

Agenda Item 3

Minute



Draft

Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held remotely, on Friday 28 August 2020 at 9.30 a.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:

Claire Barnard, Third Sector Interface
Patricia Cassidy, Chief Officer, Integration Joint Board
Jonathon Horwood, Area Infection Control Manager
Ellen Hudson, Deputy Nurse Director
Sara Lacey, Chief Social Work Officer
Tricia Miller, Lead Nurse Infection Control
Andrew Murray, Medical Director
Lorraine Patterson, Head of Integration
Brian Pirie, Democratic Services Manager
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager
Angela Wallace, Nurse Director

CCG14. Apologies

An apology was intimated on behalf of Lynda Bennie.

CCG15. Declarations of Interest

There were no declarations of interest.

CCG16. Minute

Decision

The minute of meeting of the Clinical and Care Governance Committee held on 26 June 2020 was approved.

CCG17. Order of Business

The convener indicated that she would change the order of business to allow agenda item 6, Clinical Governance Covid-19 Highlight Report, to be taken

next. The order of items in the minute reflects the order in which items were taken at the meeting.

CCG18. Clinical Governance Covid-19 Highlight Report

The committee considered a report by the Medical Director which provided an update on Covid-19 related Clinical Governance activities for NHS Forth Valley across areas of patient safety and clinical governance.

NHS Forth Valley had put in place additional Clinical Governance processes during the Covid-19 pandemic in order to provide assurance that safety and managing risk were the overriding priority during the period. These included:-

- Care Home response;
- Staffing and Workforce;
- Service Recovery;
- Death Certification, and
- Scottish Patient Safety Programme

Decision

The committee noted the breadth of activity related to Covid-19.

CCG17. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 26 June 2020 was provided.

In regard to the outstanding action, that a Locality Reports template be developed, the Chief Officer confirmed that a report would be submitted shortly.

Decision

The committee noted the action log.

CCG18. Remobilise, Recover, Redesign Update

The committee considered a report by the Head of Integration which provided an update on the HSCP plans for remobilisation, recovery and redesign in response to the Covid-19 pandemic. It outlined progress on the key elements for recovery and the potential opportunities for redesign, within the context of the delivery of the National Framework, the IJB Strategic Plan and national policy and guidance.

Work had been undertaken to update the IJB delivery plan, taking cognisance of the response to the pandemic and the priorities and timescales to progress recovery and redesign.

The Scottish Government had published Remobilise, Recover, Redesign; the framework for Scotland on 31 May 2020. This outlined three key tasks for the NHS:-

- moving to deliver as many of its normal services as possible, as safely as possible;
- ensuring it had the capacity that is necessary to deal with the continuing presence of Covid-19, and
- preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

The HSCP Remobilisation and recovery plan had been approved by the Board on 19 June 2020. The Board's Delivery Plan remained relevant for post Covid-19 planning.

The Falkirk HSCP Remobilisation plan was built on four themes:-

- Community: support the demand for capacity to acute services in Forth Valley Royal Hospital sites by working towards zero delayed discharge position, including both community hospitals.
- Maintain Essential Services;
- Reduction in Non-Essential Services, and
- Staff are safe, supported and protected.

As part of phase three recovery the HSCP had identified key challenges, opportunities and risks through having reviewed lessons learned earlier in the pandemic. Contingency plans had been developed in the event that there was a second wave or local outbreaks over the forthcoming months.

It remained important to ensure that work continues to allow people who rely on services, their carers and communities have the services they need and that providers remained able to work in partnership in the redesign of services. It was recognised that in the face of the financial impact of Covid-19 that the Board may be required to make bold decisions to increase the pace of transformation whilst fully embracing the principles of integration and social care standards.

The HSCP recovery and redesign will be framed in the key priority actions where we can:-

- accelerate integration;
- sustain new models of care where they have proved effective;
- redesign services/alternatives (for example day services) to meet individual need and safe distancing requirements;
- review how we can accelerate the shift in the balance of care to extend community based support for people to stay at home longer and support carers;
- continue to develop support and assurance model for Care Homes;
- review community bed-based care across our whole system;
- progress the review of care at home, and
- build on the COVID 'supporting communities' work to develop locality working.

In regard to service redesign the model of enhanced care and the impact of the Enhanced Care Team had demonstrated the need for alternative models of delivery.

Decision

The committee:-

- (1) noted the progress made with remobilisation, recovery and redesign via the updating of the HSCP Delivery plan and note the planned improvements to service delivery, and**
- (2) noted that Covid-19 HSCP debrief reports will be presented to a future CCGC meetings for consideration.**

CCG20. HSCP Complaints Performance Report: April 2019 - March 2020

The committee considered a report by the Senior Service Manager which provided a comprehensive overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during the period of April 2019 – March 2020. The report took into account the number of complaints received, local resolution, compliance with the 20 day national target, SPSO referrals and the themes raised within complaints.

The report also provided an update on complaints received for NHS services transferred to the HSCP for April to May 2020.

There had been 63 complaints received during the reporting period in regard to Adult Social Work Services, 56 had been completed at stage 1 and 7 at stage 2. The report set out the top 10 categories for stage 1 and 2 complaints, with the majority relating to care at home and staff conduct.

In regard to NHS Forth Valley, 25 complaints had been received relating to the delegated functions of the HSCP. Of these 5 had been dealt with at stage 1 and 20 at stage 2. The top themes had been - clinical care and treatment, staff attitude and behaviour and staff communication (oral).

The SPSO had received 6 complaints cases (2 of which had comprised 2 complaints).

There had been no complaints made against the IJB for the period.

During the discussion on the paper it was suggested that the Committee may wish to undertake deeper dives of specific complaints around service areas , for example Woodlands. Officers undertook to explore this suggestion.

Decision

The committee noted the current position of the complaints performance.

CCG21. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager which provided an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk Community Hospital and Bo'ness Community Hospitals from April -June 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 had concluded that as the lockdown further relaxed it was inevitable that clusters of Covid-19 outbreaks would occur and numbers would increase. As winter approached influenza and norovirus infections would increase in frequency and this would present additional challenges.

Decision

The committee noted the report.

CCG22. Overview: Inspection Reports and National Publications

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

No reports had been published by the Care Inspectorate, Healthcare Improvement Scotland or Mental Welfare Commission since the last meeting in June.

An update on previously reported inspections was set out in an appendix 1 to the report.

Decision

The committee noted the report.

CCG23. Overview of Local Oversight Arrangements

The committee considered a report by the Senior Service Manager which provided an overview of local oversight arrangements that were relevant to the Falkirk Health and Social Care Partnership (HSCP).

Updates were provided on:-

- Forth Valley Public Protection Chief Officers Meeting;
- Falkirk Adult Protection Committee;
- NHS FV Clinical Governance Arrangements, and
- Care Home Assurance

Decision

The committee noted the report.