# Agenda Item 3

# Minute

Falkirk
Health and Social Care
Partnership

**Draft**

**Minute of meeting of the Integration Joint Board Clinical and Care Governance Committee held remotely, on Friday 25 February 2022 at 9.30 a.m.**

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| **Voting Members:** | Fiona Collie (Chair)<br>Stephen McAllister (Vice-Chair) |
| **Non –voting Members:** | Margo Biggs, Service User Representative<br>Roger Ridley, Staff Representative |
| **Also Attending:** | Patricia Cassidy, Chief Officer<br>Claire Chapman, Locality Manager, Social Work<br>Amanda Crawford, Patient Relations Lead<br>Jonathan Horwood, Area Infection Control Manager<br>David Keenan, HSCP Governance Support Officer<br>Sara Lacey, Chief Social Work Officer<br>Gordon Mackenzie, Locality Manager, East<br>Andrew Murray, Medical Director<br>Brian Pirie, Democratic Services Manager<br>Lorraine Scott, Health and Social Care Partnership Support Officer<br>Martin Thom, Head of Integration<br>Suzanne Thomson, Senior Service Manager<br>Gail Woodcock, Head of Integration |

## CCG38. Apologies

There were no apologies.

## CCG39 Declarations of Interest

There were no declarations made.

## CCG40. Minute

**Decision**

**The minute of meeting of the Clinical and Care Governance Committee held on 26 November 2021 was approved.**

## CCG41. Rolling Action Log

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

**Decision**

**The committee noted the action log.**

## CCG42. Adult Support and Protection Joint Inspection Report

The committee considered a report by the Adult Support and Protection Lead Officer which provided an overview of the findings of the Falkirk Adult Support and Protection (ASP) Joint Inspection of partners - Falkirk Council, NHS Forth Valley, Police Scotland and the Adult Protection Committee (APC) - and the next steps.

The report highlighted Adult Support and Protection processes in Falkirk had adapted well during the unprecedented and ongoing challenges of the Covid-19 pandemic. The inspection had concluded that both the partnership's strategic leadership and key processes for adult support and protection were effective and commended the practices and processes in place. The inspection identified examples of positive outcomes in relation to information sharing; improved outcomes; timely responses; knowledge sharing and leadership.

The six areas of improvement identified by the inspection were:

- Recording at each stage of the adult support and protection process needs to be clearer. This includes the delineation of adult support and protection stages and the application of the three-point test.
- Involvement of health colleagues, operationally and strategically, needs to be strengthened. For example – inconsistency was highlighted in the recording of adult protection concerns within health records. Case reviews could be strengthened with the attendance of health professionals.
- Risk assessment and risk management was less evident in investigations and inquires that did not include an initial referral discussion. Risk management plans should be in place for all adults at risk of harm.
- The use and quality of chronologies required improvement. Chronologies provide a useful tool for assessing risk and should include details of significant life events. The report recommends a comprehensive and consistent approach to recording chronologies to inform decision making in adult support and protection. This should be done in consultation with the adult at risk of harm and, where applicable, their carer.
- Key partners were not always collaborative, or involved when required, in adult protection processes. All members of the partnership need to explore opportunities to make their single/joint contributions to adult support and protection arrangements more effective.
- Audits should be multiagency with findings from previous audits fully implemented. Priority should be given to improving previously identified key processes. Specifically, the completion of chronologies and risk assessment at inquiry and investigation stage.

An improvement plan developed by the partners would be produced by the APC and returned to Falkirk's link inspector within the Care Inspectorate on 23 March 2022. The ASP operational workforce would be invited and encouraged to participate in improvement planning and activity. Improvement implementation and progress would be monitored by the Adult Protection Committee and the Integration Joint Board.

**Decision**

**The committee noted that the improvement plan would be produced and returned to Falkirk's link inspectors within the Care Inspectorate on 23 March 2022.**

## CCG43. Falkirk Council Duty of Candour Annual Report 2020 - 2021

The committee considered a report by the Chief Social Work Officer presenting the Falkirk Council Duty of Candour Annual Report. All health and social care services in Scotland had a Duty of Candour, which came into effect on 1 April 2018. This was a legal requirement which meant that, when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened and receive an apology, and that organisations learned how to improve for the future.

The Falkirk Council Duty of Candour Report provided assurance to the Committee of the arrangements in place and that there had been no incidents reported.

Duty of Candour was part of the overall approach to managing incidents and complaints and was integral to social work services approach regarding transparent and open practice. Organisational Duty of Candour was referenced in complaints procedures and a reporting template was created to ensure the consistency of reporting across services.

