



**Minute of Dumfries and Galloway
Integration Joint Board Clinical and Care
Governance Committee meeting held on
7th February 2019**

For Approval

Minute of the Dumfries and Galloway Integration Joint Board Clinical & Care Governance Committee meeting held on 7th February 2019 at 1:00pm in Meeting Room 6, Mountainhall Treatment Centre, Dumfries, DG1 4AP.

Voting Members Present:

Grace Cardozo	(GC)	NHS Voting Member - Chair
Ian Carruthers	(IC)	Local Authority Voting Member
Ros Surtees	(RS)	Local Authority Voting Member

Non Voting Members Present:

Lillian Cringles	(LC)	Chief Social Work Officer
Eddie Docherty	(ED)	Registered Nurse Practitioner
Julie White	(JW)	Chief Officer

In Attendance:

Claudine Brindle	(CB)	Manager, Dumfries and Galloway Carers Centre
Grahame Clarke	(GC)	Alcohol and Drug Partnership Coordinator
Jackie Davies	(JD)	Alcohol and Drug Partnership Coordinator
Ann Farrell	(AF)	Staff Side Representative
Andy Ferguson	(AF)	Vice Chair of Integration Joint Board
Hannah Green	(AM)	Office Administrator
Penny Halliday	(PH)	Chair of Integration Joint Board
Jane Maitland	(JM)	Local Authority Voting Member
Jim McColm	(JMc)	Unpaid Carers Representative
Linda Owen	(LO)	Strategic Planning and Commissioning Manager
Maureen Stevenson	(MS)	Patient Safety and Improvement Manager
Alice Wilson	(AW)	Deputy Nurse Director

1. APOLOGIES FOR ABSENCE

Apologies were received from Lesley Bryce and Ken Donaldson

2. MINUTES OF THE PREVIOUS MEETING 29th November 2018

The minutes were agreed as an accurate record.

3. AGREED ACTIONS FROM THE PREVIOUS MEETING

The actions were agreed as an accurate record and will be updated accordingly.

4. WHAT SUPPORT MEANS TO CARERS

A Scotland wide report on Health and Care Experience (HACE) is produced every two years. As a result of deterioration in the number of carers who felt supported in their caring role, a further survey was undertaken locally to better understand needs of carers.

387 individuals participated in the Dumfries and Galloway Carers Survey 2018 which identified 3 key actions.

JW thanked LO and CB for this report as the annual review demonstrated a reduction in our performance regarding carers feeling supported, so it was positive to recognise that the figures have since risen.

LO provided an update of all the training that is available for any Carers. GC requested reassurance that Dumfries and Galloway Carers Centre are engaging with ethnic minorities regarding being Carers. LO advised that with regards to ethnic minorities, there are some languages where there is not a word for Carer.

RS stated that the Council have a policy regarding employees being carers, and LO confirmed that the NHS have a section within the special leave policy that documents rights for carers.

A report will be brought back to the next meeting in May from both the NHS and the Council detailing how each organisation has implemented carer obligations for employees that are recognised as carers. LC will provide the report from the Council & LO will liaise with Caroline Sharp to provide the NHS report.

Committee Members:

- **Noted the results of 'What supported means to Carers' (see appendix 1)**
- **Approved the three proposed 'key actions identified by the Carers Programme Board to increase the percentage of Carers who feel supported.**

5. DUMFRIES AND GALLOWAY ALCOHOL AND DRUG PARTNERSHIP REPORT 2018/19 – 4 MONTHLY UPDATE

All Alcohol and Drug Partnerships (ADP) are accountable to their local Integration Joint Board (IJB) and are required to ensure that the Integration Joint Board have oversight of the workstreams and plans being proposed.

GC and JD provided an overview of this paper. GC highlighted that there has been a challenge with Alcohol Brief Interventions (ABIs) numbers for the past 3 years, as they have been lower than the national targets. GC reflected that this is also the case nationally, not just within our region. GC provided assurance that there is a plan in place to discuss this issue with the GP sub group and Accident and Emergency to see if they can reintroduce ABI's, and to consider if Locality Managers can do the same within the community. It has also been recognised that Alcohol Liaison Nurses may be able to support delivery of this target.

PH queried whether the committee could have sight of service user feedback regarding this service. JD confirmed that service evaluations take place annually and it was agreed that this information would be shared with the committee.

GC and JD will provide a further update in 4 months time, and will aim to benchmark our figures against a similar area within Scotland.

Committee Members:

- **Noted the ongoing achievement of the LDP standard for Waiting Times for drug and alcohol recovery services**
- **Noted the ongoing challenge to meet the LDP standard for Alcohol Brief Interventions (ABI)**
- **Noted the monitoring of Injecting Equipment Provision, Drug Deaths and Naloxone provision**

6. PATIENT SERVICES REPORT – COMPLAINTS AND FEEDBACK

This paper provides an overview of feedback and complaints submitted to NHS Dumfries and Galloway and outlines complaints performance for September and October 2018.

Committee Members:

- **Discussed the NHS Board's complaints performance for September and October 2018 including key feedback themes and details of the resulting learning and improvements**
- **Noted the key messages:**
 - **The Board continue to face challenges and compliance with complaint timescales**

- **Responsible Managers, Feedback Coordinators and Patient Services are working to address compliance issues**

7. PATIENT SERVICES REPORT – SPIRITUAL CARE, VOLUNTEERING AND PATIENT CARER INFORMATION

This paper provides an update on the progress and activities of the Patient Services team related to Spiritual Care, Volunteering and Patient and Carer information for the period of September and October 2018.

