

**Minutes of NHS Shetland Clinical Care and Professional Governance
Committee (CCPGC)
Held on Tuesday 11th February 2020
Bressay Room, Montfield**

Present

Jane Haswell	Chair
Allison Duncan	Chair of SIC Audit Committee
Malcolm Bell	Non Executive Member, NHS Shetland & SIC Representative
Lincoln Carroll	Chair of NHS Shetland Audit Committee
Robbie McGregor	SIC Councillor & Member of the IJB

In attendance

Brian Chittick	Interim Medical Director/ Dental Director NHS Shetland
Michael Dickson	Chief Executive, NHS Shetland
Kathleen Carolan	Director of Nursing & Acute Services, NHS Shetland
Emma Garside	Clinical Governance & Risk Lead, NHS Shetland
Simon Bokor Ingram	Director of Community Health and Social Care, NHS Shetland
Denise Morgan	Executive Manager Criminal Justice & Interim Chief Social Work Officer, SIC
Colin Marsland	Director of Finance, NHS Shetland
Lisa Gray	PA to the Director of Nursing, NHS Shetland (minute taker)

There was a round of introductions as this was the first meeting of the NHS Shetland Chief Executive.

1 Apologies

Apologies for absence were received on behalf of:
Emma Macdonald; Chair of IJB Audit Committee, Shona Manson; Non-Executive Member of Health Board, Edna Mary Watson; Chair of Area Clinical Forum & Non Executive Member of NHS Shetland, George Smith; SIC Councillor & Chair of SIC Education & Families Committee, Ian Sandilands; Employee Director of NHS Shetland, Susanne Gens; Staff Representative of SIC, Maggie Sandison; Chief Executive, SIC, Chris Nicolson; Director of Pharmacy, NHS Shetland.

2 Declaration(s) of Interest

There were no declarations of interest to note.

3 Minutes of the meeting held on 28th May 2019

It was reported there were no points of accuracy, the minutes were approved as a true and accurate record.

4 Matters arising from the minutes

The chair highlighted some items but stated that these would all be covered by agenda items. Denise Morgan stated in point 5 there is a request for a report around strategic

projects but informed the committee that this will be generated through the Integrated Joint Board and could be removed.

5 Joint Governance Group (JGG) 4th February 2020 – Agenda and Key Actions

Brian Chittick briefed the committee on the content of the JGG meeting stating it was a full agenda with a number of presentations including those on the National Best Start Project from Kate Kenmure which is a five year plan on Maternity and neonatal services in Scotland which is reviewing models of care and workforce aspects. There was then a presentation on blood transfusion in Shetland which was centred on the report from the Scottish National Blood Transfusion Service (SNBTS) which had come from 2 questionnaires that had been completed by all Scottish Boards in 2015 and 2018 there were two reports arising from these. These reports have highlighted that there is an increasing risk in NHS Shetland providing a blood transfusion service, however it stated the reports had no remote and rural consideration. Other Island Boards do not match bloods so there were no comparisons. Following the presentations JGG members discussed the impact of changing blood services and the possibility this would create an increase in patients having to travel off island for elective services. Mr Chittick, in conjunction with the Laboratory staff would be carrying out a risk assessment on current service provision and new suggested provisions and would feedback results accordingly. There was an Excellence in Care presentation given which was similar to the one already given to this committee. Mr Chittick said there was work around Early Warning Scores (EWS) on improving the utility of NEWS including an early consideration of sepsis. Mrs Denise Morgan provided an audit update on Scotland.

6. Quality Score Card

Mr Chittick went through the scorecard for the committee highlighting that Alcohol Brief Interventions (ABI's) were high on the agenda for Health Improvements works. In relation to Sepsis figures, Mr Chittick reported that job plans for consultant anaesthetists are nearing completion and will include an audit on sepsis, he also informed the committee that there are 6 staff coming from Aberdeen to undertake sepsis training for staff. Pressure ulcers were noted from the score card and Mr Chittick said there was work both in community and hospital to ensure these are recorded on the datix system and are then discussed at senior charge nurses meeting and departmental meetings. There was a group discussion around pressure sores and how when patients are released from hospital, how the community staff are aware of pressure sore issues, and how to ensure long term ongoing care is provided. Denise Morgan asked if there were any figures relating to patients being admitted to hospital from care with pressure sores, Mr Chittick confirmed he would look into this and see if there was any data available. Mr Chittick informed the committee that the patient safety conversation section of the scorecard was empty as was currently under review, and were looking at introducing a self-assessment element into the patient safety conversations and have identified a pilot area and will be providing feedback and results in due course.

Mr McGregor asked in relation to this data and that of ABI's was there a possibility that the work was indeed being carried out but not being properly recorded and as a result the information coming to this committee and to Scottish Government may not be accurate and reflect badly on that area. Denise Morgan stated from a social work point of view it was a concern that the accuracy of data going to the government is not complete, but that there is a new system coming into place soon which is much easier to use and report will be available soon on this system, and assured Mr McGregor that this area is being looked at and worked on to gain more accurate data. Mr Chittick felt that in some Health areas the data would be absolutely accurate for example cancer treatments and timelines, but agreed that there may not be complete accurate data

within other areas, where the work is being done but not recorded as carefully as they do not align to a national target or focus as the necessity of that information being pulled together becomes less of a driver, but in terms of providing assurance to ourselves then there is a lot of anecdotal evidence that the work is being done.

