



CLINICAL & CARE GOVERNANCE COMMITTEE

Minute of Meeting

**27th November 2018 – 1000
Health Village, Aberdeen**

Present:	Cllr. Sarah Duncan Luan Grugeon	Chairperson IJB Member
Also in attendance:	Lynn Morrison Heather Macrae Claire Duncan Graeme Simpson Dr. Howard Gemmell Sarah Gibbon Lorraine McKenna Lesley Simpson Linda Leaver Caroline Howarth	Allied Health Profession Lead Nursing Lead Adult Social Work Lead Chief Social Work Officer IJB Member Executive Assistant Primary Care Lead Criminal Justice Service Manager Risk Management Advisor (Patient Safety) Clinical Lead
Apologies	Cllr. Claire Imrie Prof. Steven Heys Kenneth Simpson Dr. Malcolm Metcalfe	IJB Member IJB Member IJB Member IJB Member

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. Introductions were given.

The Committee resolved: -

To welcome the new attendees to the committee meeting.

2. VERBAL UPDATES

MINUTE OF CCG COMMITTEE MEETING – 04 September 2018

3. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 04 September 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 04 September 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.

Heather MacRae spoke to an update provided by Karen Gunn relating to the mental health & learning disability services. Karen Gunn had been unable to attend the meeting. The update outlined the timeline of events to date and an early indication of any impacts on the adults and older adults community mental health teams.

The Committee discussed the Airyhall Day Centre/Living Well Café which had previously been funded through transitions money. The Committee felt this was a very valuable service, particularly from a prevention/early intervention perspective. A review will be undertaken in the new year, looking at the service and possibilities for ACHSCP to commission it.

The Committee noted the intention to undertake a pan-Grampian, whole systems review of mental health service pathway in January, which will consider elements such as workforce. A paper which will be presented to the IJB in December outlines the strategic framework for the planning processes for services delegated by NHSG Grampian for strategic planning. ACHSCP needs to ensure that it has appropriate representation and participation in these processes.

Thereafter there were questions and comments relating to 1) prevention and early intervention; 2) community supports such as Link Work Practitioners 3) assuring that community teams are sufficient supported

The Committee resolved: -

(i) To note the Business Statement.

- (ii) To note the verbal update provided relating to the Mental Health & Learning Disability Services.
- (iii) To request additional information on the support being provided to mitigate any potential impact on community teams is circulated via email after the meeting.
- (iv) To request that a further update on Mental Health & Learning Disability Services is provided to the Committee in February 2019.

REPORTS FOR THE COMMITTEE'S CONSIDERATION

COMMITTEE DATES 2019-20

6. The Committee had before it a report by Sarah Gibbon, Executive Assistant, which proposed a series of meeting dates for the Clinical & Care Governance Committee for the financial year 2019/20.

The report recommended that the Clinical & Care Governance Committee:-

- a) Approve the meeting schedule for 2019-20.
- b) Instruct the Chief Officer to publish the meeting schedule on the Partnership's website.

Sarah Gibbon spoke to the report and highlighted that the August 2019 date is the same day as an IJB development session. The IJB development session will start later in the afternoon to accommodate this.

The Committee resolved:-

- i. To approve the meeting schedule for 2019-20, pending correct of the February date.
- ii. To instruct the Chief Officer to publish the meeting schedule on the Partnership's website.

JOINT INSPECTION OF SERVICES FOR OLDER PEOPLE – PROGRESS REVIEW

7. The Committee had before it a report which provided the Committee with the opportunity to discuss and comment on the Care Inspectorate's report 'Progress Review Following a Joint Inspection'.

The Report recommended that the Clinical & Care Governance Committee:-

- a) Reviews, discusses and comments on the report as attached at Appendix A

Claire Duncan (Lead Social Work Officer) spoke to the report. She highlighted that the report was expected one-year post inspection, however due to capacity issues at the Care Inspectorate it was received after 2 years. She emphasised that improvement has been made in 7/8 of the recommendations and that there are no further follow ups planned.

