

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health & Social Care Partnership Board

**Date:** Thursday, 25 February 2021

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**Time:** 14:00

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**Format:** Zoom Video Conference

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**Contact:** Nuala Borthwick, Committee Officer  
[Nuala.borthwick2@west-dunbarton.gov.uk](mailto:Nuala.borthwick2@west-dunbarton.gov.uk)

### Dear Member

Please attend a meeting of the **West Dunbartonshire Health & Social Care Partnership Board** as detailed above.

The Convener has directed that the meeting will be held by way of video conference and Members will therefore attend the meeting remotely.

The business is shown on the attached agenda.

Yours faithfully

**BETH CULSHAW**

**Chief Officer of the Health  
& Social Care Partnership**

**Distribution:-**

**Voting Members**

Allan Macleod (Chair)  
Denis Agnew  
Marie McNair  
John Mooney  
Rona Sweeney  
Audrey Thompson

**Non-Voting Members**

Barbara Barnes  
Beth Culshaw  
Jonathan Hinds  
Chris Jones  
John Kerr  
Helen Little  
Diana McCrone  
Anne MacDougall  
Kim McNab  
Peter O'Neill  
Selina Ross  
Julie Slavin  
Val Tierney

Senior Management Team – Health & Social Care Partnership

Date of issue: 18 February 2021

# WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

THURSDAY, 25 FEBRUARY 2021

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

**3 (a) MINUTES OF PREVIOUS MEETING 5 - 13**

Submit for approval as a correct record the Minutes of Meeting of the Health and Social Care Partnership Board held on 26 November 2020.

**(b) ROLLING ACTION LIST 15 - 17**

Submit for information the Rolling Action list for the Partnership Board.

**4 VERBAL UPDATE FROM CHIEF OFFICER**

The Chief Officer will provide a verbal update on the recent business of the Health and Social Care Partnership.

**5 VACCINATION PROGRAMME 19 - 22**

Submit report by the Head of Health and Community Care providing an update on the arrangements to deliver the Vaccination Programme.

**6 FINANCIAL PERFORMANCE UPDATE 2020-2021 (To Follow)**

Submit report by the Chief Financial Officer on the above.

**7 CONSULTATION ON PROPOSED AMENDMENTS TO MODEL CODE OF CONDUCT 23 - 57**

Submit report by Chief Officer – Regulatory and Regeneration providing information on a consultation paper produced by the Scottish Government on proposals for amendments to the Model Code of Conduct.

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**8 UNISON’S ETHICAL CARE CHARTER 59 - 65**

Submit report by the Head of Strategy and Transformation presenting an update on Unison’s Ethical Care Charter implementation in West Dunbartonshire Health and Social Care Partnership.

**9 UPDATE ON THE IMPLEMENTATION OF ELIGIBILITY CRITERIA FOR ADULT SOCIAL CARE 67 - 73**

A presentation will be provided by John Burns, Senior Improvement Lead, Strategy – Planning and Health Improvement on the implementation of eligibility criteria for Adult Social Care on 1 April 2021.

In this regard, submit report by the Head of Strategy and Transformation providing an update on preparatory activity ahead of the implementation of eligibility criteria for Adult Social Care on 1 April 2021, including preliminary findings in relation to potential impact of same.

**10 IMPROVEMENT ACTION PLAN FOR JUSTICE SERVICE: UPDATE ON ACTIVITY 75 - 82**

Submit report by the Head of Children’s Health, Care and Justice to provide an update to the Board on activity surrounding the Improvement Action Plan for Justice Service.

**11 MINUTES OF MEETINGS FOR NOTING 83 - 126**

Submit for information, the undernoted Minutes of Meetings:-

- (a) Minutes of Meetings of the Joint Staff Forum held on 22 October 2020;
- (b) Minutes of Meeting of the Joint Staff Forum held on 19 November 2020;
- (c) Minutes of Meeting of the Joint Staff Forum 3 December 2020;
- (d) Minutes of Meeting of the Joint Staff Forum 17 December 2020;
- (e) Minutes of Meeting of the Joint Staff Forum held on 14 January 2021;
- (f) Minutes of Meeting of the Joint Staff Forum held on 28 January 2021;
- (g) Minutes of Meeting of the Clinical and Care Governance Forum held on 25 November 2020; and
- (h) Minutes of Meeting of the Clinical and Care Governance Forum held on 27 January 2021.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

At a Meeting of the West Dunbartonshire Health & Social Care Partnership Board held via Video Conference on Thursday, 26 November 2020 at 2.00 p.m.

