

Clinical and Adult Social Work Governance Committee Report to Aberdeenshire Integrated Joint Board

Purpose of Report

This report updates the Aberdeenshire Integrated Joint Board on the key issues arising from the Clinical and Adult Social Work Governance (CASWG) Committee meeting on 10th March 2022 and the additional Committee meeting on the 8th April 2022.

Recommendations

The Board is asked to note the following key points and assurances from the Committee in relation to governance matters.

Meeting Minute of 10th March and 8th April 2022

The minutes will be approved for accuracy at the next committee meeting on the 9th June 2022 (Appendix 1 & 2 – Meeting Agenda).

Storm Response – Verbal update

Chris Smith, Chief Finance and Business Manager, advised the Committee of the lessons learned, areas of good practice and the main themes from the lessons learned. In the aftermath of Storms Malik and Corrie, there were further areas that were identified as working well. Chris advised he will bring forward to the next meeting a detailed report covering all the debriefs from across all the main bodies including the Scottish Government.

Chris also reported the Health and Social Care Partnership will be reinstating the Risk and Resilience Group, which will be chaired by Chris with representation from all of the partners required, the plan is to meet quarterly and the meetings will be split between updates for those involved and a training session. The Group will also be the point of contact to make sure they are picking up the lessons learned in the action plans from the storm debriefs and also reporting to Senior Management Team on the progress of the actions.

A more detailed written report will be presented to the Committee in June.

Risk Register and Risk Assurance

Chris Smith, Chief Finance and Business Manager, presented the report and highlighted that the risks are identified by type and there are 25 risks on the register. Assurance was given that all risks have been managed and have a range of supporting plans, reports or evidence of progress to mitigate the risk. There are no very high or severe risks at this time. A new risk has been added when the G-OPES approach to managing the significance and complex pressures and the system was instigated. The Committee were assured that the steps laid out are sufficient to capture and manage risks

Care Home Clinical and Care Professional Oversight Group

Geraldine Fraser, Central Partnership Manager, presented the report which highlighted the arrangements in place in relation to managing the risk and quality of care in the Care Homes and Very Sheltered Housing. The nurse's assurance team has expanded and now includes a Care Home Dementia Team Lead



Nurse, and the assurance visits continue to monitor the situation and support where necessary. At present there are 2 large scale investigations through the Adult Support and Protection Network involving Care Homes and which are welcomed and are due to be concluding soon. The Care Home nurses have been carrying out assurance visits and last week visited 26 homes, so the assurance is there that they are very much present and seeing how things are on the ground. The committee members sought additional information relating to the rights and access for families to visit, especially in relation to residents with dementia. These items will be discussed as part of the agenda for the next Committee meeting in June. The Committee were assured that the steps laid out in the Risk Management section sufficiently mitigated the risk.

CASWG Committee Terms of Reference - Update

Geraldine Fraser, Central Partnership Manager, presented the report to the Committee on the proposed changes to the Committee's Terms of Reference that had been highlighted on previous discussions with the Committee and latterly the CASWG Group. The amendment to the Terms of Reference, and proposed alterations to the Business Planner were discussed by the Committee. The Committee considered and endorsed the updated Terms of Reference for the Clinical and Adult Social Work Governance Committee and agreed to seek approval of the updated CASWG Committee Terms of Reference from the IJB. Subject to IJB approval, the Committee agreed to ask the IJB to appoint additional members required to achieve the full compliment of Membership detailed in the amended Terms of Reference

Priority CASWG Committee meeting – 8th April 2022

The update report from this meeting was circulated to the members of the IJB 14th April 2022 (Appendix 2 – Meeting Agenda and IJB Report).

Rachael Little

Chair – Clinical and Adult Social Work Governance Committee

9th May 2022

Appendices

Appendix 1 – Meeting Agenda – CASWG Committee – 10th March 2022

A G E N D A

1.	Welcome / Introductions & Apologies
2.	Minute Approval – Item 2 attached
3.	Storm Response – Verbal Update – Chris Smith
4.	Risk Register and Risk Assurance – Lynn Boyd - Item 3a & 3b attached
5.	Care Home Clinical and Care Professional Oversight Group – Shona Omand-Smith – Item 4 attached
6.	Terms of Reference Update – Geraldine Fraser – Item 5 attached
7.	AOCB

A G E N D A

1.	Welcome / Introductions & Apologies
2.	Grampian Operational Pressure Escalation System (G-OPES) – Assurance Framework – Items 2 & 3 attached

Clinical and Adult Social Work Governance Committee Briefing to Aberdeenshire Integrated Joint Board

Purpose of Briefing

This briefing updates the Aberdeenshire Integrated Joint Board on the key issues arising from the Priority Clinical and Adult Social Work Governance (CASWG) Committee meeting on 8th April 2022.

