

# **Agenda Item 9**

## **Overview: Local Oversight Arrangements**



## Falkirk IJB Clinical and Care Governance Committee

26 November 2021

Overview: Local Oversight Arrangements

For Consideration and Comment

### 1. Executive Summary

- 1.1 The purpose of this report is to provide an overview of local oversight arrangements that are relevant to the Falkirk Health and Social Care Partnership (HSCP).

### 2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the contents of this report.

### 3. Background

- 3.1 The report presents to Committee a summary of local oversight arrangements that operate at a Forth Valley and Falkirk level. It is intended to provide assurance to the Committee members of these arrangements, as relevant to the scope of the HSCP.

### 4. Forth Valley Public Protection Chief Officers Meeting

- 4.1 The Public Protection Chief Officers Group (COG) has a statutory duty to protect the most vulnerable by providing effective oversight, leadership and governance of public protection arrangements within the Local Authority area. COGs are collectively accountable for public protection and have, as a minimum, Chief Officer representation from the Local Authority (Chief Executive of the Council); Police Scotland (usually the Area Commander); NHS (Chief Executive or designated Chief Officer); Health and Social Care Partnership (usually the Chief Officer/Director); and the Chief Social Work Officer for the Council.
- 4.2 Chief Officers are responsible for ensuring that constituent agencies, individually and collectively, agree and disseminate a clear vision, shared values and aims that promote work to protect children, young people, vulnerable adults, the wider community and reduce reoffending as effectively as possible. Chief Officers are expected to demonstrate effective collaborative working to discharge their responsibilities and consistently promote effective joint working within and across services.

- 4.3 The most recent meeting of the COG was on 16 September 2021. Chief Officers considered the latest developments of the COG Risk Register. Both the Child Protection Committee (CPC) and the Adult Protection Committee (APC) have held workshops since the last COG and are developing their own Risk Registers which will connect and inform the overarching COG Risk Register.
- 4.4 Chief Officers considered full year data reports based on weekly reporting to Scottish Government. After scrutiny of the data presented, it was agreed to move to exception reporting to COG going forward. Detailed data reports are considered by both the CPC and APC and any exceptions can be brought forward at any time to COG.
- 4.5 A report was presented by the CSWO providing an overview of Falkirk's Child Protection Register. This report outlined the contributing factors to an increase in numbers of children on the register in 2019 and 2020. It was noted the numbers are reducing but we still have higher numbers than the national average.
- 4.6 Chief Officers considered and agreed with the recommendations from the APC in relation to an Initial Case Review. COG received a presentation from the Adult Protection Lead Officer regarding Large Scale Investigations and requested that an annual overview report is presented to COG going forward.
- 4.7 In addition, the meeting in June considered written update reports on the following areas of public protection:
- Child protection
  - Adult protection
  - Public protection data briefings
  - Community Justice
  - MAPPA
  - Gender Based Violence
  - Clinical and Care Governance.

## **5. Falkirk Adult Protection Committee (APC)**

- 5.1 APC has a range of duties linked to what is happening locally to safeguard adults. These include: reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice and promoting good communication. The following is an overview of the Falkirk Adult Support and Protection (ASP) Inspection and recent subgroup activity.
- 5.2 Falkirk's ASP Inspection began in May 2021. Since then ASP partners have been working to meet the requirements set out by The Care Inspectorate, Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary Scotland.

