



Aberdeen City Health & Social Care Partnership  
*A caring partnership*

## **CLINICAL & CARE GOVERNANCE COMMITTEE**

### **Minute of Meeting**

**12 June 2018**  
**Health Village, Aberdeen**

Present: Councillor Claire Imrie (Chairperson), Luan Grugeon Councillor Lesley Dunbar (as substitute for Councillor Sarah Duncan).

Also in attendance: Sally Shaw (Interim Chief Officer, ACHSCP), Alex Stephen (Chief Finance Officer, ACHSCP), Heather MacRae (Professional Lead for Nursing and Quality Assurance), Ashleigh Allan (Clinical Governance Facilitator, NHS Grampian), Claire Duncan (Lead Social Work Officer, ACHSCP), Tara Murray (Organisational Development Facilitator, ACHSCP for item 5), Iain Robertson (Committee Services, ACC), Dr. Howard Gemmell (IJB Service User Representative), Dr. Malcolm Metcalfe (Secondary Care Adviser) and Sarah Gibbon, (Executive Assistant, ACHSCP).

Apologies: Councillor Sarah Duncan, Dr. Stephen Lynch, Bernadette Oxley Trevor Gillespie, Professor Steve Heys

## **WELCOME FROM THE CHAIR**

1. The Chair opened the meeting and welcomed the attendees. She announced that Sandra Ross had been appointed Chief Officer by the Appointment Committee on 1 June 2018; and she welcomed Professor Stephen Heys onto the IJB, as Professor Nick Fluck's replacement and advised that Professor Heys had been appointed by the IJB on 22 May 2018 to this Committee.

The Chair proposed to re-order today's agenda to consider the verbal updates as the first item of business and for the Dignity at Work Report to follow agenda item 6c. The Committee agreed to this proposal.

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

- (i) to welcome Prof Heys onto the Committee;
- (ii) to welcome Sandra Ross as the new Chief Officer;
- (iii) to re-order today's agenda to consider the verbal updates as the first item of business and for the Dignity at Work Report to follow agenda item 6c; and
- (iv) otherwise note the information provided.

## **2. VERBAL UPDATES**

### **Mental Health & Learning Disability Staffing**

Sally Shaw explained that Jane Fletcher would be attending the Clinical & Care Governance Committee at the end of this meeting, to provide a presentation on hosted mental health & learning disability, including staffing challenges.

### **Torry Medical Practice**

Sally Shaw gave a verbal update relating to Torry Medical Practice. A report had been received by the Integration Joint Board (IJB) at its meeting on 22<sup>nd</sup> May and noted that positive progress was being made with the practice. Key activities which had been undertaken since the IJB last met included (but were not limited to): (1) reviewing workload/workforce; (2) identifying new ways to meet General Medical Services requirements with reduced General Practitioner Sessions utilising the primary care multi-disciplinary teams; (3) roles have been advertised with interviews planned for mid-June; (4) city-wide meetings of all GP practices have identified areas of support to Torry Medical Practice; and (5) a communication plan was now in place.

However, Ms Shaw did emphasise a potential risk (highlighted in the Clinical and Care Governance Group report at item 6.3.) in relation to GP sessions for the month of August. The practice is planned to operate in August as an emergency service due to the holidays and available locum capacity already used at other practices.

Thereafter, there were questions relating to the reporting schedule for updates regarding Torry. It is due to be reported to the IJB in March 2019, but the Committee requested an update report be brought to the Clinical & Care Governance Committee at its November meeting.

## **MINUTE OF CCG COMMITTEE MEETING – 20 March 2018**

3. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 20 March 2018.

**The Committee resolved:** -

To approve the minute as a correct record.

### **MATTERS ARISING**

4. The Chair asked if there were any matters arising from the meeting of 20 March 2018.

**The Committee resolved:** -

To note there were no matters arising.

### **BUSINESS STATEMENT**

5. The Board had before it a statement of pending business for information.

Sally Shaw advised that item 2 was on today's agenda and recommended that items 3, 4 & 5 be removed from the Statement. She also provided a verbal update in relation to items 1 & 6 (below); and advised item 7 was due to be reported back to Committee in September.

