

# Minute

# NHS Tayside

## Tayside NHS Board

### CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 13:30 on **Thursday 11 August 2016** in the Board Room, King's Cross, Dundee.

#### Present

|                          |  |
|--------------------------|--|
| Professor John Connell   | Chair, Tayside NHS Board                               |
| Dr Andrew Cowie          | Non-Executive Member, Tayside NHS Board                |
| Mrs Linda Dunion         | Non-Executive Member, Tayside NHS Board                |
| Cllr Glennis Middleton   | Non-Executive Member, Tayside NHS Board                |
| Mrs Alison Rogers        | Non-Executive Member, Tayside NHS Board <b>(Chair)</b> |
| Professor Andrew Russell | Medical Director, Tayside NHS Board                    |
| Professor Margaret Smith | Non-Executive Member, Tayside NHS Board                |

#### Apologies

|                      |   |
|----------------------|---|
| Mrs Gillian Costello | Nurse Director, Tayside NHS Board       |
| Mrs Judith Golden    | Non-Executive Member, Tayside NHS Board |
| Mr Stephen Hay       | Non-Executive Member, Tayside NHS Board |
| Ms Lesley McLay      | Chief Executive, NHS Tayside            |

#### In Attendance

|                     |   |
|---------------------|---|
| Mr Alan Cook        | Medical Director - Operational Unit and Consultant, NHS Tayside |
| Ms Margaret Dunning | Board Secretary, Tayside NHS Board                              |
| Mrs Alison Hodge    | Committee Support Officer, NHS Tayside                          |

#### Mrs Alison Rogers in the Chair

#### 1 APOLOGIES

The apologies were noted as above.

#### 2 WELCOME AND INTRODUCTION

Mrs Rogers welcomed everyone to the meeting. Ms Donna Kelbie was attending with Ms Tracey Passway on behalf of Ms Arlene Napier.

#### 3 MINUTE OF PREVIOUS MEETING

##### 3.1 Minute of the Clinical and Care Governance Committee Open Business held on 12 May 2016

There were no comments in relation to this minute. The minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 12 May 2016 was approved as an accurate record on the motion of Ms Linda Dunion and Professor Andrew Russell.

#### The Committee:

- Approved the minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 12 May 2016

#### ACTION

### **3.2 Action Points Update Clinical and Care Governance Committee 11 August 2016 Open Business**

The Medical Director provided a verbal update on the following:

#### **4. Clinical Services Strategy**

The Medical Director advised the Shaping Surgical Services Strategy would go to the Tayside NHS Board in October 2016.

#### **6. Draft Clinical and Care Governance Committee Terms of Reference 2016-17**

In relation to the development of a governance diagram the Medical Director advised that some issues were being progressed.

The remainder of the action points were contained within reports on the agenda.

#### **The Committee:**

- Noted the verbal update

### **3.4 Matters Arising**

There were no matters arising.

### **4 Declaration of Interests**

There were no declarations of interests.

### **5 Governance**

#### **Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business**

#### **The Committee:**

- Noted the Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

### **7 Assurance**

#### **7.1 Strategic Risks Aligned to the Clinical and Care Governance Committee (CCGC/2016/26)**

Ms Hilary Walker was in attendance to facilitate the risk discussion. There was a short discussion and explanation of the three levels of risk: strategic, organisational and service level.

Ms Walker advised that the report provided a position statement for activity during 2015/16. There were currently seven strategic clinical risks that reported to the Clinical and Care Governance Committee.

From the report Ms Walker highlighted that the Maternity Services risk had achieved the planned risk exposure and consideration should be given to archiving this risk or consider as a service level risk for Maternity Services.

The Committee noted that the Managed/ 2C General Practice Provision Risk had been circulated in draft for comments to the risk owner/manager and would be aligned to the Clinical and Care Governance Committee. The owner of this risk is the Medical Director and the manager is the Associate Medical Director, Primary Care.

There was a discussion on the assurance report (approved by the Tayside NHS Board) for use when providing assurance to Standing Committees. It was agreed that the assurance report template would be used for all future reporting of strategic clinical risks to the Committee.

