



# Minute

## IJB Clinical and Care Governance Committee

**2.30pm, Thursday 11 November 2021**

Microsoft Teams

**Present:**

Richard Williams (Chair), Colin Beck, Helen FitzGerald, Martin Hill, Jacqui Macrae, Ian McKay

**In attendance:** Matthew Brass, Laura Calder, Gavin Cluckie, Tom Cowan, Helen Elder, Linda Irvine-Fitzpatrick, Linda Gibson, Mark Grierson, Mike Massaro-Mallinson

**Apologies:** Councillor Robert Aldridge, Councillor George Gordon, Allister McKillop

## 1. Minutes

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### Decision

To approve the minute of the meeting of the Clinical Care and Governance Committee held on 5 August 2021 as a correct record.

## 2. Annual Cycle of Business

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The annual cycle of business updated to November 2021 was presented to Committee. The ACOB was presented alongside a report which updated members on any amendments since the previous meeting and suggested deep dive topics for 2022.

Alongside the proposed deep dive topics laid out in the report, officers and members discussed further potential areas, which included:

- Clinical and care support in the community:
  - Clinical nursing
  - Primary care
  - Frailty services

- Sexual health services
- Non-clinical support
  - Public health
  - Care at home
- Community services in hubs
- Improving the cancer journey
- Mental health services
- Learning disabilities

These topics would be considered and where possible would be included in the revised Annual Cycle of Business presented at the next committee.

### **Decision**

- 1) To note the schedule of dates for 2022 as shown in the appendix.
- 2) To consider topics for deep dive discussions in 2022.

(Reference – Annual Cycle of Business, submitted)

### **3. Rolling Actions Log**

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The rolling actions log updated to November 2021 was presented to Committee.

### **Decision**

- 1) To agree to close the following actions:
  - Action 1 (1) – Self Directed Support
  - Action 3 – Edinburgh Alcohol and Drugs Partnership Update
  - Action 4 – Annual Cycle of Business

- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

### **4. Physical Disabilities**

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The Committee were presented with a report on the level of assurance across services delivered by Edinburgh Community Rehabilitation & Support Services (ECRSS) for people with a physical disability prior to and during the pandemic. The report also provided detail on the plans to maintain a moderate level of assurance, as well as long term ambitions to achieve and sustain a full level of assurance across physical disability services.

Members were made aware that the scope of the report was limited, and it covered a small part of the physical disability services provided in the community (ECRSS). Members noted the various other community and bed based physical disability care throughout Edinburgh that were not included in the report.

The impacts of the pandemic were noted, and members were encouraged that developments in technology and digital services – which had been accelerated as a result of Covid – had had a positive impact, for example, patients were now able to complete rehab in online group classes.

Despite the positive impacts, members rose concerns surrounding the negative impacts and associated risks arising from the pandemic. Most significantly, slippage in waiting times since the easing of restrictions was a concern for members. As the referral rate had returned to pre-pandemic levels, but the delivery was still under pandemic restrictions and hence capacity was still low, there was at least a four-week wait for a physiotherapist as a stroke patient. Members queried whether the plans in place – given current capacity – would reach the desired 0 waiting list in the immediate future, and raised concerns regarding the implications for the Edinburgh Integration Joint Board if the risk was not addressed and left to deteriorate.

### **Decision**

To refer the report to the Edinburgh Integration Joint Board to bring to their attention the concerns raised on the capacity of physical disability care provision and associated risk level if the recommendations of the report were not implemented.

(Reference – Report by the Disability Support and Strategy Manager, submitted)

## **5. Edinburgh Alcohol & Drug Partnership Update**

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The Edinburgh Drug and Alcohol Partnership (EADP) presented an update on their work to the Committee. The presentation sought assurance on the current governance and reporting of the EADP, their position in relation to national trends and challenges moving forward.

Members were encouraged by the position in relation to drug related deaths and – although noted one death was one too many – Edinburgh was currently below the national average and appeared to be stabilising.

The required funding to provide support for people for as long as required was progressing, with ongoing pressure being put on the Scottish Government as well as the commitment from the EIJB Chief Finance Officer to provide further support to the EADP through the financial plan. The operational delivery of services was also noted to be improving through factors such as the roll out of Buvidal.

### **Decision**

- 1) To take assurance that the ownership, oversight and management of the Partnership was suffice and any risks or challenges had already been identified.

- 2) To arrange a discussion offline for the Chair and Colin Beck to identify an appropriate time to report back to Committee on the impact of risk actions.

## **6. Update on Clinical and Care Governance Group**

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The Committee were presented with an update on the establishment of the EHSCP Clinical and Care Governance Group and Clinical and Care Governance Teams. The report also updated members on the arrangements in place to seek assurance from all services within the partnership through a standardised reporting framework.

### **Decision**

- 1) To note the update on the establishment of a Clinical and Care Governance Group and Clinical and Care Governance Team.
- 2) To note the arrangements for an assurance reporting framework to seek assurance from services within the partnership.
- 3) To consider the arrangements described and agree the provides satisfactory level of assurance.
- 4) To agree the proposal for an annual overview assurance report to be provided to the C&CG as well as any exception reporting in the interim.

(Reference – Report by the Chief Nurse, Edinburgh Health and Social Care Partnership, submitted)

## **7. Health and Safety Update**

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The Committee were presented with an update on the management of health and safety matters within the Partnership. The report updated members on the process of health and safety reporting within the Partnership and the assurance levels taken from Quarter 2 of the year (July – September 2021).

Officers verbally updated the report and amended 'limited' assurance to 'moderate' assurance taken in relation to manual handling in paragraph 5 of the report.

### **Decision**

To note the information provided in the report.

(Reference – Report by the Service Director for Operations, Edinburgh Health and Social Care Partnership, submitted)

## **8. Assurance Framework for Mental Health Services**

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The assurance framework for mental health services was presented to the Committee which gave members an oversight of Edinburgh-wide structures in place that were in place for mental health services operationally managed by different bodies.

Given the different organisations and personnel involved in a single patient journey through mental health services, members were assured that the standard of care provided was all to a shared city-wide standard.

### **Decision**

To arrange a discussion between leads of the different operational management bodies to collectively develop mental health service standards across Edinburgh.

## **9. Edinburgh Integration Joint Board Briefing Note – Suicide Prevention Briefing**

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A briefing note on suicide prevention was presented to the Committee which updated members on the background and key statistics surrounding suicide in Edinburgh. The briefing also updated members on the next steps to further improve suicide prevention work in the capital, which included a return to in-person training that had been delayed as a result of the pandemic.

Officers noted the table at paragraph 5 of the briefing should have stated there were 70 suicide deaths in Edinburgh in 2016, not the stated 7.

Members were encouraged that – given the pressures the pandemic has had on mental health – there did not seem to be a spike in suicide rates for the first part of 2021, although the situation was noted to be precarious.

### **Decision**

To note the update.

(Reference – Briefing Note by the Strategy and Quality manager, Edinburgh Health and Social Care Partnership, submitted)

## **10. Date of Next Meeting**

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The date of the next meeting was noted to be Thursday, 17 February 2022.