- 5.3 Inspection scrutinises the quality of 2 important ASP quality indicators - the quality of our ASP Key Processes and the quality of ASP Leadership.
- 5.4 In line with requirements, we have submitted a position statement and supporting evidence to inspectors on 3 November. This outlines our commitment through strong and collaborative multi-agency arrangements to support and protect adults at risk of harm and their families living in the Falkirk area. This information and evidence alongside a widespread staff survey and staff focus groups will inform the quality grading given to our ASP Leadership quality indicator.
- 5.5 Operational managers responsible for ASP in Social Work, Health and Police have been working to prepare selected case files for adults at risk of harm. These files will allow inspectors to grade the quality of our ASP Key Processes. The preparing of these files is highlighting good practice and areas for improvement which are known to the APC and woven into our improvement plans.
- 5.6 Inspection of services is positive for both adults at risk and their families and adult protection partners given the robust external scrutiny and the further improvement planning which will follow.
- 5.7 It is anticipated our inspection report will be published in February 2022. We will be issued with an improvement plan and will work on this collectively alongside our Care Inspectorate Link Inspector, who is a member of APC.
- 5.8 **Subgroup Activity Updates**  
The Communication and Engagement Subgroup in partnership with the Sensory Centre have developed a British Sign Language ASP video. The video clearly outlines the 'act' and key processes such as inquiries and investigations. It is available on the Partnership [YouTube](#) channel and our [Practitioner Pages](#). Our ASP workforce provided feedback that they needed quality accessible tools to assist them in their duties and promotion of meaningful participation. This resource is in response and subgroup will continue to build on this to provide a range of quality tools.
- 5.9 The Learning and Development Subgroup are now delivering multiagency [self-neglect and hoarding training](#). The delivery of this course is also multiagency with facilitators from Social Work, Falkirk Council Housing, The Scottish Fire and Rescue Service and Third Sector partners Eat Well Age Well. The course will provide a solid grounding to allow application of our new self-neglect and hoarding guidance and hoarding toolkit. A multiagency commitment towards learning and development and practice development in this area is important given the rise of this category of harm seen in our ASP data. Training and managerial support to facilitate effective recognition and response to self-neglect and hoarding prevents harm occurring and improves the experience of the adults being supported.

- 5.10 The Early Indicators of Concern (EIOC) Group have finalised their 'ASP in Care Homes - Information Pack for Care Home Practitioners'. This pack includes an overview of ASP, tools to support thresholds for ASP referrals and our Early Indicators of Concern guidance and framework. In addition the group have included information on Large Scale Investigations, whistleblowing in care settings and the prevention of resident to resident harm and financial harm.
- 5.11 The pack will be shared with all our care home partners and all health and social care teams. The EIOC group will review and update the pack annually to keep it current and useful to adult support and protection partners.

## 6. NHS FV Clinical Governance Arrangements

- 6.1 **NHS FV Clinical Governance Committee (CGC)**  
NHS Forth Valley is accountable for the quality of care delivered by its staff and received by its patients. It receives assurance that the Clinical Governance processes are working as intended through the activities of the Clinical Governance Committee.
- 6.2 **NHS FV Clinical Governance Committee (CGC)**  
The Clinical Governance Committee meets quarterly and follows a structured agenda and forward planner to ensure the delivery of effective Clinical Governance.
- 6.3 The Clinical Governance Committee met in August 2021 and received and considered information and documents under the relevant agenda headings which were adapted from the Vincent Framework.
- 6.4 Table 1 details the reports, updates and presentations and discussions given under each headings, which gives assurance of safe, effective, person-centred care.

Table 1: CGC Agenda and Updates received

CGC Agenda Item	CGC Reports and Updates received
In Our Services: Is Care Safe Today?	Mr Murray gave a verbal update to the committee for discussion
Was Care Safe in the Past? (for assurance)	<p>The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were:</p> <ul style="list-style-type: none"> <li>▪ Safety and Assurance report April – June 2021</li> <li>▪ Standards and Reviews Report May – June 2021</li> <li>▪ Healthcare Acquired Infection (HAIRT) Quarterly Report April – June 2021</li> </ul>

CGC Agenda Item	CGC Reports and Updates received
Will Care be Safe in the Future?	'Remobilisation Plan – Clinical Prioritisation' was presented to the committee for discussion
Is Our Care Person-Centred?	The NHS FV Complaints and Feedback Performance Report May 2021 was presented to the committee for noting
Are We Learning and Improving?	The Significant Adverse Event Reviews (SAER) report was presented to the committee for assurance  Internal Audit Report – Clinical Governance Process was presented to the committee for discussion
Are Our Systems Reliable?	The 2020-2021 Duty of Candour Annual Report and an update on the CLO guidance was presented to the committee for assurance

#### 6.5 Clinical Governance Working Group

The Clinical Governance Working Group (CGWG) is a whole system governance group chaired by the Medical Director, with senior colleagues from Medicine, Nursing, Public Health and Infection Control alongside Service Leaders. It is responsible for providing assurance that all NHS Forth Valley services have a focus on quality and safety.

