

Argyll and Bute HSCP Clinical and Care Governance Committee

28th April 2022 - 2pm Via TEAMS

Minute

	Item	Action
1.0	WELCOME AND APOLOGIES	
	PRESENT	
	Sarah Compton Bishop (SCB) – JB Chair (Chair)	
	Catriona Dreghorn (CD) – Lead Midwife Claire Higgins (CH) - PA to Associate Nurse Director & Deputy Medical Director (note taker)	
	Dr Nicola Schinaia (NS) - Associate Director of Public Health	
	Dr Rebecca Helliwell (RH) - Deputy Medical Director	
	Elizabeth Higgins (EM) – Associate Nurse Director	
	Fiona Broderick (FB) – Staff Side	
	Fiona Campbell (FC) – Clinical Governance Manager	
	Fiona Thomson (FT), Associate Director of Pharmacist	
	Jane Williams (JW) - Area Manager Bute Jean Boardman (JB) - Non-Executive Director, NHS Highland	
	Jillian Torrens (JT) - Head of Adult Care - Mental Health, Learning Disabilities & Lifelong Conditions	
	Julie Kidson (JK) - Child Health Manager CAMHS	
	Kieron Green ((KG)- Elected Member & JB Vice Chair	
	Linda Currie (LC)– Associate AHP Director	
	APOLOGIES	
	Caroline Cherry (CC) - Head of Adult Services	
	Charlotte Craig (CC)- Business Improvement Manager	
	Cllr Sandy Taylor (ST) - UB Member	
	David Gibson (DG) - Head of Children & Families and Justice/CSWO Evan Beswick(EB) - Head of Primary Care	
	Fiona Davies (FD) - Chief Officer	
2.0	PREVIOUS MINUTES	
	The Minute of the meeting held on 24 th February 2022, was approved as a correct record, subject to the following amendment-	
	NS attendance to be double checked for accuracy and amended as appropriate.	

3.0 ACTION LOG

Action 2 and 4 to be closed pending update. Update to be send via email to the Committee.

Action 5 – timescale moved to October committee.

4.0 MATTERS ARISING

Nil

EXCEPTION REPORTS BY OPERATIONAL AREA

5.0 (a) Adult Services - Older Adults and Community Hospitals

The Committee gave consideration to the Head of Service Exception Report which covers the following areas of responsibility;

- All Adult Community based Services (except Mental Health/LD/PD)
- All Hospitals
- All Care Homes and Care at Home Services both provided and commissioned
- Argyll and Bute Dementia Service

SCB requested clarity on the meaning of **issue 1)** Complex Case Procedures/Processes. JW will request clarity from CC. Response to come to CH for circulation to the committee by email.

KG queried **issue 2)** Dementia- access to specialist assessment beds. The committee was advised that an SLA with GGC is not in place as GGC declined after negotiation. RH advised that there has been a lot of discussion and many options explored to find appropriate solutions.

KG suggested when doing future redesigns that issues should be scoped out before hand, RH agreed that this would be best practice.

It was agreed that 'Dementia SLA with GGC, Pathways of Patient Care and Access/Delivery of Patient Care' should be added to the action log and updates brought to the Committee as appropriate.

JB queried if the exception reports give enough info. Discussion to be picked up through the Framework review.

SCB picked up on the issue relating to access STATMAN training figures. This is a known issue and it was agreed that there was room for improvement in this situation.

EH updated the Committee regarding some positive feedback that has been received about the community dementia model.

(b) Children, Families and Justice

No reported submitted.

(c) Primary Care

The Committee gave consideration to the Head of Service Exception Report which covers the following areas of responsibility;

- Primary Care
- General Practice
- Dental
- Community Pharmacy
- Optometry
- Vaccination
- Community Treatment Rooms

EH advised that the recruitment of CTAC and vaccination staff is ongoing. A Lead Nurse for Primary Care has been appointed and the manager role is being interviewed for next week. Band 7's have been appointed and interviews are planned for the other roles.

SCB highlighted again the lack of STATMAN training figures.

SCB requested more information on **Risk 2** – "There is a risk that a further two independent practices will terminate their contracts, which will result in service discontinuity". RH advised that if this was to happen the service would be handed back to the HSCP. Work is ongoing to support the independent practices and provide solutions.

(d) Mental Health, Addictions, Learning Disability, Autism, Transitions and Physical Disability

The Committee gave consideration to the Head of Service Exception Report which covers the following areas of responsibility;

- Mental Health
- Addictions
- Learning Disability
- Autism
- Transitions
- Physical Disability

JT joined the Committee today as the new Head of Service for Mental Health, Addictions, Learning Disability, Autism, Transitions and Physical Disability.

Report was noted by the committee.

QUALITY AND EFFECTIVENESS OF CARE

6.0 (a) Infection Control

The Committee gave consideration to the Infection Control Report which presents an overview of infection prevention and control data and activities within Argyll & Bute HSCP.

The report covered the following areas;

- 1. Surveillance of E.Coli, Clostriodiodes difficile infection (CDI), Staphylococcus aureus bacteraemia (including Meticillin resistant staphylococcus aureus (MRSA) and Staphylococcus aureus bacteraemia (SABs)
- 2. Outbreaks in hospital settings
- 3. Areas of challenge across the whole NHSH Board area

EH presented the report and noted that the context for some of the figures presented was across the whole board area and that reporting on surveillance targets are carried out as a board.

EH informed the Committee that successful recruitment of a Band 6 Trainee Infection, Prevention and Control Nurse as taken place.

(b) Complaints & Incidents - Top 3, Performance and **Themes**

The Committee gave consideration to the tabled report which presents data relating to health complaints and adverse events / incidents for review by the Committee.

SAFETY AND EXPERIENCE

7.0 (a) CAMHS

JB have verbal update. The ask of the Committee today is to a reduce to standard operational risk level and move to reporting as and when appropriate.

JB updated that there has been marked improvement in the oversight of governance issues of the service, resulting in a more resilient service. Recruitment is ongoing for many posts.

Waiting times have significantly reduced

There is an arrangement with Consultants in North Highland to obtain advice when required.

The Committee agreed the service is in a much more stable position. The action can be removed from the Action Log and removed as a standing agenda item. In order to formally close JB has been asked to provide a short report including data to show the improvements.

(b) Patient Experience

A number of positive patient experience reflections was presented to and welcomed by the Committee. It was agreed that it was uplifting to hear positive stories.

AOCB

8.0 **AOCB**

(a) Framework Review

RH presented a number of slides to update on the ongoing framework review. RH stressed the slides presented were a very early draft. RH emphasised the aim of the review and highlighted changes to the Committee agenda and structure.

It was agreed a final draft is to be submitted to the July Committee. A revised version of the slides is to be sent to the Committee members within the next few weeks for comments.

(b) Level of Assurance Template

Template tabled for noting.

FUTURE MEETINGS

9.0 2022 dates via Teams starting at 2pm (90mins)

- 28th July 2022
- 26th October 2022
- 2nd February 2023

