WL IJB Health and Care Governance Group

12 October 2021

ACTION NOTE

Present: Jo MacPherson (Chair), Rob Allen, Lesley Cunningham, Stevie Dunn, Sharon Houston, Yvonne Lawton, Karen Love, Alan McCloskey, Isobel Meek, Ann Pike, Mike Reid, Robert Telfer, Dania Wood, Linda Yule

Apologies: Elaine Duncan, Neil Ferguson, Carol Holmes, Agnes Ritchie James Steven Fiona Wilson Helena Wilson, Alison Wright

In Attendance: Elaine Barry (Note Taker)

Item	Discussion / Decision	Action	By Whom	By When
	JMacP welcomed KL, MR and DW to the Group.			
1.	**Minutes of Previous Meeting – 24/08/21** Agreed as an accurate reflection of the meeting.			
2.	**Matters Arising** <u>Update re: Local Working Group set up around MWC Authority to Discharge Report/Recommendations</u> Nick Clater had asked YL to lead on the work around training needs analysis and developing an action plan to take the training aspects forward. Good progress is being made. The SLWG has met a few times and plans are in place to progress training. MR will pick this up now and YL will link in with him regarding the progress that is being made. MR will give a further update regarding this and the other aspects of the action plan at the next meeting.	**MR**		
	JMacP asked how the training will be commissioned and Yvonne advised that she has someone in mind, who has previously been employed by WLC and is retained under bank arrangements, who would be able to deliver the training. YL is confident that this could be up and running relatively quickly. <u>Commissioned Services</u> To be deferred to next meeting when a presentation will be delivered by the Contracts and Finance Team Manager.	**YL**		
	<u>Health & Care Governance Report – Points of Note</u> To be discussed under Item 3.			

3. Health & Care Governance Report

IM and HW have been working together to look at areas of common interest to give assurance over standards of Heath and Care and have developed a draft report.

Complaints and their response rates are covered which is helpful to show performance, which has fluctuated. The number of complaints is not massively high, which is reassuring.

A way of measuring service user and patient satisfaction was looked at. There is a more systematic way of approaching this within Social Care. YL advised a note of caution when looking at this as the sample sizes are relatively low and some context would be useful when looking at satisfaction levels. This is an area which can potentially be looked at regarding how it can be developed going forward.

An attempt has been made to compare staff absence, based on the WLC and Health Board's targets

Regarding Health and Safety, the report details the number of incidents and the number that have been investigated. There is an inclusion, from the Health perspective, around the number of adverse advents resulting in harm, although the reporting mechanism is slightly different.

Regarding appraisals / review, there have also been some challenges reporting this, but YL felt it was important for the Group to see what is possible. It is noted that there is a new WLC system in place which is making reporting difficult currently.

Information on Mandatory Training is given, with qualification on what the information refers to.

YL acknowledged that the report is a work in progress and asked for comments around whether the group felt this is the kind of information that they would be looking for.

IM advised that the data is the same data (Quarter 2) as the previous report but that they have tried to take on board the comments last time regarding reducing the narrative. She also advised that further work is being done, e.g. on Health and Safety. HW will look at the Health system to check if there is a way of extracting information regarding what equates to an adverse event to allow them to find a way of gaining more comparative data moving forward. This will be similar for Mandatory Training. It is known that there is some mandatory training which is done in an integrated way, but they will look at a way of pulling the necessary information together.

AP asked, regarding service user and patient surveys, if it was known if the information gathered represented every service user / patient. IM explained that, due to Covid, it was a smaller sample but it still showed that people were happy with the service received and it represents the commitment of staff to try and support people in very difficult times. JMacP advised that, in future reports, it should be clear about the number of people the sample is

based on but the approach across most of the Social Policy services is that all users are encouraged / asked to complete but there will always be a certain number who will, and a number who won't.

Regarding complaints, LY wondered if it would be helpful for the report to give the percentage of the total number of complaints received that were upheld. IM agreed that this was something that could be looked at going forward.

SD asked if there was information on the nature of the complaints and IM informed him that there was. This had been in the previous report and that herself and HW were still looking at how they approach the reporting of this, in terms of the similarities between Health and Social Policy and reducing the narrative around it.

SD asked if complaints data is received from commissioned services. YL advised that complaints are looked at as part of the contract monitoring process. There are also arrangements in place to collate 'provider concerns'. It was stressed that these were not complaints but it was a mechanism for collating an overview of any issues that had been highlighted by staff and was used to identify patterns and any follow up required. SD added that commissioned services complaints data is, perhaps, something to be considered for the next report.

JMacP added that Social Policy does collate learning from complaints and the actions arising from that learning, as opposed to just looking at figures and processing, etc.

