

# **Agenda Item 3**

## **Minute**

**Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held remotely, on Friday 26 June 2020 at 2.30 p.m.**

**Voting Members:** Fiona Collie (Chair)  
Stephen McAllister (Vice-Chair)

**Non –voting Members:** Margo Biggs, Service User Representative  
Jen Kerr, Third Sector Interface  
Roger Ridley, Staff Representative, Falkirk Council

**Also Attending:** Lynda Bennie, Head of Clinical Governance  
Patricia Cassidy, Chief Officer, Integration Joint Board  
Ross Cheape, Service Development Manager  
Janette Fraser, Head of Planning  
Marlyn Gardner, Locality Manager  
Ellen Hudson, Deputy Nurse Director  
Elaine Kettings, Head of Person Centred Care  
Sara Lacey, Chief Social Work Officer  
Louise McKay, Nurse Consultant – Older People  
Tricia Miller, Lead Nurse Infection Control  
Andrew Murray, Medical Director  
Margaret Petherbridge, Project Development Manager  
Brian Pirie, Democratic Services Manager  
Gemma Ritchie, Lead Officer for Adult Support & Protection  
Dr Prakash Shankar, Chair Ethics Advisory Group  
Suzanne Thomson, Senior Service Manager

**CCG1. Apologies**

An apology was intimated on behalf of Angela Wallace, Nurse Director.

**CCG2. Declarations of Interest**

There were no declarations of interest.

**CCG3. Minute**

**Decision**

**The minute of meeting of the Clinical and Care Governance Committee held on 28 February 2020 was approved.**

#### **CCG4. Action Log**

An action log detailing ongoing and closed actions following the previous meeting on 28 February 2020 was provided.

In regard to the outstanding action, that a Locality Reports template be developed, the Chief Officer confirmed that while services were in place the development of a template would follow the establishment of a Locality Planning Group and a community consultation exercise.

#### **Decision**

**The committee noted the action log.**

#### **CCG5. Care Home Assurance during the Covid-19 Pandemic**

The committee considered a report by the Head of Integration which outlined the process that Falkirk HSCP, NHSFV, Public Health and partners had established to ensure an enhanced oversight of care assurance, testing and support to care homes in the current Covid-19 pandemic. The process had been established in accordance with current Scottish Government recommendations and guidance.

A Care Home Strategy and Planning Group had been established to develop, design, implement and oversee comprehensive support arrangements, testing and outbreak management for care homes within Forth Valley.

The remit of the Care Home Strategy and Planning Group included:-

- provide expert oversight and scrutiny of the data and information in relation to COVID-19 in all care homes in Forth Valley on a daily basis;
- ensure guidance on testing care home residents and staff from Scottish Government was implemented and updated as subsequent guidance was issued, with clear routes and responsibilities, providing timely access, reporting, analysis and response;
- ensure contact tracing was in place in response to residents and staff with positive test results;
- implement clear processes and a mechanism for monitoring each care home on a day by day basis. This data collection must identify homes at risk;
- ensure that a clear and transparent reporting system was in place;

- implement appropriate outbreak management arrangements, to maintain effective clinical standards which prevent outbreak or to manage an outbreak if it occurred;
- demonstrate that Infection and prevention control arrangements meet all relevant requirements including PPE and cleaning, and;
- provide assurance regarding the arrangements that had been implemented;
- promote best practice in terms of decision making about care and treatment for residents; and
- identify requirements for staff support and well being and implement actions as appropriate.

In addition, the Forth Valley Assurance Group had been established. The remit of the Group was to seek assurance regarding professional support and quality of care provided to care homes and to ensure that the national reporting requirements and operational framework were being delivered by the Care Home Strategy and Planning Group. The Group could escalate issues to the Assurance Group if required.

## **Decision**

**The committee noted the report.**

### **CCG6. Personal Protection Equipment**

The committee considered a report by the Project Development Manager which outlined progress of the work to ensure access to appropriate Personal Protective Equipment (PPE) within Falkirk Health and Social Care Partnership during the Covid-19 outbreak.