7. Clinical Effectiveness Quarterly Report from the Joint Governance Group (JGG) – Q3 1st October – 31st December 2019

Emma Garside highlighted item 6.2 within this report; 'Review of a patient focussed audit' which is one of the Key Performance Indicators (KPI's). It was explained this was an aggregated report for the annual collation and the individual ward results were available in appendix 2. It was stated this was a positive report with these reports being further discussed at senior charge nurse and governance meetings.

Mrs Garside went on to highlight item 6.5 in the report where she stated that The Learning from Adverse Adverts through Reporting and Review Procedure has been updated to reflect changes to the HIS framework and JGG approved this in February 2020.

The JGG also approved the sexual assault pathway.

The action regarding the Health records policy updates and circulation around JGG was now complete.

Mr Chittick said to the committee it was very refreshing to see the clinical governance afternoons was used as a safe space for staff to discuss incidents that had not gone to plan and learn lessons from each other.

Denise Morgan asked if the Interagency reviews findings are reported back to clinical governance afternoons, Mr Chittick said that the clinical staff drive this agenda, but is predominantly health related and would pick up with Denise off the table on sharing the findings of these interagency reviews.

Mr McGregor asked the committee if the reporting within NHS was truly open, Mr Chittick said that NHS were very good a reporting and staff used the reporting tools such as Datix really well, this also extended to service users as well in conjunction with the new Duty of Candour legislation.

The chair noted it was encouraging to see the theme of reviewing within the report and that the processes were changing positively by increasing the frequency and format of multi-disciplinary meeting.

8. Adverse Event Report – Q3 1st October – 31st December 2019

Emma Garside updated the committee on the outcomes from the Sudden Death Group in that the recent extreme adverse event (previously reported in Q1) which had related to the death of a person, has been downgraded from extreme to negligible and will no longer appear in the data. Mrs Garside updated the group on the new national notification system and this was now in place and that category 1 events are recorded and shared monthly with Health Improvement Scotland (HIS), Mrs Garside did state that this was an evolving process with the first year being an implementation year. There are currently no definitive categories and work is ongoing nationally using the data submitted by boards to inform an evolving list of key harms. Mrs Garside will update the committee accordingly as this process continues.

The chair asked for clarification in regards to remit and membership of the Sudden Death Group. Simon Bokor-Ingram confirmed it was a local group chaired by himself and is a multidisciplinary group which includes Scottish Ambulance Service (SAS), Police Scotland, social work, health and anyone else involved including 3rd sector organisations. Mr Bokor-Ingram reported that the methodology is to create a case file and timeline of events and interactions with every service and every occasion and are

looking for opportunities where services may have intervened differently and whether this would have triggered something else being put in place.

11. Nursing, Midwifery & Professional Assurance Framework

Kate Kenmure was welcomed and updated the committee on the framework. It was noted this is a refresh of the framework partly on the outcome of the Vale of Leven report and also in line with changes in revalidation. Simon Bokor-Ingram asked about the implications of having dental nurses included within this framework as dental nurses are not Nursing and Midwifery Council (NMC) registered they are governed by the General Dental Council (GDC), Mr Chittick confirmed he has highlighted this to Mrs Carolan and will update the framework to reflect this. The Chair was pleased to see there is built in time for training

Mrs Kenmure highlighted to the committee this framework states that your revalidations must be undertaken by your Line Manager.

Mr Chittick asked how this new framework and changes to revalidation was received, Mrs Kenmure reported the overall responses had been positive.

The committee approved the framework with clarification on the dental nurse.

The committee took a short comfort break

12. Patient Travel Policy

Yvonne Graham was welcomed by the committee. Mrs Graham explained there had been previous patient travel information documents but this pulls all of that information into one policy. Mr Bell brought attention to Appendix 3 of the draft policy and asked about the 48 hour rule and if it was necessary, the committee discussed this further and Mrs Graham explained implications of this rule on patient travel staff and how helpful this is when displayed, so that patients are aware of the days they can come and go on when travelling for hospital appointments, Mr Marsland stated this was the rule of the highlands and islands scheme, that patients should use the travel to go for and come back from a hospital appointment and not used for other travel reasons. Mrs Graham did explain some examples of patients taking advantage of the travel scheme. The committee agreed to removing some of the wording around the 'discretion' explained in appendix 3 which would make it clearer to patients, by removing the 1st sentence in 2nd paragraph and inserting 'Beyond 48 hours is exceptional'.

Mr Chittick queried the amount that patients could claim for overnight stay and how much this was. Yvonne Graham confirmed that in line with the agenda for change policy it was £55.00 for staff. Mr Chittick also asked if NHS Shetland has a duty of care for patients whilst they were travelling off island, there was some further discussion around this and the committee were assured all patients were given appropriate travel assistance where required.