**Present:** Bailie Denis Agnew and Councillor John Mooney, West Dunbartonshire Council; Allan MacLeod, Rona Sweeney and Audrey Thompson, NHS Greater Glasgow and Clyde Health Board.

**Non-Voting Members:** Beth Culshaw, Chief Officer; Barbara Barnes, Co-Chair of the West Dunbartonshire HSCP Public Engagement Network for the Alexandria & Dumbarton area; Jonathan Hinds, Head of Children's Health, Care & Criminal Justice/Chief Social Work Officer; John Kerr, Housing Development & Homelessness Manager; Helen Little, MSK Physiotherapy Service Manager; Kim McNabb, Service Manager, Carers of West Dunbartonshire; Anne MacDougall, Co-Chair of WD HSCP Public Engagement Network for the Clydebank area; Peter O'Neill, WDC Staff Side Co-Chair of Joint Staff Forum; Selina Ross, Chief Officer – WD CVS; Julie Slavin, Chief Financial Officer; and Val Tierney, Chief Nurse.

**Attending:** Margaret-Jane Cardno, Head of Strategy and Transformation; Jo Gibson, Head of Health and Community Care; Marie Rooney, Interim Head of Mental Health; Fraser Downie, Integrated Operations Manager; Jennifer Ogilvie, HSCP Finance Manager; Andi Priestman, Chief Internal Auditor; John Burns, Service Improvement Lead; Linda Butler, Strategy & Transformation; Nigel Ettles, Principal Solicitor and Nuala Borthwick and Lynn Straker, Committee Officers.

**Also Attending:** Gemma McNally, Auditor, Audit Scotland and Stephen Rankin, Strategic Inspector, Care Inspectorate.

**Apologies:** Apologies for absence were intimated on behalf of Councillor Marie McNair, Diana McCrone, NHS Staff Side Co-Chair of Joint Staff Forum and Saied Pourghazi, Clinical Director for the Health & Social Care Partnership.

**Mr Allan MacLeod in the Chair**

## **CHAIR'S OPENING REMARKS AND VARIATION IN ORDER OF BUSINESS**

The Chair, Allan MacLeod, welcomed everyone present to the meeting and thereafter, it was agreed that the business for the meeting would be varied as hereinafter minuted.

### **DECLARATIONS OF INTEREST**

It was noted that there were no declarations of interest in any of the items of business on the agenda.

### **MINUTES OF PREVIOUS MEETING**

The Minutes of Meeting of the Health & Social Care Partnership Board held on 23 September 2020 were submitted and approved as a correct record.

### **ROLLING ACTION LIST**

Having heard the Chair, and following review of the Rolling Action List, the Board agreed that the undernoted three items be closed off having been completed and thereafter the action list updated:-

- Local Code of Good Governance – from HSCP Board meeting held on 25 June 2020
- Draft Unscheduled Care Commissioning Plan – from HSCP Board meeting held on 25 June 2020
- WD HSCP Covid 19 Recovery Planning Update – 23 September 2020

### **VERBAL UPDATE FROM CHIEF OFFICER**

The Chief Officer provided a verbal update on the key issues facing the Health & Social Care Partnership at present in relation to Covid-19 and particularly during the current Tier 4 restrictions to ensure all appropriate measures including risk assessments and health and safety measures were in place to minimise risk to the Partnership Board and to the local population.

The Partnership Board noted the following key points:-

- That Covid-19 infection rates across the area had been moving in a steadily downward direction over the last 2-3 weeks and that infection rate was currently at 91.08 per 100,000 population.
- That the Partnership continued to provide access to testing in the mobile testing unit in Dumbarton and the local testing site in Old Kilpatrick and that both facilities continue to be well used.

