



# Minute

## IJB Clinical and Care Governance Committee

**10.00am, Monday 17 February 2020**

Waverley Gate, Edinburgh

**Present:**

Richard Williams (Chair), Colin Beck, Helen Fitzgerald, Councillor George Gordon, Martin Hill, Jackie Irvine, Jacqui Macrae and Ian McKay.

**In attendance:** Tom Cowan, Helen Elder, Linda Irvine Fitzpatrick, Rachel Gentleman, Mike Massaro-Mallinson and Andrew Watson.

**Apologies:** Councillor Robert Aldridge

### 1. Minutes

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**Decision**

- 1) To approve the minute of the meeting of the Clinical and Care Governance Committee held on 14 November 2019 as a correct record.
- 2) To note the update from the Head of Operations that the decisions relating to updates on Trinity Lodge Care Home would be best taken forward through other routes rather than the Committee.

### 2. Committee Terms of Reference

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The Committee considered its draft terms of reference and agreed to approve these for submission to the Integration Joint Board. It was intended that the Terms of Reference would be submitted for formal approval at the next meeting of the IJB.

**Decision**

To approve the Terms of Reference and amend the 'approved' date to February 2020.

(Reference – Clinical and Care Governance Committee Draft Terms of Reference, submitted.)

### 3. Corporate Governance and Assurance in NHS Lothian

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A document setting out the corporate governance arrangements of NHS Lothian had been circulated. In particular, this included definitions of five levels of assurance which were proposed to be adopted by the Committee.

These ranged from significant assurance to no assurance and aimed to ensure the level of assurance the Committee took from reports was clear and consistent.

The Committee agreed that these definitions would be helpful to assist the Committee to assess reports. It was also suggested that report authors should make a recommendation based on the level of assurance the Committee was expected to take from reports in order to focus reports on the pertinent issues.

The Chair agreed to discuss this with the Chairs of the other IJB committees and suggest that these definitions were adopted by the IJB and its committees to ensure consistency.

#### Decision

- 1) To agree to adopt the definitions of levels of assurance set out in the document for use by the Committee.
- 2) To note that the Chair would suggest to the Chairs of the other IJB committees that this was adopted across the committees and the Board to ensure consistency.

(Reference - Corporate Governance and Assurance in NHS Lothian (Version 7 – 30 January 2017), submitted.)

### 4. Mental Health Services (including Substance Misuse): Quality Assurance

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A report provided the Committee with an overview of mental health and substance misuse services and the scrutiny that sought to provide assurance of quality of care and clinical practice. It was recommended that the Committee supported the HSCP's aspiration to join the Royal College of Psychiatrists (RCoP) Centre for Quality Improvement accreditation programme, and that mental health quality assurance was a key component of the HSCP quality hub.

A presentation was also delivered by Linda Irvine Fitzpatrick (Strategic Programme Manager, Mental Health and Wellbeing) and Colin Beck (Strategy & Quality Manager, Mental Health and Substance Misuse) which included information on assessment and quality assurance procedures, trends in mental health and substance misuse and the outcomes the HSCP was working towards.

It was highlighted that the RCoP Standards for Adult Community Mental Health Services accreditation programme was UK-wide and would assure and improve the quality of community mental health services for people with mental health problems and their carers. The Standards would involve a comprehensive review of services, highlight good practice and support teams to identify and address areas for improvement.

During discussion, the Committee recognised the complexity of mental health and substance misuse services structures. It was noted that it may not be possible or

appropriate for Edinburgh to reach some of targets required to achieve accreditation but the tools, networking and learning that would be gained would help staff to regularly consider ways to improve the quality and efficiency of their work and the care that they provided. It was also suggested that the other Lothian IJBs considered also adopting the Standards.

In terms of lines of responsibility, members agreed that it was not always clear where responsibility was held for each service area. The numerous services and partners involved meant that identifying which services were within the remit of the IJB and the targets each service was working to was not easy for members to follow. In order to assist members to understand the governance of services and ensure appropriate processes were in place, a further report was requested to a future meeting, setting out clearly the lines of accountability.

Discussion also took place on the development of the new quality hub which would pull together quality improvement teams to share issues and best practice, support staff and deliver on initiatives.

