March 2018  
Health Village, Aberdeen**

Present:

Dr Nick Fluck (Chairperson/NHS Board Member)  
Councillor Gill Samarai  
Jonathan Passmore MBE (Chairperson of IJB/ NHS Board Member)

Also in attendance:

Heather MacRae (Professional Lead for Nursing and Quality Assurance)  
Ashleigh Allan (Clinical Governance Facilitator)  
Aileen Cameron (Clinical Governance Facilitator)  
Dr. Stephen Lynch (Clinical Lead)  
Dr Howard Gemmell, (Patient/Service User Representative)  
Sally Shaw (Head of Strategy & Transformation, ACHSCP)  
Sarah Gibbon (Executive Assistant)  
Judith Proctor (Chief Officer)  
Trevor Gillespie (Team Manager, Performance Management)  
Claire Duncan (Lead Social Work Officer)  
Kenneth O'Brien (Service Manager – for Item 3)  
Rosie Cooper (Falls Lead, ACHSCP – for Item 4)  
Councillor Alan Donnelly (at beginning,

Apologies:

Laura MacDonald (ACHSCP UNISON rep/Health and Safety rep)  
Tom Cowan (Head of Operations, ACHSCP)  
Bernadette Oxley (Chief Social Work Officer)

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

## **MINUTE OF THE CCG MEETING – 09 January 2018**

1. The Committee had before it the minute of the previous Committee meeting of the 9<sup>th</sup> of January 2018

### **MATTERS ARISING**

#### **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.

### **Verbal Update – Mental Health & Learning Disability Staffing**

Judith Proctor provided an update on the mental health & learning disabilities services, including: staffing; operational challenges; performance & compliance; actions implemented; and outcomes so far.

#### **The Committee resolved:-**

- i. To note the statement.
- ii. To request that a presentation on the mental health & learning disability staffing is made to the Committee at its June meeting.
- iii. To request that the update provided is circulated to committee members after the meeting.

## **REPORTS FOR THE COMMITTEE'S CONSIDERATION**

### **DELAYED DISCHARGE**

3. The Committee had before it a report by Kenneth O'Brien which provided an interim update on the most currently available delayed discharge performance data.

#### **The report recommended:-**

That the Clinical & Care Governance Committee:-

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

Kenneth O'Brien highlighted a number of key points from within the report, including:

- A continuing downwards trends for the number of patients delayed at census. A slight spike was recorded in January due to winter pressures, however this was contained and February 2018 was the best performance on record (data not available at time of drafting report). The situation for bed days lost is similar.
- The Committee had previously requested information on the performance of the interim beds. The average and median length of stay in these beds is showing a downwards trend, indicating a significant turnover. The conversion rate (those who are placed in a care home in an interim bed and chose to stay there) is 70%.
- Woodend Integrated Transitions Team has formally gone live.
- Continuing to move away from the Edison system towards integrated system with TRAK to record delayed discharges. This may increase the number of very small delays which are recorded.
- Candidate lined up for dedicated MHO Capacity. This will allow dedicated time to work on issues of guardianship.

Thereafter, there were questions and comments relating to (1) Code 100 delays and anticipated change in volume recorded over the next 12 months; (2) the need to link this work to re-admission rates, particularly relating to the interim beds; (3) how the interim beds are spread across the city and different care homes; (4) the potential for the use of interim beds to be expanded across different client groups; (5) the use of trend lines within the data presented and possible alternatives such as process control methods.

**The Committee resolved:-**

- (i) Note the Partnership's current performance in relation to delayed discharges.
- (ii) Note the current status and progress in relation to the Aberdeen City delayed discharge action plan.
- (iii) To request that data relating to readmission rates is presented in future reports to the IJB & the CCGC.

**COMMUNITY FALLS**

4. The committee had before it a report by Rosie Cooper, Falls Lead & ACP Improvement Advisor, ACHSCP, which provided the Clinical & Care Governance Committee with an update relating to falls, focusing on falls in the community.

**The report recommended:-**

That the Clinical & Care Governance Committee:-

- a) Note the "Policy for the prevention, reduction and management of patient falls in the community", as found at appendix A
- b) Provide any appropriate feedback on the content of the policy, prior to submission to the NHS Grampian Board for approval
- c) Note the update relating to falls in light of the increase in RIDDOR reports and request that further updates are provided to the Clinical & Care Governance committee on a bi-annual basis.

Rosie Cooper provided an overview of the paper, explaining how the need for the policy presented arose from a Health & Safety Executive visit. The main components of the policy outlined: the interventions for all; the process of identifying those patients at risk of falls; communication; reporting and management of a fall; quality assurance and improvement; and staff education. She also discussed examples of falls prevention work ongoing in the city, such as the Falls & Balance exercise classes, balance challenge and work with the Health Point.