Ms Dunning commented that Strategic Risk Reports were an important source of assurance and would enable the Committee to be aware of the steps that were being taken to mitigate risk within NHS Tayside.

Following discussion the Committee requested that the covering table be provided to show the position on a rolling basis month to month in order to enable a trend analysis.

H Walker

It was agreed, going forward, that Datix reports would not be required but could be included as a separate appendix for information.

## **15 Delivering Care for Older People**

Owner – Gillian Costello  
No change to the owner

Yellow Risk  
No change to the scoring of this risk

This risk was last updated on 12 July 2016 and continued to be updated by the risk manager after each meeting of the NHS Tayside Older Peoples Clinical Board. The risk review date would be 25 October 2016.

## **16 Clinical Governance**

Owner – Andrew Russell  
No change to the owner

Amber Risk  
Change to the scoring of this risk

The risk was downgraded in April 2016 and was reported at the CCGC. The risk is continually reviewed by the Head of Clinical Governance and Risk.

## **22 Health Protection of Children and Young People**

Owner – Gillian Costello  
No change to the owner

Yellow Risk  
No change to the scoring of this risk.

The Committee noted that there would be a review of this risk wc 15 August 2016. The current risk owner is retiring and consideration will be given to a new risk manager. Noted also that the Angus Inspection may impact on the risk score.

## **23 Mental Health Services**

Owner – Karen Ozden  
No change to the owner

Risk now an Operational Risk  
(Mental Health Services Quality Improvement)

Ms Walker advised that this risk had been updated and downgraded in status to an operational risk to focus on improvement work. It has been replaced by new strategic risk reference 395. There will be further discussion at the Strategic Risk Management Group on 15 August 2016 in respect of the owner and manager.

## **121 Person Centredness**

Owner – Gillian Costello  
No change to the owner

Yellow Risk  
No change to the scoring of this risk

There were no issues to be highlighted to the Committee.

## **144 Maternity Services**

Owner – Gillian Costello  
No change to the owner

Amber Risk  
No change to the scoring of this risk

Previously discussed.

## **302 PRI Patient Flow**

Owner – Alan Cook  
No change to the owner

Amber Risk  
A change to the scoring of this risk

Dr Cook advised that the risk had been downgraded on 3 August 2016. The next review would be on 3 November 2016.

The Committee provided feedback on the current method used for providing assurance to the CCGC. It was agreed that an early warning on risks would be beneficial to highlight emerging issues.

The Medical Director highlighted the importance of the CQF risk discussions to provide assurance to the Committee.

### **The Committee:**

- Noted the update
- Noted that the risk assurance template would be used for future strategic risk reporting with the option of Datix print outs

## **7.2 Annual Report of the NHS Tayside Donation Committee 2015-2016 (CCGC/2016/27)**

Dr Stephen Cole was in attendance for this report. The Committee noted that the NHS Tayside Donation Committee was jointly Chaired by Dr Cole and Professor Connell.

Dr Cole advised that the Donation Committee met four times per year and was made up of a mixture of lay and professional persons. The remit of the Committee was to ensure that all opportunities for donation within NHS Tayside were met.

The Donation Committee focussed on:

- Encouraging public engagement
- Liaison with the media to raise awareness to maximise donation opportunities in Angus, Dundee and Perth and Kinross

Dr Cole advised that there had been a significant increase in people signing donation forms. Donation could only be considered if the patient dies within an intensive care environment.

The Committee noted that last year there were 22 organs available and 19 individuals

had received life saving surgery in NHS Tayside.

Dr Cole explained that organ transplant was life changing for an individual but could be viewed as a cost effective option and discussed the example of a patient receiving dialysis and treatment versus receiving a kidney transplant.

There was a short discussion on the opt in option scheme in Scotland and the soft opt out option scheme in Wales.

Dr Cole advised that Scottish Government and the Scottish Donation Transplant Group were developing legislation for a soft opt out option system.

Dr Cole highlighted the some of the challenges faced:

- There is a national shortage of Intensive Care (ICU) beds and this was an impediment
- Nationally and locally one quarter of the patients say no to organ transplant
- Funding will always required to generate publicity

The Medical Director commended the outcomes of the Donation Committee that NHS Tayside adopted an impressive holistic approach to organ donation.