RA advised that there is a possibility for officers to provide the narrative around what the learning is from complaints and what the themes are. Within Community Care, there is a separate report which details what the individual issues are but, quite often, there is no particular theme to identify, but this is monitored. The numbers of complaints are quite low and, as a result, upheld / partially upheld complaints are low as well. Regarding complaints, AP asked if whistleblowing activity would be recorded in the report. IM advised that it could be a possibility but thought would need to go into how this information could be presented. It would be important to ensure that situations and individuals were not easily identifiable given the low number of cases.

Regarding Health & Safety, YL advised that Health has an Incident Management Group which LY now chairs and which sits below the HSCP Health and Safety Committee. Incidents / trends are reviewed and learning is shared with teams.

IM welcomed the feedback that the report has progressed and advised that there is an iterative process in relation to looking for synergies and ensuring comparative data is being looked at. She explained that there is a lot still requires to be done in relation to explanations, trend analysis and how the narrative is included without it becoming too long a report. IM / HW will take the suggestions on board and IM thanked the Group for their input. JMacP thanked IM / HW for their work on this.

4. Health & Care Governance Report (Acute)

Deferred to the next meeting.

5. Care Inspectorate – Inspectorate Grades

YL wondered if it would be possible to summarise the Inspectorate grades. This is already done for the Annual Report for the IJB for the delegated services and there used to be a report that summarised some of this but that may no longer exist. YL asked if that would be useful to bring to this Group. YL advised that work needs to be done on how the Group can be sighted on Contract Monitoring, Care Inspectorate and Mental Welfare reports, alongside the performance report to see how that could be reflected. This will be picked up at the next meeting. **YL**

IM raised that, this year, it had been decided to have additional meetings of the Health and Care Governance Group. It would be helpful for IM / HW to know how many times a year the Group will meet so that so that the reporting period can be looked at and they can plan as best they can, as the data they collate is taken in many timeframes. There may always be a lag in terms of the when the information is published.

JMacP / IM to meet to look at the schedule of meetings and email a proposal to the Group. **JMacP / IM**

6. Annual Chief Nurse Annual Report

Due to the short amount of time LY has been in post as Chief Nurse, she did not have a report to circulate but is happy to hear feedback from the Group of what would be helpful for them to understand to allow her to develop the Chief Nurse report.

LY gave a verbal update: -

- Adult Mental Health Wards in St John's Hospital have introduced the HEPMA (Hospital Electronic Prescribing & Medicines Administration) system. It has been challenging as it requires all staff to have access to Trak and electronic devices, but the Team have worked really hard and it is up and running which is positive news for patient safety.

- LACAS (Lothian Accreditation Care Assurance Standards) Model Work is ongoing, which has been embedded in the HBCCC units, who are about to enter their third iteration of that assurance review. Baillie Wing is currently sitting at silver. There have been initial discussions regarding rolling out to Older People's Mental Health wards.

- Care home assurance work is ongoing and, Lothian-wide, they are looking at reviewing the assurance tool and there is a quality team which is starting to work with care homes to help develop their own quality improvement plans.

- From a safe staffing perspective, a national workload tool was meant to be running between October, for community teams, and November, for inpatient areas, but due to current staffing pressures, NHS Lothian have decided to delay. Consideration is being given to whether West Lothian could progress it independently.

- Recruitment has been very difficult but is improving, particularly within mental health, where the vacancy gap has greatly reduced. There are still some posts in community which are difficult to recruit to, around the smaller hours contracts, but work is ongoing, and it is an improving picture.

JMacP / IM to discuss whether it would be helpful to have update regarding staffing, especially critical roles if there aren't sufficient people to fill them, as this creates care and quality issues. **JMacP / IM**

JMacP will bring her Chief Social Work Officer report, which will be going to the IJB in January, to the next meeting of the Group. **JMacP**

7. Medication Advisory Group Report

RA has taken over as Chair of the Medication Advisory Group, following Pamela Main's retiral. Meetings are to be scheduled and RA will give updates from these meetings to this group.

RA gave an update regarding the review of the Medication Policy. This has been concluded and was presented to the Council Executive on 07/09/21, where it was agreed.

JMacP suggested that it may be useful, at a later date, to have an update on the electronic medication management system which has been introduced in some of the Older People's care homes. **RA**

AP asked if any consideration has been given, within the policy, to the number of carers who administer medication at home and the safety around their capacity and ability to administer that medication. RA will contact AP to discuss this outwith the meeting. **RA / AP**

8. AOCB

DW advised that Fiona Huffer will take up post as Chief Allied Health Professional (AHP) next week. DW will pass on the meeting details to Fiona, who will produce a report, when required, regarding the assurance and governance around Allied Health Professions to allow the group to be sighted on all of that work.

9. Date of Next Meeting

17/12/21 1200 – 1300 MS Teams