

Agenda Item 15

Minutes of Committees and Groups

Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held within the Boardroom, Denny Town House on Friday 28 February 2020 at 9.00 a.m.

Voting Members: Fiona Collie (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
James Foley, Service Manager
Jack Frawley, Team Leader - Committee Services
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
Gemma Ritchie, Lead Officer for Adult Support & Protection
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager

CCG33. Apologies

An apology was intimated on behalf of Angela Wallace.

The Vice Chair welcomed Jen Kerr to her first meeting.

CCG34. Declarations of Interest

There were no declarations of interest.

CCG35. Minute

Decision

The minute of meeting of the Clinical and Care Governance Committee held on 7 November 2019 was approved.

CCG36. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 7 November 2019 was provided.

Decision

The committee noted the action log.

CCG41. Healthcare Associated Infection – Winter Performance Report

The committee considered a report by the Lead Nurse, Infection Prevention and Control, NHS Forth Valley which provided information on all Healthcare Associated Infection (HAI) related activity across Falkirk and Bo'ness Community Hospitals from October to December 2019. The report provided details of all Staph aureus-bacteraemias Clostridioides difficile Infections, Escherichia coli bacteraemia and Device Associated Bacteraemias with a summary of the investigations carried out. The report style had been updated to provide more graphs to give a clearer understanding of the data.

Incidence and outbreaks across Forth Valley were identified through ICNet, microbiology or from the ward. The identification of outbreaks was determined following discussion with the Microbiologist. In the event of a declared outbreak a Problem Assessment Group or Incident Management Team meeting was held with staff from the area concerned and actions implemented to control further infection and transmission. All outbreaks were notified to Health Protection Scotland and Scottish Government.

The influenza season in Scotland started at the end of November. So far the season had been quieter than in previous years with fewer patients testing positive for flu. There had been no influenza cases in Falkirk Community Hospital or Bo'ness Community Hospital.

Decision

The committee noted the report.

CCG37. National Interim Framework for Adult Protection Committees for conducting a Significant Case Review

The committee was provided with a presentation by the Adult Protection Led Officer which covered:-

- the key functions of the Adult Protection Committee
- the national framework for conducting a significant case review

- governance arrangements
- inter-related investigations, reviews and other processes
- on-going liaison with the Committee.

The committee considered a report by the Adult Protection Lead Officer which provided an overview of one of the first actions from the Scottish Governments' Adult Support and Protection Improvement Plan, the plan would continue to be implemented over the subsequent two years.

The national framework outlined that Adult Protection Committee's should develop their own local operating protocol for handling including identifying who had delegated authority to receive an ICR notification, instruct further information gathering and make a decision on whether to proceed to SCR.

The key elements of the local protocol proposal for the Chief Officers Group's overall consideration, comment and approval were:-

- Adult Protection Lead Officer (LO) had delegated authority to receive ICR notifications
- ICR notifications were considered by LO and APC Independent Chair to consider whether criteria was met
- LO requested and received single agency ICR reports
- LO would share single agency ICR reports and LO constructed multiagency chronology with SCR Panel prior to panel date
- APC Independent Chair would advise COG of SCR Panel decisions made and rationale.

It was suggested that SCR Panel membership was discussed and agreed at notification stage. It was recommended that this was a flexible group taking account of the facts of the case. This would both ensure the right people were involved and would create a greater diversity of involvement and commitment to the process across Falkirk. The APC Independent Chair would not be part of the multidisciplinary SCR Panel to allow for an independent casting vote when the panel could not agree whether or not to progress to SCR.

Decision

The committee noted the report and that the key elements of the proposal would be considered by the Chief Officer Group.

CCG38. Mental Welfare Commission Visits

The committee considered a report by the General Manager which provided information on the recent Mental Welfare Commission (MWC) visits to Forth Valley Mental Health Facilities. There were two visits covered within the report. There was an announced visit to Wards 2 and 3, Forth Valley Royal Hospital (FVRH) which took place on the 22nd October 2019 and an unannounced visit to Ward 1(IPCU) FVRH which took place on 21st November 2019.

Announced visit to Wards 2 & 3 FVRH.