Committee Members:

- **Discussed the report**
- **Noted the progress within Spiritual Care and Volunteering**

8. MENTAL WELFARE COMMISSION REPORT AND RECOMMENDATIONS: PEOPLE WITH DEMENTIA IN COMMUNITY HOSPITALS – UPDATE

This paper presents an update for Clinical and Care Governance around the progress on the recommendations.

AW confirmed that the Mental Welfare Commission Report and Recommendations paper was published in May 2018 that Clinical and Care Governance Committee received a report in July 2018. The paper presented today provides a 6 monthly update.

AW advised that 4 cottage hospitals have achieved their bronze status in Care Assurance and that Newton Stewart hospital have achieved their silver award.

The Dementia Nurse Consultant has been working alongside current Dementia Champions to help them deliver training in their places of work to other members of staff.

AW notified the committee that it costs approximately £12,000 for an external 2 yearly dementia design audit to take place. It is unlikely that there is anyone internal to the Partnership who could undertake this audit.

It was agreed that after scrutiny from the committee, that the recommendation to retain 2 yearly external design audits will need to be considered by the IJB.

Committee Members:

- **Discussed the feasibility and likely outcome of 2 yearly dementia design audits and agreed that this decision should be remitted to the IJB.**

9. PROGRESS UPDATE – CARERS ELIGIBILITY FRAMEWORK

The IJB requested that a six month update on progress on implementation of the Carers Eligibility Framework be provided to the Clinical and Care Governance Committee

LO and CB advised that this paper has been prepared to provide assurance to the Committee that the Framework is operating in accordance with the agreed plan.

Committee Members:

- **Noted the progress made in implementing the Carers Eligibility Framework**
- **Noted the impact of the Carers Eligibility to date**

10. DUTY OF CANDOUR

Duty of Candour provisions will apply when there has been an unexpected or unintended event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care.

MS provided an up to date summary of within the NHS where the current position is with the implementation of Duty of Candour. Provisions are in place around Duty of Candour, as a result of care and treatment received.

Appendix 1 has been sent to the Performance Committee twice and Area Clinical Forum.

Appendix 2 is a paper that has been sent to Social Work Services Committee which outlines the current position within the Local Authority.

The Board require assurance that the work around Duty of Candour will be aligned across both parties.

At the next meeting, Heather Collington and Maureen Stevenson will bring back a paper each regarding Duty of Candour progress / update within their individual organisations.

Committee Members:

- **Discussed and noted the Duty of Candour Implementation plans for health and social care.**
- **Considered Governance Arrangements for the Partnership.**
- **Agreed that Future paper to come to Clinical and Care Governance Committee regarding progress in implementing Duty of Candour to across the Partnership.**

11. HEALTHCARE ASSOCIATE INFECTION

This Healthcare Associate Infection surveillance and harm reduction activity report supports the implementation of the Healthcare Quality Strategy.

Committee Members:

- **Received the Healthcare Associated Infection report and noted in particular the position of NHS Dumfries and Galloway with regard to the Staphylococcus aureus bacteraemia (SAB) and Clostridium Difficile infection (CDI) Local Delivery Plan targets in relation to other NHS Boards.**

12. REVIEW OF DAY SERVICES FOR OLDER PEOPLE

LO provided a verbal update. As part of the Healthy Ageing Programme Board, LO is converting a group to look at visioning and will be looking at all day care and day centre providers within the region. This is alongside work that is required to support the current organisations to have up to date contracts. The intention is that same outcomes apply to all 9 day centres within Dumfries and Galloway. The recommendation is that the Committee support this progress regarding day centres.

JW advised that a paper was produced in November 2018 highlighting the day centre resources that are currently available. How are day centres commissioned for them to deliver what is required? What do we think the model should look like in 5 year to support individuals in the community that require support though out the day?

The long term strategy for Day Services will be presented to Clinical and Care Governance Committee in autumn 2019.

13. MINISTERIAL STRATEGIC GROUP – REVIEW OF INTEGRATION

The role of the Workshop is to provide members with clarity on the purpose of this committee and relate this to the recommendation of the MSG.

Lillian's presentation (attached)

The Chief Social Worker role is required to be managed within the Council. A diagram is illustrated in the presentation of the agreed partnership. JW advised that she is now invited to Social Work Committee meetings 3 times per year to provide feedback from the C&CG Committee as they require assurance regarding the quality and the safety of Social Work Services across the region.

Eddie's presentation (attached)

ED's responsibilities are to scrutinise the safe and effective person centred care within the Board and to report this through appropriate channels. ED will provide assurance to the committee that suitable scrutiny is taking place, delivered and that clear rigour is applied to the quality and safety of NHS Services.

As professional leads, what level of assurance is required to come back to this committee? HG to arrange a meeting involving Ken, Lillian, Eddie, Julie, Grace and Ros to look at the rolling agenda matrix etc.

HG to circulate document from Lillian – C&CG in Integrated Health and Social Care Services Appreciative Inquiring Output.

It was agreed to start reflecting at the end of each committee meeting whether the agenda has been appropriate. The following topics have been deemed as appropriate:

- Realistic medicine
- Infection Control
- Patient Safety
- Community Engagement
- Health and Inequalities – to be discussed further

HG to liaise with Margaret to obtain the matrix from Healthcare Governance which could be adapted for this Committee. ED and LC will develop an SBAR.

Terms of Reference will be discussed at the next meeting.

14. AOCB

- Palliative End of Life Care – PH has requested the IJB to have a workshop as a priority.
To be discussed at a later date.

15. Date of next meeting

The next meeting will be held on the 2nd May 2019 at 2:00pm, Venue TBC