

Agenda Item 13

Approved Minutes of Meetings



**Minute of meeting of the Audit Committee held remotely, on Friday 18 June 2021
at 9.30 a.m.**

Voting Members: Allyson Black (Vice-Chair)
Gordon Johnston (Chair)

**Non – voting
Members:** Robert Clark, NHS Staff Representative

Also Attending: Patricia Cassidy, Chief Officer
Sophie Dick, Democratic Services Graduate
Brian Pirie, Democratic Services Manager
Grace Scanlin, EY (External Audit)
Jillian Thomson, Chief Finance Officer
Isabel Wright, Internal Audit, Risk and Corporate Fraud
Manager

AC1. Apologies

There were no apologies.

AC2. Declarations of Interest

There were no declarations.

AC3. Minute

Decision

The minute of the meeting of the Audit Committee held on 5 March 2021 was approved.

AC4. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's Strategic Risk Register.

No new risks had been added to the register since last reported on 5 March 2021. However, following a workshop with the Senior Leadership Team on 21 April 2021, 2 risks had been removed from the register, Directions and Transition of operational management of NHS services to Partnerships.



There were currently 9 live risks recorded, 7 of which were considered as high risk with the remaining 2 risks assessed as medium.

The committee raised concerns around the ongoing issues with recruitment and maintaining staff levels in care homes. The Chief Finance Officer concurred and explained that the problem of recruiting would be monitored under the Capacity and Infrastructure Risk. Issues relating to providers recruiting sustainable workforces would be highlighted under the Commissioning Risk. As these risks were evaluated, it would allow the IJB to mitigate problems and innovate their approach to recruitment. The committee recognised that recruitment issues were a national problem and that this compounded the situation with Falkirk competing with other areas.

Members repeated comments raised at the last meeting around access to G.P.'s and suggested that the 'message' around the benefits of the Primary Care contract needed to be communicated more effectively.

The committee praised the Senior Leadership Team's strategic risk workshop but noted that there had been an absence of clinicians present. The Chief Finance Officer acknowledged this but added that there would be follow-up 1-2-1 meetings with the senior leadership so there would be further opportunity to input.

Decision

The Committee noted:-

- (1) the high level summary of the strategic risk register presented at section 4.2. of the report, and**
- (2) that work was underway to develop the format and content of the 21-22 detailed strategic risk register following a dedicated risk workshop held with the Senior Leadership Team on 21 April 2021.**

AC5. Internal Audit Annual Assurance Report

The committee considered a report by the Internal Audit, Risk & Corporate Fraud Manager which provided an update on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2020/21.

The report also noted compliance with Public Sector Internal Audit Standards.

Due to the impact of Covid-19, the 2021 assurance could not be provided on the basis of the substantively completed internal audit plan. However, some outputs from the NHS Forth Valley and Falkirk Council audits were able to be used to support the assurance opinion.

Following a question, the Internal Audit, Risk & Corporate Fraud manager explained that substantial assurance could be given because of audits carried out on systems used by the Health and Social Care Partnership as part of the Council's Internal Audit Plan including which included an audit of the Falkirk Pension Fund.

Decision

The Committee noted:-

- (1) that sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided;**
- (2) that Internal Audit can provide substantial assurance on the IJB's arrangements for risk management, governance, and control for the year to 31 March 2021, and**
- (3) that Internal Audit operates in compliance with PSIAS.**

AC6. Unaudited Annual Report and Accounts 2020-21

The committee considered a report by the Chief Finance Officer presenting the 2020-21 unaudited annual accounts of Falkirk IJB.

The Chief Finance Officer explained that the surplus of £11.414m was caused by the limited use of resources due to the pandemic, for example funding towards carers holiday pay and also due to late funding from the Scottish Government. Any unused Covid-19 funding would be carried forward.

There was one outstanding account which was in relation to PPE. Audit Scotland had referred to local health boards as the consumer of PPE and therefore records of PPE expenditure should be controlled by Falkirk IJB rather than the NHS National Services Scotland. Jillian Thompson explained that this would be resolved shortly. This change would have little material impact on the accounts.

The committee then focused on support services which is not included in the Integration Scheme, but rather a complimentary service provided. The Chief Finance Officer explained that some areas of the Corporate Support Services provided by the Partnership were working well, although some areas needed further improvement. Risk Management was an aspect that had previously been identified but had since been resolved. She continued to identify Planning and Finance as core areas of interest of improvement and further work.

Decision

The committee:-

- (1) noted the unaudited annual accounts;**
- (2) noted the public inspection period, and**
- (3) noted that the unaudited annual accounts would be submitted to the IJB's External Auditor by the statutory deadline of 30 June 2021.**

AC7. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer presenting an overview of all national audit, scrutiny and inspection reports published since the previous Audit Committee meeting held on 5 March 2021.

The committee discussed on the intended implementation of purchase cards in Burnbrae and asked how patients would be able to purchase goods if they did not have access to cash. Members also noted patients often did not have the ability to purchase online. The Chief Finance Officer explained that the Service was reviewing its Corporate Appointee policy and procedure, including benchmarking with other Boards. She explained that in a care home setting, purchase cards would be easier to implement in comparison to the wider community. The Chief Finance Officer assured the committee that a resolution would be found.

The committee questioned the apparent imbalance in the respective inputs of nurses and carers in the development of the Burnbrae reports. Committee noted that inclusion of nurses would improve the quality of the report. The Chief Finance Officer stated that this suggestion would be taken back to colleagues.

The committee praised the Southfields report as it highlighted the pressures on those with complex needs in recruitment and retention.

Decision

The Committee noted the report.

AC8. Audit Committee Annual Assurance Statement

The committee considered a report by the Chief Finance Officer presenting the Audit Committee's 2020/21 Annual Assurance Statement.

The report provided a summary of the business which the Audit Committee had considered, membership and attendance in the same format as the previous year.

Decision

The Committee approved the 2020/21 Audit Committee Annual Assurance Statement.



Minute of meeting of the Audit Committee held remotely, on Friday 24 September 2021 at 9.30 a.m.

Voting Members: Gordon Johnston (Chair)

Also Attending: Jack Frawley, Team Leader – Committee Services
Sara Lacey, Chief Social Work Officer
Tracey Reilly, Falkirk HSCP Business Management Co-ordinator
Grace Scanlin, EY (External Audit)
Jillian Thomson, Chief Finance Officer

The convener noted that Councillor Allyson Black had stood down as a member of the Integration Joint Board earlier in the month and wished to place on record his thanks to Councillor Black for her commitment and contribution to the Audit Committee.

AC9. Apologies

There was an apology from Robert Clark, NHS Staff Representative.

AC10. Declarations of Interest

There were no declarations.

AC11. Minute

Decision

The minute of the meeting of the Audit Committee held on 18 June 2021 was approved.

AC12. Falkirk IJB 2020/21 Audited Annual Accounts

The committee considered a report by the Chief Finance Officer presenting the audited accounts of Falkirk Integration Joint Board for the year to 31 March 2021.

The annual accounts of the IJB had been audited and were appended to the report. The External Auditor had provided an unqualified opinion on the accounts. The specific findings arising from the audit were reported as part of the External Auditors Annual Report also appended to the report.



As part of the annual accounts, the governance statement identified a range of improvement actions designed to enhance the governance arrangements and system of internal control (including recommendations from both internal and external audit). Regular reports would be provided to future audit committee meetings to update on progress on implementation of all outstanding improvement actions identified through the governance statement.