**The Committee resolved:** -

- (i) to agree to remove item 3 (Fire Safety – Landlord Action), item 4 (falls in the community & in the home) and item 5 (delayed discharge – interim beds);
- (ii) to request that an update report on progress with Torry Medical Practice be presented to the Clinical & Care Governance Committee at its November meeting;
- (iii) to request that an update report on the falls work be presented to the Clinical & Care Governance Committee at its September meeting and
- (iv) otherwise note the Business Statement.

### **REVISED COMMITTEE TERMS OF REFERENCE**

6. The Committee had before it a revised term of reference, which had been approved by the IJB at its meeting of the 22<sup>nd</sup> of May. The main changes to the document were: (1) the document had been revised to reflect IJB standing orders; (2) membership limited to 4 voting members, with other attendees as advisors; (3) links between CCG Committee & NHS/Council committees clearly set out; (4) the order which allows public & press access to meetings/documents will remain suspended for a period of one year prior to further review.

There were questions and comments relating to: (1) the CCG Committee's links with the Public Protection Committee and Adult Protection Committee; (2) a desire for a workshop session on adult protection as a matter of priority for the IJB; (3) a restated need for a workshop between the CCG Committee and CCG Group in order to examine

and define the reporting requirements to ensure the Committee fulfils its duties as stated in the terms of reference; (4) and it was noted that it is helpful that the revised terms of reference include the Allied Health Professional (AHP) Lead.

The attendance of the Lead Social Work Officer at committee was discussed and it was advised that as the Chief Social Work Officer is the professional lead for all social workers, they can delegate attendance to the Lead Social Work Officer accordingly. It was also noted that the Chief Social Work Officer had resigned from her post and that whilst recruitment processes were underway, an interim solution may be required to ensure social work advice could be provided to Committee.

There was also a request for clarification as to which Health & Safety Committee Chair should be attendance and whether the Aberdeen City Health & Social Care Partnership (ACHSCP) intends on establishing its own integrated Health & Safety Committee

**The Committee resolved:** -

- (i) to note the revised terms of reference for the Clinical & Care Governance Committee; and
- (ii) to request that clarification be circulated on health and safety representation on the CCG Committee.

**ABSENCE MANAGEMENT**

7. The Committee had before it a report by Claire Duncan, Lead Social Work Officer, which aimed to give an overview on the level of social work staff absence due to psychological reasons and the ongoing measure that have been put in place to reduce the instances of staff absence.

**The report recommended:** -

That the Committee -

- (a) Notes the report & the ongoing programme of activity across social work services
- (b) Requests an annual update on progress with the plan for staff absence, which will be overseen by the Social Work Health & Safety Committee.

Claire Duncan provided a summary of the report and stated that at this time last year, the Social Work absence rate was higher than the Council-wide average and that the most number of days lost were for psychological reasons. She described the improvement plans in place and advised that these were a standing item on the ACC Adult Social Work Health and Safety Committee.

Thereafter, there were questions and comment relating to: (1) caseloads within the learning disability services and the impact on absence rates; (2) whether there were any services with better absence rates which could be looked at as best practice; (3) the need to ensure that we are working towards reporting statistics from Aberdeen City Council and NHS Grampian in the same way; (4) the increasing prevalence of mental illness within society in general.

**The Committee resolved**

- (i) To note the report and the ongoing programme of activity across social work services; and
- (ii) To request bi-annual updates on progress with the plan for staff absence (which will be overseen by the Adult Social Work Health & Safety Committee.).

## CLINICAL & CARE GOVERNANCE MATTERS

### **CLINICAL & CARE GOVERNANCE REPORT**

8. The committee had before it a report by Dr. Stephen Lynch, (Clinical Director, ACHSCP) which provided assurance to Committee on the robust mechanisms in place for reporting clinical and care governance issues.

**The report recommended: -**

That the Committee note the content of the report.

The report was accompanied by the following appendices: -

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

Heather MacRae advised that the group had looked at its terms of reference and the detail of the briefing note should provide the necessary assurance regarding the Group's work. It was again stated that a joint workshop between the Group and Committee was needed to determine the extent of detail required to provide assurance to Committee.

