

**Argyll and Bute HSCP Clinical and Care Governance Committee**

**18<sup>th</sup> March 2021 – 2pm**  
**Via TEAMS**

**Minute**

	Item	Action
1.0	<p><b>WELCOME AND APOLOGIES</b></p> <p><b>PRESENT</b></p> <p>Sarah Compton Bishop (SCB) – IJB Deputy Chair (Chair)            Alan Beresford (AB)– Local Area Manager Islay            Angus McTaggart (AMc) – Clinical Lead, Islay &amp; Jura            Catriona Watt (CW) – Area Manager Mid Argyll            Caroline Cherry (CC)– Head of Service (Older People)            Caroline Henderson (CH) – Acting Locality Manager Oban Hospital            Carol-Anne McDade (CMcD)– Area Manager Helensburgh            Charlotte Craig (CG) - Business Improvement Manager            Claire Higgins (CHg) – PA to Lead Nurse            Donald Watt (DW) – Service Manager Registered Services            Elizabeth Higgins (EH)– A&amp;B Lead Nurse            Fiona Broderick (FB) – Staff Side            Fiona Campbell (FC)-Clinical Governance Manager            Fiona Hogg (FH) – Director of HR &amp; OD <i>joined meeting at 1430 &amp; left 1500</i>            George Morrison (GM) – Deputy Chief Officer            Jayne Lawrence-Winch (JLW) – Area Manager Cowal <i>left meeting at 1600</i>            Joanna Macdonald (JMcD) – Chief Officer <i>left meeting at 1502</i>            Julie Hempleman (JH) – Lead Officer for Adult Protection <i>JH joined meeting at 14.30</i>            Kate MacCallum (KMacC) – Interim Area Manager OLI Community            Kieron Green (KG)– IJB Chair            Linda Currie (LC) – Lead AHP            Linda Skrastin – Child Health Manager            Nicola Gillespie – (NG) – Service Manager Mental Health            Nicola Schinaia (NS) – Associate Director of Public Health – <i>left meeting at 14.51</i>            Pamela MacLeod (PM) – Professional Lead – Social Work            Rebecca Helliwell (RH), Associate Medical Director            Sandy Taylor (ST) – Non Exec Member of the Board</p>	

	<p><b>APOLOGIES</b></p> <p>Jaki Lambert (JLt) – Head of Midwifery  Jane Williams (JW) – Area Manager Bute  Jean Boardman (JB)– IJB Member  Julie Lusk (JL) – Head of Service  Fiona Owen (FO)– Local Area Manager Cowal  Patricia Renfrew (PR) – Interim Head of Service C&amp;F  Paul Chapman (PC) – Falls Lead/Physiotherapy Lead  Brian Reid (BR) – Senior Manager C&amp;F</p>	
2.0	<p><b>PREVIOUS MINUTES</b></p> <p>Correction – Sandy Taylor mentioned twice in attendance list - remove duplication  Minutes agreed as accurate and approved.</p>	
3.0	<p><b>MATTERS ARISING</b></p> <p>Nil</p> <p><i>Council staff were experiencing IT issues during the committee meeting which some delayed committee members joining.</i></p>	
4.0	<p><b>QUALITY AND EFFECTIVENESS OF CARE</b></p> <p><b>4.1 INSPECTIONS</b></p> <p><b>HEI/OPAH Formal Report</b>  EH asked the committee to note the final HEI Inspection Report and Improvement Action Plan.  The report has been tabled at Argyll &amp; Bute IJB and NHH Clinical Governance Committee.  Updated on the progress of the improvement action plan will come to future meetings.</p> <p>Report and Action Plan noted by committee.</p> <p><b>Adult Protection Inspection</b>  JH informed the committee that the Scottish Government have indicated they will resume the Adult Protection Inspection programme.</p> <p>JH highlighted the following points;</p> <ul style="list-style-type: none"> <li>– Scottish Ministers requested the Care Inspectorate, Healthcare Improvement Scotland, and Her Majesty’s Inspectorate of Constabulary in Scotland carry out a joint inspection of adult support and protection in 26 partnership areas in Scotland.</li> <li>– The Care Inspectorate will lead this programme.</li> <li>– This joint inspection follows from the joint inspection of adult support and protection in six partnership areas published in July 2018.</li> </ul>	

- The purpose of this joint inspection is to seek assurance that adults at risk of harm in Scotland are supported and protected by existing national and local adult support and protection arrangements.
- JH updated the committee on the preparation that is currently being undertaken for the forthcoming Adult Protection Inspection.