Decision

The Committee:-

- (1) approved the Audited Annual Accounts of Falkirk IJB to 31 March 2021, and**
- (2) agreed that regular progress reports on implementation of improvement actions (including audit recommendations) is presented at all future audit committee meetings as a standing agenda item.**

AC13. Strategic Risk Register

The committee considered a report by the Chief Finance Officer which provided an update on the IJB's strategic risk register. No new risks had been added to the register since the last version presented to the Audit Committee on 18 June 2021, as a result, there were 9 live risks recorded in the register, 7 were considered as high risk and 2 as medium risk.

An in-depth review of risk 8 resilience and business continuity was provided. The risk was considered high given the significant service disruption, and potential harm to the health and wellbeing of vulnerable groups, that this could cause.

There were significant operational service pressures within District Nursing, Residential Care and Home Care due to increased demand combined with short staffing issues due to Covid sickness absence and self-isolation.

Key actions to mitigate risk and support ongoing resilience were:-

Expand recruitment campaigns

Support from staff bank

Support Providers to increase their workforce and enhance productivity

Make permanent the Care Home Assurance and Review Team (CHART)

Increase provision of intermediate/step down care beds

Funding to clear the Psychological Therapies waiting list backlog

Ring fence the forecast underspend against Falkirk Community Hospital to test new and increased models of care and support in the community

Decision

The Committee noted:-

- (1) the high level summary of the strategic risk register presented in section 4.1;**
- (2) the significant operational service pressures are currently being experienced across the Health and Social Care system pertaining to risk 8 (resilience and business continuity) due to the ongoing impact of the pandemic and BREXIT, and**
- (3) the work to develop the format and content of the 2021/22 detailed strategic risk register has been delayed and will recommence in September.**

AC14. National Audit and Inspection Report Overview

The committee considered a report by the Chief Finance Officer providing an overview of all national audit, scrutiny and inspection reports published since the previous Audit Committee meeting held on 18 June 2021. This report is a standing agenda item. A total of 4 reports had been published (2 by Audit Scotland, 1 by the Scottish Government and 1 by the Care Inspectorate).

Decision

The Committee noted the report.

AC15. Revised Care Home Inspection Process & Reporting Overview

The committee considered a report by the Falkirk HSCP Business Management Co-ordinator outlining the new process which all internal care home management staff will be adopting for monitoring, tracking and reporting on care home inspections carried out by the Care Inspectorate. The revised reporting process would apply to both announced and unannounced care home inspections of our internal care homes.

The “Care Home Inspections Reporting Team” had been created on MS Teams and individual Teams Channels had been created for each care home and day service centre.

Each care home manager/assistant manager had been added as channel members and members from the Falkirk HSCP SMT had been added to the senior management channel. The key reporting points at each stage of the Care Home Inspection Process had been identified and mapped to an on-line form) which auto-populated the tracking spreadsheet and an email was circulated to the SMT to advise that an inspection was taking place.

Decision

The Committee noted the report.

Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held remotely, on Friday 21 May 2021 at 9.30 a.m.

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

Non –voting Members: Margo Biggs, Service User Representative

Also Attending: Patricia Cassidy, Chief Officer, Integration Joint Board
Claire Chapman, Locality Manager, Social Work
Jonathan Horwood, Area Infection Control Manager
Ellen Hudson, Deputy Nurse Director
Elaine Kettings, Head of Person Centred Care
Sara Lacey, Chief Social Work Officer
Gordon Mackenzie, Locality Manager, East
Lorraine Paterson, Head of Integration
Brian Pirie, Democratic Services Manager
Lorraine Scott, HSCP Support Officer
Antonia Sobieraj, Committee Services Officer
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager

CCG1. Apologies

Apologies were intimated on behalf of Roger Ridley, Staff Representative, Falkirk Council; and Lynda Bennie, Head of Clinical Governance.

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 26 February 2021 was approved.

CCG4. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 26 February 2021 was provided.

Decision

The committee noted the action log.

CCG5. IJB Strategic Risk Register and Clinical and Care Governance Committee

The committee considered a report by the Senior Service Manager summarising initial discussions to explore the alignment of relevant risks contained in the Integration Joint Board (IJB) Strategic Risk Register and the provision of assurance to Committee.

The report highlighted the fundamental importance of good corporate governance and its key role in supporting the IJB strategic plan and associated priorities. The Integration Joint Board (IJB) is responsible for the implementation of a governance framework and internal control system to identify, respond to and manage risk. Material risks not mitigated to an acceptable level were monitored as part of the risk register.

The report noted the ongoing work to review the IJB Strategic Risk Register, the Internal Audit of the Risk Strategy and the current Clinical Care Governance work taking place.

Decision

The committee noted the report.

CCG6. Annual Assurance Statement 2020 - 2021

The committee considered a report by the Senior Service Manager presenting the draft Clinical and Care Governance Committee Annual Assurance Statement for 2020 to 2021 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 2020 to 2021.

Decision

The committee agreed:-

- (1) to approve the Annual Assurance Statement; and**
- (2) that the Statement be submitted to the next meeting of the Integration Joint Board for consideration.**

Councillor Collie left the meeting during consideration of the following item of business. Stephen McAllister then took over the Chair for the remainder of the meeting.

CCG7. HSCP Complaints and Feedback Performance Report: Quarter 4, 2020-21

The committee considered a report by the Patients Relations and Locality Manager which provided an overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during Quarter 4, January to March 2021.

The report highlighted the number of complaints received, local resolution, compliance including the 20 day national target and SPSO referrals.

There had been no SPSO complaints within Quarter 4 identifying an overall reduction in the number of complaints received. Whilst responses to Stage 1 Adults Social Care complaints had improved from the previous quarter, responses within timescale remained fairly static when reviewed over a longer period. The actions to address issues were ongoing and subject to review and amendment on an ongoing basis. The aim was to drive improvement in performance.

Decision

The committee noted the report and actions being taken.

CCG8. Overview: Local Oversight Arrangements

The committee considered a report by the Senior Service Manager providing an overview of local oversight arrangements for the Falkirk Health and Social Care Partnership (HSCP).

Updates were provided on:-

- Forth Valley Public Protection Chief Officers Meeting;
- Falkirk Adult Protection Committee (APC);
- NHS FV Clinical Governance Arrangements;
- Care Home Assurance; and
- Alcohol and Drug Partnership (ADP).

Decision

The committee noted the report.

CCG9. Overview: Inspection Reports and National Publications

The committee considered a report by the Senior Service Manager providing an overview of the inspection and national reports published since the previous meeting.

The Mental Welfare Commission has not published reports on local services since the last update. The Commission wrote to all Chief Officers in March. This was to inform that they will be carrying out, as part of its themed visit programme, visits to individuals with a diagnosis of alcohol related brain damage who are also subject to welfare guardianship orders. It would publish its findings and recommendations in a national report in summer 2021.

Healthcare Improvement Scotland published the Unannounced Inspection Report; Acute Hospital COVID-19 focussed inspection within Forth Valley Royal Hospital on 2 February 2021. This resulted in four areas of good practice and two requirements for improvement.

The Care Inspectorate (CI) carried out a full inspection of Burnbrae Care Home on 5 March 2021. This looked at areas of previous requirements and recommendations from their inspection of the service on 5 August 2019 when this was graded at a 2 (weak). The report summarised the CI requirements and the actions being taken by the service.

In the period 5 national reports had been published. In addition the Mental Welfare Commission had published a report on its findings in regard to an investigation, not in Falkirk, of the care and treatment of a woman with a learning disability whose discharge had been delayed by 18 months. Within Falkirk a Task and Finish Group was established to review all processes relating to Delayed Discharges including the Guardianship process and Adults with Incapacity (AWI) process. The work has been completed with pathways updated and weekly Delayed Discharge Scrutiny meetings were showing an improvement in this area.