There were 5 recommendations to be addressed by the service:-

- (1) Managers should ensure that nursing documentation complied with the Nursing and Midwifery Council Code, professional standards of practice and behaviour for nurses, midwives and nursing associates.
- (2) Managers should review their audit processes to improve the quality of care plans and ensure that evaluations of care plans clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals.
- (3) Managers should ensure that patients and their visitors are aware of the options available to them in relation to visiting arrangements.
- (4) Managers should ensure that activities provided were age appropriate and that participation was recorded, evaluated and linked to the patient care plan.
- (5) Managers should ensure that there were adequate numbers of suitably qualified staff available to allow patients flexible access to the gym.

Unannounced visit to Ward 1 FVRH.

There were 3 recommendations to be taken forward by the service:-

- (1) Managers should ensure nursing care plans were person-centred, contained individualised information, reflected the holistic care needs of each person and identified clear interventions and care goals.
- (2) Managers should review the provision of OT to the ward to ensure it was adequate to meet the needs of patients.
- (3) Managers should ensure specified persons procedures were implemented for patients where required and that the relevant paperwork was completed and reviewed.

Decision

The committee noted the report.

CCG39. Quality & Safety of Care in Bo'ness Community Hospital

The committee considered a report by the Deputy Nurse Director, NHS Forth Valley which provided an update of the actions and improvement activities being undertaken across the 2 Units/Wards of Bo'ness Community Hospital.

The data within the report illustrated performance against key care indicators which determined the focus for ongoing improvement activities. The report sought to provide evidence and assurance on the safety and quality of care across the two Units as part of governance reporting mechanisms. The Quality and Safety report was provided as an appendix.

Bo'ness Community Hospital had 2 Units/Wards. Unit 1 was a 20 bedded Unit for older adults requiring on-going and palliative care. Unit 2 was a 16 bedded Specialist Dementia Unit. Data for the Quality and Safety report was derived from the Nursing & Midwifery Dashboard and Assuring Better Care (ABC) scorecard which outlined care performance data in relation to quality and safety indicators. The data within the report was verified by the independent unannounced Senior Nurse Led Care Assurance Visits.

Decision

The committee noted the report.

CCG40. Reducing the Risk of Falls and Falls with Harm

The committee considered a report by the Deputy Nurse Director which provided a detailed report on the progress of the falls prevention and improvement actions and activities undertaken across Bo'ness and Falkirk Community Hospitals to reduce the risk of falls and falls with harm. It also outlined the monitoring and reporting systems and processes in place.

Falls data for Bo'ness and Falkirk Community Hospitals demonstrated a reduction in falls with harm over the last year, however the overall fall rate had risen slightly. A Falls Leadership Group had been established to review and monitor the falls and falls with harm data. This was shared across the ward areas to the senior charge nurses and the nominated falls champions. Improvement work continued to be shaped using data to empower change and annotate potential intrinsic and extrinsic contributing factors.

Decision

The committee noted the report.

CCG42. Complaints, How they are Dealt with and Experiences

The committee considered Complaints Performance for April to December 2019 for the Falkirk Health & Social Care Partnership. During the period April to December 2019, a total of 20 complaints (excluding complaints transferred/withdrawn/consent not received) were received by the Patient Relations Team relating to the delegated functions for Falkirk Health & Social Care Partnership.

If a complainant remained unhappy with the response received from NHS Forth Valley, they had the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO was the final opportunity for the complainant in the complaint process and offered an independent view on whether the complaint was reasonably responded to. The SPSO received 4 cases relating to the Falkirk Health & Social Care Partnership during April – December 2019. It was noted that no investigation would be conducted by the SPSO for the case received in December 2019.

Decision

The committee noted the report.

CCG43. The Mental Welfare Commission - Themed Visit Report to people with autism and complex needs

The committee considered a report by the Head of Integration which provided an update on the Mental Welfare Commission themed visit report looking at support for people with Autism and Complex Needs. The report highlighted the need for specialist support to be provided via Health, Social Care and other partners for people with Autism and Complex Needs.

The report recommendations were considered by the Leadership Group at its meeting of 28 November 2019. There were ten recommendations from the report with implications for Falkirk HSCP across 5 themed areas:-

- Assessment and Diagnosis
- Treatment Support/Treatment
- Responding to Crisis
- Environmental Issues
- Crisis.