JH asked the committee for a commitment that every professional in attendance at today's meeting will participate in this inspection and be part of the ongoing protection of adults at risk of harm.

JH highlighted that Adult Protection is everyone's business and there is a requirement ensure that the HSCP staff work together to protect those who are most vulnerable. In order to achieve this the following will need to take place;

- Council Officers will be required to undertake sufficient training to carry out their roles and responsibilities.
- Ensure that senior managers commit to all staff groups receiving the appropriate training
- Ensure health and other colleagues are confident about reporting harm
- Ensure providers both working in care homes and care at home highlight harm at the earliest stage
- Ensure the public are able to identify harm and know how to report that harm when they have a concern

JH took the committee through a presentation that detailed;

- The inspection process
- What will be inspected and how it will be done
- Details of staff survey that will be undertaken
- Process of submission of evidence
- Sampling of records process
- Details of on-site activity
- How findings will be reported back

JH informed the committee that a communication strategy is in place. EH encouraged committee member to explore training material available on TURAS.

#### **4.2 Egress Reporting System**

JH spoke to tabled paper and provided assurance that the issues identified in the paper have been resolved.

The committee noted actions contained with presented paper.

#### **4.3 Adult Protection Chairs**

JH spoke to tabled paper. The issue identified in the paper have now been resolved and all managers have signed up for the training. All areas will now have sufficient chair capacity.

The committee noted the measures within the presented paper in relation to training of senior managers to chair adult protection case conferences.

<p><b>5.0</b></p>	<p><b>SAFETY &amp; EXPERIENCE</b></p> <p><b>5.1 HSCP Health and Safety Group Action log (for noting)</b> The committee noted the action log and information contained within it.</p> <p><b>5.2 CAMHS (Child and Adolescent Mental Health Services)</b> LS took the committee through ten areas where action was required.</p> <p>LS highlight the following points;</p> <ul style="list-style-type: none"> <li>- Improvement work is ongoing in the CAMHS service.</li> <li>- There continues to be difficulties in recruiting to a CAMHS psychiatrist.</li> <li>- The team are working the Scottish Government to look at different models in relation to the CAMHS psychiatrist role.</li> <li>- HSCP have approved additional resource for the CAMHS service, posts will be recruited to soon.</li> <li>- The CAMHS leadership team continue to meet regularly and is working on pathways and protocols.</li> <li>- Julie Kidson has joined the team as CAHMS manager.</li> </ul> <p>CAMHS will remain a standing agenda item on this committee and updated brought to each meeting.</p> <p>Thanks and compliments was extended on behalf of the committee to all those involved in this work.</p> <p><b>5.3 Care Home Assurance in Covid</b></p> <p>CC spoke to tabled paper.</p> <p>CC updated the committee in relation to the future role of the assurance and oversight function for care homes within Argyll and Bute and highlighted the following points;</p> <ul style="list-style-type: none"> <li>- There are 17 Care Homes with A&amp;B</li> <li>- Care Home Task Force was established in April 2020 and continues to meet weekly. This is a multiagency membership.</li> <li>- Safety Huddle/Assurance Group meets daily. This is a multiagency membership. This meeting is minuted for audit purposes. This group provides a wide range of functions and these are detailed in the tabled paper.</li> <li>- NHS Highland established the Oversight Function by Chief Officers, Directors of Nursing, Directors of Public Health and Chief Social Work Officers discharge oversight of their assurance function. This group has dealt with escalations from Argyll and Bute and North Highland.</li> <li>- This group (post pandemic) will be developed as a Care Home and Care at</li> </ul>	

Home oversight group.

