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## Orkney NHS Board

Minute of meeting of the **Clinical and Care Governance Committee** of **Orkney NHS Board** in the **Saltire Room, Balfour Hospital** on **Wednesday 10 October 2018** at **14.00**

**Present:** Steven Johnston, Non Executive Board Member (Vice Chair)  
Issy Grieve, Non Executive Board Member, Chair  
Scott Hunter, Head of Children and Families, Criminal Justice and Chief Social Worker  
Rachael King, Councillor, Orkney Islands Council  
David McArthur, Director of Nursing, Midwifery and Allied Health Professions  
Meghan McEwen, Non Executive Board Member  
Chris Nicolson, Director of Pharmacy  
Gerry O'Brien, Interim Chief Executive  
John Richards, Councillor, Orkney Islands Council  
Marthinus Roos Medical Director  
Steve Sankey, Councillor, Orkney Islands Council  
Sally Shaw, Chief Officer Orkney Health and Care  
Heather Tait, Public Representative  
Louise Wilson, Director of Public Health (via phone)

**In Attendance:** Maureen Swannie, Interim Head of Children's Health Services (for items 495 and 496)  
Heidi Walls, Committee Support (minute taker)

### 481 **Apologies**

Apologies had been received from D Drever, D Campbell and C Bichan.

S Johnston chaired the meeting.

### 482 **Declarations of Interest – Agenda Items**

No interests were declared in relation to agenda items.

### 483 **Minute of Meeting held on 11 July 2018**

The minute of the Clinical and Care Governance Committee meeting held on 11 July 2018 was accepted as an accurate record of the meeting, subject to the correction listed below and was approved on the motion of J Richards, seconded by D McArthur.

- Page 1 – confirmation that the following members had attended the meeting. Chris Nicholson, Director of Pharmacy (VC) and David McArthur, Director of Nursing, Midwifery and Allied Health Professions

### 484 **Matters Arising**

#### 279 - Outpatient Waiting Times

S Johnston highlighted the delivery of a demonstration of NSS 'Discovery' for Committee and Non-Executives and G O'Brien confirmed that it had been agreed that a more general event allowing for wider participation should be arranged.

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## 280 - Informed Consent policy

R. King asked if the Central Legal Office checks on the above policy had been completed and S Johnston advised that this was confirmed in the updated action log included with papers.

### 485 **Action Log**

The Committee reviewed the updated Action Log. (see action log for details)

## 9-2017/18 Autism Diagnosis Pathways

The Director of Nursing, Midwifery and Allied Health Professions provided members with an update confirming that a working pathway was in place, that identified governance issues were being addressed and a further update would be provided at the next meeting.

The Interim Chief Executive questioned whether the identified governance issues had caused any delay in treatment and was assured that referrals had continued uninterrupted via the Autism Assessment and Coordination Group (Paediatrics) and the Non Commissioned Activity Panel (Adults).

R King questioned whether the pathway had any impact on education and was advised that staff were involved and no issues had been highlighted.

## Safe and Effective Care

### 486 **Quality and Safety Group Chairs report – CCGC1819 - 26**

Members had received the Quality and Safety Group Chairs report and it was noted that a common understanding of purpose, more focused agendas due to improved clarity on the issues to be considered and appropriate representation had helped the group mature and work well together so that key topics and issues were addressed.

It was also noted that whilst ongoing complaints could be seen as challenging the committee could take assurance that the triangulation of the Quality and Safety Group, the Incident Management Group and Morbidity and Mortality meetings was positive and had started to produce an improved depth of understanding, learning and resolution.

S Johnston welcomed the good work and healthy debate.

### 487 **Minutes of Quality and Safety Group meetings held on 11 June, 17 July and 6<sup>th</sup> August 2018**

The Committee noted the minutes of the Quality and Safety Group.

### 488 **Adults with Incapacity – CCGC1819-27**

The Director of Nursing, Midwifery and Allied Health Professions presented the Adults with Incapacity Audit Report to the committee noting the key points highlighted in the paper. In addition he noted the following points on the identified areas for development:

- The reduced compliance could be correlated with increased Accident and Emergency and Acute activity as well as increased sickness and a change over in medical staff.
- A review had been completed and the acceptance and enthusiasm for the identification

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of key issues and training was noted

- A spot audit had been completed in early October and recorded a dramatic improvement from 29% to 100%
- The positive progress was welcomed but the importance of a multidisciplinary approach and sustained reinforcement was noted.
- The frequency of the audit process was to be continued for a further six months.