The Leadership Group agreed that the multi-disciplinary group would develop a SMART action plan and terms of reference.

Decision

The committee noted:-

- (1) the ongoing work through a multi disciplinary group, who had begun to develop an action plan based on the recommendations of the report and who would be responsible for monitoring and implementing any changes, and**
- (2) that the plan would be reported to the next Leadership Group who would monitor progress and report to the committee on a 6 monthly basis.**

CC44. Mental Welfare Commission Scotland Investigation

The committee considered a report by the Head of Integration which provided information on the Mental Welfare Commission for Scotland (MWCS) Investigation report. MWCS published their findings in relation to an investigation into the care and treatment of a woman with learning disability, whose discharge from an acute orthopaedic ward was delayed by 18 months.

A report was submitted to the Partnership Leadership Group's meeting of 3 October 2019. At that time the group recommended the establishment of a Task and Finish Group to consider the recommendations and assure around the Adults with Incapacity (AWI) processes.

The investigation considered several areas including:-

- communication between professionals and the service user and her family;
- risk assessment, risk management and care and support planning,
- legal aspects;
- implementation of self-directed support and the related policy framework, and
- decision making.

MWCS found failings in all the above areas. The report cited systemic issues with Social Work capacity in relation to delay in appointing a care manager and a lengthy delay in allocating a Mental Health Officer (MHO); delays in the guardianship process and the position taken by the HSPC in relation to the suitability of a family member for some of the powers sought.

MWCS concluded that "Had a genuinely open and collaborative planning process taken place, there might not have been a need for guardianship if a return home had been agreed". It was their view "that discharge could have been achieved within a few weeks, rather than the almost 18 months of delay she and her family experienced".

Four key recommendations for Health and Social Care Partnerships were identified:-

- (1) Put in place governance measures to ensure that assessment and support planning:-
 - Is carried out in line with national and local guidance;
 - Has the rights, will and preferences of the person central to the process; and
 - That where there were significant difference of opinion this is clearly documented and provided to decision makers.

- (2) Ensure that where there is a significant level of dispute, impacting on a discharge from hospital, there are formal mechanisms to address issues and agree a way forward.
- (3) Where the relationship between assessors and the individual and their family has broken down, to consider measures such as reallocation where possible, or mediation.
- (4) Ensure that high level scrutiny mechanisms monitoring delayed discharge do not allow cases to be put on hold due to awaiting court processes and activity to progress discharge continues, in line with the new Scottish Government guidance on discharging Adults with Incapacity.

There were a number of recommendations in respect of Local Authorities relating to MHO practice to ensure there are clear procedures in place which ensure:-

- There is a system for referral that prioritises people delayed in hospital
- The MHO independent role is respected and supported
- MHOs are always invited to AWI Case Conferences
- Disagreement with a Care Plan is not an indicator of unsuitability of an applicant for guardianship.

Decision

The committee noted the:-

- (1) contents of the investigation report;**
- (2) progress of the Delayed Transfers of Care for AWI cases, Task and Finish Group, and**
- (3) outcome of the case reviews for those in a hospital setting within an AWI process.**



Note of Meeting

Meeting: Falkirk HSCP Joint Staff Forum
Chaired by Patricia Cassidy, Chief Officer Falkirk HSCP

Date: Wednesday 11 March 2020

Venue: Denny Town House Boardroom

Present: Patricia Cassidy, Chief Officer, Falkirk HSCP (PC) (Chair)
Martin Thom, Head of Integration, Falkirk HSCP (MT)
Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)
Karen Algie, Head of HR, Falkirk Council, (KA)
Michelle Campbell PA, Falkirk HSCP (MC) (Minutes)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Staff Representative, Falkirk Council (Chair) (RR)
Hilary Nelson RCN, NHS Forth Valley
Julie McIlWaine, HR Manager, NHS Forth Valley