Recommendations

The Integration Joint Board is asked to note the following key points and assurances from the CASWG Committee in relation to continued Grampian Operational Pressure Escalation System (G-OPES) Level 4 reporting.

Priority CASWG Committee meeting – 8th April 2022

On Wednesday 16th March 2022, Aberdeenshire Health & Social Care Partnership (HSCP) began reporting at G-OPES Level 4. Reporting at this level continued until 11th April 2022. In line with the CASWG Terms of Reference duty, “Escalate to the IJB any clinical and care governance risk that is not adequately mitigated by the control measures identified” and the Assurance Framework for G-OPES Reporting, briefings were circulated to members of the Committee and a priority meeting was scheduled after 21 days of sustained Level 4 reporting. The following agenda items were discussed by the Committee with Officers providing assurances related to the ongoing G-OPES Level 4 service pressures and the work being undertaken to mitigate these.

1. Un-met need within the Care at Home Service

- A range of providers are struggling to provide care for the Partnership and handing back hours resulting with in-house service having to respond and causing a ripple effect on other parts of the system.
- The increased level of unmet need, as well as the complexity of the unmet needs, means there is a risk that individuals will deteriorate and need intensive support within hospital, being delayed in discharge from community hospitals or requiring higher levels of support in the community.

Measures taken to resolve un-met need within the Care at Home Service

- Staff are continually risk assessing and providing assurance around managing risk for individuals.



- Daily review on an operational basis by the Care at Home Oversight Group to assess capacity, planning and recruitment.
- Ongoing recruitment campaign looking to recruit and make an attractive place for providers to recruit into also
- Medium term planning includes exploring different ways of working and using a re-enablement approach.
- The project planning with Aberdeenshire Voluntary Action (AVA) around support with discharges is ongoing and we will be exploring whether this can be accessed by individuals in the community.

2. Management of Covid-19 outbreaks in Care Homes

- A high number of staff are absent from work due to Covid-19 outbreaks, from 13th April 19 older people and 2 Mental Health & Learning Disabilities (MH & LD) care homes being affected.
- A high number of Covid-19 cases in residents is also being managed, from 13th April 9 older people and 2 MH & LD care homes being affected.
- Six Care Homes are closed due to effects of Covid in conjunction with Public Health as they are deemed unsafe to remain open for admissions.
- Five Care Homes open with control measures and can only admit in a staged phased process.
- Occupancy of Care Homes is currently at 91% occupancy.

Measures taken to resolve management of Covid-19 outbreaks in Care Homes

- Daily support being provided from the Care Assurance Team in the Care Homes with significant outbreaks.
- Mutual aid requests being made to Aberdeen City and Moray, although this has been unsuccessful.
- A multi-disciplinary approach and daily reviews provided by the Enhanced Professional and Clinical Oversight Group.
- Support to Care Home Managers from the Care Home Strategic Lead.

3. Community Hospital Outbreaks and Staffing Fragility

- Community hospitals were managing Covid-19 outbreaks which resulted in wards being closed to admissions.
- Currently all wards are open again across Aberdeenshire.
- One ward operating below full capacity due to staffing and work is ongoing around staffing profile with support being sought for Registered Nurses (RGNs) and Health Care Support Workers (HCSWs).
- Staffing fragility is a national issue and some vacancies were listed pre-pandemic and on exiting the pandemic the issue in Aberdeenshire has been further highlighted.
- Concerns with staff health and wellbeing due to increasing staff absences. It should be noted that all staff are being encouraged to take their annual leave, and this has likely impacted on pressures in the services.

Measures taken to resolve Community Hospital Outbreaks and Staffing Fragility

- Daily bed huddle attended by Senior Charge Nurses (SCNs) and large number of Location Managers and Partnership Managers.
- Close working with SCNs in providing Aberdeenshire support.



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- Ongoing recruitment in all skills such as nursing, Allied Health Professionals (AHPs) etc.
- Highlighting innovation and looking at roles where there are challenges and look at a redesign and work in a slightly different way or training/develop staff, for example advanced practice.
- Medium Term planning is focussed on workforce redesign and looking at roles, refreshing workforce and training group citing an average of 50 whole time equivalent (WTE) nursing vacancies.
- Constant innovation and looking at skill mix and skills sets highlighting the work within Musculoskeletal (MSK) and First Contact Physiotherapy. In particular, the Physiotherapy service, where there is a national shortage, with support from Finance, have been able to fill temporary posts permanently to recruit and retain Band 5.

Officers provided assurance they were continuing to seek short, medium and long term solutions for the deactivation of the crisis response. Officers also advised that reporting at G-OPES Level 4 was likely to continue although on Monday 11th April the G-OPES Level was moved to 3.

Rachael Little

Chair – Clinical and Adult Social Work Governance Committee

13th April 2022