Thereafter, there were comments and questions on (1) discussions within the Group on workforce issues/risks and what mitigations were in place to address these; (2) the need to establish the link between the workforce issues/risks and the transformation programmes; (3) the need to ensure that the Group was also considering safety and quality elements of clinical and care governance; and (4) the connections and considerations of staff governance issues

There was then further specific discussion around item 6.3 (the Group report) and Heather MacRae provided a more detailed overview of this appendix, highlighting the improvements in terms of unmet need, which had decreased significantly, to the extent that Granholme Care Home was no longer under large scale investigations.

Claire Duncan explained that the impact of the recruitment freeze had been felt more within the Criminal Justice service and this had been mitigated using agency staff. Ms Duncan added that the Partnership would raise funding risks would with the Scottish Government to clarify the situation.

Additionally, it was highlighted that district nursing and health visiting recruitment were national issues, which had been exacerbated by the high cost of living within Aberdeen City. These workforce issues were discussed in relation to Deep End Practices in Glasgow, the Integrated Neighbourhood Care Aberdeen (INCA) Projects and the costs relating to training for district nursing and health visiting. Relating to INCA, it was noted there have been recruitment issues and it was agreed that it is important to take an

agile approach to transformation programmes. These issues (in relation to INCA) are considered in depth at the transformation programme boards, Audit & Performance Systems Committee and via. nursing specific groups.

**The Committee resolved: -**

- (i) To note the content of the report and appendices; and
- (ii) To arrange a workshop between the Committee & Group, for after the CCG Group on 1<sup>st</sup> August.

**DIGNITY AT WORK**

9. The Committee had before it a report by Tara Murray, Organisational Development Facilitator, which highlighted the findings of the ACHSCP Dignity at Work 2017 report and sought endorsement from the committee for the recommendations within the report.

**The report recommended: -**

That the Committee:

- (a) Note the actions recommended in the Dignity at Work 2017, as stated above.
- (b) Instruct officers to ensure membership of the employee engagement group (or equivalent following review) includes HR representatives from both Aberdeen City Council & NHS Grampian.

Tara Murray provided an outline to the report, which had been taken to the Committee to gain its support for the actions identified. She highlighted the findings from the survey which demonstrated that ACHSCP's rates of bullying and harassment were low in comparison with other areas, however, this was matched by low rates of reporting and improving the rates of reporting would be a focus going forward. Ms Murray provided an overview of the actions and invited any comments or questions from the Committee.

Thereafter, there were questions and comments on: (1) how this would be taken through relevant staff governance forums; (2) Members recognised that not all situations would need to be escalated to a Dignity at Work Investigation and they encouraged all parties to endeavour to resolve disputes locally where possible; and (3) there was discussion on links with the previous report on absence management in social work and the need to work collaboratively together.

**The Committee resolved: -**

- (i) To note the actions recommended in the Dignity at Work 2017, as stated above; and
- (ii) To instruct officers to ensure membership of the employee engagement group (or equivalent following review) includes Human Resource representatives from both Aberdeen City Council & NHS Grampian.

**CARE GOVERNANCE DATA**

**SUMMARY REPORT – NHS ADVERSE EVENTS**

**10.** The committee had before it a report from Heather MacRae and Ashleigh Allan which provided an overview of the NHS adverse event report between 1<sup>st</sup> January -31<sup>st</sup> March 2018.

**The report recommended: -**

That the Clinical & Care Governance Committee acknowledge that the report provides the assurance required.

The report was accompanied by the following appendix:

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

Heather MacRae highlighted that adverse events had decreased slightly and only two events were rated 'extreme' in severity. Actions had been undertaken to address these and significant work had been undertaken around falls at Woodend (in relation to the Health & Safety Executive inspection).

Ashleigh Allan also advised that the two extreme events have had thorough investigations completed which had resulted in the risk level being reduced to minor and assurance that all relevant actions were in place.

Thereafter there were questions and comments relating to: (1) all extreme events are recorded, (2) that these adverse events relate to only those from services which have been delegated to ACHSCP; and (3) ensuring that improvements from the learning and actions from adverse events were being reported.