**The Committee:**

- Noted the NHS Tayside Donation Committee Annual Report 2015-2016
- Commended the outcomes of the Committee and its approach to maximising donation opportunities within NHS Tayside

### **7.3 NHS Tayside's Annual Feedback Report 2015/16 (CCGC/2016/35)**

The Annual report for 2015-16 detailed the issues raised and the learning, actions and improvements made, or proposed, in response to the feedback received between 1 April 2015 and 31 March 2016. Ms Sarah Lowry was in attendance for this report.

The Annual report was positively received by the Committee and the links to access more information was highlighted as being beneficial.

Ms Lowry advised that in 2015/16 there was strong focus on encouraging feedback and that the development of validated tools for the collection of patient feedback was progressing well. The team were now exploring how to spread this success to other areas.

The Committee were encouraged by the creativity and the different approaches that were being made to obtain feedback.

It was noted, however, that there was still a reliance on IT to obtain feedback. A question was asked about how feedback was collated from people with learning disabilities and travelling community. Ms Lowry acknowledged that there were still hard to reach groups and that the feedback team were working closely with Partnership Forums and the third sector to improve this.

The report described areas where there were challenges:

- The timescales associated with complaints
- The spread of learning to other areas of the organisation

There were concerns raised in relation to the fall in complaints response time to 46%.

There was a further discussion on response letters and whether they were unnecessarily complex and if they could be simplified.

It was highlighted that in relation to Health and Social Care Partnership complaints and NHS sign off it was important that there was no further delay to reply letters.

The Committee noted that the Annual report is required to be submitted to the Scottish Government and the Health Improvement Scotland by 30 June 2016. Feedback on the NHS Tayside submission would be expected in October 2016.

The Committee were advised that there would be a review of complaints handling and a national review of the process during 2016-2017. Noted that the Nurse Director, the Chief Operating Officer and an external consultant would be supporting this review.

The Committee were advised that feedback and complaints were discussed regularly at Senior Leadership Team meetings and at Performance Review meetings.

Information in relation to actions that have taken place and spread of learning from complaints is now being discussed Performance Review meetings.

**The Committee:**

- Noted the report
- Acknowledged that there had been an improvement in the quality of the Annual Feedback Report year on year
- Noted the different approaches and the role of the volunteers
- Agreed that going forward it was important to ensure that there was engagement with providers of care (HSCI)
- Noted the work of the Performance Review to close the loop

#### **7.4 Safer Management of Controlled Drugs (CDs) 2015/16 (CCGC/2016/36)**

Ms Lucy Burrow and Ms Frances Rooney were in attendance for this report which was submitted annually to the Committee by the Controlled Drugs Accountable Officer.

From the report the Committee noted the responsibilities of the Controlled Drugs Accountable Officer:

- Ensuring safe and effective management of controlled drugs
- Routine monitoring of the use of controlled drugs
- Inspection of relevant premises
- Ensuring suitable arrangements for the disposal of controlled drugs
- Gathering and sharing of intelligence
- Investigation concerns
- Providing support and advice

Ms Rooney highlighted that the Local Intelligence Network was well developed in Tayside and that there was a strong national collaborative.

The Committee had no questions in relation to this report.

**The Committee:**

- Noted the report which provided assurance regarding local implementation of the strengthened governance arrangements for the safer management of controlled drugs

- 7.5 Clinical Governance and Risk Management Update (1.2.16 – 31.3.16) (CCGC/2016/28)**
- 7.6 Clinical Governance and Risk Management Update (1.4.16 – 31.5.16) (CCGC/2016/29)**

Ms Tracey Passway and Ms Donna Kelbie were in attendance for the report. The Committee had no questions in relation to the two reports. Mrs Rogers acknowledged that the report had evolved and was now easier for the Committee to read and interpret.

**The Committee:**

- Noted the reports and the activity by the Clinical Governance and Risk Management Team

**7.7 Scottish Patient Safety Programme in Primary Care Report (CCGC/2016/30)**

Ms Diane Campbell was in attendance for this report. The report provided the Committee with an update on patient safety activity undertaken by General Practices (GPS) as part of the Scottish Patient Programme during year three and the areas for focus for the next year.

