

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

**26<sup>th</sup> October 2022 – 2pm  
 Via TEAMS**

**Minute**

***This meeting was preceded by a Clinical and Governance Development session for IJB members***

	Item	Action
1.0	<p><b>WELCOME AND APOLOGIES</b></p> <p><b>PRESENT</b></p> <p>Sarah Compton Bishop (SCB) – IJB Chair (Chair)            Betty Rhodick (BR) – Carer’s Rep IJB            Caroline Cherry (CC) - Head of Adult Services            Charlotte Craig (CC)- Business Improvement Manager            Douglas Philand (DP) – Elected Member            Dr Rebecca Helliwell (RH) - Deputy Medical Director            Elizabeth Higgins (EM) – Associate Nurse Director            Evan Beswick(EB) - Head of Primary Care            Fiona Broderick (FB) – Staff Side            Fiona Davies (FD) - Chief Officer            Fiona Thomson (FT) – Associate Director of Pharmacy            Jean Boardman (JB) - Non-Executive Director, NHS Highland            Jillian Torrens (JT) - Head of Adult Care - Mental Health, Learning Disabilities &amp; Lifelong Conditions            Kieron Green ((KG)– Elected Member &amp; IJB Vice Chair            Linda Currie (LC) – Associate AHP Director            Margo Howatson (MH) – Clinical Governance Manager            Shona Williams (SW)</p> <p><b>APOLOGIES</b></p> <p>David Gibson (DG) - Head of Children &amp; Families and Justice/CSWO            Alison McGrory (AMcG) – Interim Associate Director of Public Health            Claire Higgins (CH) - PA to Associate Nurse Director &amp; Deputy Medical Director            (note taker)</p>	

2.0	<p><b>PREVIOUS MINUTES</b></p> <p>The Minute of the meeting held on 28<sup>th</sup> April 2022, was approved as a correct record.</p>	
3.0	<p><b>ACTION LOG</b></p> <p>Action 2 – paper to come back in Feb 23 in a format RH feels will be helpful and informative.</p> <p>Action 3 – paper to come to Feb '23 committee.</p>	
4.0	<p><b>MATTERS ARISING</b></p> <p>A CAMHS paper to be submitted to future committee which includes the data on longest wait time, impact of increase of referrals on workload and any relevant updates. - <i>to be added to action log.</i></p>	CH
5.0	<p><b>CLINICAL AND CARE GOVERNANCE FRAMEWORK</b></p> <p>This committee was preceded by a Clinical and Care Governance Development session for IJB members.</p> <p>The revised Clinical and Care Governance Framework was presented. The aim of the framework was to restate the clear lines of transparency, accountability and assurance with the HSCP. The new framework aligns to the Head of Service structure; this enables all parts of our business to be visible and accountable. Professional Leadership representation and involvement is expected at every tier of the framework and at both strategic and operational levels.</p> <p>A number of new meetings will be established to ensure scrutiny and assurance at every level. This should result in more informative and appropriate reporting at this committee.</p> <p>The Committee:</p> <ol style="list-style-type: none"> <li>1) Considered the proposed framework and approved for use in A&amp;B HSCP</li> <li>2) Considered the terms of reference, with the performance element added, for framework groups to be taken to the groups for approval on implementation of the framework</li> <li>3) Considered the proposal for Acute Governance in this context</li> </ol> <p><i>Add to action log - what does the committee agenda look like in future?</i></p>	
5.0	<p><b>A&amp;B HSCP EXCEPTION REPORT SUBMITTED TO NESH CLINICAL AND CARE GOVERNANCE</b></p> <p>Tabled for information and noting.</p>	

<p><b>6.0</b></p>	<p><b>OBAN DEANERY SUMMARY REPORT</b></p> <p>Following several concerns raised to NES, the quality department interviewed a number of our junior doctors past and present. They reported some concerns which resulted in an action plan being made in order to improve the standards of training and environment for the junior doctors within Lorn and the Islands Hospital.</p> <p>The action plan is updated on a regular basis and the senior team are working very closely with the team in Oban who are involved with junior doctors and the junior doctors themselves.</p> <p>Some simple and straightforward changes were identified and they were quite easy to instigate. However there have been some other more challenging ones and work is ongoing to address. The lack of continuity of senior medical staffing as been very challenging to ensure that the correct level of supervision is provided to our juniors doctors.</p> <p>RH advised the committee that she was pleased to report that she had received some very good feedback from the current group of junior doctors. RH also advised that the group had been visited by the Deanery and they were provided with objective feedback from them. The feedback showed that they are attending much more teaching, are receiving better supervision and that their overall experience has been a great deal better.</p> <p>RH acknowledged that there was still work to do but was very pleased to highlight the positive outcomes already being noticed.</p>	
<p><b>7.0</b></p>	<p><b>HEALTH &amp; SOCIAL CARE PARTNERSHIP - DRAFT PERFORMANCE REPORT (NOV 2022)</b></p> <p><b>SW presented the draft performance report to the committee.</b></p> <p>The report detailed that new key performance indicators (KPI's) which have been established in relation to long waiting times across both inpatient and outpatient specialties for 2022, 2023 &amp; 2024. The report also detailed the current performance against the new targets building on previous remobilisation performance. In addition the report also focused on performance with regards to Treatment Time Guarantee (TTG), Delayed Discharge and CAMHS/Psychological Therapies 18 Week Local Delivery Plan (LDP) Standards with an update on the Integrated Performance Management Framework (IPMF).</p> <p>There was discussion regarding the forecast increase on delayed discharges. CC advised that this is linked to issues with recruitment, retention of carers and the stability of home care.</p> <p>DP asked for clarification around the term 'over 36 weeks' in relation to Psychological Therapies as this could be a huge range and gives no indication of the longest wait. JT advised that data is available and can be present in actual number of weeks. JT also advised that a Psychological Therapies Steering Group is</p>	

	<p>being established and will look at this information in detail.</p> <p>DP highlighted the increase in CAMHS referrals and expressed concern regarding the workload for the clinicians. JT informed the committee that two new consultants have been appointed to the CAMHS service and this should have a positive effect on the waiting list.</p> <p>Data requested by DP should come back to a future committee.</p> <p>Duncan Clark – Clinical Director for CAMHS to be invited to future committee to discuss current initiatives</p> <p><b>Clinical &amp; Care Governance Committee;</b></p> <ol style="list-style-type: none"> <li>1) Acknowledged performance against target with regards to the Outpatient &amp; Inpatient Long Waiting Times for November and previous month.</li> <li>2) Noted the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List</li> <li>3) Noted the update with regards to progress with the development of the Integrated Performance Management Framework(IPMF)</li> <li>4) Acknowledged Delayed Discharge performance and forecasting</li> <li>5) Acknowledged progress against CAMHS &amp; Psychological Therapies 18 week LDP standard</li> </ol>	<p>JT</p> <p>CH</p>
<p>8.0</p>	<p><b>AOCB</b></p>	