



**CLINICAL & CARE GOVERNANCE COMMITTEE**

**Minute of Meeting**

**19<sup>th</sup> of February 2019**  
**Health Village, Aberdeen**

**Present:**

Cllr. Sarah Duncan	Chairperson
Luan Grugeon	IJB Voting Member
Prof. Steven Heys	IJB Voting Member

**Also in attendance:**

Dr. Howard Gemmell	IJB Member (Service User Representative)
Dr. Malcolm Metcalfe	IJB Member (Secondary Care Advisor)
Kenneth Simpson	IJB Member (Third Sector Representative)
Caroline Howarth	Clinical Director (GP)
Lynn Morrison	Allied Health Professions Lead
Heather Macrae	Nursing Lead
Sarah Gibbon	Executive Assistant
Linda Leaver	Risk Management Advisor (Patient Safety)
Emma Ross	Service Manager (Older People & Physical Disability)

**For Item 3**

John Donaghey	Lead Nurse (Mental Health & Learning Disability)
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**Apologies:**

Laura MacDonald	Health & Safety Representative
Claire Duncan	Lead Social Work Officer
Cllr. Claire Imrie	IJB Voting Member
Graeme Simpson	Chief Social Work Officer

**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**

0. The Chair opened the meeting and welcomed the new attendees to the meeting. Introductions were given.

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

- i) To welcome the new attendees to the committee meeting.
- ii) To reorganise the agenda to consider item 6 (Clinical & Care Governance Framework Review) first.

## **CLINICAL & CARE GOVERNANCE REVIEW UPDATE REPORT**

1. The Committee had before it a report which provided an update to the Committee on the review of the clinical and care governance arrangements for the Partnership.

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

- a) Note the progress with the ongoing review of Clinical & Care Governance (CCG) within ACHSCP;
- b) Approve the proposed model as attached at Appendix A;
- c) Note the draft terms of reference for the Clinical & Care Governance Group, as attached at Appendix B;
- d) Approve the terms of reference for the Clinical & Care Governance Committee, as attached at Appendix C;
- e) Agree that the next annual joint development session of the CCG Group & CCG Committee in 2019 (date tbc) considers the strategic objectives (to be agreed by the IJB in March 2019 as part of the revised strategic plan) to ensure that the governance processes and data being reviewed are fully aligned.

Lynn Morrison provided an overview of the paper, outlining the key changes which have been made in the review so far:

- Increased frequency of meetings for CCG Group, which will use revised reporting mechanisms for its next meeting;
- Proposal for joint development sessions between group and committee;
- Establishing clinical and care risk management meetings;
- Reviewing the CCG Group and CCG Committee Terms of Reference;
- Reviewing data available to support the CCG processes in real time and establishing how to provide context around the data; and
- A proposed model for clinical and care governance (appendix A)

### **Committee Terms of Reference**

The Committee discussed the terms of reference and noted:

- Lead Social Work Officer should be a member of the Clinical & Care Governance Committee.
- Joint Workshops between the Group and Committee would be useful.

- There is a potential need to expand the membership of the Committee to consider acute services and commissioned services. Following further discussion, the Committee suggested considering representation from a pathway approach.
- Duties, point 5 - may be too operationally focused. This committee is looking for assurance of progress against our strategic performance indicators.
- Duties, point 4 – should also note that we will escalate to ACC/NHSG as appropriate.
- Terms of Reference should refer to the Fairer Scotland Duty.

#### Group Terms of Reference

- There was a discussion on the Chair of the Group, and whether this needs to be the Clinical Director (GP). The Committee felt that overall this should be the decision of the group. The Group's Terms of Reference should be amended to reflect that it is the responsibility of the group to elect a consistent chair. The Committee should then be informed of the Chair of the Group and the Chair should attend the Committee meeting.
- The Committee discussed whether there is a need to consider staff-side/partnership representation on the Group. Councillor Duncan noted an interest given her Unison role. Members of the Task and Finish group will liaise with staffside/partnership reps in order to establish the best way to involve them in the CCG processes.