The Committee noted that thirty GP practices had signed up to use the Results Handling Programme as a substitute for the Trigger Tool SQ007(S) and Climate Survey QS008 (S).

The Quality and Outcomes Framework was dismantled in April 2016 and the Quality and Safety Indicators QS007 and QS008 are no longer part of the General Medical Services Contract.

The Committee noted that there had been a Sharing and Learning event for results Handling event in June 2016. GP Practices are being encouraged to focus on the deteriorating patient and awareness sessions in respect of the introduction of the National Early Warning System (NEWS) had taken place ahead of the its introduction on 1 August 2016.

Ms Campbell advised that there was a newsletter to keep GP practices updated on the Patient Safety work.

In addition to this a new Area Drugs and Therapeutic Committee for Medicines Safety and Quality has been set up to take forward Medicines Safety.

**The Committee:**

- Noted the report and progress
- Acknowledged the work to improve safety in Primary Care including results handling, deteriorating patient and medicines harm

**7.8 Scottish Patient Safety Programme Acute Adult Report (CCGC/2016/37)**

Ms Diane Campbell was in attendance for this report. As previously agreed at the Tayside NHS Board a selection of Patient Safety reports would be provided to the Committee over a period of twelve months.

Ms Campbell highlighted that this report had been considered by the CQF on 18 July 2016 and the following actions were agreed:

- To minimise the data burden work would be required to ensure, where possible

the Performance Reviews provide assurance on the ten essentials of safety and the core elements of the Scottish Patient Safety Programme

- To avoid unnecessary duplication, reports that are used locally to provide assurance would also be used to provide Health Care Improvement Scotland with NHS Tayside's progress against the aims of the Acute Adult programme

From the detail in the report the Committee noted that at the end of 2015 the Acute Adult programme undertook a 90 day process to consider the content and delivery method of the next stage of the SPSP. The recommendations were as follows:

- 2016-2017 would be transitional year to build on the progress with existing workstreams
- The focus of national reporting would be on outcomes where possible
- The focus on process measures as a key component of the improvement work locally will remain
- National support for testing of process measures will concentrate on the development of guidance on potential process measures and, where required, advice on which ones to test

The Medical Director highlighted the importance of the work around the avoidance of duplication and the reduction of data. This was as a good example of seeing the links to the CQF, Performance Reviews and providing assurance.

#### **The Committee:**

- Noted that requirements and challenges of reporting the Scottish Patient Safety Programme – Acute Adult programme and the progress and plans to date

### **7.9 Out of Hours Service Update (CCGC/2016/44)**

Ms Jillian Galloway, Ms Sue Mackie and Dr Michelle Watts were in attendance for this report. The report provided the Committee with an updated position in respect of the Out of Hours service.

The Out of Hours service was currently managed through the hub at Kings Cross Health and Community Care Centre. Care is being delivered in patient's homes and in each of the Primary Care Emergency Centres (PCEC) in Kings Cross, PRI and Arbroath Infirmary.

The Out of Hours Service was consolidated at the Out of Hours Hub at the Kings Cross Health and Community Care Centre in September 2015. During this period there has been consideration given to what was required to ensure the safe delivery of the service.

The team has worked with GP's in Perth and Kinross and short surgeries have been running from Spring 2016. There has also been a nurse led service in Perth Primary Care Emergency centre (PCEC).

Ms Galloway advised that canvassing with GPs was successful and First5® salaried and sessional GPs were now in place.

NHS Tayside has successfully bid for:

- Additional shift/ roving GP in Perth and Kinross to support patients in their home who were unable to travel to Dundee
- Establish a nurse led telephone triage service within the Out of Hours Service
- Introduced band 2 Health Care Assistants to release Band 5 nursing time to continue to redirect patients safely



- To run a test of change in partnership with the Emergency Medicine Department to support co-working between the two departments by having a Senior Primary Care Nurse in Emergency Medicine at peak times at the weekend to support Emergency Medicine with patients presenting with primary care issues

Dr Watts advised that there had generally been an improvement and this has been well supported and positively received. Newer doctors (First5® GP's) are being recruited due to the refreshed Out Of Hours environment.