| Item | Action |
|---|--------|
| <p>1. APOLOGIES Linda Davidson, Associate HR Director NHS Forth Valley (LD) Linda Donaldson, Director of HR, NHS Forth Valley (LD) Robert Clark, NHS Unison Representative (RC) Matthew Jenkins, Falkirk Council Unite Staff Representative (MJ) Raymond Smith, Falkirk Council GMB Representative (RS) Marlyn Gardner, Locality Manager Falkirk HSCP (MG)</p> | |
| <p>2. MINUTES AND MATTERS ARISING FROM MEETING 8 JANUARY 2020</p> | |
| <p>2.1. Holiday Cover RS raised holiday cover as a continuing issue within homecare. A homecare meeting is scheduled which will explore the use of a temporary workforce to provide holiday cover.</p> | |
| <p>2.2. Integrated Workforce Plan The plan will be presented to a future meeting prior to being submitted to IJB.</p> | KA/LD |
| <p>2.3. Partnership Agreement Acknowledged there a number of working groups taking place and question of where they should report into by TU's. KA will bring back a report to the next meeting outlining which strategic groups should report to JSF. Operational groups would not report into JSF.</p> | KA |
| <p>3. HOMEFIRST EVALUATION LP provided an update on the Homefirst pilot. The team have made an impact on the number of delayed discharges from FVRH and support people to return home. Discharges are also made to Summerford as a step down reablement facility.</p> <p>Care packages will increase as we discharge more people into the community. The pilot may be expanded to Frailty at the Front Door and work is being undertaken to look at using the community hospital as a step up facility to avoid admissions to Acute.</p> | |



| Item | Action |
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| <p>RR noted that the figures were part of the trajectory identified in the winter plan, and people may have been discharged home without the Homefirst team. PC acknowledged some discharges are more complex and the pilot was introduced as an evidence based model. The service needs to move to a discharge to assess model. RR noted that communication between the Homefirst team and Hospital Team could be improved.</p> | LP/RR |
| <p>4. COVID 19</p> <p>NHS Forth Valley Incident Team was put in place on 4 March 2020, Carseview control room. The control room will be staffed 12 hours per day to support to matters related to the virus outbreak. The virus is currently in containment phase.</p> <p>Forth Valley Resilience Partnership was stood up yesterday.</p> <p>Scottish Government has challenged boards to have zero delays in discharges with legislation being looked at for AWI delays. Current focus is on preparedness on Acute hospital and the level of spread.</p> <p>Consideration is also required with community nursing and care homes. LP will chair the Partnership Incident Management Team. Non essential services will be reduced in order to potentially train staff to provide care to have a sustainable workforce. Staff would be deployed on a daily basis in line with a national pandemic. Public Protection Equipment (PPE) for a pandemic will be available.</p> <p>Current advice for staff is to access NHS Inform website.</p> | |
| <p>5. Progress for Implementation of Integrated Structure</p> <p>NHS staff including Community AHP and Community Hospital transferred to the Partnership on 3 February 2020. Mental Health is to be managed by Clackmannanshire/Stirling Partnership. The revised structure is still high level, Locality Managers will add in the tier below and circulate to staff. Staff have attended workshops and continue to be involved in development sessions.</p> <p>There is more work to be undertaken to look at our social work model as well as a model for Homecare. MT will present a preferred options paper for JSF which will then be submitted to IJB and Falkirk Council for approval. TUs will be invited to be members and feed into the workstreams.</p> <p>There has been work at NHS Forth Valley on new Acute management structure.</p> | MT |
| <p>6. STANDING ITEMS</p> <p>6.1. Integration. Covered above.</p> | |



6.2. **Health & Social Care Partnership**

Amanda Templeman Chief Finance Officer has resigned and returning to a post within Falkirk Council Finance. Interviews have taken place, a preferred candidate has been put forward for the necessary screening.

Alison Cooke Locality Manager has resigned and obtained a post with Care Inspectorate team responsible for ASP inspections. The post has been advertised. Gordon MacKenzie, Locality Manager joined the Partnership in February 2020.

The preferred candidate for the Business Manager has declined the offer having accepted another post, this will be re-advertised along with support posts.

ASP inspections will take place from March 2020 – April 2021, a new chair is to be identified for the ASP committee.

Audit Scotland are to undertake a Best Value Audit of Falkirk Council from 24 March 2020 and will want to meet with staff and TUs.

6.3. **NHS Forth Valley**

New workforce policies will be in place from beginning of March for NHS staff with training being required. JMCI will email the link to staff not on NHS mailing list or who can access policies via NHS intranet. Joint training is being planned by TG and LD.

TG/LD

6.4. **Trade Unions Feedback**

Hilary Nelson RCN has joined the group for the first time today. TUs will arrange a meeting with Hilary.