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

- (i) To note the progress with the ongoing review of Clinical & Care Governance (CCG) within ACHSCP and to thank the members of the Task and Finish Group for the work to-date;
  - a) To approve the proposed model as attached at Appendix A;
  - b) To note the draft terms of reference for the Clinical & Care Governance Group, as attached at Appendix B and to provide the above noted comments to the group for consideration;
  - c) To approve the terms of reference for the Clinical & Care Governance Committee, as attached at Appendix C, pending the amendments outlined above;
  - d) To agree that the next annual joint development session of the CCG Group & CCG Committee in 2019 (date tbc) considers the strategic objectives (to be agreed by the IJB in March 2019 as part of the revised strategic plan) to ensure that the governance processes and data being reviewed are fully aligned and to instruct the Executive Assistant to set dates for these development sessions.
  - e) To request a further update at the next meeting of the Committee in May 2019.

#### **MINUTE OF CCG COMMITTEE MEETING – 27 November 2019**

2. The Committee had before it the minute of the Clinical & Care Governance committee meeting of 27 November 2018

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

To approve the minute as a correct record, pending the following amendment to page 4 (item 5, business statement):

*“A review will be undertaken in the new year, looking at the service and possibilities for commissioning such a service”.*

#### **MATTERS ARISING**

3. The Chair asked if there were any matters arising from the meeting of 27 November 2018.

There was an extensive discussion on the representation of acute sector services (such as geriatrics and mental health) on the agenda of both the Clinical & Care Governance Committee

and the Clinical & Care Governance Group, and the escalation processes for issues within acute care services.

Specific examples relating to duty of candour, winter pressures and realistic medicine were raised. Members of the Committee felt that it was essential to have full oversight of the acute services for which the IJB is responsible, in order to achieve truly integrated health & social care. There was general agreement with this statement, however other Committee members felt that it would be more useful to consider pathways, as opposed to individual services and the distinction between acute/community.

It was noted that work is ongoing, at a strategic level, to deliver a framework for acute services delegated to the IJBs for strategic planning.

The Committee resolved that the most appropriate route for acute services to report through was first to the Clinical & Care Governance Group, before being escalated (if necessary) to the Committee. It was also suggested that the terms of reference for the Clinical & Care Governance Group could be expanded to include appropriate representation from acute, and other areas such as those involved in the Local Outcome Improvement Plan.

**The Committee resolved: -**

- (i) To request that the Clinical Director (GP), Lead AHP and the Secondary Care Advisor to the IJB meet to further discuss the arrangements for ensuring appropriate representation of Acute Sector Services in the Clinical & Care Governance framework.
- (ii) To escalate this issue to the IJB and to recommend that the IJB requests a workshop session focusing on integration within the wider system (including, for example acute and community planning).

**BUSINESS STATEMENT**

4. The Board had before it a statement of pending business for information.

**The Committee resolved: -**

- (i) To note that item 2 i. (GP Practices - Torry) would be considered in by the IJB in March 2019 and agree to its removal from the CCG business statement.
- (ii) To note that item 2 ii. (GP Practices – Rosemount) would be deferred to the CCG Committee meeting in May, after the formal project closure and associated report has been completed.
- (iii) To note that item 3. (Care Opinion) would be considered by the Enabling Systems Programme Board on 21.02.2019 and to therefore remove it from the business statement.
- (iv) To otherwise note the business statement.

**REPORTS FOR THE COMMITTEE'S CONSIDERATION**

**UPDATE ON MENTAL HEALTH AND LEARNING DISABILITIES SERVICES.**

5. The Committee had before it a report by John Donaghey which provided an update on Acute Mental Health service closures. He summarised the main points contained within the report and highlighted that though a previous report to committee had said that the reduction in bed-base had not impacted the Adult Community Mental Health Teams (as historically there is a reduction in referral activity from primary care following closure decisions) there may be more pressure which becomes significant through the first quarter of this year, based on last year's figures. He highlighted that community teams are usually involved in multi-disciplinary discharge meetings, however that these meetings are

happening less often and this results in the community staff members being informed of a discharge rather than included in the discussions.