- That performance in relation to care homes continued to be a key focus of work within the Partnership. There continued to be daily contact with commissioning and nursing teams to consider issues of what was happening in each home, i.e. any issues of infection amongst residents or staff, any issues in relation to infection control and PPE.
- On a weekly basis, officers continued to meet with the Care Inspectorate and colleagues from Public Health to go through a RAG status (Red, Amber and Green) in relation to each care home. The status is determined by a number of factors but is predominantly driven by whether or not there is infection within the home either through residents or staff. The most recent assessment had been on Tuesday, 24 November 2020 with the meeting chaired by Val Tierney, Chief Nurse and that there had been four amber homes within West Dunbartonshire. It was noted that eight were green and four were amber due to a small number of infections within the care homes.
- The Partnership continues to consider the impact of lack of visiting within the care homes and that visiting during Tier 4 was not within the current guidance. Updated guidance in relation to visiting at Christmas was anticipated to ensure, if at all possible, residents could get to see their families at Christmas. However there was a careful balance to be struck between allowing visiting and the risk of infection in care homes.
- It was noted that work was being finalised on the new care home at Queen's Quay and it was hoped that residents would be moved in to that new facility shortly before Christmas. However discussions were ongoing with colleagues in public health, health and safety and the Care Inspectorate in relation to this work.
- That early plans were being developed in relation to a Covid-19 vaccination programme and that the model used for flu vaccination in the area, which had been very successful, was planned for the Covid-19 vaccination.
- That to date, over 1,300 staff within the Partnership had been vaccinated against flu and that at present, WD HSCP had the highest rate of flu vaccination for staff in the health board area;
- That the Chief Officer was very pleased to report that Fiona Baxter, a local member of staff at Bruce Street Disability Centre, had been shortlisted as a finalist in the Scottish Health Awards in the category of 'Healthier Lifestyle' and wished Fiona well in the finals in early December.
- To note that it was national Carers Rights Day and a very important day to acknowledge all contributions made by both formal and informal carers within the Partnership and across the West Dunbartonshire area. The pandemic had highlighted in particular the importance of everyone playing a part in contributing to the care of the local community.

Following discussion and having heard the Chief Officer in answer to questions from Members, the Chair thanked the Chief Officer and all staff of the Partnership Board for their continued hard work in delivering services adding that recent positive news of the suite of vaccines was very encouraging for everyone. In response to one of the questions from Members, the Chief Officer undertook to provide a weekly update to Members on the Covid-19 statistics for West Dunbartonshire.

## **2020/21 FINANCIAL PERFORMANCE AND UPDATE REPORT**

A report was submitted by the Chief Financial Officer providing an update on the financial performance for period 6 up to 30 September 2020 and the projected out turn position to 31 March 2021.

After discussion and having heard the Chief Financial Officer in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve the formal confirmation from NHS Greater Glasgow and Clyde Health Board (NHS GGC) of the 2020/21 recurring budget contribution of £96.141m for delegated health care services and £30.395m for set aside;
- (2) to note the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHS GGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
- (3) to note the revenue position for the period 1 April 2020 to 30 September 2020 was reporting an overspend of (£1.162m) (1.48%);
- (4) to note the Covid-19 cost for the period 1 April 2020 to 30 September 2020 was £4.606m and that Covid-19 funding received to date equated to £3.043m with a further allocation in process;
- (5) to note the projected outturn position of £2.104m underspend (1.2%) for 2020/21 if the projected costs of Covid-19 are fully met by the Scottish Government;
- (6) to note that the projected costs of Covid-19 were currently estimated to be £6.931m;
- (7) to consider the financial risk to the HSCP if Covid-19 costs were not fully funded which could trigger the need to revisit 2020/21 funding priorities and approved savings programmes;
- (8) to note the update on the capital position and projected completion timelines; and
- (9) to note the progress on the 2021/22 budget setting process, initial planning assumptions and the expected timeline in relation to partner bodies budget offers.

