



**CLINICAL & CARE GOVERNANCE COMMITTEE**

**Minute of Meeting**

**Tuesday 14 May 2019  
Health Village, Aberdeen**

**Present:** Cllr. Lesley Dunbar      Chair  
Cllr. Sarah Duncan

**Also in attendance:**

Kenneth Simpson	IJB Member (Third Sector Representative)
Dr Caroline Howarth	Clinical Director (GP)
Lynn Morrison	Allied Health Professions Lead
Dr Graham Gauld	Clinical Lead
Heather Macrae	Nursing Lead
Linda Leaver	Risk Management Advisor (Patient Safety)
Laura MacDonald	Health & Safety Representative
Claire Duncan	Lead Social Work Officer
Graeme Simpson	Chief Social Work Officer

*For Item 3*      Lorraine McKenna      Primary Care Lead – Dentistry, Optometry,  
Pharmacy & Psychology

**Apologies:**

**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.

## **MINUTE OF CCG COMMITTEE MEETING – 19 February 2019**

**1** The Committee had before it the Minute of the Clinical & Care Governance Committee meeting of 19 February 2019.

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

- i) To defer approving the Minute until the next meeting of the Committee as is not quorate. At present no NHS IJB member replacements confirmed.
- ii) Amendment to Item 3, Matters Arising; Page 5/6 – change wording to *“There was an extensive discussion on the representation of acute sector services for which the IJB have strategic planning for, on the agenda of both the Clinical & Care Governance Committee and Clinical & Care Governance Group, and the escalation processes for issues within acute care services”*.
- iii) Amendment to Item 8, Clinical & Care Governance Group Minutes. Amend Health Visiting item and remove sentence *“This will also be reported via Child Protection Committee”*.
- iv) The Chair suggested that the process of approving Minutes should be changed in order that Minutes are checked for accuracy and any amendments required, made prior to the meeting, therefore only to be approved at the Meeting.
- v) That Minutes of the previous Meeting be circulated to the Committee in the timescale according to the Committee Terms of Reference.

## **BUSINESS STATEMENT**

**2** The Committee had before it a statement of pending business for information.

It was noted that the new strategic performance reporting framework (approved by IJB) indicates that the CCG Committee should expect performance reports on specific strategic aims over the course of the year and these reports should be included in the business planner.

The Committee also discussed the roles of Lead Officers for the CCG Committee, and agreed the Clinical Director post would be the most appropriate person for this position.

**The Committee resolved:-**

- i) That a discussion be held with Martin Allan and Derek Jamieson (and others as felt appropriate) to determine the ongoing clerking support to the CCG Committee).
- ii) That further work on the business planner should be undertaken to develop a clearer picture of future reporting requirements. The CCG Chairperson, the IJB Chairperson and the Clinical Director should meet to discuss future use of the planner.
- iii) To confirm that the Lead Officer for the Committee should be the Clinical Director (GP), as required by the Committee's Terms of Reference and instruct officers to update the Terms of Reference accordingly.

**REPORTS FOR THE COMMITTEE'S CONSIDERATION**

**ROSEMOUNT MEDICAL GROUP : PROJECT CLOSURE REPORT**

**3** The Committee had before it a Report by Lorraine McKenna which provided an update on the Rosemount Medical Group which closed on 31 January 2019. Lorraine McKenna praised the Project Team as exceptional in the work they carried out.

The Project Group had undertaken all work required for patients in order that they were allocated a new GP Practice after the closure of Rosemount. The Project Closure Report highlighted the objectives for the project, which had all been achieved; lessons learned for future projects/systems improvements; and a risks and issues log.

The Project Closure Report highlights that the current notice period of six months can be an unrealistic timescale. Whilst changes to the notice period would be difficult to implement, the Committee emphasised the importance of offering early support and advice for any GP practice which finds itself in difficulty, and of encouraging strong communication links with practices to help ensure as much notice is given as possible.

The Committee noted that it is intended to share a summary of the lessons learned with practices and suggested that this could also be shared with Primary Care colleagues within in the Scottish Government as it could potentially provide guidance to others in a similar situation.

The Chair thanked the Project Group and Lorraine McKenna for the work that was carried out in a short timescale.

**The Committee Resolved:-**

- i) To add recommendations to the Project Closure Report, which should include the lessons learned, and to add a further recommendation to share learning with GP practices, both locally and nationally and also the Scottish Government.
- ii) To request that once returns for the GP sustainability tool are collated and analysed, that a report is brought back to the Clinical & Care Governance Group and escalated as appropriate to the Committee.