He emphasised that a sustainability plan for mental health services will be developed using a whole systems approach over the next few months, with workshops planned for March, April and May. The sustainability review was welcomed by the Committee and it was noted that that adult social work services in the community would have useful data to support this review (such as an increase in 1-1 support requests) and that a full report on the review would be presented to the IJB in due course.

Thereafter, there were questions and comments relating to how the service operationally manages to contain patients in light of the loss of beds; the need to ensure connections between community and inpatients services in a whole-systems approach; what work is ongoing to address these significant challenges (such as skill mix and service re-design)

It was noted that the service was experiencing pressures on its administration staff, who input the data received from clinicians – data which would have been useful to help establish cause/effect. Alison Macleod offered to have a follow-up discussion out with the Committee meeting to establish if her team could provide any support.

**The Committee resolved:-**

- i. To request that the Clinical & Care Governance Group monitor the situation through their reporting processes and escalate back to the Committee if required.

**OCCUPATIONAL HEALTH & SAFETY REPORT**

6. The Committee had before it a report with an update relating to delays in occupational health screening.

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

- a) Note the content of the report.

Noting that it may be too early for the data to confirm any improvements as a result of the changes, Heather MacRae advised that anecdotally she had not heard any issues with recruitment recently.

**The Committee resolved:-**

- i. To note the content of the report.

**PERFORMANCE MONITORING**

7. The Committee had before it a report by Alison Macleod which advised the Committee of the latest developments in relation to Performance Monitoring

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

- A) Notes the mapping of the strategic performance indicators to the strategic aims and the strategic risk register.
- B) Approves the proposed reporting arrangements of the strategic aims to both the Clinical and Care Governance and Audit and Performance Systems Committee.

Alison Macleod highlighted that versions of the report have already been submitted to both the IJB and APS committees. The appendix maps our performance indicators against the priorities and aims as outlined in the strategic plan and she emphasised that we are now attempting to map the strategic risks against our performance indicators. Reports which are presented to the committee will set the context and look at benchmarking/trends where possible.

The Committee noted that the report was helpful.

**The Committee resolved:-**

- i. To note the mapping of the strategic performance indicators to the strategic aims and the strategic risk register.
- ii. To approve the proposed reporting arrangements of the strategic aims to the Clinical and Care Governance Committee.

**CLINICAL & CARE GOVERNANCE MATTERS**

**CLINICAL & CARE GOVERNANCE GROUP MINUTES**

8. The committee had before it the minute of the Clinical & Care Governance Group from February 2019.

Emma Ross provided an update on the Banks O' Dee Care Home and outlined what actions are currently being undertaken.

Other items raised by the CCG Group included:

- Health Visiting – Heather MacRae advised that she is drafting an SBAR for some suggestions for solutions. This will also be reported via Child Protection Committee. It was agreed that any recommendations for the service should be reported back to the Clinical & Care Governance Committee.

**The Committee resolved:-**

- i. To note the content of the minutes of the Clinical & Care Governance Group
- ii. To request that any recommendations for the Health Visiting service following the Child Protection Committee are reported back to the Clinical & Care Governance Committee.

**CARE GOVERNANCE DATA**

**SUMMARY REPORT – NHS ADVERSE EVENTS**

9. The committee had before it a report from Sarah Gibbon (Executive Assistant) which provided an overview of the NHS adverse event report.

It was noted that the 'harm' data conflates two issues (clinical harm and financial harm). The Committee agreed we need to ensure that trends and lessons learned are identified for a more meaningful context.

The committee noted downward trends in falls and adverse events.

**The Committee resolved: -**

- (i) To note the report and to note that further improvements to the reporting and data will be made as the task & finish group progresses.

**SUMMARY REPORT – NHS FEEDBACK**

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

**The Committee resolved: -**

- i. To note the report and to note that further improvements to the reporting and data will be made as the task & finish group progresses.

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

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

**The Committee resolved: -**

To request that the IJB considers a development session on integration in the wider context and the interface with acute services and community planning (for example), to ensure a whole-systems approach and understanding

**COUNCILLOR Sarah Duncan, Chairperson.**

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