**Decision**

**The committee noted the report.**

## CCG44. Prescribing Proportionate Care Project

The committee considered a report by the Locality Manager (East) and Team Manager which detailed the work being taken forward to embed a Moving with Dignity approach within clinical and community assessment, particularly the implementation of Prescribing Proportionate Care across the Forth Valley area. Prescribing Proportionate Care was enabled by completing a dynamic assessment and provision of specialist equipment, whilst ensuring that those in need of care and support continued to live longer, healthier lives at home. This approach would support the release of Care at Home capacity and was just one

of a number of solutions required to tackle the unmet need in Care at Home provision.

The ethos behind Prescribing Proportionate Care was using the right moving and handling risk assessment, training and equipment to personalise the prescription of care offered, ensuring the proportionate amount of care was given.

The beneficiaries from this initiative would be:-

- Service Users
- Informal Carers
- Employees
- Health and Social Care Systems

The implementation of a Prescribing Proportionate Care approach had commenced in Falkirk in late January 2022 and reviews for individual service users had begun. The roll out of the approach would be monitored closely to ensure that the anticipated benefits were realised and translated into improvements for the individuals concerned and across the wider health and social care system. A further report detailing progress would be provided in 6 months.

**Decision**

**The Committee:-**

**(1) noted the content of the report; and**

**(2) agreed that a progress report would be provided to a future meeting.**

## CCG45. Overview: Local Oversight Arrangements

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

Updates were provided on:

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

**Decision**

**The committee noted the report.**

## CCG46. HSCP Complaints and Feedback Performance Reports

The committee considered a report by the NHS FV Patient Relations Lead and HSCP Locality Manager (East) which provided an overview of complaints activity across the Falkirk HSCP during the period of October to December 2021 (Quarter 3). The report set out the number of complaints received, local resolution, compliance with the 20-day national target and Scottish Public Services Ombudsman (SPSO) referrals.

During the period, Social Work Adult Services had received 17 complaints. A number of actions had been initiated in Q3 of 2020-21 aimed at improving performance in relation to compliance with response timescales. Performance in the subsequent four quarters indicates progress had been made but with scope for further improvement.

In relation to NHS Forth Valley, during the reporting period April – December 2021, a total of 16 complaints had been 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 at Stage 1 and Stage 2 was 75%. On analysis of Stage 1 complaints, it was noted that the HSCP had received 5 Stage 1 complaints during the period and achieved a 100% performance and for the same period 11 Stage 2 complaints had been received and a 63.6% performance target was achieved in responding to complaints within 20 working days.

The report noted there had been no complaints received by the IJB during the reporting period.

**Decision**

**The committee noted the report.**

## CCG47. Hospital Acquired Infection Performance Report

The committee considered a report by the Area Infection Control Manager which provided an oversight of all Hospital Acquired Infection (HAI) related activity across Falkirk Community and Bo'ness Community Hospitals from October to December 2021. This was detailed in Appendix 1 to the report. This 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 that had been carried out. The report also provided details of COVID-19 work.

**Decision**

**The committee noted the report.**

## CCG48. Overview: Inspection Reports and National Publications

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

The Mental Welfare Commission (MWC) and Health Improvement Scotland (HIS) had not published reports since the previous meeting. There had been no reports published by the Care Inspectorate in relation to Covid reporting since 29 September 2021. The Care Home Assurance work and the more recently established Community Health and Care Oversight Group would ensure continued clinical and professional oversight for Care at Home and Community Health services. At the time of the preparation of the report, the Care Inspectorate was conducting unannounced inspections for the three locality Care at Home services. Updates on these inspections would be provided to future meetings.

The joint inspection report of Adult Support and Protection had been published on 8 February 2022.This was considered by Committee as a separate agenda item. The Care Inspectorate had published a report on Summerford House Care Home following an inspection visit on 27 January 2022.This was a focused inspection to follow up on the three requirements and three areas for improvement. The inspection assessed the service as Adequate for “How well do we support people’s well-being” and Good for “How good is our care and support during the Covid-19 pandemic.”

The Care Inspectorate had completed an unannounced inspection of Housing with Care Services on 30 August 2021 and evaluated the quality of services in two areas. In August, the Care Inspectorate had also assessed progress against two previously identified areas for improvement. The inspection assessed the services as Good for “How well do we support people’s well-being” and Good for “How good is our care and support during the Covid-19 pandemic.”

Appendix 2 to the report provided an overview of three national publications of interest. These were the Mental Welfare Commission for Scotland Annual Report 2020-21, Drug and alcohol services - improving holistic family support (Scottish Government) and Caring for the Carer Report (Life Changes Trust).

**Decision**

**The committee noted the report.**