The Chairman opened the meeting by welcoming everyone the Three Villages Community Hall in Arrochar and welcomed Mr Sneddon from Argyll & Bute Council to his first Committee meeting.

2 APOLOGIES

Apologies for absence were received from:

Dr Michael Hall, Clinical Director, Argyll & Bute CHP
Mr John Herrick, Area Dental Committee
Ms Tricia Morrison, CVO Rep
Mr Neil Robinson, Area Pharmaceutical Committee Rep
Mr Donald Barr, Area Optical Committee Rep
Mr Brackenridge asked Mr Leslie to bring two items to the attention of the Committee before any further agenda items were taken.

Mr Leslie gave a report on the NHS Highland Annual Review held in the Scottish Marine Institute in Dunstaffnage earlier in the week with Shona Robison, Minister for Public Health and Sport in attendance. Mr Leslie confirmed that the review had been challenging but positive and thanked all who had contributed to the day and indeed to the positive performance throughout the previous year discussed during the Review.

Mr Leslie also spoke to a letter tabled at the meeting which had been distributed all members of NHS Scotland staff from Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing offering reassurances against the background of media coverage about proposed job cuts in the NHS.

3 MINUTE FROM PREVIOUS MEETING HELD ON 28 APRIL 2010

3.1 Minute of Meeting held on 28 April, 2010

The minute of the meeting on 28 April 2010 was accepted as a complete and accurate record of the meeting:

The Committee:

- Approved the content of the Minute

4 MATTERS ARISING

Item 7.1 Finance Report:

Mr Leslie referred to his reply to Dr Shelley’s question regarding redeployment of staff and asked Mr Logue to clarify how the CHP deal with staff redeployment. Mr Logue confirmed that after the CHP has informed a member of staff that they will require to move post their details are put on the redeployment register. Staff will continue to work in their present role until an alternative position becomes available.

Item 9.1 Argyll & Bute Public Partnership Forum Minute – 16 February 2010:

Mr Creelman confirmed it was agreed at the last Public Partnership Forum (PPF) meeting that Social Work Representative attendance at PPF meetings will be as and when required.

5 HIGHLAND NHS ORGANISATIONAL ISSUES

5.1 Draft Report of Highland NHS Board Meeting – 13 April 2010

Mr Brackenridge gave a verbal report on the meeting and confirmed the report on In-Year allocations was not discussed at the meeting.

The Committee:

- Noted the verbal report.
6 CLINICAL GOVERNANCE

6.1 Clinical Governance & Risk Management Report

Ms Tyrrell spoke to a previously circulated paper and highlighted a number of areas within the report.

RISK MANAGEMENT

Incidents - April 1st until June 14th 2010

Ms Tyrrell advised that Slips, Trips and Falls remains the highest number of reported incidents during this period.

Ms Tyrrell confirmed that an audit proposal is being developed to understand the reasons for admissions relating to falls and the management of this group of patients and it is anticipated that this will provide a method for measuring improvement in relation to falls prevention in Argyll and Bute hospitals.

Incident Management System

Ms Tyrrell reported that currently there are a small number of GP Practices within A&B CHP complete IR1 Forms however the CHP want to increase Datix reporting from Primary Care and confirmed that arrangements are to be made to deliver training to the practices.

NHS SCOTLAND REVIEWS

NHS QIS Clinical Governance and Risk Management Standards

Ms Tyrrell advised that the NHS Highland local report has been received by the Board to check for factual accuracy and the National overview will be published October 2010. The draft report indicated that NHSH performed better overall than the initial QIS analysis prior to the March Peer Review Visit.

HEALTH AND SAFETY

Violence and Aggression Training / Moving and Handling Training

Ms Tyrrell advised that the programme of training continues to be delivered across the CHP, although there are challenges in relation to the number of trainers available in each sub-locality and confirmed there will be an opportunity to train more trainers towards the end of 2010.

Moving and Handling Training

Ms Tyrrell reported Moving and Handling Training continues to be delivered across the CHP by a small group of trainers.