As a result of the Covid-19 pandemic there was an international shortage of PPE due to:

- increased demand for PPE, some of which was being worn in settings where it would not previously have been required;
- issues within the manufacturing sector due to the closure of workplaces and/or reduction in levels of staff within these settings (to enable safe social distancing within the workplace) which impact on productivity, and
- issues within the transport industry impacting on delivery of PPE, including shipments from abroad.

The report set out the work to date, summarised the development of local and national guidance, and set out the process for accessing PPE and the risks and issues associated with this. It confirmed the efforts being made to ensure sufficient stocks of PPE and to respond to any sudden increases in demand for particular types of PPE.

HSCP staff, Falkirk Council staff and care providers had worked to procure sufficient quantities of PPE to support the safe delivery of care. In addition to supply shortages the cost of PPE had risen sharply. To date sufficient stocks have been accessed and more were on order. Stock levels were continually monitored and there was daily activity to source the PPE required, in very difficult circumstances.

The Health Protection Scotland PPE Guidance had been updated as new evidence around Covid-19 emerged to ensure the safety of staff and patients/service users/carers was maintained to the highest levels possible. There had been frequent changes to the guidance as new evidence emerged about Covid-19 transmission. Staff followed national guidance at all times, despite the difficulty of incorporating frequent changes.

## **Decision**

### **The committee:-**

- 1) noted the progress made in ensuring a robust distribution process of available PPE across the HSCP and including non-regulated service providers, personal assistants, unpaid carers and volunteers;**
- 2) noted the challenges associated with procuring appropriate PPE for social care CP and the ongoing actions to procure required stock; and**
- 3) noted the progress to ensure up to date accessible guidance is available to those using PPE.**

## **CCG7. Covid-19 Shielding**

The committee considered a report by the Medical Director setting out arrangements for Covid-19 Shielding.

The Scottish Government had initiated shielding arrangements for people at the highest risk of harm from Covid-19, as a result of their specific pre-existing medical conditions, in the last week of March 2020.

NHS Boards had been expected to put in place a structure and local arrangements for ensuring that the correct patients were identified for shielding and that patients were communicated with to discuss their clinical

needs and the reasons for shielding.

Local Authorities had been expected to establish arrangements to support people who were shielding to access support, for example the delivery of food and prescriptions.

### **Decision**

**The committee noted the actions taken by NHS Forth Valley and Falkirk Council to support people who are shielding and their families.**

## **CCG8. Ethics Advisory Group**

The committee considered a report by the Chair of Ethics Advisory Group which provided an update on the role and work of the Falkirk Ethics Advisory Group (EAG).

The Scottish Government had issued directives in April 2020 to establish ethical advice and support groups, Ethical Advisory Groups which would be independent of senior management, to help clinical decisions in a small number of challenging situations beyond the scope of national guidance or the experience of clinical teams.

A Forth Valley EAG had been established, chaired by Dr Prakash Shankar and had met on a number of occasions since its first meeting on 20 April 2020.

Dr Shankar gave a summary of the ethical questions which the Group had considered.

### **Decision**

**The committee noted the report.**

## **CCG9. Adult Support and Protection (ASP) Arrangements**

The committee considered a report by the Lead Officer Adult Support and Protection on the arrangements for Adult Support and Protection in the context of the Covid-19 pandemic.

The Falkirk Adult Protection Committee had agreed a number of recommendations to strengthen current Adult Support and protection (ASP) arrangements including:

- Staff should be reminded that their decision to submit an adult protection referral was based on their application of the 'adult at risk of harm' criteria commonly known as the '3 point test' and avoid being led by any concept that application of the test is different in a Covid-19 context. Rather they

should recognise that Covid-19 may cause physical infirmity for the time that the adult is affected and if they are at risk of another harm and are unable to safeguard this may require ASP referral.