S Johnston noted that peer groups had performed well, but queried whether the patients' profiles were similar. The Director of Nursing, Midwifery and Allied Health Professions advised that whilst MacMillan and Assessment and Rehabilitation were similar, Acute patients started in Accident and Emergency so were quite different.

In response to questions about the appropriateness of training the Director of Nursing, Midwifery and Allied Health Professions assured members that staff were aware of the processes in place and the issues identified were more behavioral. It was also noted that a change in management approach had reduced any defensiveness about the issues raised and enabled progress.

It was acknowledged that the report format focused analysis on the red, but with closer inspection of the staffing trends and an understanding that small numbers skewed percentage figures assurance was provided.

It was agreed that the results of the spot audit would be circulated after the next Quality and Safety Group meeting and it was also noted that a request to share the audit tool with the Western Isles and Shetland had been received.

*Post meeting note: 1 November 2018. AWI spot audit circulated to members.*

## **Decision / Conclusion**

The Committee reviewed the Adults with Incapacity Audit Report, took assurance on performance from the analysis of the available data and the identified areas of improvement and noted the ongoing work.

## **489 Significant Adverse Event Action Plan update – CCGC1819-28**

The Medical Director presented an update to the Significant Adverse Event Action Plan advising that all but two of the actions had been completed.

The Director of Nursing, Midwifery and Allied Health Professions confirmed that the action in section A to produce a Standard Operating Procedure for the negotiation of Patient Transport to the mainland had now been superseded by the work of the North of Scotland Trauma Group and a single point of contact system for the transfer of acutely ill patients was now in place across the North of Scotland. He advised members that the system was on its second trial, had been used once in real time and that a go live date would be confirmed once further simulations had been completed.

Members were assured that the new system would be much safer and quicker and would free clinicians from the time consuming administrative tasks of the previous processes.

## **Decision / Conclusion**

The Committee considered the report and were assured with the progress made and the timetable for completion.

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## 490 **Elective Care Access Improvement Plan 2018/19 Update – CCGC1819-29**

The Medical Director presented the report which provided members with an update on the work undertaken for the improvement of elective access and highlighted the implementation of almost all endorsed change activities.

Members were advised that increasing waiting times were an ongoing challenge and that in common with other boards the notable areas were ophthalmology, orthopedics, dermatology and cardiology. Improvements for dermatology were anticipated following the commencement of the local Phototherapy provision in Dounby whilst orthopedics remained stable as waiting list initiatives and locum support had increased capacity. Members were assured that urgent cases were well managed.

The Interim Chief Executive highlighted the cabinet secretary's three priorities of integration, mental health and waiting times and noted that a plan with challenging trajectories to include a reduction in both in and out patients to zero by 2020 was expected. It was also noted that funding of the plan was anticipated.

Members noted concern at the high ambitions of the plan particularly when the lack of capacity across Scotland was considered. The added potential complications of Brexit were also highlighted.

S Johnston noted the fire fighting nature of the report and the reassurance that extra capacity was on the horizon, but highlighted the need to look further ahead as the issues and demands, with an aging population, were only likely to increase. He questioned whether any work looking forward had been completed or whether discussions with government were ongoing.

Members were assured that these issues had been factored in to ongoing discussion and work at both a national and regional level.

Members also noted that capacity issues were just as significant as funding and the shortage of medical manpower was highlighted as a major and long term issue. Particular concern about parity of access to qualified staff in the face of increased capacity pressures was noted and assurance that the new consultant contract contained very specific and stringent controls was provided.

A number of initiatives to tackle the issues raised were noted including the accelerated opening of elective care centres, the use of technology such as attend anywhere along with alternative staffing models such as advance nurse or surgical care practitioners and rapid advancement programmes.

S Johnston questioned the lack progress on the Patient Reminder Process item of the report and the Interim Chief Executive confirmed revisions to the Patients Rights Act was pending so advised that awaiting guidance would be a more appropriate update.