## **COMMUNITY MENTAL HEALTH SUPPORT FOR CHILDREN AND YOUNG PEOPLE**

A report was submitted by the providing an update on work to progress Community Mental Health Support for Children and Young People within West Dunbartonshire.



After discussion and having heard the Head of Children's Health, Care and Justice/Chief Social Work Officer in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the progress of work to date regarding the initial planning phase in preparation for developing existing or new community mental health and wellbeing supports or services as set out in the supporting National Framework contained in Appendix 1 of the report;
- (2) to note new Scottish Government funding allocation anticipated to support this work with further commitment within the recent Scottish Government document entitled 'Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020/2021'; and
- (3) to note the delivery of mental health and wellbeing supports and services for children and young people aged 5-25 years and their families/carers via Community Planning Partnerships as agreed between COSLA Leaders and Scottish Government; and
- (4) to note that further reports would be provided as the work progresses.

#### **LOCAL CARERS STRATEGY REVIEW UPDATE**

A report was submitted by the Head of Strategy and Transformation seeking approval of the revised draft of the Local Carers Strategy and apprising the Board of a revised structure to oversee and support the implementation.

After discussion and having heard the Head of Strategy and Transformation, the Chief Nurse and Manager of Carers of West Dunbartonshire in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve the revised Local Carers Strategy;
- (2) to note the revised role of the Carers Development Group as detailed in the Carers Development Group's Terms of Reference;
- (3) to note the Equalities Impact Assessment associated with the Local Carers Strategy; and
- (4) to note that a formal update on the Local Carers Strategy outcomes and indicators would be provided to the Partnership Board in March/April 2021.

#### **UNSCHEDULED CARE – JOINT COMMISSIONING PLAN PROGRESS UPDATE**

A report was submitted by the Head of Health & Community Care:-

- (a) providing an update on the NHS Greater Glasgow and Clyde Joint commissioning Plan for Unscheduled Care; and
- (b) providing the progress of the local Unscheduled Care Action Plan across the West Dunbartonshire Health & Social Care Partnership.

After discussion and having heard the Chief Officer and the Head of Health & Community Care in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the impact of Covid-19 on the Joint Commissioning Plan and the local Unscheduled Care Action Plan; and
- (2) to note that a further version of the plan, including a financial analysis would be submitted to a future meeting of the Health and Social Care Partnership Board in early 2021.

### **COVID-19 RECOVERY PLANNING UPDATE**

A report was submitted by the Head of Strategy and Transformation:-

- (a) providing an update on COVID-19 recovery planning for the Partnership Board as it moves through the Scottish Government Road Map out of recovery; and
- (b) setting out a 'phased' planned approach to collective recover across Scotland.

After discussion and having heard Head of Strategy and Transformation and the Chief Nurse in further explanation and in answer to Members' questions, the Board agreed to note the progress made in standing up local services and the plan to make further improvements as the Partnership Board moves through the phases as outlined in the HSCP Recovery Plan.

### **CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2019-20**

A report was submitted by the Chief Social Work Officer presenting the Chief Social Work Officer Annual Report for 2019-2020 providing information on the statutory work undertaken and includes a summary of governance arrangements, service delivery, resources and workforce.

Having heard the Chair, the Board agreed to note the contents of the Chief Social Work Officer's Annual Report 2019-20.

### **WEST DUNBARTONSHIRE HSCP ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2019-2020**

A report was submitted by the Chief Nurse providing an overview of the Annual Clinical and Care Governance Report 2019-20.

The Board agreed to note the content of the report and the impact of achievements around quality assurance and quality improvement.

### **HSCP BOARD COMPLAINT HANDLING PROCEDURE**

A report was submitted by the Head of Strategy and Transformation providing an update on the Scottish Public Service Ombudsmen's review and updated Model Complaints Handling Procedure.

After discussion and having heard the Head of Strategy and Transformation in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to approve the updated complaints handling procedure contained at Appendix A of the report which relates to complaints for Health and Social Care Partnership Board only;
- (2) to encourage an improvement culture that welcomes complaints in any form so that the Partnership Board can capture all expressions of dissatisfaction and use them to drive future improvements; and
- (3) to otherwise note the contents of the report.