Decision

The committee noted the report.

CCG10. Hospital Acquired Infection Performance Report - April 2020 to March 2021

The committee considered a report by the Area Infection Control Manager providing an oversight of all Hospital Acquired Infection (HAI) related activity

across Falkirk Community Hospital and Bo'ness Community Hospital from April 2020 to March 2021.

The report detailed 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 undertaken as well as the work associated with Covid 19.

A verbal update was provided with regard to incidents and outbreaks which had been omitted from the table at section 8.1 of the report.

Decision

The committee:-

- (1) noted the report; and**
- (2) agreed, that in future, separate information be included for care homes and this commence for the next meeting.**

CCG11. Exclusion of Public

Agreed in terms of Section 50A(4) of the Local Government (Scotland) Act 1973, to exclude from the meeting the press and public for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 & 3 of Part 1 of Schedule 7A of the said Act.

CCG12. Housing with Care Covid 19 Debrief Report

The committee considered a report by the Head of Integration providing a debrief associated with the Covid 19 outbreak within Tygetshaugh Housing with Care facility, commissioned by the Health and Social Care Partnership (HSCP) and facilitated by the Resilience Planning Officer.

Decision

The committee noted the report, including information relating to the status of the action plan and the work to improve Care Assurance within the Health and Social Care Partnership (HSCP).

CCG13. HSCP Covid-19 Debrief Report – Action Plan Update

The committee considered a report by the Head of Integration providing an update on the Health and Social Care Partnership (HSCP) Covid 19 Debrief report and associated Action Plan.

The debrief report was commissioned by the Health and Social Care Partnership (HSCP) to learn from those with a key role in the response to the first wave of the Covid 19 pandemic earlier in 2020.

The report included 36 recommendations to improve future responses to emergency situations. Appendix 1 provided a summary of actions and associated progress.

Decision

The committee noted progress with the Action Plan to date and a further update in 6 months.

**Minute of meeting of the Integration Joint Board Clinical and Care Governance
Committee held remotely, on Friday 27 August 2021 at 9.30 a.m.**

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

**Non –voting
Members:** Margo Biggs, Service User Representative
Roger Ridley, Staff Representative

Also Attending: Lynda Bennie, Head of Clinical Governance.
Patricia Cassidy, Chief Officer, Integration Joint Board
Claire Chapman, Locality Manager, Social Work
Ross Cheape, Service Development Manager
Amanda Crawford, Patient Relations Lead
Jonathan Horwood, Area Infection Control Manager
Ellen Hudson, Deputy Nurse Director
Elaine Kettings, Head of Person Centred Care
Sara Lacey, Chief Social Work Officer
Elaine Lawlor, Forth Valley Alcohol and Drug Partnership Co-ordinator
Gordon Mackenzie, Locality Manager, East
Tricia Miller, Lead Nurse Infection Control
Andrew Murray, Medical Director
Brian Pirie, Democratic Services Manager
Gemma Ritchie, Adult Support and Pro Lead Officer/Co-ordinator
Lorraine Scott, Health and Social Care Partnership Support Officer
Antonia Sobieraj, Committee Services Officer
Martin Thom, Head of Integration
Angela Wallace, Nursing Director
Gail Woodstock, Head of Integration

CCG14. Apologies

Apologies were intimated on behalf of Suzanne Thomson, Senior Service Manager.

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 21 May 2021 was approved.

CCG17. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 21 May 2021 was provided.

Decision

The committee noted the action log.

CCG18. Presentation: Medicated Assisted Treatment Standards

The committee received a presentation by the Service Development Manager and Forth Valley Alcohol and Drug Partnership Co-ordinator on Medicated Assisted Treatment Standards (MAT) relating to access, choice and support.

The presentation detailed MAT standards 1 to 10 including local assessment and information relating to the drug related deaths as well as the Forth Valley position, plan and associated challenges comprising standards related to the undernoted:-

- Standard 1 - accessing services with option to start MAT from the same day of person's presentation to the service;
- Standard 2 - supporting to make an informed choice on what medication to use for MAT and the most appropriate dose;
- Standard 3 - those at high risk of drug related harm being proactively identified and offered support to commence or continue MAT;
- Standard 4 - offering evidence based harm reduction at the point of MAT delivery;
- Standard 5 - supporting to remain in treatment for as long as requested;
- Standard 6 - the MAT system having psychological information, routinely delivering evidence based low intensity psychosocial interventions and support to grow social networks;
- Standard 7 - the option of MAT shared with primary care;
- Standard 8 - accessing independent advocacy and support for housing, welfare and income needs;
- Standard 9 - co-occurring drug use and mental health issues together with mental health care; and
- Standard 10 - trauma informed care.

The committee:-

- (1) noted the presentation; and**
- (2) agreed that the details of the work being undertaken should be submitted to the Senior Leadership Team in order to pull together the different strands of this work for a 'joined up' approach, thus meeting users various multifaceted and interconnected needs.**

CCG19. Whistleblowing Standards and Activity Report

The committee considered a report by the Executive Nurse Director providing an update on the implementation of the Whistleblowing Standards and the related activity within NHS Forth Valley for the period, Quarter 1, April to June 2021.

The report referred to the launch of the national Whistleblowing Standards and the Whistleblowing Activity on 1 April 2021 and the work underway for the implementation together with key performance indicators. The key elements within the implementation and associated delivery plans included:-

- System Implementation;
- Communication Plan;
- Training and Development Plan;
- Process in Stages;
- Speak up Model;
- Evaluation of the Standards Impact; and
- Recording, Reporting, Governance and the Annual Report.

General discussion included the importance of staff being confident of the mechanisms in place in terms of communication, training and information for whistleblowing and associated complaints.

Decision

The committee noted the report.

CCG20. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager providing an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk Community Hospital and Bo'ness Community Hospitals from April to June 2021.

The report included 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 which had been carried out. The report also provided details of Covid 19 related work during this period.

General discussion included the importance of including comprehensive information on infections within care home settings, for comprehensive monitoring purposes, as well as within hospital settings.

Decision

The committee noted the report.

CCG21. HSCP Complaints and Feedback Performance Report: Quarter 1, 2021-22

The committee considered a report by the Patient Relations Lead and Locality Manager providing an overview of complaints activity across the Falkirk Health and Social Care Partnership (HSCP) during Quarter 1, April to June 2021.

The report took into account the number of complaints received, local resolution, and compliance including the 20 day national target and Scottish Public Services Ombudsman (SPSO) referrals.

The report also provided an update on feedback received through Care Opinion and other mechanisms about Health and Social Care Partnership services. It also detailed a reduction in the number of complaints received via the NHS Complaints Handling Procedure (CHP) and an increase in those received via the Social Work Adult Services Complaints Handling Procedures (SWAS CHP).

During the reporting period of Quarter 1 (April to June 2021), there were 20 complaints received relating to Social Work Adult Services. A number of actions were initiated in Q3 in 2020 - 21 aimed at improving performance in relation to compliance with response timescale requirements. Whilst there was an overall improvement in the subsequent two Quarters, the numbers were too small to confirm evidence of an improving trend but did offer some encouragement in this regard.

In relation to NHS Forth Valley, during Quarter 1 (April to June 2021), 7 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excluded complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints within Stages 1 and 2 was 71.4%. On analysis of Stage 1 complaints, the HSCP received three Stage 1 complaints during the period and achieved a 100% performance and for the same period four Stage 2 complaints were received and a 50% performance target was achieved in responding to complaints within 20 working days. Worthy of note

was that due to the low number of complaints, a single breach of the 20 day target would cause performance to drop significantly.