### **Decision / Conclusion**

The Committee reviewed and took assurance from the information provided.

## 491 **HIS – Final report of the National External review of Systemic Anti-Cancer Therapy delivery – CCGC1819-30**

The Medical Director presented the report and provided an update on the one outstanding recommendation. He advised members that work, led by NHS Grampian, was still ongoing but

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confirmed there were no concerns amongst staff about documentation access.

S Johnston noted he had spoken with staff and was able to confirm there was no risk or hold up of patient care.

## **Decision / Conclusion**

The Committee reviewed the report, took assurance from the information provided and confirmed it could be closed on the action log.

### 492 **Detect Cancer Early– CCGC1819-31**

The Director of Public Health presented the report advising that the programme, which was initially a 5 year programme, was in its sixth year and continued the aim to increase the percentage of people diagnosed early in the disease process and focused on breast, colorectal and lung cancer.

She noted that the paper showed detection rates for NHS Scotland as a whole and highlighted that the Orkney numbers were very small which produced lots of variation in the data so noted the importance of focusing on the actual figures. The cyclical variations were also noted and members were advised these could be linked with the visits of the breast screening van. The importance of continued promotion of breast and bowel screening was highlighted.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance from the information provided.

### 493 **Effective Cancer Access Performance Management – CCGC 1819-32**

The Medical Director presented the report and confirmed that the self assessment had been submitted to Scottish Government.

The assessment had been completed in response to government concerns about deteriorating cancer performance across Scotland and had highlighted good performance in many areas. However opportunities for improvement were noted and included engagement with GP practices, lack of clear dialogue with GPs when referrals were downgraded from urgent to routine and issues around direct access to diagnostic services.

The Interim Chief Executive noted a plan to raise and address the issues identified through the GP Sub Committee.

S Johnston highlighted that the referral for suspicion of cancer guidelines had been revised since this report was written.

L Wilson queried whether the February 2018 Scottish Public Services Ombudsman report on NHS Fife, regarding removal from cancer referral pathways without an multi disciplinary team meeting, had been considered and the Interim Chief Executive expected that it would have been included in the assessment.

## **Decision / Conclusion**

The Committee noted the report, took assurance from the information provided and requested its addition to the action log. Further updates would be submitted to the Quality and Safety

Group before returning to the committee.

## **Policy Ratification**

### 494 **Hospital Standardised Mortality Ratio (HSMR) Policy – CCGC1819-33**

The Medical Director presented the HSMR policy for approval and described how the tool was used to help monitor hospital mortality and identify opportunities for improving patient care.

He noted that the process had been running for many years, but the policy was due for review. He highlighted that the focus was to review local data and trends rather than a comparison with others and members were assured that despite some random variation NHS Orkney were doing well with generally positive or improving trends.

#### **Decision / Conclusion**

The Committee welcomed and approved the HSMR policy.

### 495 **NHS Corporate Parenting Plan – CCGC 1819-34**

The Head of Children's Services presented the NHS Corporate Parenting Plan for information and implementation approval advising that submission had been delayed to ensure wider consultation, including local care experiences of young people which was now complete.

She also noted the legal responsibility to report every three years but highlighted the ambition to update the committee annually to provide assurance that responsibilities were being met. A future aim was for child friendly wording to be used in updated versions of the plan.

Members questioned the number of plans for Orkney and were advised that whilst there were currently two there was an agreed plan for them to be joined as soon as possible with coordination from the children's group.

S Sankey highlighted differences on the numbers in accommodation and M Swannie advised that the variance related to the number of siblings.

#### **Decision / Conclusion**

The Committee welcomed and approved the policy implementation.

### 496 **Policy on Management of Bruising and Injuries – CCGC 1819-35**

The Head of Children's Services presented the Policy on the Management of Bruising and Injuries for approval. The policy had been written alongside NHS Grampian, had wide consultation and was approved at the July 2018 meeting of the Quality and Safety Group.

#### **Decision / Conclusion**

The Committee welcomed and approved the Policy on Management of Bruising and Injuries noting it as well written and easy to read.

