



## **CLINICAL & CARE GOVERNANCE COMMITTEE**

### **Minute of Meeting**

**4<sup>th</sup> of September 2018 – 10am  
Health Village, Aberdeen**

Present: Councillor Sarah Duncan (Chairperson); Professor Steven Heys; and Luan Grugeon.

Also in attendance: Dr Stephen Lynch (Chair of Clinical & Care Governance Group); Lynn Morrison (Allied Health Profession representative); Heather Macrae (Professional Lead for Nursing & Quality Assurance); Alex Stephen (Chief Finance Officer); Claire Duncan (Lead Social Work Officer); Trevor Gillespie (Team Manager, Performance); Graeme Simpson (Chief Social Work Officer); Malcolm Metcalfe (Secondary Care Advisor); Jonathan Passmore (Chair of the Integration Joint Board); Sarah Gibbon (Executive Assistance); Ashleigh Allan (Clinical & Care Governance Facilitator)

Apologies: Councillor Claire Imrie; Howard Gemmell; Kenneth Simpson

**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.**

## **WELCOME FROM THE CHAIR**

1. The Chair opened the meeting and welcomed the new attendees to the meeting.

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

To welcome the new attendees to the committee.

## **2. VERBAL UPDATES**

### **ACHSCP Falls Work**

Heather MacRae provided a verbal update on the Falls Work on behalf of Rosie Cooper. She highlighted the progress being made against the Aberdeen HSCP Falls Action Plan, including work developing a data dashboard; joint working with Bon Accord Care Responders and the establishment of a third locality based AHP Falls Triage Clinic. She also informed the Committee that the NHSG Community Falls Policy would be published in September 2018 and discussed ongoing improvement activity for falls prevention is ongoing at Woodend.

Thereafter, there were questions and comments relating to: (1) how data relating to falls in the community is captured; (2) how information from Bon Accord Care could be included within the dashboard; (3) the need to review the local framework next year in light of a planned national action plan and (4) tracking the progress and impact of prevention and early intervention work relating to falls and whether this has an impact on adverse event incidents.

## **MINUTE OF CCG COMMITTEE MEETING – 12 June 2018**

3. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 12 June 2018.

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

To approve the minute as a correct record, noting a change to the wording outlined below:

- PG 7 – last paragraph – nursing recruitment exacerbated – rephrase to include “the perception”

## **MATTERS ARISING**

4. The Chair asked if there were any matters arising from the meeting of 12 June 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.

The Chief Finance Officer provided a brief update on mental health and learning disability services and highlighted the recent ward closures. He also provided a brief update on the work with Rosemount Medical Group.

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

- (i) To agree to remove item 2 (Social Work Sickness Absence due to 'psychological reasons').
- (ii) To request that an update report on Rosemount is presented to the Committee at its meeting in November.
- (iii) To request an update on the mental health and learning disability services, in light of the recent ward closures at Cornhill and the impact on the day services hospital is presented to the Committee at its meeting in November.
- (iv) To otherwise note the Business Statement.

## **CLINICAL & CARE GOVERNANCE MATTERS**

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

6. 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 3a:** Clinical and Care Governance Group - Report June 2018

Dr Lynch spoke to the report and highlighted that the main theme relates to the high-level of risk around workforce in a number of areas, emphasising that this is a national issue. He also indicated a new item on the report relating to the consultant geriatrician team. The Clinical & Care Governance Group discussed each risk to ensure that action plans are in plan. He assured the Committee that all services which fall under the ACHSCP are represented in the Clinical & Care Governance Group.

The Committee felt that the planned workshop on the 24<sup>th</sup> of October to look at the two-way flow of clinical and care governance. This workshop should also look at joint reporting and ensuring the relevant assurance are provided for adult social work.

Thereafter there were questions and comments relating to: (1) whether a redesign was being considered to mitigate the new risk around geriatrics; (2) how the Committee can be assured that any transferable lessons are being shared across services

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

To note the content of the report and appendices.

## **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 of the NHS adverse event report.

**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 4a – Incident Report (NHS)**

Heather MacRae spoke to the report and emphasised a reduction in adverse events. Ashleigh Allan gave some additional assurance relating to the 'extreme' adverse events and outlined work ongoing to ensure events are categorised in a consistent and appropriate way, looking at both the outcome of the event and the input from ACHSCP.

Thereafter there were questions and comments relating to: (1) the need to undertake additional statistical analysis on any reduction or increase in events to establish whether the change is within normal variance; (2) the need for comparative data to establish context, for example a mean of the previous year's data; (3) links with reporting in relation to Duty of Candor; (4) to desire to receive a summary report of lessons learned over the year from adverse events reporting; and (5) how we can include adverse event reporting from both GP practices and the third and independent sectors.

**The Committee resolved: -**

- (i) To acknowledge that this report provides the assurance required, however that further improvements could be made.
- (ii) To request that the Clinical Governance Facilitator examines options for including comparative data and an analysis of variance in future adverse event reports.
- (iii) To instruct the Lead Social Work Officer to undertake some scoping work ahead of the CCG Workshop on the 24<sup>th</sup> of October, looking at the categorisation of social work incidents and whether they could be aligned with the categorisation in this report.

### **SUMMARY REPORT – NHS FEEDBACK**

8. 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.

The report was accompanied by the following appendix:

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

**The report recommended: -**

That the Committee acknowledge that the report provides the assurance required.

Heather MacRae spoke to the report and provided an overview of its content. She highlighted that early resolution is having a positive impact. She then invited any questions from the Committee.

The Committee discussed the low number of complaints, in line with the feedback that many patients do not know how to provide feedback. Heather MacRae highlighted care assurance tools which are currently used in Woodend and the potential for a similar tool to be adapted for use in the community.

**The Committee resolved: -**

To acknowledge that this report provides the assurance required, however that further improvements could be made.

## **SOCIAL WORK DATA REPORT**

9. 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
- Period 1 Adult Complaints Statistics

Claire Duncan provided an overview of the report. She highlighted the number of incidents, due to medication errors, which have now been identified as a staff training issue and has been appropriately mitigated. She agreed with the previous discussion relating to providing contextual information in order to further provide assurance and agreed to discuss further with Martin Allan and Trevor Gillespie to progress.

**The Committee resolved: -**

- (i) to note the contents of this report; and
- (ii) to request that the Lead Social Worker looks at opportunities to develop the report further, in line with request for contextual information (item 7).

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

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

**The Committee resolved: -**

To note there were no escalations to the IJB.

**COUNCILLOR Sarah Duncan, Chairperson.**

DRAFT