The committee noted the assurance and oversight functions in place across Argyll and Bute contained within the paper.

#### **5.4 Quality Patient Safety Report (QPS)**

AMacT spoke to tabled paper and highlighted the following;

- the purpose and function of the Argyll & Bute HSCP Quality and Patient Safety group.
- the process and performance with regard to complaint handling and the commissioning of Significant Adverse Event Reviews.
- the identification of a theme around Violence and Aggression incidents in Victoria Hospital on Bute and acknowledge that a plan has been developed to address this.
- the commissioning of a Fatal Accident Inquiry involving Children and Families service provided by Argyll & Bute HSCP. All staff will be supported during this process.
- the current complaints compliance performance rate dropped recently. This is due to the complex nature of the complaints. All complainants have been kept fully informed of delays and have agreed to the extensions.

All incidents will be taken to QPS as a starting point but dependant on the incident and service the resulting review, if required, will extend further than Significant Adverse Event Reviews and may including Adult & Child committee process.

QPS is an involving process and some further work is required in regards to the 'closing the loop' process.

QPS report will remain a standing agenda item.

#### **5.5 Covid-19 HSCP Update**

EH spoke to tabled report. The report was a joint effort from key HSCP staff members who lead on the various subjects discussed in the paper.

EH highlighted the following:

- Vaccination Programme status. Staff vaccinations are being undertaken by staff vaccinator teams. The vaccinations for the Argyll and Bute public are being undertaken by the GP practices. There is work ongoing to plan for the next cohorts and provide support to the GP practices where required.
- Vaccination Governance arrangements. A NESH Covid-19 Vaccination Clinical Governance group has been established and chaired by Nicola Schinaia. The group meets weekly and part of its function is to scrutinise and discusses any incidents relating to the vaccines. These incidents are also discussed at local QPS groups.
- Lateral Flow Testing (LFT) which is the testing of asymptomatic staff. A weekly update is taken to the A&B Huddle.

	<ul style="list-style-type: none"> <li>– Remobilisation Plans. An updated paper will be tabled at the March IJB. A weekly report is also tabled at the A&amp;B huddle weekly.</li> </ul>	
<p><b>6.0</b></p>	<p><b>EXPERIENCE</b></p> <p><b>6.1 Culture Fit for the Future</b>  FH informed the committee that the Culture updates are taken directly to the IJB (Integration Joint Board). FH updated that a detailed paper will be taken to the IJB on 31<sup>st</sup> March.  There will be a further detailed update to the May IJB along with information on the Healing Process.  ST enquired if there is evidence that some individuals who have been through the process may still not feel satisfied or as if they have had a satisfactory conclusion to their experience. . FH reflected there have been some experiences reported to her where this indeed may be the case. This is recognised as a complex and emotional experience for those engaging with process.</p> <p>Many committee members welcomed the open conversation that are now happening across the HSCP and there was praise for the Courageous Conversation training.  It was recognised that significant work has been undertaken, but that this is long term work</p> <p><b>6.2 Whistleblowing Standards</b></p> <p>FH provided the committee with a verbal update on the Whistleblowing Standards an highlighted the following points;</p> <ul style="list-style-type: none"> <li>– The Whistleblowing Standards are a legal requirement for NHS Boards.</li> <li>– A Whistleblowing Standards Implementation group has been established and has representation from Argyll &amp; Bute HSCP.</li> <li>– There is a Whistleblowing communication campaign planned to ensure all staff are aware of what the standards are and what they mean for them.</li> <li>– Staff should feel confident to raise concerns and the campaign is designed to empower them to feel able to do so.</li> <li>– There are TURAS modules on Whistleblowing which has a lot of relevant information.</li> </ul> <p>Bert MacDonald, Whistleblowing Champion had plans to visit Argyll &amp; Bute however the current lockdown status meant this could not take place. Bert has been given names of individual staff members within Argyll &amp; Bute and he is in the process of meeting virtually with them. Committee members were encouraged to speak with Bert.</p> <p><b>6.3 Care Opinion</b>  FC spoke to tabled paper and updated on how Care Opinion is used. Discussion took place regarding exploring ways of using it wider across the HSCP.</p>	<p>AMacT , FC</p>