### **ANNUAL COMPLAINTS SUMMARY YEAR ENDED 31 MARCH 2020**

A report was submitted by the Head of Strategy and Transformation presenting for scrutiny the West Dunbartonshire Health and Social Care Partnership Annual Complaints Summary for year ended 31 March 2020.

After discussion and having heard the Head of Strategy and Transformation in further explanation of the report and in answer to Members' questions, the Board agreed to note the Health and Social Care Partnership Annual Complaints Summary for year ended 31 March 2020.

### **CLIMATE CHANGE REPORT 2019/20**

A report was submitted by the Head of Strategy and Transformation presenting the Climate Change Report prepared in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015.

After discussion and having heard the Head of Strategy and Transformation in answer to Members' questions, the Board agreed to approve the Climate Change Report prior to formal submission to the Scottish Government in advance of the 30 November 2020 deadline.

## **AUTISM STRATEGY**

A report was submitted by the Interim Head of Mental Health, Addictions and Learning Disability providing an update on progress made in relation to the development of an Autism Strategy.

After discussion and having heard the Interim Head of Mental Health, Addictions and Learning Disability in answer to Members' questions, the Board agreed to note the advances made in developing an Autism Strategy.

## **DEMENTIA STRATEGY IMPLEMENTATION PLAN**

A report was submitted by the Interim Head of Mental Health, Learning Disability and Addictions providing an update on the progress made in relation to the Dementia Strategy Implementation Plan.

After discussion and having heard the Integrated Operations Manager in answer to Members' questions, the Board agreed to note the advances made in developing a Dementia Strategy.

## **MINUTES OF MEETINGS FOR NOTING**

The undernoted Minutes of Meeting were submitted and noted:-

- (1) Minutes of Meetings of the Joint Staff Forum held on 10 September 2020;
- (2) Minutes of Meeting of the Joint Staff Forum held on 24 September 2020; and
- (3) Minutes of Meeting of the Clinical and Care Governance Forum held on 17 September 2020.

## **PRIMARY CARE IMPROVEMENT PLAN UPDATE**

A report was submitted by the Head of Health and Community Care providing an update on the implementation of the Primary Care Improvement Plans (PCIPs) across West Dunbartonshire Health & Social Care Partnership and the submission of updated plans in line with Scottish Government guidance.

After discussion and having heard the Head of Health and Community Care and the Interim Head of Mental Health, Addictions and Learning Disability in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the impact of Covid-19 on the implementation of the PCIPs and the new General Medical Services contract within West Dunbartonshire HSCP as detailed at Appendix 1 of the report;
- (2) to note the progress and planned next steps for the PCIP for year 3;
- (3) to note the Covid PCIP 3 tracker for the period up to August 2020; and
- (4) to note the HSCP position on the Primary Care Indicators in the Public Health Scotland Report - Monitoring and Evaluation of Primary Care in Scotland: the baseline position - September 2020.

The meeting closed at 4:00 p.m.

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**WEST DUNBARTONSHIRE HSCP  
ROLLING ACTION LIST**

**Item 3(b)**

<b>Board Meeting - 26 November 2020</b>					
<b>Agenda item</b>	<b>Board decision and minuted action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/ Outcome</b>	<b>Status</b>
<b>Minutes of Previous Meeting - Request for Live Streaming of Partnership Board</b>	That a report be provided to a future meeting of the Board seeking a decision on whether to live audio stream meetings of the Partnership Board.	Head of Strategy and Transformation	Future meeting	On forward planner	Open
<b>Item 4 - Verbal Update from Chief Officer</b>	That the link to the Public Health Scotland website providing mid-week infection rates for West Dunbartonshire to be provided to Members.	Chief Officer	To be provided in weekly updates to members	Issued weekly via Committee Services	Closed
<b>Item 5 – 2020/21 Financial Performance and Update Report</b>	JS to provide the delayed COSLA paper in relation to Covid-19 costs and funding as part of weekly update (paper had been expected 25 November but had been subject to delay).	Chief Financial Officer	When available	Issued by Julie Slavin by email on 02.02.21	Closed
<b>Item 6 - Community Mental Health Support for Children and Young People</b>	JH to provide a more detailed update to how the school counselling service is progressing from the point of view of the Partnership.	Head of Children’s Health, Care and Justice	-	Update issued by Jonathan Hinds	Closed