## Medicines management

### 497 Director of Pharmacy Annual Report CCGC1819-36

The Director of Pharmacy presented the Director of Pharmacy Annual Report advising it aimed to provide one update on a number of key pharmacy issues.

#### Wholesale Dealing Arrangements

NHS Orkney had been required to adopt a new model for medicine purchase. Historically medicines were procured by NHS Grampian, but a change in legislation had led to the termination of the arrangement and the need for local procurement. The risks and benefits were highlighted in the report, but it was noted that medicines shortages would increasingly impact, however these would be more likely linked to the predicted pressures of Brexit rather than the move to local procurement.

The Interim Chief Executive queried the cause of increased shortages and was advised that there were various factors, but key contributors were the 40% removal of generic medicines from the market due to manufacturing licence changes as well as dynamic market activity.

It was also noted that care was needed to avoid individual stockpiling.

#### Community Pharmacy Dispensing

The Director Pharmacy highlighted that the Chronic Medication Scheme had been slow to start in Orkney, but a new more streamlined chronic medicines systems was now in place so introduction should be anticipated.

#### Controlled Drug Governance

Compliance with controlled drugs governance was noted as initially poor with only a composite average of 14% after inaugural inspections in 2017, but the demonstrable improvement to 90% in the second round of inspections was highlighted. Whilst it was noted that Orkney factors meant full compliance would be difficult to achieve the inspections had flagged issues which required further investigation.

The Interim Chief Executive queried whether there were still concerns around the delivery of drugs and specifically the delivery arrangements when GP practices were closed and it was noted that whilst there had been improvements there were still issues to be addressed. It was confirmed that deliveries could include controlled drugs.

M Roos asked if difficulties from further central directions were anticipated and it was confirmed that whilst some parts were positive improvements other elements of national guidance around controlled drugs could be challenging for remote locations and members noted the requirement to balance the compliance with patient need.

The Director of Pharmacy highlighted the use of just in case boxes as one example of work to address such issues by the encouragement of planning the management of end of life care.

#### Discharge from Hospital

Increasing weekend and out of hours discharges from hospital were highlighted and it was understood that further discussions would take place around how this could be minimized.

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It was noted that medicines as a high spending line was often discussed at Integrated Joint Board meetings and the tables indicating good performance were highlighted. The cost differences between Orkney and Shetland were explained and the low prescribing of antibiotics across both primary and secondary care was noted as a positive.

The Director of Pharmacy advised members that Orkney prescribing was of a high standard and Orkney's position on comparative tables was positive, however he highlighted a concern that there could be some under prescribing. He also noted that there was very little rationale for the variances, but highlighted the impact of high cost patients in small practices. He noted that bigger practices had smaller variations, but confirmed a pharmacist was reviewing the implications of the data for each practice.

The Interim Chief Executive noted that ten years ago NHS Orkney was second from the bottom of the table and had worked really hard to improve. He confirmed there was no plan to look for additional savings from this area of work.

R King noted the first item in the report around attendance at the Area Drugs Therapeutic Committee and wondered if some of the issues raised could have been addressed at that level.

The Director of Pharmacy felt that better integration of policies with NHS Grampian and the significant outputs from the Quality and Safety Group would reduce the need for Area Drugs Therapeutic Committee to work as a strategic committee and thought it should now be an operational working group.

R King also highlighted concerns around the interruption of prescribed medicine supplies from Aberdeen.

The Director of Pharmacy confirmed that some drugs were prescribed by Grampian for in patients transferred to Orkney, but these would continue to be prescribed on a specific patient basis.

In response to discussion the Director of Pharmacy confirmed that since the end of August pharmacists in GP practices had been funded from the Primary Care Improvement Fund, so whilst full pharmacist integration within GP practices was challenging, successful recruitment would lead to integration and improvement.

The Interim Chief Executive queried the committees request to add a specific medicines shortage risk to the Corporate Risk Register and members advised it related to concerns around the supply of medicines and a desire to specifically flag the issue to ensure it was not lost amongst the multitude of broader Brexit issues raised by other forums.

The Interim Chief Executive advised members that the risks associated with Brexit were already identified on the Corporate Risk Register and provided assurance that it was his role along with the Brexit Working Group to ensure all concerns were included and addressed.

