

Agenda Item 19

Minutes of Committees and Groups

Agenda Item 19

Minute of meeting of the Audit Committee held within Arnotdale House, Falkirk on Friday 6 March 2020 at 9.30 a.m.

Voting Members: Allyson Black (Vice-Chair)

**Non – voting
Members:**

Jen Kerr, Third Sector Interface
Robert Clark, NHS Staff Representative

Also Attending:

Patricia Cassidy, Chief Officer
Jack Frawley, Team Leader - Committee Services
Sara Lacey, Chief Social Work Officer
Gordon O'Connor, Internal Audit Manager, Falkirk Council
Grace Scanlin, Ernst and Young (External Audit)
Amanda Templeman, Chief Finance Officer

AC27. Apologies

There were no apologies.

AC28. Declarations of Interest

There were no declarations of interest.

AC29. Minute

Decision

The minute of the meeting of the Audit Committee held on 16 December 2019 was approved.

AC30. Strategic Risk Register Update

The committee considered a report by the Chief Finance Officer which provided an update on the Strategic Risk Register (SRR) and risk management plans for 2020. The high level SRR, detailed risk matrices and risk scoring guidance and matrix were provided as appendices. There had been no substantive changes to the risk register or the risk ratings since the December meeting.

During 2020/21 Internal Audit intended to review the IJB's risk management arrangements, including the Risk Management Framework and how it linked to those of Partners.

Decision

The committee noted the report.

AC31. Internal Audit Plan 2020/21

The committee considered a report by the Internal Audit Manager providing the Internal Audit Plan 2020/21 for approval. The Public Sector Internal Audit Standards 2017 (PSIAS) required the preparation of a risk based Internal Audit Plan setting out the team's annual work programme.

The role of internal audit was to provide a balanced and evidence based opinion on the adequacy of the IJB's arrangements for risk management, governance, and control. The Internal Audit Plan for 2020/21 contained two assignments:-

Risk Management Arrangements: review the IJB's risk management framework, and how this linked to those of partners (including partner resources to support IJB risk management). This would include reviewing strategy, structures, policies, procedures, and training. The review would also consider the processes for ensuring that all relevant strategic risks were accurately identified, assessed, evaluated, recorded and monitored.

Directions: internal audit work would focus on the extent to which Section 3 (Process for Issuing Directions), Section 4 (Form and Content of Directions), and Section 5 (Process for Issuing and Revising Directions) of the Guidance were being applied. Given that the Guidance was recent, the work would be scheduled for quarter 3 or 4 of 2020/21.

Periodic reports would be provided to the Audit Committee detailing progress with the Plan and highlighting any key findings. An Annual Assurance Report would be provided giving an opinion on the overall adequacy and effectiveness of the IJB's control environment. The report would include a summary of work undertaken and a comparison of work completed against work planned.

Decision

The committee:-

- (1) approved the Internal Audit Plan for 2020/21, and**
- (2) noted that progress will be reported to the Audit Committee on an ongoing basis.**

AC32. Internal Audit Progress Report

The committee considered a report by the Internal Audit Manager which provided an update on progress with completing the 2018/19 and 2019/20 Internal Audit Plans. The report on Performance Management and Reporting had been finalised, and progress was being made with the remaining 2018/19 and 2019/20 Internal Audit work. A summary of findings from internal audit work was provided as an appendix to the report.

Decision

The committee noted progress being made with completing the 2018/19 and 2019/20 Internal Audit Plans.

AC33. External Audit Plan

The committee considered a report by the Chief External Auditor which set out the work EY would perform to allow them to provide their independent auditor's report on the financial statements and meet the wider scope requirements of public sector audit, including the audit of Best Value. After consideration by the IJB, the plan was provided to Audit Scotland and published on their website.

Decision

The committee noted the External Audit Plans.

AC34. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer which provided an overview of the national reports published since the September 2019 update to the Audit Committee. A number of the reports would be considered in detail by the Clinical and Care Governance Committee. Detailed commentary was provided on the Local Government in Scotland: Financial Overview 2018/19 Report.