Dr Watts added that although changes have been made we are moving into the winter period and there is not yet a level of confidence that a sustainable situation has been reached.

It was agreed that the Committee should receive a further report in February 2017 to include an update on the National Implementation Plan.

The Committee highlighted the importance of the general public being aware of the services that are available via regular updates from the Communications department.

Dr Cowie requested information in respect of the red incident on the last page of Appendix 1. Ms Galloway advised that she would respond directly to Dr Cowie with this information.

The Medical Director acknowledged the enormity of professional and personal commitment to ensure the Out of Hours Service operated.

Dr Watts highlighted:

- The requirement for robust recruitment and retention for GPs, Occupational therapists, pharmacy and nursing staff to ensure sustainable models of care
- Development of relationships with the Scottish Ambulance Service in respect of primary responders
- The need to improve the interface with IT systems

#### **The Committee:**

- Noted and supported the work undertaken to date by the service to support the safe delivery of the Out of Hours Service going forward
- Noted the current position and arrangements within the out of hours service to ensure adequate safe levels of cover within the out of hours service and maintain patient safety
- Support the ongoing/ future work and further pilots to further improve the service and to develop a more integrated service between in and out of hours and a multidisciplinary approach to delivering the service
- Acknowledged the enormity of professional and personal commitment that has been made to ensure the Out of Hours Service operated
- Noted that a sustainable situation would be required for the winter period
- Noted that a further report to the Committee in February 2016 would include information on the national plan
- Agreed the importance of the population knowing when to contact the Out of Hours service

J Galloway  
M Watts

## **8 Local and National Reports**

### **8.1 Mental Welfare Commission Report of the announced visit to Rohallion Secure Care Clinic (CCGC/2016/41)**

The announced visit to the Rohallion Clinic took place on 10 March 2016. The Medical Director highlighted that the report detailed positive comments about the service and that there were no recommendations.

The Commission highlighted the following areas of good practice:

- Care, treatment, support and participation
- Participation
- Care planning
- Rights and restrictions including specified persons arrangements
- Activity and occupation
- The physical environment
- Engagement with carers

Mrs Rogers acknowledged that this was a very positive report and congratulated Dr Ozden and her team.

The Medical Director extended an invite to Board members to visit to Rohallion Secure Care Clinic.

**The Committee:**

- Noted the content of the report and the very positive comments as described in the Mental Welfare Commission Report
- Noted the value of the financial investment and time commitment made by the service to the Royal College of Psychiatrists Quality Network for Forensic Care

## **9 Policies and Guidance**

### **9.1 Duty of Candour Update (CCGC/2016/38)**

Ms Walker was in attendance for this report. The report provided an update on progress in relation to the development of the Duty of Candour guidelines. The remit of the Scottish Government Duty of Candour sub group was attached for information. She advised that November 2016 report to the Committee would include the formal report on the workshop.

Ms Walker confirmed that the Duty of Candour would not be a specific policy but would be contained within the current Adverse Event Policy. Noted that the Adverse Event Policy was currently being reviewed.

Ms Walker advised that there was a test module in the Datix system to look at information that would be included in respect of the Duty of Candour requirements.

Mrs Rogers requested an update at each meeting.

H Walker

**The Committee:**

- Noted report and the progress to date in relation to the development of the Duty of Candour guidelines

### **9.2 Extravasation Policy (CCGC/2016/31)**

### **9.3 Covert Medication Policy (CCGC/2016/32)**

### **9.4 Prescribing of Non Formulatory Medicines (including Individual Patient Treatment**

## **Requests) (CCGC/2016/33)**

### **9.5 Review of the Policy for Records and record Keeping for Nursing and Midwifery Staff (CCGC/2016/34)**

The Medical Director confirmed that each of the policies had received a significant level of scrutiny at the Clinical Quality Forum (CQF) and the Area Drug and Therapeutics Committee (ADTC).

There was a short discussion on the practicalities of the implementation of the Prescribing of Non Formulatory Medicines Policy. This would be progressed outwith the meeting.