M Roos highlighted a parallel with incident risk management in that the addition of a risk to the register triggers a management responsibility to address the issue identified.

## **Decision / Conclusion**

The Committee welcomed the report and found it informative and readable. The Director of



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Pharmacy agreed he would produce the report annually and the Interim Chief Executive assured the committee that any ongoing issues would be brought to the committee as required.

## **Person Centered Care**

### **498 Patient Experience Quarterly Report for period ended 30 June 2018 CCGC1819-37**

The Director of Nursing, Midwifery and Allied Health Professions presented the report to provide assurance on the key performance indicators noted.

R King noted that the Community Mental Health team complaints were related to access and continuity of access to services and that joint work to address this was in progress. The lack of a consultant psychiatrist was also noted as having negative implications on service improvement.

S Johnston confirmed that the Quality and Safety group had noted the positive impact of joined up processes of incident reporting and patient complaints.

A query regarding the reasons for submission of complaints via an MSP was raised and the Interim Chief Executive responded that they were varied. Whilst some complainants would have engaged with the service already and contacted their MSP because they remained unsatisfied with the answer, others chose the route out of preference or a desire to seek an advocate.

Members welcomed the report, were impressed by the resolutions at stage one, but were keen to encourage the addition of further detail to underpin and explain the figures. The request was noted, but the need to ensure the small numbers did not lead to the inclusion of patient identifiable information was highlighted.

## **Decision / Conclusion**

The Committee reviewed the report and took assurance from the information provided.

## **Population Health**

499 No reports this meeting

## **Social Work and Social Care**

### **500 Chief Social Work Officer's Quarterly Report – CCGC1819-38**

The Chief Social Worker Officer presented the report providing information relating to current and recent themes emerging from the Social Work and Social Care Governance Group meetings held in June and August 2018

It was noted that the report focused on the implementation of new governance structures and the establishment of improvement groups. Whilst progress had been made, capacity challenges and an ongoing debate relating to service delivery models were highlighted.

I Grieve queried how all the services worked together and whether there was a need for other groups to work together on both operational and planning issues.

The Chief Social Worker Officer noted a move to a contemporary approach to social work with

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generic social work teams and hoped to have a further update on progress in December.

## **Decision / Conclusion**

The Committee noted the report and took assurance on performance

### 501 **Minutes of Social and Social Work Governance Group 5 June and 22 August 2018**

The Committee noted the minutes of the Social and Social Work Governance Group

## **Chair's reports from Governance Committees**

502 No reports were included with the papers for the meeting but S Johnston highlighted a recent Area Clinic Forum meeting and noted a further update on the Autism pathway and the completion of the Palliative Care Pathway.

## **Risk**

### 503 **Risk Register Report – CCGC1819-39**

The Medical Director presented the risk register report to members and highlighted the updated and revised format which allocated risks by function rather than committee.

S Johnston noted that the revised document established a new baseline and members welcomed the thematic format.

The Interim Chief Executive highlighted the need for a further board review session on risk for the new year.

## **Decision/Conclusion**

The Committee reviewed the report and took assurance on performance.

### 504 **Agree risks to be escalated to the Audit Committee**

No risks were required to be escalated to the Audit Committee.

### 505 **Emerging Issues**

The Interim Chief Executive highlighted Clinical Waste Disposal as a current press issue and assured members that it was being well managed across Scotland.

The Director of Nursing, Midwifery and Allied Health Professions noted the Safe Staffing bill and advised a paper would be submitted to the next meeting.

### 506 **Any other competent business**

No other competent business

### 507 **Agree items to be brought to Board or Governance Committees attention**

It was agreed to raise the following issues to the Board through the chair's report:

- Detect cancer early

- HSMR Policy approved
- Highlight Corporate Parenting Plan

## **Items for Information and noting only**

### 508 **Information sharing – child protection**

Members noted the information provided

### **Schedule of Meetings**

The Committee noted the schedule of meetings for 2018/19.

### 509 **Record of Attendance**

The Committee noted the record of attendance.

### 510 **Committee Evaluation**

The Interim Chief Executive was keen for committee evaluations to be completed and highlighted the excellent nature and level of the meeting. Members agreed that concise and well written reports reduced the papers burden and ensured a more focused and productive meeting