The Committee discussed the policy as an appropriate response and submission to the NHS Grampian Board following the HSE inspection, but recognised the opportunity for this piece of work to be expanded to fit better across a partnership of health & social care. The Committee expressed the desire to further develop this work to become the ACHSCP Community Falls Policy to reflect the Partnership's ambitions.

Thereafter, there were questions and comments relating to: (1) compliance rates with E-learning modules; (2) Level 1 Conversation training opportunities for social work staff across the Partnership; (3) the need for emphasis on prevention work in the community; (4) an 'easy-to-read' summary on level 1 & 2 on NHSG Guidance; (5) how awareness of opportunity to self-refer into preventative falls initiatives could be increased; (6) connections with the remit of the link worker programme.

The Committee resolved:-

- (i) Note the "Policy for the prevention, reduction and management of patient falls in the community", as found at appendix A, recognising that this is a policy for how NHSG staff can meet requirements from HSE, rather than a strategy for falls reduction in the community.
- (ii) Request that the policy is expanded within the HSCP's environment.
- (iii) Request that the Falls Policy is taken into an NHS SLT for a pan-Grampian discussion & recommendation to the NHS Board.
- (iv) Include RIDDOR reporting relating to falls within our adverse events reporting expectations for the Clinical & Care Governance Group and the Clinical & Care Governance Committee.

## **FIRE SAFETY – PRESENTATION**

Claire Duncan, Lead Social Work Officer for ACHSCP, gave a presentation to the Committee on Fire Safety. It dealt with the legislation; legal duties & responsibilities; role of the Scottish Fire & Rescue Services; the situation in Aberdeen for both council-owned and privately-owned care homes; contract compliance; and the work currently on-going within the Partnership.

Thereafter there were questions and comments relating to: (1) ensuring that the list of buildings which are non-compliant with the fire safety risk certifications comes back to a future committee meeting; (2) tolerance for non-compliance and ensuring there is an assessment of risk; (3) differences between tenant and landlord actions; (4) connections with Community Planning Aberdeen; (5) how the report to the CCG in June will move through the systems to the Board.

## **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 recommended:-**

That the Clinical & Care Governance Committee -

- a) Note the content of the report

The report was accompanied by the following appendices:-

- **Agenda Item 6a:** Clinical and Care Governance Group – Approved Minute December 2017
- **Agenda Item 6b:** Clinical and Care Governance Group – Unapproved Minute Feb 2018
- **Agenda Item 6c:** Clinical and Care Governance Group - Report Feb 2018

The Clinical & Care Governance Group wish to escalate one item to the Committee relating to Torry Medical Practice, who will be taken over by ACHSCP as a 2C practice. A project board has been convened chaired by the Head of Operations and the project lead will be Emma King (Head of Locality). The intention is to provide the opportunity for staff to TUPE across. It is unlikely that any of the current GPs will remain however there is interest from the wider community of GPs. Communication strategy has been developed and is being implemented. Medical workforce needs to be secured in next 8 weeks.

Stephen Lynch invited any questions or comments relating to the two minutes as presented in the pack.

Thereafter, there were questions and comments relating to: (1) ACHSCP's Business Manager is undertaking work relating to the IJB's responsibilities relating to the developments with GDPR and Duty of Candor.

**The Committee resolved:-**

- (i) To note the content of the report.
- (ii) Request an update on the situation with Torry Medical Practice to the next Clinical & Care Governance Committee.

## **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 1<sup>st</sup> of October to the 31<sup>st</sup> of December 2017. This was robustly discussed at the Clinical & Care Governance Group, as evidenced in the minutes.

#### **The report recommended:-**

That the Clinical & Care Governance Committee –

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

The report was accompanied by the following appendix:

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

#### **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 1<sup>st</sup> of October to the 31<sup>st</sup> of December 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.

There have been discussions on the adoption of the CareOpinion method gathering feedback. It was suggested that this could come back to the C&CG Committee as a proposal.

Thereafter, there were questions relating to the options for early resolution and whether there is a mechanism for referring a complaint back to early resolution;

#### **The Committee resolved:-**

- (i) To acknowledge that the report provides the assurance required.
- (ii) Instruct officer to develop a proposal on the adoption of the Care Opinion method of gathering feedback, to come back to a future C&CG Committee.

## **ITEMS TO REPORT TO THE INTEGRATION JOINT BOARD**

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

### **The Committee resolved to escalate or highlight:-**

1. The good work and progress with delayed discharge.
2. A desire to further develop the Falls Policy to fit ACHSCP ambitions.
3. Progress is being made on the fire safety issue and there will be a requirement to consider how we interface with other agencies.
4. Ongoing situation with Torry Medical practice and highlight that a report will be coming to the board

### **AOCB**

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

**DR NICK FLUCK, in the chair.**