	AMacT, FC and CC to discuss way forward further outwith meeting.	and CC
<b>7.0</b>	<p><b>OTHER WORK IN PROCESS</b></p> <p><b>7.1 Review of HSCP Clinical and Care Governance Framework</b> A meeting for the review of HSCP Clinical and Care Governance Framework is planned for 21<sup>st</sup> April 2021.</p> <p>This meeting will be attended by;</p> <ul style="list-style-type: none"> <li>- Lead Nurse</li> <li>- Associate Medical Director</li> <li>- Clinical Director</li> <li>- Interim Head of Service C&amp;F x 2</li> <li>- Head of Service Mental Health</li> <li>- Head of Service Older People</li> <li>- Clinical Governance Manager</li> </ul>	
<b>8.</b>	<p><b>SCHEDULED REPORTS FOR NOTING</b></p> <p>It is expected that all papers will be read prior to the meeting and therefore for this item, only exception questions will be taken.</p>	
	<p><b>1. Cowal &amp; Bute</b> No one available to present tabled report. EH praised the presentation of the Bute training figures</p>	
	<p><b>2. Helensburgh and Lomond</b> CMcD presented tabled reported and highlighted the following point; - Significant staffing pressure across all adult teams</p> <p>SCB highlighted the positive feedback within the report</p>	
	<p><b>3. Mid Argyll</b> CW presented tabled reported and highlighted the following points; - Radiography SBAR. Authors of SBAR were keen to have it noted at this committee. CW to submit to Senior Leadership Team.</p>	
	<p><b>4. Kintyre</b> No one available to present tabled report. SCB highlight the staffing pressures noted in the paper.</p>	
	<p><b>5. Islay</b> AB presented tabled reported and highlighted the following points; - Complaint update - referral has been made to independent Adult</p>	

	Protection Committee. Issues have been reported to Police Scotland.	
	<p><b>6. Oban, Lorn &amp; Isles</b></p> <p>CH presented tabled reported and highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Recruitment process issues</li> <li>- GI service across NHS is under pressure</li> <li>- Improvement work in relation to Death Certificate process</li> <li>- Slightly behind on training and there will be an ongoing focus to improve</li> <li>- Positive feedback highlighted in report</li> </ul>	
	<p><b>7. Mental Health</b></p> <p>NG presented tabled reported and highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Issues in completing Violence &amp; Aggression training</li> <li>- Staffing pressures</li> </ul> <p>EH requested a more details paper on these issues to next Committee.</p>	
	<p><b>8. Maternal &amp; Newborn</b></p> <p>CD presented tabled reported and highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Jaki Lambert is presenting to the SLT next month on Ockenden Report</li> </ul>	
	<p><b>9. LD, PD and Autism</b></p> <p>Nil return</p>	
	<p><b>10. Care Homes &amp; Care at Home</b></p> <p>DW presented tabled reported and highlighted that the template didn't fit well with his service. DW amended template to provide relevant information.</p>	
	<p><b>11. Children &amp; Families</b></p> <p>LS presented tabled reported and highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Lack of CAMHS consultant</li> <li>- Staffing pressures in Children Community Nursing service. Mitigation has been put in place.</li> </ul>	
9	<p><b>AOCB</b></p> <p>Nil</p>	
10	<p><b>FUTURE MEETINGS</b></p> <p><u>2021 dates via Teams starting at 2pm</u></p> <ul style="list-style-type: none"> <li>• May 27<sup>th</sup></li> <li>• Sept 9th</li> <li>• Nov 11th</li> </ul>	