## **CLINICAL & CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE REVIEW**

**4** The Committee had before it a Report on the Clinical & Care Governance Committee Terms of Reference Review.

At the previous meeting of the Committee, suggested revisions were put forward which have now been incorporated into the Terms of Reference.

### **The Committee Resolved:-**

- i) To agree the revised Terms of Reference

## **CLINICAL & CARE GOVERNANCE FRAMEWORK REVIEW**

**5** The Committee had before it a report on the Clinical & Care Governance Framework Review. Lynn Morrison spoke to the report and provided a further update.

- **Clinical Care Management review:** Meetings now being held regularly since the beginning of 2019. Work has been ongoing to review adverse healthcare events with old events within the system being closed off, and learning gained being shared.
- **Duty of Candour:** Work is being carried out on Duty of Candour to clarify the process within the partnership. The partnership is required to contribute to the annual reports of both NHS Grampian and Aberdeen City Council. Currently there is no designated Lead Officer in the Partnership for Duty of Candour. Acute representative is now linked into the clinical and care governance group. Claire Duncan raised concerns regarding Duty of Candour as does not feel assured that all staff have an understanding of Duty of Candour, therefore need to work with staff to explain their responsibilities. This has to be a joint process with both ACC and ACHSCP as require statutory report to the Scottish Government.
- **Business Support:** Business Support for both the group and the committee remains an ongoing gap which Martin Allan and Alison MacLeod are taking forward. At present there is no identified member of staff to gather information/analyse data for the reports which has limited progress in developing reporting for both the group and the committee

### **The Committee Resolved:-**

- i) To note the progress on the report; and
- ii) To instruct the Lead (AHPs) to discuss a Lead for Duty of Candour for ACHSCP with the Chief Officer

## **CLINICAL & CARE GOVERNANCE GROUP REPORTS**

### **Clinical & Care Governance Group Matters : Summary Report**

**6a** The Committee had before it a Summary Report from the Clinical & Care Governance Group. Lynn Morrison spoke to the report and provided an update:

- Amendment to the cover page (Page 99) as the risks are Health Visiting; Woodend staffing around nursing at Rehabilitation Stroke Unit; Mental Health around Consultant vacancies.
- **Learning Disability Care Management:** Councillor Duncan noted an increase in risk within Learning Disability (LD) Care Management relating to staffing issues and increased demand. Claire Duncan explained that service managers are prioritising caseloads to ensure that statutory requirements are met. A review of the LD service is underway to consider how best to meet the needs of service users and increasing demand in a more integrated approach. The risks from shortages in staffing have been mitigated which includes extra staff being brought in to cover the shortages whilst solutions are found. MH&LD has own risk management and is high on their agenda and will go to the Leadership Team with their recommendations.
- **Banks O' Dee:** Claire Duncan provided an update on Banks o' Dee Care Home which will close on 20 June 2019 and indicated that all residents will have alternative placements by the closure date. It was noted that the closure has led to an increase in delayed discharges, which may have an adverse effect on sustainability. Contingencies are required as the company is in administration, however assurances have been given by the company for continuity of service. Officers are working with the Care Inspectorate to look at how ACHSCP can work with care home providers to increase stability in the market.

#### **The Committee Resolved:-**

- To note the report.
- To request that the Lead Social Work Officer brings a report to the August meeting of the Clinical & Care Governance Committee, focusing on the lessons learned and future actions following the closure of Banks O Dee.

#### **Clinical & Care Governance Group Previous Minutes (February 2019)**

**6b** The Committee had before it the Minute from the Clinical & Care Governance Group from February 2019.

Lynn Morrison provided an update on the Report and asked the committee whether they wished to see minutes from the group in future

#### **The Committee Resolved:-**

- To agree that the minutes of the Clinical & Care Governance Group are not required for this meeting, and to only present the Summary Report from the Group.

#### **ACHSCP Feedback Report**

**6c** The Committee had before it the ACHSCP Feedback Report. The document is a first iteration of an integrated report. Work is currently in progress how to pull together reports for Adverse Events/Complaints/Duty of Candour etc, and will be obtaining data over a large timescale to compare trends.

#### **The Committee Resolved:-**

- The Report was noted.

- ii) To request that further iterations of the report include trendlines.

**COUNCILLOR LESLEY DUNBAR (CHAIR)**

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