Agenda item	Board decision and minuted action	Responsible Officer	Timescale	Progress/Update/Outcome	Status
<b>Item 7 – Local Carers Strategy Review</b>	To note that a formal update on the Local Carers Strategy outcomes and indicators would be provided to the Partnership Board in March/April 2021.	Head of Strategy and Transformation	March/April 2021	On forward planner for 25 March 2021	Open
<b>Item 8 – Unscheduled Care – Joint Commissioning Plan Progress Update</b>	To note that a further version of the plan, including a financial analysis, would be submitted to a future meeting in early 2021.	Head of Health & Community Care	March 2021	On forward planner for 25 March 2021	Open
<b>Item 15 - Climate Change Report 19/20</b>	MJC to contact Scottish Government to ask if any scope for IJBs to be taken off the list for public bodies required to submit a Climate Change report where it provides a 'Nil' response.	Head of Strategy and Transformation		18.12.20 - MJC advised all Members of response from Scottish Government Reporting Team of plans to modernise and streamline the climate change reporting system.	Open



**Board Meeting - 23 September 2020**

<b>Agenda item</b>	<b>Board decision and minuted action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>
<b>Item 9 - Eligibility Criteria for HSCP Adult Social Care Services</b>	Further report to be provided to the Board meeting on 25 February 2021 providing an analysis of the impact of the eligibility framework to both the collective client base and to individuals and providing information on both the financial and resource implications. (Actioned within meeting report 25/02/21 so to be removed going forward)	Head of Health & Community Care	25 February 2021	On forward planner for February	Open

**Board Meeting – 5 August 2020**

<b>Agenda item</b>	<b>Board decision and minuted action</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Progress/Update/Outcome</b>	<b>Status</b>
<b>Item 8 – Financial Performance and Update Report – Period 3 (30 June 2020)</b>	The Board agreed that Officers would report back to the Board on a clear Brexit Strategy continuum on how it will impact services as and when more clarity is available.	Chief Financial Officer	Unknown at present	Ongoing	Open



WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Health and Community Care

25 February 2021

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**Subject: Vaccination Programme**

**1. Purpose**

- 1.1 To provide the Health and Social Care Partnership Board with an update on the arrangements to deliver the Vaccination Programme.

**2. Recommendations**

- 2.1 The Health and Social Care Partnership Board are asked to:
- i. note the contents of this report.

**3. Background**

- 3.1 The objective of the COVID-19 vaccination programme is to protect those who are at highest risk from serious illness or death. A multi-disciplinary strategic oversight group, which includes representation from West Dunbartonshire Council (WDC), Health and Social Care Partnership (HSCP), Police Scotland and Third Sector is now well established and provides professional and tactical leadership to enable the delivery of West Dunbartonshire's Mass Vaccination programme.

- 3.2 They are supported by the delivery group who enable delivery of the operational and logistical implementation aspects of the programme.

- 3.3 The purpose and aims of the mass vaccination programme is to create a safe flow of patients to achieve the high throughput to vaccinate large numbers of citizens. In the context of social distancing, use of personal protective equipment and logistics for immunisers to prepare for each patient is in place.

**4. Main Issues**

- 4.1 West Dunbartonshire's COVID 19 mass vaccination centres in Alexandria Community Centre, Concord Centre and The Hub have successfully been active for two weeks.

- 4.2 The centre layouts have been designed and assessed with safety as a priority and address practicalities and challenges enabling the mass vaccination centres to be flexible and able to adjust their delivery model including number of stations, ability to run dual clinics alongside primary care (GP clinics) and accommodate fluid opening hours and clinic schedule, operating up to seven days per week.

- 4.3** There were some small logistical issues during initial first days of launch, in general the centres have been working very successfully, excellent partnership working is taking place and feedback has been positive.