Decision

The committee-

- (1) noted the report and actions being taken; and**
- (2) agreed, that feedback be sought from the Scottish Public Services Ombudsman (SPSO) on the current open case relating to Falkirk Community Hospital as detailed in Table 4 of the report.**

CCG22. Overview Inspection Reports and National Publications

The committee considered a report by the Senior Service Manager providing an overview of the inspection and national reports published since the previous meeting.

The Mental Welfare Commission (MWC) published no reports on local services since the previous update. The MWC had published a themed visit report in April 2020 on older people admitted to hospital with functional mental illness during 2019 with associated recommendations. Other work of the MWC included writing to Chief Officers in March 2021 advising of themed visits between March and May 2021 to those diagnosed with alcohol related brain damage and subject to welfare guardianship orders. The report and associated findings was still to be published.

The Care Inspectorate (CI) had completed the 'follow up' inspection of Burnbrae Care Home on 17 June 2021 and assessed the required actions identified previously. The service within the home had positively improved and the CI's report in the main highlighted extremely good progress or positive change. Although many areas were described as very good, the care home was still evaluated as 'adequate (3)' in all areas.

In the period 9 national reports had been published. The Independent Review of Adult Social Care was published in February 2021. This report highlighted several high level areas of focus including the establishment of a National Care Service (NCS). Here Scottish Ministers would be accountable for Adult Social Care support. The Scottish Government had launched a public consultation to seek views on the scope of the National Care Service for Scotland. This proposed that the NCS would define the future strategic direction and quality standards for community health and social care for adults and children and to be operational by 2026. Local Delivery Boards would be established for local delivery based on need and with wideranging participation.

Decision

The committee noted the report.

CCG23. Overview: Local Oversight Arrangements

The committee considered a report by the Senior Service Manager providing an overview of local oversight arrangements which 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 (APC);
- NHS FV Clinical Governance Arrangements;
- Care Home Assurance; and
- Alcohol and Drug Partnership (ADP).

Decision

The committee noted the report.

CCG24. Falkirk Adult Protection Committee Large Scale Investigation

The committee considered a report by the Health and Social Care Partnership Adult Support and Protection Lead Officer on the work of the Falkirk Adult Protection Committee (APC) and Large Scale Investigation (LSI).

The report highlighted the work of the Falkirk Adult Protection Committee (APC) included local duties for the safeguarding of adults at risk from harm. These comprised reviewing adult protection practices, improving co-operation between agencies, improving skills and knowledge, providing information and advice and promoting good communication. Included in this work was the responsibility for reviewing Large Scale Investigation (LSI) and the Care Inspectorate had specific quality indicators to assist this process.

General discussion noted the overlap with the Whistleblowing Policy and importance of identifying early indicators of concern.

Decision

The committee:-

(1) noted the report; and

(2) agreed:-

- (i) to support the continuous improvement of Large Scale Investigation (LSI) practice within operational teams including training, application of procedures and associated frameworks, participation and resource towards LSI proceedings and actions on findings; and**
- (ii) to ensure that staff were made aware of the different the pathways available to raise areas of concern and for whistleblowing through appropriate communication, coordination and signposting, and for improvement and monitoring implementation of actions.**

**Minute of meeting of the Integration Joint Board Clinical and Care Governance
Committee held remotely, on Friday 26 November 2021 at 9.30 a.m.**

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

**Non –voting
Members:** Margo Biggs, Service User Representative

Also Attending: Lynda Bennie, Head of Clinical Governance.
Michelle Campbell, Personal Assistant, Social Work
Patricia Cassidy, Chief Officer, Integration Joint Board
Claire Chapman, Locality Manager, Social Work (Item CCG29)
Jonathan Horwood, Area Infection Control Manager (Item CCG30)
Sara Lacey, Chief Social Work Officer
Elaine Lawlor, Forth Valley Alcohol and Drug Partnership Co-ordinator (Item CCG29)
Gordon Mackenzie, Locality Manager, East (From Item CCG30)
Lorraine Scott, Health and Social Care Partnership Support Officer
Antonia Sobieraj, Committee Services Officer
Martin Thom, Head of Integration
Suzanne Thomson, Senior Service Manager
Angela Wallace, Nursing Director (From Item CCG29)
Gail Woodcock, Head of Integration

CCG25. Apologies

Apologies were intimated on behalf of Roger Ridley and Andrew Murray.

CCG26. Declarations of Interest

There were no declarations of interest.

CCG27. Minute

Decision

The minute of meeting of the Clinical and Care Governance Committee held on 27 August 2021 was approved.

CCG28. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 27 August 2021 was provided.

Decision

The committee noted the action log.

CCG29. Falkirk Alcohol and Drugs Partnership Annual Report 2020-21

The committee considered a report by the Head of Integration and Forth Valley Alcohol and Drugs Partnership Co-ordinator providing an overview of the work of the Falkirk Alcohol and Drug Partnership (ADP) within the Annual Report 2020 – 2021.

The report detailed the progress and main achievements of the Falkirk Alcohol and Drug Partnership which was set against the background of the covid 19 pandemic. The ADP's work focussed on the most vulnerable within communities including the prevention of all substance related deaths. The associated actions were inextricably linked to the strategic plans of the Health and Social Care, Community Justice and Community Planning Partnerships.

The report highlighted:-

- Additional investment funding supporting investigations on deaths and suicide;
- Successful implementation of a referral pathway to substance use services and naloxone prescribing;
- Initiating prescribing of naloxone (opioid reversal drug) for drug users on discharge;
- Brokering a three-year contract for Forth Valley Family Support Service (Substance Use);
- Formal contracting for Forth Valley Recovery Community; and
- Creating 7 day coverage within Forth Valley Royal Hospital for addiction services.

Decision

The committee noted the report.

CCG30. Herbert Protocol and Implementation in Falkirk HSCP

The committee considered a report by the Health and Social Care Partnership (HSCP) Locality Manager on progress within the Partnership in supporting the national launch of the Herbert Protocol.

The Herbert Protocol had been operating since 2017 to assist the Police Scotland and other agencies to quickly and safely locate missing people with dementia. The scheme had been rolled out nationwide from 21 September 2021.

The report highlighted the purpose and the use of the standardised Herbert Protocol form. The families of those individuals with dementia were requested to complete the form to assist agencies to locate the person should they fail to return to their place of residence. The information sought included places of importance, places often visited and health issues. The families were responsible for updating the form. Appendix 2 of the report attached a public information leaflet.

Decision

The committee noted the report.

CCG31. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager providing an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk and Bo'ness Community Hospitals from July to September 2021 as detailed in Appendix 1 to the report.

The report included details of all Staph aureus bacteraemias (SABs), Clostridioides difficile Infections (CDIs), Escherichia coli Bacteraemia (ECBs) and Device Associated Bacteraemias (DABs) with a brief summary of the investigations which had been carried out. The report also provided details of covid 19 related work during this period. The Appendix to the report also detailed Infection Prevention and Control (IPCT) Support to Care Homes.

Further to previous discussions on the importance of including comprehensive information on infections within care home settings and associated monitoring, an update was given on the liaison with care homes where there were outbreaks of infection including the ongoing operation of the gold standard tool. Currently a recruitment drive was underway and it was hoped there would be an increase in staffing by early in the new year.

Decision

The committee noted the report.

CCG32. HSCP Complaints and Feedback Performance Reports

The committee considered a report by the Patient Relations Lead and Locality Manager providing an overview of complaints activity across the Health and Social Care Partnership (HSCP) during Quarter 2, July to September 2021.