#### **The Committee:**

Adopted the following Policies:

- Extravasation Policy
- Covert Medication Policy
- Prescribing of Non Formulatory Medicines (including Individual Patient Treatment Requests)
- Review of the Policy for Records and record Keeping for Nursing and Midwifery Staff

## **10 Items for information and action as required**

### **10.1 Record of Attendance**

#### **The Committee:**

Noted the record of attendance

## **11 Items for internal and external Communication**

The Committee highlighted the Out of Hours Service for further communication.

## **12 AOCB**

No items.

**For Governance Reasons, it is proposed that the following items be taken in Reserved Business**

**In accordance with the Freedom of Information (Scotland) Act 2002 Section 30**

## **13 Minute of the previous meeting**

### **13.1 Minute of the Clinical and Care Governance Committee Reserved Business 12 May 2016**

#### **The Committee:**

- The minute of the Reserved Business of the Clinical and Care Governance Committee held on Thursday 12 May 2016 was approved as an accurate record on the motion of Ms Linda Dunion and Professor Andrew Russell.

### **13.2 Action Points Update Clinical and Care Governance Committee 11 August 2016**

**The Committee:**

- Noted the Action Points Update

**14 Items for Discussion**

**14.1 Chair's Assurance Report for the Clinical Quality Forum (CQF) meeting held on 23 May 2016 (CCGC/2016/45)**

**The Committee:**

- Noted Chairs Assurance Report for the Clinical Quality Forum (CQF) Action Note 23 May 2016

**14.2 Perth Royal Infirmary – Strategic Risk ID302 – Key Measures (CCGC/2016/42)**

**The Committee:**

- Noted the performance against key measures
- Noted how the risk stratification score had been used to review and reduce the risk exposure rating
- Requested an update at each meeting

**14.3 Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice (CCGC/2016/39)**

**The Committee:**

- Noted the updated position in respect of the progress that had been made
- Noted the content of the detailed action plan
- Noted that the risks associated with the Improvement Notice were being actively mitigated, managed and controlled
- Noted that the risks associated with the Improvement Notice had an appropriate level of governance, assurance and reporting through the Committee
- Noted the updated position in respect of the progress that has been made and recognised that there would be delays due to procurement procedures due to costs being above an identified level
- Noted that plans were in place to progress procurement via the Finance and Resources Committee
- Required assurances from both NHS Tayside and Perth & Kinross Health and Social Care Partnership (HSCP) that continuity of managerial responsibility and professional leadership of Mental Health will be maintained, that oversight of the HSE action plan will continue and that clarity regarding accountability within the new hosting arrangement will be reached as soon as possible
- The Committee requested a report from the Accountable Officer at its next meeting in November 2016

**14.4 Care Inspectorate: Services for Children and Young People in Tayside**

**The Committee:**

- Noted that there would be a report at the next meeting

**In accordance with the Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38**

**15 Items for Discussion**

**15.1 Scottish Public Services Ombudsman Reports (CCGC/2016/43)**

**The Committee:**

- Noted the report and the learning outcomes for NHS Tayside
- Requested additional information regarding the current status regarding learning outcomes relating to the complaints
- Requested that future reports to the Committee contain information on any Procurator Fiscal reviews, recommendations from health following FAI outcomes

**15.2 Public Health Directorate Performance Review Framework Period 1 April – 31 July 2016 (CCGC/2016/40)**

**The Committee:**

- Noted the report

**15.3 NHS Education for Scotland (NES) triggered visit to Stracathro Hospital**

**The Committee:**

- Noted the verbal update and that the formal report of the visit was awaited

**16 Items for information and action as required**

No items

**17 AOCB**

The Medical Director led a short discussion on Performance Review meetings.

**18 DATE OF NEXT MEETING**

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 10 November 2016 at 1:30pm within the Board Room, Kings Cross.

Subject to any amendments recorded in the Minute of the subsequent meeting of the committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Clinical and Care Governance Committee held on 11 August 2016 and was approved by the Clinical and Care Governance Committee at its meeting held on 10 November 2016.

**CHAIR**

**DATE**