The committee agreed to approve this policy with the suggested changes and thanked Mrs Graham for attending.

10. Quarterly Feedback and Monitoring Report

Carolyn Hand attended to present the report. Mrs Hand updated the committee on the staffing situation in the complaints department and said the handover to Katherine Cripps as the new complaints officer was going well. Mrs Hand reported that performance against stage 3 complaints was going well, there has been a drop off in reporting stage 1 complaints, but would be communicating to staff the importance of reporting these complaints/concerns. There have been 2 complaints sent to the Ombudsman, 1 which was being investigated and one which was not. Mrs Hand said there were no emerging themes in quarter 3, but across the Board there was some

activity through Care Opinion and some feedback and concerns that access to Lerwick Health Centre is starting to become an issue again and there is an understanding around the reasons for that and one of the solutions to this are some positive communications of ongoing works including digital enablers to help patients understand what we are trying to do to alleviate current situations. Mr Chittick said feedback from the Scottish Public Services Ombudsman (SPSO) case that was referred to the ombudsman was positive around the investigation and subsequent offer of a meeting with senior management, which they felt was best practice. Denise Morgan made the committee aware that although there was no complaint report from community services that this committee is responsible for, they were aware of the issues which included the sheer numbers of sites where complaints can be received and assured the committee that the complaints procedure was under review and would feedback to the committee when an update was available. The chair asked if Care Opinion could be used by community services, Carolyn Hand did state that there was a bespoke agreement with Care Opinion to include feedback from the services this committee are responsible for, this was not a national agreement but had agreed this as we were such a small board with relatively small numbers, Mrs Hand agreed to receive staff name from Mrs Morgan to be include in the feedback process.

12. CCPGC Annual / Performance Report 2019-2020

The chair reported said this report was a requirement but had not had many self-assessments received back yet and asked if the committee felt it would be beneficial to have a development session discussing this committee's remit and how it was working as a whole. Mrs Morgan agreed this was a good idea to understand service roles in this committee, Mrs Morgan said there was a partnership workshop arranged to discuss governance in Community Health and Social Care and once this had taken place and staff had a better understanding of what was required of them, then the self-assessment meeting with members of this committee would be more useful. The committee agreed this was a sensible approach.

The Chair asked the committee if they support the summary recommendation to the accountable officer within the report. Mr Duncan raised some concerns around the notifiable concern relating to the lack of a timeframe to conclude the required review of the committees terms of reference, Mr Duncan urged the committee to set a timeframe to bring this to a satisfactory conclusion. The chair explained the terms of reference had been delayed until the scheme of integration had been decided because children's service were in the terms of reference but it was identified that we weren't providing that assurance for Children's Services. Simon Bokor-Ingram stated that June 2020 was the date for the scheme of integration to be agreed and said that Children's Services should be withdrawn from the terms of reference as there would be no agreement received before then to include them in this governance/assurance structure. The committee agreed to confirm the terms of reference by mid-April and bring those back to the meeting in June 2020 for approval.

13. Hospital Transfusion Committee Annual Report

The Chair asked the committee to approve the action plan part of the report. JMr Chittick gave an overview of the annual report and provided reassurance that NHS Shetland are operating services in line with national regulations. Mr Chittick reported that at meetings potential risks are reviewed and actions put in place to mitigate any risks, some recent risks identified was training for junior doctors and making sure that they undertake the online transfusion training. Adverse adverts are also reviewed and take actions from that, there has been a recent reportable incident and a multi-disciplinary meeting around that and lessons learnt were shared.

Mrs Haswell was pleased to see the significant quality improvement. Mr Chittick updated the committee that the head of haematology and transfusion was now seconded to the elective services manager post and was not in the Laboratory day to day and have written to the MHRA to inform them of this change and interim arrangements and have received no reply to say there are any concern with these arrangements.

The committee approved the action plan section of this report.

14. Realistic Medicine Annual Report 2018-2019

Mr Chittick gave an overview of this report and the high level summary. Mr Chittick reported that locally, there is a Realistic Medicine working group that meets 4 times a year and looks at how to introduce realistic medicine ethos and practices into the Health board. The report presented outlines the key activities carried out by the group.

15. Approved Committee Minutes – eISG 21st November 2019

The committee noted the approved minutes.

16. Review of Action Tracker

Mrs Haswell went through the action tracker and updates were as follows:

Action: Update CCPGC Terms of Reference – Update to show that will be updated as agreed and come back to June meeting for final approval

Action: Abdominal Aortic Aneurysm to be removed from the action tracker but leave on Cervical Cancer screening programme risks until final report is received.

Action: Adverse event report to remain on as will come back to the committee in due course.

Action: JGG agenda and key actions, to remain on the action tracker

Action Shetland Public Protection Committee Annual Report – can be removed from action tracker as information has been fed back to Kate Gabb.

17. Decisions Summary Verbal

Mrs Haswell summarised the committee decisions as follows:

- The committee approved the Nursing and Midwifery & Professional Assurance - Framework
- The committee approved the Patient Travel Policy with suggested amendments
- The action plan section of the Hospital Transfusion annual report was approved by the committee.