6.6 Since the last report the CGWG met in September and followed the same agenda headings as NHS FV CGC. Table 2 details the reports and updates:

Table 2: CGWG Agenda and Updates received

CGWG Agenda Item	CGWG Reports / Updates
In Our Services: Is Care Safe Today?	Two papers were presented to the group which reflected current operational pressures, risks and risk mitigation to ensure the provision of safe care
Was Care Safe in the Past?	The agenda items under this heading are reports and presentations which are standard items on the CGWG agenda. These reports contain key safety metrics and narrative which provides assurance of overall safety in our services. The reports presented at this meeting were: <ul style="list-style-type: none"> <li>▪ Safety and Assurance Report including Directorate Assurance Statements</li> <li>▪ Mental Health Directorate focused report</li> <li>▪ Standards and Reviews Report</li> <li>▪ Healthcare Associated Infection Reporting Template (HAIRT)</li> </ul>
Will Care be Safe in the Future?	A Risk Appetite presentation was shared with the group
Is Our Care Person-Centred?	The NHS FV Complaints and Feedback Performance Report was presented to the group

CGWG Agenda Item	CGWG Reports / Updates
Are We Learning and Improving?	The Significant Adverse Event Reviews (SAER) report was presented to the group
Are Our Systems Reliable?	The Risk Register and risks aligned to Clinical Governance was presented to the group
Further Assurance	<p>The Person Centred Annual Report tabled for noting</p> <p>The Duty of Candour Annual Report was tabled for noting</p> <p>The Clinical Governance Working Group Annual Report was tabled for noting</p>

## 7. Care Home Assurance

- 7.1 The Committee has received regular updates on Care Home Assurance work. Since May 2020 the HSCPs and NHS Forth Valley have been working with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met.
- 7.2 This section of the report provides an update on work since the last update in August, as well as providing assurance to the Committee members of these arrangements.
- 7.3 **Social Care CHART team**  
The social care CHART team continue to work collaboratively with other clinical health teams and considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff. The team will be established on a permanent basis and this is going through the relevant processes.
- 7.4 **Care Home Reviews**  
The CHART team has increased staffing by 2 agency social workers on a temporary basis. This is to meet the Scottish Government requirement for Local Authorities to review care plans for all residents if that has not happened in the past 6 months.

7.5 The current completed review information is set out below:

July 2021	25
August 2021	40
September 2021	20 *2 out of area due to Care Inspectorate concerns
October 2021	18

7.6 The current care home resident reviews still to be completed are as follows:

- East - 60 reviews across 3 care homes
- West – 19 reviews in one care home
- Central – 63 reviews across 4 care homes.

7.7 These reviews are ensuring a robust review of resident views, outcomes, care needs, environment, family views, as well as assessing the impact of Covid-19. Additional assessment tools have been created to ensure a robust scrutiny of Covid-19 visiting plans, as well as isolation support plans as part of the pandemic impact.

7.8 Falkirk residents who live out of area (within other local authority areas but funded by Falkirk HSCP) is currently 187 people. Negotiations with local authorities are required to ensure the review processes progress for all residents within care homes.

7.9 There is a clear, robust and flexible plan for review completion. This has allowed the team to respond to external factors (such as a large scale investigation process within an East locality care home) and ensure reviews are actioned if risk levels increase, or early indicators of concern are identified.

7.10 The CHART team has continued to make good progress to complete reviews as noted in sections 7.5 and 7.6 of the report. During the period between July - September 2021 there are a number of factors impacting on the completion of reviews in many care homes. Staffing levels have been variable and the team now has the equivalent of 5.75 workers including one part time social worker who is now working full time, due to 2 staff members leaving post.

7.11 The CHART team have been required to revisit completed reviews from earlier in 2021 due to resident deterioration, legal issues requiring completion, as well as the investigation of concerns and complaints in some care homes. Covid-19 outbreaks in some care homes has had an impact on the team's ability to complete reviews.

7.12 In care homes, there are low permanent staffing levels (due to sickness, annual leave and recruitment) and a high use of agency staff. This has had an impact on review timescales and the gathering of information for the review workers and care home staff availability to contribute to reviews.



7.13 **CHART visiting data**

From July 2021 to October 2021, the CHART team have completed 46 care assurance visits.

7.14 In response to the changing situation regarding covid-19 community transmission, calls are now made 3 times a week to care homes and housing with care. During these calls information and intelligence is gathered, scrutinised and disseminated as appropriate including vacancy information. TURAS completion, staffing levels and dependency and recently, updates and information sharing regarding the Covid-19 vaccine and staff lateral flow testing are also all discussed with care home management. New visiting guidance is incorporated into discussions, and there is work being considered as to how to measure meaningful contacts for residents in line with this guidance.