A detailed review of training is required which needs to take into account the potential for joint training with Argyll & Bute Council. Ms Tyrrell confirmed negotiations with the Council are underway and a meeting is being arranged to review approaches and training materials within both organisations. A more detailed report will be going to the next Clinical Governance and Risk Management meeting.
QUALITY

NHS Scotland Quality Strategy

Ms Tyrrell confirmed the national quality strategy was launched in May 2010 and includes a number of outcome measures as follows:

- healthcare experience
- staff experience
- staff attendance
- Healthcare Associated Infection (HAI)
- emergency admissions
- adverse events
- Hospital Standardised Mortality Rate (HSMR)
- proportion of people who live beyond 75 years
- patient reported outcomes
- patient experience of access
- self assessed general health
- percentage of last 12 months of life spent in preferred place of care

It is anticipated that HEAT targets will be realigned in 2011-2012 to take account of some of these newer measures.

NHS Highland Quality and Patient Safety Framework

Ms Tyrrell reported that the final version of this framework is now available and implementation will be led by Highland wide group. Mr Brackenridge asked that this be brought to a future CHP Committee Development Session.

Mr Brackenridge thanked Ms Tyrrell for her report.

The Committee:

- Noted the contents of the Clinical Governance and Risk Management Report.
- Noted the NHS Highland Quality and Patient Safety Framework be brought to a future Development Session

6.2 Cleanliness, Hygiene and Infection Control

Ms Tyrrell spoke to a previously circulated paper which gave an overview of the current status and progress in Argyll and Bute and NHS Highland in meeting the standards and targets set for reducing healthcare acquired infection.

Ms Tyrrell confirmed Infection Control Inspection Audits have now been carried out across all hospitals within Argyll and Bute utilising the Healthcare Environment Inspectorate audit tool however there is no date as yet for the Healthcare Environment Inspectorate visit to Lorn and Islands Hospital, Oban.

All hospitals are currently working on implementing the action plans which have been derived from the audit findings. Delivery of the action plans will be monitored through the different levels of the organisation, with the CHP Infection Control Group overseeing overall performance against the plans. All hospitals will be re-audited in September/October.
HAI Monitoring

Ms Tyrrell reported that Staph Aureus Bacteraemi rates and C.Difficile Infection cases within Argyll and Bute continue to be very low.

Ms Tyrrell reported that there were 2 Staph Aureus Bacteraemias (SAB) cases in April 2010 and advised that all cases will be subject to Critical Incident Analysis. She also confirmed that there has been one case of C-difficile infection (CDI) reported in the CHP since April 2010.

Ms Tyrrell referred to current and new initiatives to reduce C-difficile infection cases and confirmed that actions from the NHS Highland CDI Action Plan continue to be monitored through the Infection Control Implementation Group.

Hand Hygiene

Ms Tyrrell advised that National hand hygiene audits continue every two months. March 2010 audit confirmed that Argyll & Bute CHP achieved a compliance rate of 96% with opportunity and 90% compliance with technique.

Cllr Freeman questioned the hand hygiene results for May showing only 65% compliance with opportunity within the Theatre. Ms Tyrrell confirmed this is being addressed by the Theatre Managers.

Dr Shelley referred to the overall March audit which confirmed NHS Highland compliance rate of 81% compliance with technique and asked if standards were slipping. Ms Tyrrell confirmed that overall standards were improving.

The Committee:

- Noted the contents of the Cleanliness, Hygiene and Infection Control Report.

6.3 Telehealth

Ms Tyrrell spoke to a previously circulated paper prepared by Lynn Garrett which gave an update on the telehealth project which commenced in May 2007. Ms Tyrrell advised that pilot sites throughout the CHP were used to look at the use of remote monitoring in long term conditions management. Ms Tyrrell gave a breakdown of the pilot sites:

- Bute COPD with home pods
- General LTC management via the surgery pod.
- Oban – sheltered accommodation
- Lorn Medical centre for general LTC management
- Luing – COPD homepod
- Hypertension and heart failure via communal pod.
- Oban in conjunction with NHS GG&C for heart failure
- Lismore – home pods for COPD

Ms Tyrrell reported that there had been problems with equipment at a number of pilot sites, especially on Luing, however overall reactions were positive with Bute being the most successful area.