Decision

The committee noted the report.

AC35. Terms of Reference

The committee considered a report by the Chief Finance Officer which presented an updated Terms of Reference for consideration before

submission to the IJB for approval. The Terms of Reference included two main updates, both driven by previous Internal Audit reviews. The first was to formally note that the minutes of the Audit Committee would be submitted to the IJB. The second was that the Audit Committee would report annually to the IJB. The report also highlighted that there was a vacancy for a Chair of the Committee and that this appointment would be made by the IJB.

Decision

The committee:-

- (1) agreed the Terms of Reference included at Appendix 1 and referred these to the Integration Joint Board for approval;**
- (2) noted that a new chair would have to be appointed to the Audit Committee, and**
- (3) noted that the December 2020 date for the Audit Committee would have to be amended.**

AC36. Following the Public Pound

The committee considered a report by the Integrated Care Fund Co-ordinator which provided the committee with information about organisations that received funding from the Integration Joint Board, via Falkirk Council and NHS Forth Valley during the period 1 April 2018 – 31 December 2019.

An appendix to the report Appendix 1 provided a summary of the purpose and performance of each of the funded organisations. Conclusions and recommendations were also provided by the leads for Falkirk Council funds. Additional information had been included regarding Partnership Funds or other funds, where known and validated by NHS Forth Valley and/or Partnership Funding leads.

Decision

The committee:-

- (1) noted monitoring and performance information for each of the organisation as set out in Appendix 1, and**
- (2) approved the contents of the report and refer to the Integration Joint Board for decision regarding the establishment of multi-annual contractual agreements.**

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.

Care Inspectorate
Torwoodhall
Falkirk Council Mobile Emergency Care Service
Mental Welfare Commission
Bellsdyke, Trystpark (27 February 2020, announced)
Bellsdyke Hospital, Hope House (6 February 2020, announced)
Bellsdyke Hospital, Trystview (18 February 2020, unannounced)
Bellsdyke Hospital, Russell Park (9 October 2019, announced)
Lochview (14 January 2020, announced)

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.**



Note of Meeting

Meeting: Falkirk HSCP Joint Staff Forum
Chaired by Karen Algie, Head of People, Technology & Transformation, Falkirk Council

Date: Wednesday 8 July 2020 at 2.00 pm

Venue: WebEx

Present: Karen Algie, Head of HR, Falkirk Council, (KA) (Chair)
Martin Thom, Head of Integration, Falkirk HSCP (MT)
Kevin Robertson, Falkirk Council Unite Representative (KR)
Roger Ridley, Unison Staff Representative, Falkirk Council (RR)
Robert Clark, NHS Unison Representative (RC)
Raymond Smith, Falkirk Council GMB Representative (RS)
Michelle Campbell PA, Falkirk HSCP (MC) (Minutes)

Grace Traynor, Falkirk Council GMB Representative (GT) Grace joined the meeting but had difficulties with the connection. GT subsequently submitted apologies.

Item	Action
1. APOLOGIES Patricia Cassidy, Chief Officer, Falkirk HSCP (PC) Linda Donaldson, Director of HR, NHS Forth Valley (LD) Matthew Jenkins, Falkirk Council Unite Staff Representative (MJ) Hilary Nelson RCN, NHS Forth Valley (HN) Julie McIlWaine, HR Manager, NHS Forth Valley Lorraine Paterson, Head of Integration, Falkirk HSCP (LP) Linda Davidson, Associate HR Director NHS Forth Valley (LD)	
2. MINUTES FROM MEETING 13 MAY 2020 Accepted as accurate.	
3. MATTERS ARISING	
3.1. Homecare Review Board MT is reconvening the boards. Homecare Review Board is scheduled for next month which will look at the future model of homecare. A report will be brought to JSF at a future date.	MT
3.2. Integrated Workforce Plan KA is in touch with NHS HR to take this forward.	LD/KA



3.3. **Testing**

TU's raised the issue of people discharged home from hospital without receiving a test could put staff at risk. MT confirmed Carers are provided with and use PPE when undertaking visits. People who are discharged to a care home are tested twice for negative results. On admission to a care home the person is isolated for 14 days, staff use PPE.