7.15 Support is offered and requests for support /information are responded to as appropriate pending information shared within the structural supports (the Care Home Focus group, the Care Home Strategy group and the Care Home Assurance groups).

7.16 Since November 2020, there have been a total of 332 CHART assurance visits.

7.17 **TURAS data & identifying / gathering anticipatory information**

The CHART team continue to support and prompt care homes to submit timely and accurate information through the national TURAS Care Management system. There continues to be ongoing contact with care homes to continue to try to improve compliance. It is noted that outbreak management and changes within the management structure can impact on compliance rates across the area.

7.18 Average completion rates are detailed below:

	Staff screening average	Huddle average
July 2021	88% completion	92% completion
August 2021	89% completion	91% completion
September 2021	86% completion	86% completion

7.19 **Open with Care**

The CHART team continue to monitor the care home visiting arrangements to improve visiting, as well as maintaining data on visiting arrangements and why (if relevant) these change. As part of this work and support, the team have been gathering data on what care homes different arrangements are which has shown some different and diverse responses. The focus of Open with Care is to ensure visiting and contact is a quality experience for wellbeing.

- 7.20 Following further guidance from the Scottish Government in July 2021, a short life working group has been developed jointly with Falkirk HSCP, Clackmannanshire and Stirling HSCP and health colleagues to support a consistent approach to communication and support in this area across Forth Valley.
- 7.21 Open with Care implementation has also started to be monitored via TURAS during this reporting period. At present, TURAS reports 30 (100%) of care homes recording fully compliant with outdoor visits and essential visits. The team will continue to monitor and scrutinise this data to ensure the best outcomes for care home residents.
- 7.22 **Clinical and Professional Oversight Group for Care at Home and Community Health**  
The purpose of this newly forming group is to bring together a multi-disciplinary team including key clinical leads and the Chief Social Work Officer. The group's remit covers the care and treatment of adults in our community. This includes, at a minimum, weekly monitoring of care at home and community health pressures in the local area, and the implementation of solutions to address these pressures, with a particular focus on managing risk.
- 7.23 The group is chaired by the Chief Officer, and work is ongoing to refine the Terms of Reference for the group and ensure the supporting infrastructure is in place, including access to data sets to enable the group to effectively carry out its assurance role. The group currently covers both Falkirk and Clackmannanshire and Stirling IJB areas.

## 8. Command Structure

- 8.1 In response to the extreme system pressures that are being experienced in health and social care, a command structure was stepped up at the end of August 2021. This command structure includes a Gold Command meeting, chaired by the Chief Executive of NHS Forth Valley. Until recently this group met 7 days a week, sometimes more than once a day. It directs areas of work to relieve pressure across the system, as well as being the strategic decision maker for actions identified and developed through the Silver Command.
- 8.2 Silver Command meets 5 times a week and is co-chaired by the Heads of Service of Falkirk HSCP, Clackmannanshire and Stirling HSCP, and NHSFV Acute sector. It has wide cross system representation, including both partnerships, departments across NHS FV, Emergency Planning and Scottish Ambulance Service. The current situation is shared from each area of the system, allowing for wide situation awareness, constructive challenge to identify and implement solutions. The group commissions pieces of work which seek to address the challenges, escalating decisions to Gold command as required.

## **9. Alcohol and Drug Partnership (ADP)**

- 9.1 An update on the ADP is attached as a separate agenda item.

## **10. Conclusions**

- 10.1 This report provides a summary of the relevant oversight arrangements and meetings for the CCGC.

### **Resource Implications**

There are no resource implications arising from this report.

### **Impact on IJB Outcomes and Priorities**

The meetings represented in the report will ensure oversight of key areas and provide assurance to the IJB on the delivery of services in line with the Strategic Plan.

### **Directions**

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

### **Legal & Risk Implications**

There are no legal and risk implications arising from this report.

### **Consultation**

There are no consultation implications arising from this report.

### **Equalities Assessment**

There are no equality implications arising from this report.

## **11. Author Signature**

Suzanne Thomson, Senior Service Manager

## **12. List of Background Papers**

Meeting agendas as noted in the report.

## **13. Appendices**

n/a