Ms Tyrrell advised that an evaluation report had been completed which detailed recommendations about the future of the provision and the service. Continued funding has been secured for 2010/11 and discussions are required between partners to decide on the
mainstreaming of telehealth regarding the redesign opportunities of existing community services.

Steps required to take the project forward are:

1. Dissemination of the evaluation report within and outwith NHS Highland.
2. Rollout of remote monitoring for people with long term conditions.
3. Include the use of telehealth in all redesign opportunities.
4. Integration of telehealth with telecare to have overall Telehealthcare Strategy for Argyll and Bute.

Dr Hannah expressed his concerns regarding the reliability of the data contained within the report and advised that he would be contacting Professor Godden regarding this. Dr Hannah felt there were no clear clinical benefits identified within the report which also lacked information on costs.

Ms Tyrrell advised the project promoted self management for patients, which some patients prefer rather than attending the GP, and it also brought nurses into a more active role in the management of patient’s health.

After discussion it was agreed that further information be brought back to the Committee relating to finance, patient experience, safety and cost effectiveness. It was also agreed that there is a need for further liaison between CHP Management and Argyll & Bute Council to determine the future of telehealth and telecare.

The Committee:

- Noted the contents of the Telehealth Report
- Agreed more information be brought to the next Committee relating to finance, patient experience, safety and cost effectiveness

6.4. Fire Prevention Audit

Mr Leslie gave a verbal update on the Fire Prevention Audit on Bute.

Mr Leslie referred to the ongoing engagement Strathclyde Fire & Rescue in relation to fire precaution issues at Rothesay Victoria in Bute. Mr Leslie confirmed that work is continuing to address all issues raised. Mr Leslie advised that the CHP have revisited the deployment of Planned Preventative Maintenance throughout the CHP to ensure any future problems are addressed at an early stage.

The Committee:

- Noted the Fire Prevention Audit update.

6.5 Implementation of Scottish Abdominal Aortic Aneurysm Screening Programme

Ms Garman spoke to a previously distributed paper which was brought to the committee to raise awareness of the screening programme and confirmed that it is anticipated that the Scottish Abdominal Aortic Aneurysm Screening Programme will be implemented across Scotland in a phased manner commencing in the autumn of 2011.
Ms Garman advised that Abdominal Aortic Aneurysm screening was piloted in NHS Highland and NHS Western Isles during the period 2001 – 2003. Following the completion of the pilot programme, screening was continued within NHS Highland but ceased within NHS Western Isles.

Screening will be delivered through Health Board collaborative groupings and NHS Highland and NHS Western Isles will form a collaborative grouping with the call/recall function being based within Raigmore Hospital, Inverness. NHS Scotland’s National Services Division will oversee the co-ordination of Abdominal Aortic Aneurysm screening at a national level.

All men aged 65 years registered with a GP in NHS Highland and NHS Western Isles will be invited to attend for a single abdominal ultrasound scan. Men aged 66 years and over will be able to self-refer to the programme.

The CHP have determined the sites for the scanning to be at Lorn and Isles Hospital, Oban; MACHICC, Lochgilphead; Campbeltown Hospital; Cowal Community Hospital, Dunoon; Victoria Hospital, Bute; Islay Hospital and Helensburgh Integrated Care Centre. A full Equality and Diversity Impact Assessment will commence in September.

NHS Education Scotland is to provide any training for staff required by Boards and Mr Garman confirmed the CHP will require at least one person to be trained.

The main risks for the CHP in the implementation of this programme are:

- Challenges with NHS GGC accepting referrals from the screening programme
- Issues with the national IT system being procured to support the national screening programme allowing call/recall from Inverness of men resident in Argyll and Bute and the onward electronic referral to Glasgow
- Provision of resources to fund the sonographers and support workers

No questions were raised and Mr Brackenridge thanked Ms Garman for her report. The Committee agreed the paper.