TUs

7. **AOCB**

7.1. **iMatters**

The Partnership is to undertake the health service employee engagement survey. Managers form an action plan which is generated from the results of the survey. It was noted it is difficult to get staff to engage in the process, awareness raising of the importance of completing will take place for staff. The report also identify what supports managers require to lead their team.

Falkirk Council survey also produced a management action plan.

8. **DATE OF NEXT MEETING**

13 May 2020 – Chair Karen Algie
8 July 2020 – Linda Davidson
2 September 2020 – Robert Clark
28 October 2020 – Patricia Cassidy
23 December 2020 – David Hume



Note of Meeting

Meeting: Falkirk HSCP Joint Staff Forum
Chaired by Patricia Cassidy, Chief Officer Falkirk HSCP

Date: Wednesday 13 May 2020 at 2.00 pm

Venue: Denny Town House Boardroom

Present: Patricia Cassidy, Chief Officer, Falkirk HSCP (PC) (Chair)
Martin Thom, Head of Integration, Falkirk HSCP (MT)
Lorraine Paterson, Head of Integration, Falkirk HSCP (LP)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Staff Representative, Falkirk Council (RR)
Linda Davidson, Associate HR Director NHS Forth Valley (LD)
Robert Clark, NHS Unison Representative (RC)
Raymond Smith, Falkirk Council GMB Representative (RS)
Tracey Gillespie, HR Manager, Falkirk Council (TG)
Gordon Tucker, Unison, NHS Forth Valley (GTU)
Grace Traynor, Falkirk Council GMB Representative (GT)
Michelle Campbell PA, Falkirk HSCP (MC) (Minutes)

| Item | Action |
|---|-----------|
| 1. APOLOGIES Linda Donaldson, Director of HR, NHS Forth Valley (LD) Matthew Jenkins, Falkirk Council Unite Staff Representative (MJ) Karen Algie, Head of HR, Falkirk Council, (KA) Hilary Nelson RCN, NHS Forth Valley (HN) Julie McIlWaine, HR Manager, NHS Forth Valley | |
| 2. MINUTES FROM MEETING 11 MARCH 2020 7.1 correction place should read <i>plan</i> . (corrected) | completed |
| 3. MATTERS ARISING | |
| 3.1. Holiday cover RR, Homecare Review Group did not think it was feasible to have a temporary workforce. MT highlighted that the few meetings have been cancelled. A review of the model of care will be undertaken by the Homecare Review Board, an options paper on the preferred model will be presented to this group. The model of care will also be considered as part of the recovery plan. TG, annual leave is being discussed at a national level. A report will be presented to CMT and TU's for consideration. The Partnership is currently still operating in response mode to COVID, however where there is capacity staff should be encouraged to take leave in order to stay resilient. LD, NHS have circulated information to encourage staff to take as much leave as possible. LD will circulate the flow chart that has been produced to support staff. | LD |
| KR, requested operational meetings are undertaken in a professional manner with action notes produced. | MT/LP |



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| <p>3.2. Integrated Workforce Plan Work on this has been paused due to COVID19. Once it resumes it will incorporate the guidance from the government. The workforce plan was highlighted as a priority action in our recent Audit Report.</p> | LD/KA |
| <p>3.3. RR, noted thanks to Gordon MacKenzie for his work with the Hospital Team and recent communication issues. PC noted the team has adapted very well working alongside the Homefirst team. This is notable during COVID pandemic with currently only 7 standard delayed discharges which is significant.</p> | |
| <p>4. UPDATE ON COVID 19 RESPONSE PC recognised the commitment of staff across the partnership who have risen to the challenge and continue to do so in response to the pandemic.</p> <p>The Mobilisation control room has been operating effectively on a rota basis with a duty manager, service coordinator and admin staff based in Denny Town House. A lot of learning is emerging, a debrief of the incident in one care home is underway. Further learning will continue to look at thematic areas including PPE, testing, care homes and staff wellbeing.</p> | |
| <p>4.1. PPE The partnership has worked through the process along with the various updates in national guidance. The partnership has set up a central distribution centre with Falkirk Council. The Chief Social Work Officer is chairing a cross Council PPE group. We continue to supply all staff with the appropriate PPE. This has been achieved through our own procurement of PPE and through National supplies. TU's have no issues to report.</p> | |
| <p>4.2. Testing At the beginning of the pandemic testing was only available to acute hospital staff and their families. Testing has expanded to include all care homes for residents and staff. Referrals are submitted to Public Health.</p> <p>Currently the number of tests for Care at home staff and external care have been low. Managers continue to remind staff of the process. MT asked TU's to canvas their members to ensure they are aware of the process.</p> <p>RS, queried why testing is only undertaken when discharging people into care homes. Current guidance is for discharge to care homes only at present. Two negative tests are required before being discharged to a care home. Care at Home staff are required to wear PPE to protect themselves when undertaking care. National guidance is evolving on a daily basis.</p> | TUs |
| <p>4.3. Staff Wellbeing A lot of work has been done by NHS, Council and HSCP to support staff through the mobilisation centre. James Foley, Service Manager is the staff wellbeing coordinator.</p> <p>A weekly communication "Wobble newsletter" is issued. A dedicated virtual staff room has been set up to provide space for an informal chat/support as a well as a helpline number/email address. This allows staff to make contact to</p> | |