The Committee discussed the recommendation relating to locality working and the reasons that progress hadn't been made. It was noted that in the recent Audit Scotland report, most IJBs required further work to full implement an integrated locality management model. There needs to be clarity what successful locality working will look like in reality to develop a shared vision and milestones for achieving this. It was suggested that ACHSCP should focus on certain areas first to make the biggest impact. The Committee felt that this should be articulated within the ACHSCP Strategic Plan and agreed to escalate as a discussion item for the IJB in December.

The Committee also discussed the recommendation around adult support and protection, specifically in relation to diligent leadership. Claire Duncan stated an intention to bring both the Adult Protection Unit quarterly report and the Adult Protection Biannual Report to the Clinical & Care Governance Committee for further assurance on actions being taken around this recommendation.

Thereafter there were comments and questions relating to 1) recruitment to the Chairs of the Adult Protection and Child Protection Committees; 2) when another inspection might be expected; and 3) the need to make best use of the Care Inspectorates Quality Indicators and opportunities for self-evaluation in-between inspections.

COMMUNITY PAYBACK ORDER – ANNUAL REPORT

8. The Committee had before it a report which presented the Community Payback Order Annual Report for the financial year 2017/18.

The report recommended that the Clinical & Care Governance Committee:-

- a) Note the Community Payback Order Annual Report 2017/18 as attached at appendix A.

Lesley Simpson spoke to the report and provided an overview of the paper. She provided further information about the programmes, including Caledonian and Moving Forward, Making Changes. This information will also be circulated to the Committee with the minute.

The Committee noted that the feedback from the community is incredibly positive and that the CPO team receive a high-number of requests for support with projects.

Thereafter there were questions and comments related to 1) whether there were clear pathways for what happens for clients after the placement and the possibility to strengthen links with volunteering in the city; and 2) potential roles for the Link Work Practitioners.

The Committee resolved:-

- i. Note the Community Payback Order Annual Report 2017/18 as attached at appendix A.
- ii. To acknowledge their thanks to Lesley Simpson and the team for a very impressive report.

GENERAL PRACTICE – UPDATE REPORT

9. The Committee had before it a report which provided an update on progress with projects relating to both Rosemount Medical Group and Torry Medical Practice.

The report recommended that the Clinical & Care Governance Committee:-

- a) Note the content of this report
- b) Consider the requirement for any additional assurance or further work

Lorraine McKenna provided an overview of the report and some background context to the paper.

The Committee discussed the wider work required to ensure that other practices are as sustainable as possible and learning from the lessons we've gathered to date. It was noted that this is under the remit of the Primary Care Lead (GPs) and will be taken forward. The Committee discussed a number of factors relating to GP practice sustainability including: 1) how sustainability is very dynamic and can change quickly; 2) how the fluid movement of staff in 2C practices can help practices to support each other and 3) the commitment to share the learning from both the Rosemount and Torry projects.

The Committee resolved:-

- i. Note the content of this report
- ii. Acknowledge thanks to the both project teams & the support received from GP practices across the city
- iii. To request that a further update on Torry is provided to the Committee at its February meeting, with a particular focus on existing support to the practice team

- iv. To request that a further update on Rosemount is provided to the Committee at its February meeting, with a particular focus on the project close and lessons learned

CLINICAL & CARE GOVERNANCE FRAMEWORK REVIEW

10. The Committee had before it a report which provided an update on work ongoing to review the Clinical & Care Governance Framework within ACHSCP.

The report recommended that the Clinical & Care Governance Committee:-

- a) Note the update and request that a further update will be presented to the Clinical & Care Governance Committee at its meeting on 19 February 2019.

Lynn Morrison spoke to the report and provided a short presentation on the work to date. She discussed the current arrangements as outlined in the 'Board Assurance & Escalation Framework' and how the task and finish group as exploring possibilities for establishing a clinical and care risk meeting. She gave an overview of the type of data that would be used to build a live data-dashboard from Datix (and subsequently Tableau).