The Committee:

- Agreed the paper

7  FINANCIAL GOVERNANCE

7.1  Review of Capital Expenditure 2009/10

Mr Morrison spoke to a previously circulated paper.

REVIEW OF 2009/10 CAPITAL PROGRAMME

Mr Morrison reported that a total of £6.79m was spent on building works and equipment purchases across the CHP and gave a summary of spending on the following projects:

Major Schemes:
- Tighnabruich Medical Centre – £1.442m
- Campbeltown Dental Centre – £848k (Scheme total £4.102m)
- Bunessan GP Surgery extension & house upgrade – £786k
- Helensburgh Jeanie Deans Unit - Adaptation & upgrade – £538k
- Rothesay Victoria Hospital - Casualty upgrade/Nurse Call System – £447k
• Helensburgh Victoria Infirmary accommodation upgrade – £255k
• MACHICC - Continuing Care Ward Upgrades – £243k
• Strachur House - adaptations & upgrade – £214k
• Mull & Iona Progressive Care Centre – £185k (Scheme total - £4.770m)
• Argyll & Bute Hospital - Fire safety upgrades – £180k
• Aros - Upgrade of Community Building – £179k
• Campbeltown Hospital - Fire alarm system – £129k
• Rothesay Victoria Annexe – Boiler plant & gas pipe work – £123k
• Helensburgh Victoria OPD - 2nd Dental Surgery – £106k

Minor Schemes:
£583k was invested in minor schemes.

• £242k on a range of eHealth schemes including PACS/Radiology, additional
videoconferencing units, a helpdesk and mobile data protection.
• £59k on a decontamination unit located at Lorn & Islands Hospital.
• £43k to complete schemes to install new oil storage tanks at Lorn & Islands Hospital
and Cowal Community Hospital.
• £180k on a number of minor schemes across Argyll & Bute.
• £59k on equipment and vehicle purchases.

Medical Equipment:
Over £500k of investment was made in medical equipment throughout the CHP with
included:

• £366k on equipment for Lorn & Islands Hospital
• £62k on equipment for Cowal Community Hospital
• £29k on an ultrasound scanner for Islay Hospital
• £45k on new dental units for Helensburgh OPD and the new Tighnabruiaich Medical
Centre

2010/2011 CAPITAL PROGRAMME

Mr Morrison advised that the capital plan for 2010/11 allows for over £7.6m of investment
across Argyll & Bute. Major schemes which are expected to progress during 2010/11 include:

• Mull and Iona Progressive Care Centre
• Campbeltown Dental Centre
• Rothesay Victoria Hospital upgrade
• Lorn & Islands Hospital – HEI compliance works
• Campbeltown Hospital – Creation of a Palliative Care room
• Medical equipment investment £0.5m
• eHealth investment £0.25m

Councillor Robertson asked why Oban Dental Access Centre was not on the list for 2010/11
and Mr Morrison confirmed that the Centre was on the Capital Plan for 2011/12.

The Committee:

• Noted the details of capital investment totally £6.79m across Argyll & Bute during
2009/10
• Noted the summarised Capital Plan for 2010/11
7.2 Finance Review - Revenue Position

Mr Morrison confirmed that 2010/11 will be a very challenging year financially for Argyll & Bute CHP. The budget setting exercise for 2010/11 identified forecast costs of £176.35m which exceeded available funding by £4m. Mr Morrison highlighted a number of key financial risks the CHP face in 2010/11:

- The challenge to manager costs within agreed budgets
- The challenge to deliver a £4m Cost Improvement plan
- The cost of services provided by NHS Greater Glasgow & Clyde
- The cost of individual care packages and referrals to specialist providers
- Medical locum costs

Mr Morrison reported that for the two months ended 31st May, 2010, Argyll & Bute CHP recorded an overspend of £138,000 with the main causes of overspends being:

- unachieved cost improvement targets
- higher than expected medical and surgical locum costs at Lorn and Islands Hospital
- uncertainty over the level of funding available to meet waiting times / access costs from NHS Greater Glasgow & Clyde.
- increased referrals to Huntercombe and the Priory for treatment of eating disorders.
- flow of funds into the CHP

Mr Morrison confirmed action is in hand to address the overspends and advised that as part of the budget setting process a £4m cost improvement plan has been approved to achieve a balanced budget.