The report took into account the number of complaints received, local resolution, compliance with the 20 day national target and Scottish Public Services Ombudsman (SPSO) referrals. The report also provided an update on feedback received through Care Opinion and other mechanisms about Health and Social Care Partnership services. It also detailed a reduction in the number of complaints received via the NHS Complaints Handling Procedure (CHP) and an increase in those received via the Social Work Adult Services Complaints Handling Procedures (SWAS CHP). There were no SPSO complaints within Quarter 2 of 2021 – 22.

During the reporting period of Quarter 2 (July to September 2021), there were 12 complaints received relating to Social Work Adult Services. A number of actions were initiated in Q3 in 2020 - 21 aimed at improving performance in relation to compliance with response timescale requirements. Whilst there was an overall improvement in the subsequent three Quarters, the numbers were too small to confirm evidence of an improving trend but did offer some encouragement in this regard.

In relation to NHS Forth Valley, during Quarter 1 (July to September 2021), 10 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excluded complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints within Stages 1 and 2 was 80%. On analysis of Stage 1 complaints, the HSCP received three Stage 1 complaints during the period and achieved a 100% performance and for the same period seven Stage 2 complaints were received and a 71.4% performance target was achieved in responding to complaints within 20 working days. Worthy of note was that due to the low number of complaints, a single breach of the 20 day target would cause performance to drop significantly.

Decision

The committee noted the report.

CCG33. Overview: Local Oversight Arrangements

The committee considered a report by the Senior Service Manager providing an overview of local oversight arrangements which 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 (APC) and associated groups;
- NHS FV Clinical Governance Arrangements;
- Care Home Assurance;
- NHS Forth Valley Command Structure; and
- Alcohol and Drug Partnership (ADP).

Decision

The committee noted the report.

CCG34. Overview: Inspection Reports and National Publications

The committee considered a report by the Senior Service Manager providing an overview of the inspection and national reports published since the previous meeting.

Neither the Mental Welfare Commission (MWC), the Care Inspectorate (CI) nor Healthcare Improvement Scotland (HIS) had published reports since the previous meeting. The Care Inspectorate, under the duties placed by the Coronavirus (Scotland) (No.2) Act, report to the Scottish Parliament fortnightly on its inspection's activity. These inspections placed a particular focus on infection prevention and control, personal protective equipment, staffing in care settings and the arrangements to respond to the covid 19 pandemic. Here inspectors focussed on these areas and the overall quality of care and impact on people's wellbeing. There had been no reports published on local services since the previous report. Appendix 1 to the report provided an overview of 5 national publications of interest.

Decision

The committee noted the report

CCG35. Duty of Candour Annual Report 2020- 2021

The committee considered a report by the Senior Service Manager and NHS Forth Valley Head of Clinical Governance providing the Duty of Candour Annual Report for NHS Forth Valley.

The report referred to the Duty of Candour for all health and social care services in Scotland, which came into effect on 1 April 2018. This legal requirement which meant that, when unintended or unexpected events happened that resulted in death or harm as defined in the Act, the people affected understood what had happened and received an apology, and that organisations learned how to improve for the future.

The annual report for Social Work Services would be presented at the next meeting.

Decision

The committee noted the report.

CCG36. IJB Risk Management Arrangements and Clinical and Care Governance Committee

The committee considered a report by the Senior Service Manager and NHS Forth Valley Head of Clinical Governance summarising ongoing risk management discussions to align relevant risks contained in the Integration Joint Board (IJB) Strategic Risk Register and the assurance of the delivery of high quality health and social care services.

The report set out the work being undertaken by the Public Protection Chief Officers Group (COG) to review its Risk Register and how this aligned with the Committee's work. The report also highlighted that effective risk management was a fundamental aspect of good corporate governance, which played a key role in supporting delivery of the Integration Joint Board's strategic plan and associated priorities.

Decision

The committee noted the report.

CCG37. Programme of meetings 2022

The Integration Joint Board considered a report by the Senior Service Manager presenting a proposed timetable of meetings and the draft forward planner for Committee meetings for 2022.

Decision

The committee:-

- (1) noted the draft forward planner for 2022; and**
- (2) agreed that forward planning should identify and take into account the lessons learned; and**
- (3) agreed to approve the proposed timetable of meetings for 2022 on Fridays at 9.30 a.m., to be held remotely, unless notified in advance otherwise, as undernoted:-**
 - 25 February;**

- **20 May;**
- **26 August; and**
- **25 November.**

Meeting: Falkirk HSCP Joint Staff Forum

Chair Robert Clark, Area Partnership Forum Representative NHS Forth Valley (Unison)

Date: Thursday 29 July 2021 at 3.00 pm

Venue: MS Teams

Present: Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)
 Karen Algie, Head of HR, Falkirk Council, (KA) (Chair)
 Kevin Robertson, Falkirk Council Unite Representative (KR)
 Raymond Smith, Falkirk Council GMB Representative (RS)
 Robert Clark, NHS Forth Valley, Unison Representative (RC)
 Helen Welsh, Falkirk Council Unite (HW)
 David O'Conner, Regional Organiser Unison (DOC)

Apologies Martin Thom, Head of Integration, Falkirk HSCP (MT)
 Roger Ridley, Unison Representative, Falkirk Council (RR)
 Gordon Tucker, Unison Representative, NHS Forth Valley (GT)

	ITEM	ACTION
1.	Minutes of Meeting 27 May 2021 Correction to minutes to remove tracking. (Completed and reissued)	MC
2.	Matters Arising	
2.1.	The Independent Review of Adult Social care (Feeley Review) Meetings are being held across the system with a series of 'think pieces' being developed with voluntary organisations. Scottish Government has set up the Social Covenant Steering Group, to help guide the development of a National Care Service. This will include carers, patients and service users. The minister for Mental Health and Group will meet with the Minister for Mental Health and Social Care. A Consultation on the Government's response to Feeley will commence on 8 August 2021.	
2.2.	Relocation MSK The project is proceeding at pace, work has started at Westbank. Staff are happier and have been involved in the redesign and refurbishment planning. There have been some challenges with supplies.	

ITEM		ACTION
2.3.	<p>Workforce Development Plan</p> <p>We have received feedback from Scottish Government on interim plan. A meeting will be scheduled to review comments and feed into the long term plan.</p>	KA / TG / JMcl
2.4.	<p>Structure</p> <p>MT will set up a separate meeting.</p>	MT
3.	<p>Recovery Update</p> <p>Continue to work on the agreed recovery plan with exception reports to IJB. Services are experiencing pressures across the whole system. The Emergency Department has also seen a high level of presentations as well as increased length of stay in hospital which reduced the flow in and out hospital.</p> <p>The Partnership has seen an unprecedented demand for packages of care (POC) in the community as well as challenges of staff absences in care homes. External providers are also experiencing the same challenges reducing their capacity to provide and continue existing POC.</p> <p>The Partnership are exploring all opportunities, including recruitment drive at Forth Valley College as well as deploying and recruiting staff using NHS bank staff. Services are safe which is testament to the commitment of our staff who provide these services.</p> <p>Analysis will be undertaken to understand the increase in demand. Work is ongoing locally and nationally to work through the challenge.</p>	
4.	<p>Managing our Disciplinary & Grievance Procedures Within the Partnership</p> <p>This issue was raised by Janet Robertson through Falkirk Council HR and as an action from Kevin Robertson at the JSF meeting held on 27 May 2021.</p> <p>KA reminded the group of the agreement in place through the Joint Futures. Disciplinary / grievance shared across partners would be adopted by Health & Social Care Partnerships. Employees in a disciplinary or grievance process would be treated under the terms & conditions of their employer with support from employing HR.</p>	

ITEM

ACTION

DOC emphasised HCSP is not an employer and therefore cannot carry out these functions, he raised the issue on GDPR information sharing. KA confirmed an information sharing agreement in place with NHS Forth Valley.