**The Committee resolved: -**

- (i) To acknowledge that the report provided some assurance required, however further information would be required to future committees to ensure full assurance.
- (ii) To request officers develop the report further to include a narrative on the lessons learned and key themes in future reports.

**SUMMARY REPORT – NHS FEEDBACK**

**11.** The committee had before it a report from Heather MacRae (Professional Lead for Quality Assurance & Nursing) and Ashleigh Allan (Clinical Governance Facilitator) which provided an overview of the NHS feedback report between 1<sup>st</sup> January – 31<sup>st</sup> March 2018.

The report was accompanied by the following appendix:

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

- a) **The report recommended: -**That the Committee acknowledge that the report provides the assurance required.

Heather MacRae spoke to the report and highlighted a relatively small number of complaints. She emphasised that there are inconsistencies in the recording of complaints which are resolved locally on datix.

Thereafter there were questions and comments relating to: (1) whether the outcomes (up-held, partially up-held) were terms used by NHSG Feedback or whether these were Scottish Public Services Ombudsman outcomes; (2) what processes there were for providing feedback via the ACHSCP website; and (3) ACHSCP use of social media and other channels for informal feedback.

**The Committee resolved: -**

- (i) To request that the CCG Group look at broadening the feedback as detailed in the reports to include informal methods and to consider any broader context to the feedback (including lessons and themes) and incorporate this into future reports to Committee to provide further assurance.

**SOCIAL WORK DATA REPORT**

12. The Committee had before it a report from Claire Duncan (Lead Social Work Officer, ACC) which provided an overview of the social work data.

**The report recommended: -**

That the Clinical & Care Governance Committee note the content of the report.

The report was accompanied by two appendices

- Health & Safety Quarterly Report – Jan-Mar 2018
- Period 3 Adult Complaints Statistics

Claire Duncan emphasised that following recent visits by her to senior team meetings to encourage greater reporting of incidents, an increase in incident reporting for the Criminal Justice service had been recorded. She also outlined the number of complaints received and acknowledged there was a piece of work to do in ensuring that learning from these complaints was distributed across services.

Thereafter, there were questions and comments on (1) ensuring that the broader context was represented within these reports; (2) whether Social Work Scotland had prepared good practice guidance on feedback mechanisms; (3) the potential to harness the use of annual returns to the Care Inspectorate for providing data; and (4) Freedom of Information (FOI) returns, and the possibility of including high level detail of these in reporting.

Members stated a desire to see a joint report on the data presented in the NHS & ACC performance reports to ensure the thinking, learning and themes were brought together. It was agreed that the reports would be more beneficial if they included a narrative to provide context to the statistical information.

s

**The Committee resolved: -**

- (a) To note the contents of this report.
- (b) To request that the CCG Group begins to look at FOIs and consider how these can be included within reporting to Committee going forward.

**ITEMS TO ESCALATE TO THE INTEGRATION JOINT BOARD**



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

**The Committee resolved**

To highlight that further assurance is required by the committee to discharge its responsibilities.

**AOCB**

14. The Committee had a final discussion summarising several points which had come up throughout today's meeting. Members reaffirmed the need for a joint process relating to Clinical & Care Governance within the partnership and the Committee stated the need to review the terms of reference to ensure the Committee meeting its duties and the information reported to Committee was providing the necessary assurance. The Committee recommended that the Clinical & Care Governance Group use the time after its meeting on the 1<sup>st</sup> August to begin to look at this work.

Additionally, noting as it was Carers Week, the Clinical & Care Governance Committee wished to state its thanks to the Voluntary Service Aberdeen (VSA) for the programme of activities for Carers in Aberdeen over the week, and to thank the Carers within the City for their hard-work, which often goes unnoticed.

**The Committee resolved**

- (i) To request that the Clinical & Care Governance Group use the time after its meeting on the 1<sup>st</sup> August to review its terms of reference and how it could strengthen the level of assurance it provided to the Committee;
- (ii) To thank all Partnership staff, VSA and all partners who had helped deliver local events during Carers Week; and
- (iii) Otherwise note the information provided.

**COUNCILLOR CLAIRE IMRIE, Chairperson.**