Ms Heritage referred to the finance costs of SLA services provided by NHS Greater Glasgow & Clyde and asked if there was any targets set regarding quality of care received by patients from Argyll & Clyde CHP. Following discussion it was agreed that this will be brought to the next Committee Development Session.

Cllr Freeman asked if the next report could give a breakdown on spending from each locality. Mr Morrison agreed to incorporate this information in the next report.

Dr Shelley expressed her concern regarding the costs of individual care packages and asked if the CHP will be able to continue to agree funding for these referrals. Mr Morrison advised that these referrals will continue to be considered for funding.

The Committee:

- Noted the information contained in the Finance Report

8 STAFF GOVERNANCE

8.1 Argyll & Bute Partnership Forum Draft Minute – 29 April 2010

The Committee noted the contents of the previously circulated draft minute of the Argyll & Bute Partnership Forum on 29 April 2010.

The Committee:

8.2 Highlands and Islands Patient Travel Scheme

Mr Morrison spoke to the previously circulated paper and confirmed that this travel scheme, which has been operation for over 40 years, is a non-means tested scheme for the reimbursement of travelling and accommodation expenses to persons attending hospital and who are resident in the former Highlands and Islands Development Board area. Mr Morrison confirmed that the claimants must be referred to hospital by a doctor or dentist or attend hospital by appointment and be resident or work in the area. Mr Morrison also confirmed that people resident in the Helensburgh and Lomond locality were not included in the area.

The Committee:

- Noted the information contained in the paper relating to the Highlands and Islands patient Travel Scheme

8.3 e-KSF Progress

Mr Logue spoke to a previously circulated paper prepared by Sally Munro, L&D Facilitator and gave an update on e-KSF implementation.

Mr Logue reported that as at 31st May 11.1% of permanent staff had a review complete and signed off in e-KSF. The current progress in Argyll & Bute compares reasonably well with the remainder of NHS Highland but is well below the expected trajectory of 27%.

Mr Logue confirmed that the HEAT target is challenging but achievable and advised that the KSF team/e-Health are supporting managers through training, demonstration, development and sharing of good practice to ensure that the target is fully met by March 2011.

Mr Brackenridge emphasised that improvements are required to ensure the CHP meets the HEAT target.

The Committee:

- Noted the position of the Implementation of e-KSF.
- Noted that the level of implementation is slowly improving as more PDP activity is undertaken throughout the CHP

9 PARTNERSHIP WORKING

9.1 Argyll & Bute Public Partnership Forum Draft Minute – 18 May 2010

Mr Brackenridge drew attention to Item 10 advising that the election process had commenced to select a new Chairperson and Depute Chairperson for the Argyll & Bute Public Partnership Forum. Mr Brackenridge confirmed that both Mr Creelman and Ms Hide were attending their last CHP Committee meeting today in their roles as Chairman and Vice Chairperson of the Public Partnership Forum respectively and thanked them both for the work they have carried out with the Argyll & Bute Public Partnership Forum and the CHP Committee.

The Committee:

- Noted the draft minute of the Argyll & Bute Public Partnership Forum meeting held on 18 May 2010.
10 PERFORMANCE MANAGEMENT

10.1 Delayed Discharge

Mr Robb spoke to a previously circulated report and confirmed the Scottish Government HEAT target of 0 delayed discharges over the target of 0 over six weeks which does not have an exception code had been met for the third month in a row and work will continue to ensure government targets are met.

The Committee:

- Noted the contents of the Delayed Discharge Report.