PC noted that the Joint Staff Forum (JSF) is the space to discuss issues regarding integration. Staff within the Partnership are employed by NHS Forth Valley and Falkirk Council and are covered by the existing Trade Union and partnership arrangements in their respective employing organisations.

Professional Leads sit within the integrated management structure and provide professional advice to managers and professional support to staff.

Appeals adjudications are heard by the employer. The Partnership is working with guidance from employers with support from employing HR Team. KA also highlighted Council Policy which can bring in independent representatives for investigations

KA

KA will share the joint future agreement as well as previous minutes. RC recollects the joint session to pull together the agreement. . It was agreed that we would further discuss with TU's and bring back an updated paper to a future meeting.

KA

5. **Falkirk Community Hospital**

PC updated JSF. There are three elements of work ongoing in relation to Falkirk Community Hospital (FCH).

- Move of MSK staff from Acute to Westburn Building at FCH.
- Gradual closure of units 1 – 4 and pause in admissions due to fire safety risk and remedial work. Unit 5 is open and on the ground floor out with the block .
- Work begun on a Masterplan for the redevelopment of the FCH site.

There are two project teams for the planning of the site. Primary Care Asset Strategy which will look at reprovision of Primary care Buildings / assets to delivery primary care. The second is a wider strategic assessment of the FCH site which may include an intermediate care facility and a range of community health and care services.

ITEM

ACTION

Soft launch event took place on 16 July 2021, workshops will be set up to involve stakeholders. A strategic needs assessment and business case will be developed. A communication plan will be developed to keep staff and communities updated.

6. **JSF Workplan**

PC is keen to develop a workplan for JSF to address key issues, horizon planning as well as share practice. PC asked the group to give some thought to pieces of work. Group agreed to develop a workplan. Areas for consideration :

- consultation on a National Care Service, impact on the workforce and delivery of services to our communities
- review our strategic plan
- changes amendments to legislation/workforce
- mobile and flexible working
- working in integrated teams and the challenges getting people working together
- staff with different T&Cs and associated tensions
- recruitment challenges
- iMatter actions.

7. **SWAS Recruitment & Retention – the TU perspective**

KR presented the paper developed by TU's. The paper included an appendix of comments from staff within Falkirk Council.

Staff feel there is disparity across NHS staff and Council staff. This includes pay and conditions as well as feeling under-valued. PC is concerned that staff do not feel valued and are some annexes of the NHS. It is hoped the iMatter survey will provide context why staff are feeling this.

Currently there is significant staff absence, this is a national issue within social care. We are working with health colleagues to use health care assistants on their staff bank to provide additional capacity to deliver services to vulnerable people.

TU's would like management to raise these issues at national forums. PC will take paper to SLT for further discussion.

PC

8. **Grahamston House**

RS wanted assurance that Grahamston is not to be closed and that's why permanent posts are not being advertised.

ITEM	ACTION
<p>PC confirmed that there are no plans in place to close Grahamston House. As part of the strategic plan a wider review of community bed based care, hospital, care homes and care home providers are underway. This requires new models of care, more intermediate care beds with reablement to get people home more quickly. PC will look at the temporary vacancies.</p>	PC
<p>9. Standing Items</p> <p>9.1. Health & Social Care Partnership</p> <p>Lorraine Paterson has now retired, Gail Woodcock, new Head of Integration is due to commence on 9 August 2021. Gail is currently Interim Director of Bon Accord Care.</p> <p>Home working for non-frontline staff will continue in line with National guidance.</p> <p>PC praised staff who have been tremendous and continue to rise to the challenges the service face as well as the adapting to changing guidance and decisions from Scottish Government. Staff continue to be encouraged to take their leave.</p> <p>The Partnership participated with the Council's best value review. The Care Inspectorate has indicated that we will undergo a Joint Adult Support & Protection Inspection, a date has not yet been identified.</p>	
<p>9.2. NHS Forth Valley Update</p> <p>A consultation on the homeworking policy has now closed, outputs will be presented to and reviewed by Area Partnership Forum.</p> <p>HR are due to move to Carseview on 17 August 2021, recruitment and staff bank have now relocated to Carronbank.</p> <p>HR training paused during covid; some presentations taken place via audio training. These can be accessed on HR connect. Partnership staff who do not have NHS intranet will require the training materials.</p> <p>Currently there is no process to undertake exit interviews in NHS Forth Valley. HR and staff side colleagues are pulling together an options paper to get a formal exit interview process in place.</p>	JMclW
<p>9.3. Falkirk Council Update</p> <p>KA and TUs continue to meet fortnightly. Covid related guidance including the recent self-isolation arrangements is being worked on with TU's and Clackmannanshire & Stirling colleagues.</p>	

ITEM

ACTION

An action plan is being developed for Workforce Wellbeing it will be concluded during August / September with actions put in place.

HR have provided information to managers of outstanding annual leave. Managers are asked to encourage staff to take leave due to the amount outstanding. Acknowledged the difficulties in the balance due the pressure the Partnership is under to deliver services.

Falkirk Council HR scheduled to meet Linda Donaldson to look at the Whistle Blowing and the Speak Up Policies on how this impacts staff in the partnership and how it works in practice in integrated teams.. Any implications will be brought back to JSF.

KA

10. **AOCB**
None

Date of Future Meetings at 2.00 pm

23 September at 3.00 pm **Chair Raymond Smith**

25 November at 3.00 pm Chair Roger Ridley

19 January 2022 at 3.00 pm Chair Karen Algie

Meeting: Falkirk HSCP Joint Staff Forum

Chair Roger Ridley, Unison Representative, Falkirk Council (RR)

Date: Thursday 23 September 2021 at 3.00 pm

Venue: MS Teams

Present: Roger Ridley, Unison Representative, Falkirk Council (RR) (**chair**)
 Kevin Robertson, Falkirk Council Unite Representative (KR)
 Grace Traynor
 Gail Woodcock, Head of Integration, HSCP (GW)
 Tracey Gillespie, Falkirk Council HR
 Martin Thom, Head of Integration, Falkirk HSCP (MT)
 Julie McIlwaine, HR Manager, NHSFV (JMcl)

Apologies Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)
 Karen Algie, Head of HR, Falkirk Council, (KA) (Chair)
 Raymond Smith, Falkirk Council GMB Representative (RS)
 Gordon Tucker, Unison Representative, NHS Forth Valley (GT)
 Robert Clark, NHS Forth Valley, Unison Representative (RC)

	ITEM	ACTION
1.	Minutes of Meeting 29 July 2021 Minutes were agreed as accurate.	
2.	Matters Arising	
2.1.	Workforce Development Plan The Scottish Government gave feedback on the interim workforce plan. A meeting will be scheduled to review these and be fed into the long term plan.	KA TG JMcl
2.2.	Structure MT will set up a separate meeting.	MT
3.	Recovery Update	