The Committee reaffirmed that there is a need to clarify the roles between not only the Clinical & Care Governance Group and Committee, but also between the Clinical & Care Governance Committee and the Audit & Performance Systems Committee. There is also potential for overlap between clinical and care governance processes and health and safety arrangements.

The Committee discussed the reporting and data requirements and emphasised that it is critical to include reporting on commissioned services and GP practices. They also restated that data needs to be analysed and benchmarked to provide context and meaning.

The Committee resolved to:-

- i. Note the update and request that a further update will be presented to the Clinical & Care Governance Committee at its meeting on 19 February 2019.

CLINICAL & CARE GOVERNANCE MATTERS

CLINICAL & CARE GOVERNANCE REPORT

6. The committee had before it a report by Heather MacRae (Lead Nurse, 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

Heather MacRae provided an overview to the report, noting that the expectation is that this report will look different in the futures as a result of the clinical and care governance framework. She noted a number of the risks with a high or very high rating were related to workforce.

Claire Duncan raised a concern that mental health and learning disability services (MH&LD – Karen Gunn), and specialist older adults and rehabilitation services (SOAARS – Jason Nicol) do not current report into the Clinical & Care Governance Group. She felt that this is a risk as adult social work in these services are not being reported appropriately, for example the current high case-loads for social workers in Learning Disabilities. The Committee agreed that there is a need to ensure that all sectors are represented at the Clinical & Care Governance Group

meeting and this should be address in the review of the terms of reference and membership of the group.

Caroline Howarth further raised an issue with delays to Occupational Health Screenings, which are delaying recruitment processes and could be de-incentivising people to take up roles when they are offered them. There is a lot of work ongoing to improve this currently and the Clinical & Care Governance Committee requested further clarity on what is being done.

Thereafter there were questions and comments relating to recruitment and training within the Health Visiting services and it was noted that a business case relating to immunisations will be presented to the IJB in December.

The Committee resolved:-

- i. To note the content of the report and appendices.
- ii. To note areas of achievement and good practice
- iii. To request that a report is brought back to the CCG Committee in February on Occupational Health Service. This report should detail the current processes, issues with delays, impact on recruitment and actions being taken for improvement.

CARE GOVERNANCE DATA

SUMMARY REPORT – NHS ADVERSE EVENTS

7. The committee had before it a report from Heather MacRae (Lead Nurse) 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 again highlighted it is in the historical format and will be revised through the CCG Framework review. She highlighted the work ongoing in Tissue Viability services. Major adverse event related to optometry, however on reviewing the Datix it was noted as good practice with a good chronology and regard to the Duty of Candor.

Lynn Morrison further provided an update on a dashboard for falls in the community, by locality level, which is being developed by Rosie Cooper. Looking at how this dashboard would then fit in with the broader CCG dashboard. She is also looking at how we can include information from our providers.

The Committee resolved: -

- (i) To acknowledge that this report provides the assurance required, however that further improvements to the reporting will be made.

SUMMARY REPORT – NHS FEEDBACK

8. The committee had before it a report from Heather MacRae which provided an overview of the NHS feedback report.

The report recommended: -

- a) That the Committee acknowledge that the report provides the assurance required, however that further improvements to the reporting will be made.

The report was accompanied by the following appendix:

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

Heather MacRae spoke to the report and again highlighted it is in the historical format and will be revised through the CCG Framework review. She noted that it is a fairly low level of complaints coming into the partnership and the number of complaints which were resolved at frontline resolution stage.

The Committee resolved: -

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

ITEMS TO ESCALATE TO THE INTEGRATION JOINT BOARD

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

The Committee resolved: -

- To discuss progress with implementing localities and ensuring a clear vision and measures of what is successful locality working, during the strategic plan agenda item.

COUNCILLOR Sarah Duncan, Chairperson.