### **Decision**

- 1) To note the national quality indicators for mental health and their alignment to wider system outcomes.
- 2) To recognise the progress made in relation to the whole system approach in response to NHS Lothian escalation.
- 3) To acknowledge the significant change agenda for mental health and substance misuse services.
- 4) To support the proposal that the Health and Social Care Partnership join the Royal College of Psychiatrists Accreditation Scheme for adult in-patient and community mental health teams.
- 5) To support the proposal that mental health and substance misuse services were part of the Quality Hub which would ensure a consistent and constant focus on quality assurance.
- 6) To take significant assurance that monitoring and evaluation frameworks were in place to measure the impact of Action 15 and Seek, Keep, Treat funding allocations.
- 7) To request a report within 6 months' time providing information on mental health services, where responsibility was held for each area, the assurance monitoring processes in place, risk identification and mitigation processes, and how targets and outcomes were set and measured in order that the Committee could take assurance that processes were in place in these areas.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **5. Chief Social Work Officer's Report 2018/19**

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The annual Chief Social Work Officer's Report for 2018/19 was presented to the Committee, following consideration by the IJB at its meeting in October 2019. In presenting

the report, the Chief Social Work Officer provided the Committee with a summary of the role and its responsibilities. This included the statutory duties, workforce planning, professional leadership and quality assurance.

During discussion, the Committee were assured that any issues arising would be reported to the relevant groups and committees to ensure that the annual report was not the first time these were communicated to members.

It was agreed that the Chief Social Work Officer's report would help inform the work programme of the Committee.

### **Decision**

To note the report.

(Reference – report by the Chief Social Work Officer, submitted.)

## **6. Drumbrae Care Home**

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A report was presented which updated the Committee on the actions taken at Drumbrae Care Home following the issue of an Improvement Notice to the Health and Social Care Partnership (HSCP) by the Care Inspectorate.

The Improvement Notice required the HSCP to put in place measures to improve significantly aspects of care and support provided at the home. The report sought to assure the Committee that appropriate actions had been undertaken to meet these requirements by the deadline of 28 February 2020.

Since the Head of Operations' report had been written, the Care Inspectorate's draft report from a subsequent visit had been received. A number of spot checks had been completed and the Head of Operations advised the Committee that the inspectors felt it necessary to allow time to take actions required. A new manager had been appointed and an improvement plan had been developed, with senior management working closely with staff and residents to review residents' care plans, undertake training and deliver improvements.

It was expected that the Care Inspectorate would recognise that progress had been made and would extend the period of the Improvement Notice further to allow these actions to take effect.

Members commented on the importance of strengthening leadership and contingencies, and sustaining any improvements which were put in place to ensure stability and prevent issues arising in future. It was advised that the deterioration had been caused by a number of issues and the co-operation and willingness of staff to work to deliver the necessary improvements was recognised, but work was required to ensure this did not happen in future and that staff were being held to account where appropriate.

Some concerns were raised in relation to the locality model and the impact this had on partnership working across different care homes and services. The Committee also noted that team building and creating staff networks and mentors could assist in strengthening resilience and reducing the perception of care homes working in isolation.

The Committee agreed that the theme of the next meeting would be the assurance framework for care homes in order that the issues raised could be examined more broadly.

### **Decision**

- 1) To note the report and the verbal update provided on progress since the report was written.
- 2) To take limited assurance from the actions being undertaken to achieve the requirements set out in the Improvement Notice and implement sustainable improvement.
- 3) To note that the themed session at the next meeting would focus on the assurance framework for care homes.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **7. Whistleblowing Framework – Partner Organisations**

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The Committee considered a report on the whistleblowing policy and procedure for staff and individuals using the Health and Social Care Partnership services.

It was noted that both partner organisations had whistleblowing procedures in place and information was provided on the policies of the Council and NHS Lothian. As HSCP staff were employed by one of the partner organisations, there was not a combined approach to whistleblowing; however, it was proposed that a working group was established to develop a whistleblowing framework for the HSCP.

In relation to members of the public, concerns could be raised through the Scottish Public Services Ombudsman and the Care Inspectorate.

The Committee noted the importance of gathering feedback from staff and service users in order to prevent issues escalating. It was also suggested that during the development of a framework, consideration was given to whether the HSCP procurement requirements could include a requirement for a whistleblowing procedure to be in place.

### **Decision**

- 1) To acknowledge that there was an infrastructure for whistleblowing.
- 2) To agree to commission a workstream to develop a Partnership framework for whistleblowing taking account of partner organisations policies and processes.

(Reference – report by Head of Operations, Edinburgh Health and Social Care Partnership, submitted.)

## **8. Date of Next Meeting**

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The next meeting would be held on Thursday 23 April 2020.