	ITEM	ACTION
	<p>Workstreams are ongoing – Day Opps / Homecare Redesign, the Recovery Plan action was to complete by Sept however a 3-month delay has been agreed due to continuing system pressures.</p> <p>Significant pressures across system form hospital to Care Homes and Care at Homes, these challenges have resulted in putting in place urgent responses to mitigate risks of harm to people.</p> <p>Large Care at Home provider advised Monday they were handing back Packages of Care from Wednesday which added to the increase of pressure in system.</p> <p>We are working with Scottish Care and external providers to assess all patients who are currently being supported on an amber or green RAG status with the scope to reduce their packages of care which in turn should free some pressures in system. There is also scope in looking at efficiencies in provision of care across all providers which can reduce unnecessary travel for staff.</p> <p>Staffing issues continue with a number of sickness absences and vacancies, these challenges are impacting on staff wellbeing who have worked above and beyond over the past 18 months. Increasing workforce is key focus to ensure capacity to support staff and those who need care over the winter months.</p> <p>NHS Bank have recruited healthcare support workers with 36 preferred candidates, which they are fast-tracking the OH and PVG process and the hope is to have staff working and adding value by w/c 11 October. In addition, HSCP recruitment are processing 18 interviews over next few days with the hope to progressing with the recruitment checks.</p> <p>Calling list for volunteers to all Falkirk council staff has been sent out by CEX, offering additional training and shifts to volunteer at care homes, particularly over weekend.</p> <p>There has been additional bed spaces created in FCH and acute hospital whilst minimising the additional staff required, also Hospital to Home have moved their staff base in FCH which will allow additional capacity within the staff base and this should assist with capacity pressures for discharges.</p> <p>The increase of covid +ve cases has had an impact on Care Homes and the ability to take in new clients. The admission process has been reviewed in line with national guidelines to allow Care Homes</p>	

	ITEM	ACTION
	<p>to accept admissions from hospital if they have had 1 or 2 controlled covid cases of members of staff.</p> <p>Self-isolation process guidelines have changed which allows staff to return to work if they want to do so, subject to mitigations – negative PCR tests etc.</p> <p>Also increased number of intermediate step-down beds and utilising these as much as possible.</p> <p>Continuing to work efficiently to support those who provide care and investigating using technology to reduce carers to implement single handed care over the longer term. Currently complex packages of care require 2 or more staff to provide this care, therefore by using technology and equipment this can be reduced to single handed care and the modelling has shown that over a 6-month period single handed care can potentially reduce care hours by over 4000 hours, which will release staff to assist with the demand. This would be working across both Falkirk and Clacks and Stirling HSCP's and NHS Forth Valley. There are costs involved regarding equipment and technologies however a joint business case for partnerships and NHS is still to be completed and the main outcome is freeing capacity for staff.</p> <p>There has also been a request to look at what services can be reduced or stopped however all SWAS services are essential so little opportunity to make changes.</p> <p>KR noted that the unions have referred to employing NHS Bank Staff as a sticking plaster as this is not a long-term fix and staff will be working under different working conditions doing the same job. Why is it so difficult to recruit for the same job via NHS than it is for Falkirk Council? Currently staff have NHS or Falkirk Council uniforms although working as part of partnership – is it a possibility to have a HSCP badge or uniform?</p> <p>There is a different perception within general public and work is going on in HSCP around Communication and Engagement to highlight roles in social care. Public perception needs to change as NHS were given the kudos to challenges around during early stages of pandemic and this change of perception working in social care to be more positive. The National Care Service consultation will hope to bring in similar terms and conditions however in reality they aren't that dissimilar, there is a difference in private sector, however this perception will not happen overnight, and this short-term goal will</p>	

	ITEM	ACTION
	<p>help staff and pressure issues at the moment and the opportunity for Bank Staff to work alongside care staff will give them experience to apply within the industry which will be a long-term gain.</p> <p>TG suggested speaking to those who applied for NHS roles to identify why they applied to NHS and not Falkirk Council?</p>	
4.	<p>Falkirk Community Hospital Masterplan</p> <p>Ambulatory care, Bedded Care and Support Services workstreams are progressing with a positive engagement from staff. The workshops have been looking at and understanding the current position, taking suggestions on the 'art of the possible' to co-design something that is fit for the future for FCH.</p> <p>Looking to provide update to Falkirk Council, IJB's and NHS Board the overall direction in the New Year.</p>	
5.	<p>Social Work Adult Services Structure</p> <p>The Business Case has been delayed due to pressures, there is a meeting with HR in early October to finalise discussions on job descriptions and will bring back to JSF in November. The Principle Social Worker post has still to go through grading, it is hopeful to be finalised within next few weeks.</p> <p>The hope is to circulate the report prior to the JSF meeting and have a discussion with group members prior to the meeting.</p>	
6.	<p>National Care Service Consultation</p> <p>HR have provided TUs update at earlier meeting today and indicated FC expectation on shared consultation responses. FC response is from elected members, which has limited scope for staff to influence. TG to share council response with GT and RR.</p> <p>There are staff sessions arranged in early October and the IJB has a workshop on 22 October. There will be opportunities for all staff to engage in consultations.</p> <p>Trade Unions will be responding at national level and will share their response.</p>	TG
7.	Draft JSF Workplan for Consideration / Taking forward	

	ITEM	ACTION
	Item 7 – Recruitment challenges; there is a working group looking at workforce retention, recruitment, and absentees, led by Evelyn Kennedy and a progress report to update on these areas. To confirm if Union representative on this group.	MT TG
8.	Standing Items	
8.1.	Health & Social Care Partnership Systems pressure update provided by GW at agenda item 3	
8.2.	NHS Forth Valley Update Pressures has implemented strategic command structure and Gold Command meetings have been held daily since August. Whistleblowing and Speak Up, have recruited 2 ambassadors within NHSFV. NHS Scotland policy on Home working is out for consultation and taken to Scottish Workforce and Staff Governance Committee on 29 Sept and final policy launched October. iMatters closed earlier and reports coming through to staff with outcomes and meeting dept managers to take place and action plans to be implemented. There was no formal process for exit interview within Forth Valley, however the draft proposal is in process and will be circulated to partnership forums with further communications to roll out.	JMcIW
8.3.	Fortnightly meetings with TU Falkirk Council are currently discussing with TU's the hybrid policy and JMc to share NHSFV policy with TG. Continue work with Community Trust and the incoming transfer of services from April 2022. Implementation council wide structure and appointments of senior posts are ongoing.	JMc

	ITEM	ACTION
	<p>SWAS HR support for partnership shall be Eric Webster who starts in October and is the new Team leader, working alongside him is Corinna McIlwraith who is Business Partner.</p> <p>A report to Executive on professional workforce, look at creative ways to use VS policy and this is linked to retention, HR are meeting MT and GW to try move forward.</p>	KA
	<p>Feedback from Trade Unions</p> <p>There are numerous meetings in relation to Homecare. TU happy to attend but must be on professional basis with a copy of minutes, with a clear structure and format. Also note that same people who attend, and similar topics discussed, can there be clarity who is calling these meeting and why these are being held these and what happens to decisions taken at these meetings.</p> <p>MT offered apologies noting the amount of meetings shows the volume of work around this new modelling. MT suggested that TUs attend the Transformation Board and members can then decide what workstreams they would like to attend.</p> <p>The majority of workstreams will have an impact on workforce, hence the reason to include TUs, the transformation board will give an overview however there are projects who may not need TU attendance initially but in later development will. Project leads keen to include TU at all stages, however this message will be given at next transformation board.</p> <p>KR suggested to share TU partnership agreement so HSCP aware of consultation and engagement to work across Falkirk Council, HSCP and TUs.</p>	<p>MT</p> <p>KR TG</p>
<p>Date of Future Meetings at 2.00 pm</p> <p>25 November at 3.00 pm Chair Raymond Smith</p> <p>19 January 2022 at 3.00 pm Chair Karen Algie</p>		