11 VALE OF LEVEN MONITORING GROUP

11.1 Draft Minute of the Vale of Leven Monitoring Group, 7 June 2010

Mr Leslie spoke to a previously circulated paper and reported that a critical issue of scrutiny for the Monitoring Group is the number and use of mental health beds in Christie Ward. Evidence and monitoring information presented to the Group is suggesting that the level of occupancy is getting close to the level that will trigger further consideration of the viability of the ward in accordance with previous exchanges during the consultation phase between the Minister and NHS Greater Glasgow & Clyde. Notwithstanding the current intelligence, the group agreed to write to the Cabinet Secretary to clarify the time period during which monitoring was to continue to establish a robust trend in its use and to suggest an increase to that period.

Mr Leslie also confirmed there remains one group who, because of the mechanism of their self nomination, have been unable to justify their representation on the Vale of Leven Monitoring Group. Mr Brackenridge advised that there have been a number of publications in the local press regarding this and confirmed that following completion of the group’s democratic selection process and subsequent to the Monitoring Group’s receipt of the full minute confirming this, their representative will be welcomed onto the Monitoring Group.

The Committee:

- Noted the draft minute of the Vale of Leven Monitoring Group of 7 June 2010.

12 MENTAL HEALTH SERVICES ARGYLL & BUTE 2012: EVERYONE’S BUSINESS UPDATE

12.1 Mental Health Services Argyll & Bute 2012: Everyone’s Business Update

Mr Leslie spoke to the previously circulated paper which gave an update on progress made since the last Committee meeting and asked if anyone had any questions regarding this. No questions were asked.

The Committee:

- Noted the content of the Report.
13 FORMER GP SURGERY, TIGHNABRUAICH

Mr Leslie advised that the Tighnabruaich Surgery is now surplus to requirements as it is too small, old, out of date and no longer compliant with regulations and has been replaced by the new, improved facility, Kyles Medical Centre. The CHP has no alternative use for the former premises and therefore are required to formally declare it surplus to NHS requirements in order that the asset can be disposed of.

Mr Leslie asked the CHP Committee to endorse the recommendation of the CHP Management Team to declare this property as surplus to NHS requirements, to proceed with determining rental and sale value and to trawl interest in the use of the facility from the community through the Board’s property section.

The Committee endorsed the recommendation of the CHP Management Team.

14 BUTE SERVICES

Mr Leslie spoke to a previously distributed paper and advised that Bute Victoria Hospital has recently undergone a risk assessment which identified several areas where essential remedial works were required which included fire protection, health and safety, infection control and environmental health to ensure its fitness for purpose.

Mr Leslie reported that essential works have commenced within the Victoria Hospital however the degree of works required to ensure compliance will require alternative arrangements to ensure the delivery and continuance of inpatient provision in the locality over the short term.

Mr Leslie confirmed that completion of works at Victoria Hospital will improve facilities in terms of en-suite rooms, showering, clinical areas, and healthcare environment standards. On completion, 14 acute assessment beds will be in place, along with 1 place of safety single room and 1 maternity room.

Throughout the duration of these essential improvements, the local management team will work with partners and the community to redesign and agree a modern service model for Bute. There is potential to redirect resource to improve community infrastructure and realise the CHP’s commitment to the Bute community in terms of shifting the balance of care.

The Bute Plan Project Board will be responsible for developing the proposals required to put in place the new model and will be done with the full involvement of the community and the CHP’s partners.

The Committee:

- Noted the content of the paper.
Ms Heritage asked if the GP in Southend, who leaves the practice in August, will be replaced. Mr Leslie advised that various options for continuing the GP Service in Southend are being investigated. Withdrawing this local service to the community was not an option.

16 PAPERS FOR NOTING

16.1 eHealth Steering Group Minute, 12 May 2010

The Committee:

- Noted the eHealth Steering Group Minute of 12 May 2010.

17 DATE OF NEXT MEETING

The next meeting will take place on 25 August, 2010 at 1pm in the Aqualibrium, Campbeltown at 1pm.