3.4. **Staff Wellbeing**

The Partnership and NHS are still working in full response mode. There are regular staff wellbeing updates on the council website alongside the newsletter from HSCP which is circulated to TU's.

KR highlighted that private providers are recruiting and asked when was Falkirk Council are to begin recruitment process. MT/KA confirmed that HSCP and Children's Services have continued to recruit throughout the lockdown period. MT will look into this and provide an update. Evelyn Kennedy has been developing an online training/induction pack for new employees.

MT

4. **REMOBILISE, RECOVER & REDESIGN**

MT provided an update to the group on a report submitted to the IJB on 19 June 2020.

HSCP is beginning to look at recovery planning and how services will be delivered in the future given that COVID will be part of the 'new normal' for the foreseeable future.

The HSCP Delivery plan will be refreshed in our recovery planning. The plan includes reviews into day services for older people, care at home services as well as care homes. The Homefirst model will continue to be developed. Integrated working in this area has been very successful. We have been able to get people home quicker, working with them in their own homes which has proven to be beneficial to service user as well being effective in reducing delayed discharges.

We will look to accelerate integration as well as work with our Third Sector partners, volunteers and communities.

Thornton Gardens now has 14 respite beds available to support carers.

MT asked TU's to engage and work with the programme boards to develop the new models of care. RC happy to get representation from NHS to attend. MT will email details of the boards to TU's

MT

KR highlighted the need for senior management to communicate and consult with staff on new models of care to alleviate concerns of changes in their roles. MT assured TU's that they will be updated on the reviews.

MT



5. **STANDING ITEMS**

5.1. **Integration.**

MT updated the group, Karen Robertson has been appointed as temporary Head of Nursing for 6 months while a recruitment process is undertaken.

Interviews for Locality Manager have been successful in appointing subject to pre-employment checks.

5.2. **Health & Social Care Partnership**

As well as producing a recovery plan for the Partnership, we are asked to provide recovery plans for Council, NHS, plus additional reporting to Scottish Government which is extremely demanding.

Acknowledged the balance of communication with staff is difficult in the current working environment. MT is currently looking at how we can safely set up staff forums. Currently Falkirk Council have a staff survey ongoing, however KA will pick up corporately access to the survey for staff who do not have an email address.

KA

5.3. **NHS Forth Valley**

Unfortunately apologies were received. Any questions raised will be picked up with NHS.

5.4. **Falkirk Council HR**

Recruitment has restarted for all services and carried out remotely. Induction and training will be undertaken remotely and can be accessed via the website. IT equipment for new employees will be available prior to their start date.

Recovery for Council is being undertaken by the anytime anywhere group and their sub groups.

Guidance for staff working at home will be issued on childcare until schools resume full time.

5.5. **Trade Unions Feedback**

RC noted that there was a press release stating that HMRC would tax staff on their tests which is not the case.

Cabinet Secretary announced that staff who are shielding can return to work. Staff will need to be supported to return to work as this may be stressful.

RR highlighted that some staff feel isolated working at home and where possible should be able to work in the office. KA acknowledged this, however in line with Scottish Government's roadmap guidance staff will continue to work from home until phase 4. Health & Safety Team are working in the background to ensure buildings are safe to reopen. Buildings will not reopen until signed off by CMT.



RS asked for an update on the extra payment for staff working with COVID patients. KA confirmed that this is currently on hold, this is being considered at a national level.

RS raised an issue where staff have been refused shifts in care homes if they have not had their routine test undertaken. RS to send details to MT.

RS

6. **AOCB**
None.

7. **DATE OF NEXT MEETING**
2 September 2020 – Robert Clark
28 October 2020 – Patricia Cassidy
23 December 2020 – David Hume