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| request 1:1 support, this received positive feedback from staff. TUs to be included in the distribution list. | LP |
| TG, work is being undertaken on the guidance to support staff to continue to work from home in the longer term, guidance from COSLA is expected. | LP/TG |
| Robert Clark asked that information on financial assistance is included in their staff wellbeing links. | |
| 5. STANDING ITEMS | |
| 5.1. Integration. Community Nursing/AHP transferred to HSCP in February. Transfer of remaining staff has paused in the current pandemic crisis. Transfer of staff will be included in the recovery plan along with the learning from the pandemic. Recruitment for the Locality Manager and additional support posts have been put on hold at the moment. Care homes have been a significant challenge where a number of residents and staff tested positive. The partnership provided a fast and integrated response across the system, this was highlighted as an excellent piece of joint working and lessons learned on how to reshape our workforce. | |
| 5.2. Health & Social Care Partnership PC, highlighted how well staff are working together during this crisis and wanted to pay tribute to them. Staff have risen to the challenge and gone above and beyond. NHS Forth Valley and Falkirk Council are beginning their recovery planning. HSCP will begin their recovering planning, however the current response mode. | |
| 5.3. NHS Forth Valley LD highlighted NHS Forth Valley have been recruiting student nurse year 2 & 3 into posts within Acute, Primary and Health & Social Care Services. The recruitment process is conducted via NHS Education Scotland and Year 2 students will be with us until the end of August and Year 3 students will be with us until the end of September. These Students are employed by NHS Forth Valley. Student Nurses are also being placed within Care Homes for their placement and are employed by NHS NES. We also have approximately 30 iFYI Junior Doctors who are also employed by NHS NES and are with us until September. An Internal Deployment Hub has been established and this is to assist with any deployment to areas of increased activity and utilising those who work in services which have been stepped down or those who are working at home. In terms of care homes, 2 teams have been set up via the bank staff who have volunteered to work within care homes if required. Approximately 800 volunteer details came to NHS Forth Valley via NHS NES advertising. However we have only employed approximately 4 individuals. Very busy time, and having staff on the ground. People have been amazing. | |



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| <p>5.4. Falkirk Council HR TG, recruitment has halted across the council with the exception of Health & Social Care.</p> <p>A volunteer process in place to provide essential services. HR are working on guidance for staff on the use of PPE, A range of information and FAQs is located on the employee page of the website.</p> | |
| <p>5.5. Trade Unions Feedback KR appreciated and thanked HR for the weekly meetings that have taken place. RC said that these are working well and staff have all pulled together which has been positive.</p> <p>GT, asked that testing for people being discharged into the community is kept under consideration in line with updated guidance issued.</p> <p>RS, members are raising concerns of being moved from their base. MT – confirmed staff will be deployed where there is a gap in service provision in order to keep services safe, this is kept to a minimum where possible.</p> | |
| <p>6. AOCB None.</p> | |
| <p>7. DATE OF NEXT MEETING 8 July 2020 – Linda Davidson 2 September 2020 – Robert Clark 28 October 2020 – Patricia Cassidy 23 December 2020 – David Hume</p> | |