Note of Meeting

Meeting: Strategic Planning Group

Date: Friday 29 October 2021

Venue: MS Teams

Present:	Patricia Cassidy, Chief Officer (chair) Calum MacDonald, Performance and QA Manager David Heron, GP Lead Evelyn Crosbie, Service User Representative Fiona Collie, IJB Chair Janette Fraser, Head of Planning Kenny Gillespie, Head of Housing & Communities Lorraine Scott, Support Officer (minute) Margaret McGowan, Independent Sector rep Marlyn Gardner, West Locality Manager Martin Thom, Head of Integration Robert Clark, Staff Representative Gordon MacKenzie, East Locality Manager Nikki Harvey, Home First Manager Laura MacKenzie, Carers Representative	Falkirk HSCP Falkirk HSCP NHS FV Service User Falkirk Council NHS Forth Valley Falkirk Council Falkirk HSCP Scottish Care Falkirk HSCP Falkirk HSCP NHS FV Falkirk HSCP Falkirk HSCP Carers Centre
In Attendance:	James King, Procurement Coordinator Iain Henderson, Legal Service Manager Stephanie MacGregor-Cross, Acting Service Manager Elaine Lawlor, ADP Coordinator	Falkirk Council Falkirk Council Falkirk HSCP NHS FV
Apologies:	Agnes McMillan, Carers Representative Claire Chapman, Central Locality Manager Fay Godfrey, Locality Leader Irene McKie, Chief Executive Claire Bernard, Partnership Manager Kathy O'Neill, General Manager Sara Lacey, Chief Social Work Officer Jillian Thomson, Chief Finance Officer Suzanne Thomson, Senior Service Manager	Carers Centre Falkirk HSCP Alzheimer's Scotland Strathcarron Hospice CVS Falkirk NHS FV Falkirk Council Falkirk HSCP Falkirk HSCP

1. CARE AT HOME SUPPORTED LIVING CONTRACT

- 1.1. IH and JK shared a report on screen which will be presented to the IJB in November. The report summarises that the current contract ends on 31 March 2022 and originally the timetable was developed to achieve the new contract by 1 April. Due to the pandemic this has been updated and will start at the end of

September 2022.

- 1.2. A User Intelligence Group (UIG) has been established which includes senior membership from the HSCP and Procurement teams. The group has made progress with stakeholder engagement including a service user and carers consultation and with assistance from Scottish Government has engaged with providers around how sustainability can be built into the new contract.
- 1.3. The contract timetable proposed is below:

CONTRACT ACTIVITY	ACTION DATES
Finalise Consultations, the Contract Strategy and Contract Documentation	completed by February 2022
Issue, return and evaluation of Tenders	completed by May 2022
Complete Award Process (Falkirk Council Contract Standing Orders)	completed by June 2022
Mobilisation Meetings with successful providers and support continuity of care	July 2022 to September 2022
New Contract Starts	End of September 2022

- 1.4. A further report will be taken to IJB with the finalised contract strategy.
- 1.5. PC noted that Scotland Excel national contract has been discussed with HSCP in the past and were not competitive. However agreed that discussions will continue with Scotland Excel for the new contract which will ensure best value options are reviewed.
- 1.6. It was noted there were more pressures on the system now than before therefore it is critical that this contract is fit for purpose. There is a need to engage with as many people, including staff and service users to ensure the best specification for the contract for HSCP.
- 1.7. MMcG invited JK and IH to attend meetings with providers to keep them updated on contract progression.
- 1.8. There is a need to ensure that providers are utilised to their most efficient in geographical areas and have guaranteed levels of business for contractors to be sustainable and maintain staff. The geographical element to be aligned with Localities and rationalise the spread and best use of resources available.
- 1.9. The contingency arrangements to bridge the gap to September 2022 is to continue with current arrangements.

2. CALEDONIA SERVICE

- 2.1. SMC attended to update on Caledonia Service which is an outreach service for people with severe and enduring mental health. Caledonia Service is by referral and working to increase awareness and profile within the community.
- 2.2. Previously a club-house model, the service opened in January 2000 as an alternative day placement following closure of Bellsdyke hospital and since 2013 a review of the service began.
- 2.3. Engagement with service users has been continuous and ongoing throughout the review process and has developed how the service is shaped. In March 2020 the building base in Etna Road closed however engagement continued within the community and 1:1 support groups were held all in line with government covid guidelines.
- 2.4. The review process has been moving towards a community-based model using services across Falkirk, for example Thornhill Community Centre and Sensory Centre. The service has access to a building and currently share premises with the Joint Dementia Initiative in Dollar Park.
- 2.5. The change of model was reported to IJB in September 2021.
- 2.6. The service is not registered however working with Care Inspectorate to become a registered service.

3. JLES REVIEW

- 3.1. GMac updated that in the last 6 months the service has delivered over 10,500 items to properties across Forth Valley. This is a 42% increase on last year and it is envisaged that this will increase again next year.
- 3.2. The service is based in Grangemouth with buffer stores throughout Forth Valley. JLES works with Falkirk HSCP, Clackmannanshire & Stirling HSCP and NHS Forth Valley
- 3.3. The review recommended 4 options for consideration:
 1. Continue as is – and incrementally raise performance
 2. Create separate JLES operations for the constituent areas within FV
 3. Externalise parts of the service or
 4. Invest in development of an enhanced FV-wide service
- 3.4. Managers from the partner organisations undertook a best value assessment of these options. A report will be presented to the IJB in November, seeking approval to continue feasibility on option 4 and a short life working group will be established to carry forward.

4. ANNUAL PERFORMANCE REPORT

- 4.1. CMac attended and updated on the draft report, which is set in the context of the past year during Covid.
- 4.2. The group advised that any comments on this would be required by 5 November to incorporate these changes before publication which is by the end of November 2021.
- 4.3. A summary version of the report will be produced and shared to the group once complete.

5. ALCOHOL AND DRUG PARTNERSHIP DELIVERY PLAN UPDATE

- 5.1. EL advised that the plan was developed to progress the key areas of work required by Scottish Government.
- 5.2. The plan takes cognisance of the key national strategies:
 - Rights Respect Recovery
 - Alcohol Framework
- 5.3. The plan was developed in partnership with ADP members, Community Planning Partners and Substance Use Services and those with lived experience.
- 5.4. Key themes and highlights of the report are:
 - Prevention and Early Intervention
 - Developing Recovery Oriented Systems of Care
 - Getting it Right for Children, Young People and Families.
 - Public Health Approach in Justice
 - Alcohol Framework 2018
 - Naloxone Distribution
 - Whole systems plan for Acute Hospital
 - Forth Valley Recovery Community – Stabilisation
 - School Prevention Programme
 - Workforce Development
- 5.5. The FADP Delivery plan has been discussed in detail with the ADP, Elected Members and the Community Planning Partnership.
- 5.6. Some areas of work have been impeded by the Covid-19 pandemic and these areas will be revisited and reassessed to review delivery timescales.
- 5.7. More education is required for the workforce and this is paramount to avoid stigmatisation. This will also include staff awareness for early identification of alcohol and drug use.

6. CHIEF OFFICER UPDATE

- 6.1. It was noted that all services are extremely busy particularly in the acute site. It was noted comms planned as the hospital is very busy to encourage people not to attend FVRH unless requiring emergency care, if possible, to call NHS 24 or attend minor injuries unit.
- 6.2. It was acknowledged that everyone is continuing to work hard to support the service users, patients and carers in the community and the transfer of care from acute site to community hospital beds, to home and care homes.
- 6.3. IJB Agenda will be distributed once discussed and agreed with chair and vice chair.

7. MINUTES OF PREVIOUS MEETINGS

- 7.1. Minutes of the previous meeting on 14 May 2021 were agreed as accurate.

8. IJB UPDATE

These were distributed to the group for reference.

- IJB 4 June Update
- IJB 3 September Update
- IJB 18 November Agenda

9. PROPOSED DATES FOR 2022

- 11 February at 3.30pm
- 13 May at 10am
- 5 August at 3.30pm
- 28 October at 10am