- ASP operational managers responsible for holding Interagency Referral Discussions (IRD) should liaise with the Falkirk Care Home Focus Group carrying out assurance activity where any ASP referral had been received for a resident of a care home. This would allow information sharing and risk assessment across both groups and ensure agreed actions, coordination and avoidance of disjointed or unproductive work. The rationale for these agreed actions will be Covid-19 informed, safe, effective and proportionate.
- The APC agreed in April that it would suspend responsibility for the Falkirk Early Indicators of Concern Group (EIOC) and that this should sit with Falkirk Care Home Focus Group. The responsibility for current permitted visiting staff to care homes and therefore concern identification and referral routes sit best with the care home group at this time. It was recommended that the EIOC reconvened in the recovery phase whenever any revision of membership or terms of reference realised from lessons learned was applied and training/briefing sessions on EIOC was offered by ASP lead officer to all partner agencies.
- Strong links and partnership working needed to continue between APC and the Third Sector interface responding to adults in need in Falkirk communities to increase chances of hidden harm identification.
- The Community Care Team Manager network should work closely to devise, agree and give clear guidance to frontline staff on what actions should be taken to ensure ASP investigations in locked down premises take place in a Covid-19 informed way when necessary. This guidance should also apply more generally to effective care management review which often prevents harm occurring. Communication tools and methods with adults and their carers both in locked down premises and those subject to adult support and protection plans in the community should also be a focus.

Within Adult services we have become acutely aware of our known most at risk service user groups with a current focus on residents of care homes. It was important that our responsibilities around Adult Support and Protection can work in harmony with and alongside the need to support and guide the independent care home sector.

## **Decision**

**The committee noted the report.**

## **CCG10. Hospital Acquired Infection: Winter Performance Report**

The committee considered a report by the Lead Nurse, Infection Control which provided an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk Community Hospital and Bo'ness Community Hospitals from January 2020 – April 2020 including details of all Staph aureus bacteraemias (SABs), Clostridioides difficile Infections (CDIs), Escherichia coli Bacteraemia (ECBs) and Device Associated Bacteraemias (DABs) for these areas with a brief summary of the investigations that had been carried out.

The report detailed performance in regard to targets for the period 2019-2022 together with the approach to reduce and prevent the HAIs.

### **Decision**

**The committee noted the report.**

## **CCG11. Overview: Inspection Reports and National Publications**

The committee considered a report by the Senior Service Manager which provided an overview of the inspection reports and national reports published since the last meeting of the Clinical and Care Governance Committee (CCGC).

The tables below list the Care Inspectorate and Mental Welfare Commission reports that had been published since the last CCGC meeting. A summary of each report, including recommendations, is attached at Appendix 1 for information.

<b>Care Inspectorate</b>
<a href="#">Torwoodhall</a>
<a href="#">Falkirk Council Mobile Emergency Care Service</a>
<b>Mental Welfare Commission</b>
<a href="#">Bellsdyke, Trystpark (27 February 2020, announced)</a>
<a href="#">Bellsdyke Hospital, Hope House (6 February 2020, announced)</a>
<a href="#">Bellsdyke Hospital, Trystview (18 February 2020, unannounced)</a>
<a href="#">Bellsdyke Hospital, Russell Park (9 October 2019, announced)</a>
<a href="#">Lochview (14 January 2020, announced)</a>

A summary of the reports, together with a summary of recommendations, was appended to the report.

### **Decision**

**The committee noted the report.**



## **CCG12. Annual Assurance Statement**

The committee considered a report by the Senior Service Manager presenting the draft Clinical and Care Governance Annual Assurance Statement to the Committee for approval. The Annual Assurance Statement had been prepared in a response to a recommendation made following an Internal Audit review of the IJB's Assurance Framework – Governance Mapping.

The Assurance Statement set out the committee's attendance, meeting schedule and business over the course of the financial year 2019/20. Further work would be required to develop the Assurance arrangements. Subject to the committee's approval the draft Statement would be submitted to the next meeting of the Board.

### **Decision**

**The committee approved the draft Clinical and Care Governance Committee Annual Assurance Statement and agreed its submissions to the next IJB meeting for consideration.**

## **CCG13. Clinical and Care Governance Committee Forward Planner**

The committee considered a report by the Senior Service Manager which proposed an indicative forward planner for the Clinical and Care Governance Committee (CCGC) over the financial reporting year 2020 – 2021.

A draft forward planner based on the following structure was appended to the report:-

- Standing agenda items;
- Assurance and Improvement;
- Person centred health and care;
- Safe Care - people, carers, communities, employees, and
- Effective Care.

### **Decision**

**The committee:-**

- 1) noted that when the revised national guidance on Clinical and Care Governance for IJBs and HSCPs is published, a report will be presented to Committee; and**
- 2) agreed the draft forward planner for 2020 – 2021.**