#### Vaccination Order of Priority (JCVI)

- 4.4** Joint Committee on Vaccination and Immunisation (JCVI) advises the order of priority for the Coronavirus vaccination is:
1. residents in a care home for older adults and their carers
  2. all those 80 years of age and over and frontline health and social care workers
  3. all those 75 years of age and over
  4. all those 70 years of age and over and clinically extremely vulnerable individuals
  5. all those 65 years of age and over
  6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
  7. all those 60 years of age and over
  8. all those 55 years of age and over
  9. all those 50 years of age and over
- 4.5** Groups 1, 2 and 3 above are described as Wave 1. This work was delegated for delivery by NHS Boards and Primary Care. Wave 1 in West Dunbartonshire is on track, with a small number of patients requiring follow up after being unable to attend initial appointments.
- 4.6** The West Dunbartonshire mass clinics are now delivering Wave 2 (group 4). It is anticipated that these groups will be completed by mid-February.

#### Vaccination Centre Staffing Model

- 4.7** A cross-team approach has been agreed to support the operation of the three mass vaccination centres within West Dunbartonshire. The staffing model includes Leisure Trust team, Citizen and Communities teams, and volunteers from wider WDC workforce. This will expand to include KickStart employee group and local community volunteer groups as the vaccination programme progresses.

#### Transport

- 4.8** Local Authorities have been asked to provide a process and contact details to support individuals who may require assistance with getting to the vaccination centres. This process is being co-ordinated through the National Helpline

initially and where local residents are identified as needing support, this will be arranged by the CAS team within West Dunbartonshire Council.

### Communications

- 4.9 Communication is being led by NHSGGC. In addition a number of local key public communications, social media updates, updates on website and production of a short animation to guide citizens through the vaccination centre experience in West Dunbartonshire.

## **5 Option Appraisal**

- 5.1 There is no option appraisal required for the content of this report.

## **6. People Implications**

- 6.1 All people implications have been outlined within the staffing modelling section and will be monitored closely as the vaccination programme progresses.

## **7. Financial & Procurement Implications**

- 7.1 A financial tracker is being updated recording all costs. This will be an ongoing process throughout the vaccination programme.

## **8. Risk Analysis**

- 8.1 There is a risk register developed specifically for the COVID 19 vaccination programme, which underpins the strategic pandemic risk.

## **9. Equalities Impact Assessment (EIA)**

- 9.1 Equalities Impact Assessment was not required for this report. Equalities monitoring for the overarching COVID-19 vaccination programmes will be undertaken by Scottish Government and NHS GGC.

## **10 Environmental Sustainability**

- 10.1 There is no environmental sustainability impact from the content of this report.

## **11 Consultation**

- 11.1 This report provides an update on ongoing activity which has been shared with the Strategic Resilience Group, Operational Resilience Group, Strategic Oversight Vaccination Group and the Vaccination Delivery Group.

## **12. Strategic Assessment**

**12.1** Progressing work as outlined in this report supports local and strategic priorities and national health outcomes. It will contribute to improving lives with the people of West Dunbartonshire.

**13. Direction**

**13.1** A direction is not required for this report, as it is an update on the implementation of the Mass Vaccination programme.

Jo Gibson  
Strategic Vaccination Oversight Group Chair  
Head of Health and Community Care  
12 February 2021

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**Person to contact:** Jo Gibson, Head of Health and Community Care  
West Dunbartonshire Health and Social Care Partnership  
[Jo.Gibson@ggc.scot.nhs.uk](mailto:Jo.Gibson@ggc.scot.nhs.uk)

**Appendices:** None

**Background Papers:** None

**Localities Affected:** All

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

**Report by Chief Officer – Regulatory and Regeneration**

**25 February 2021**

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**Subject: Consultation on Proposed Amendments to Model Code of Conduct**

**1. Purpose**

- 1.1 The purpose of this report is to inform the Health and Social Care Partnership Board of a consultation paper produced by the Scottish Government on proposals for amendments to the Model Code of Conduct.
- 1.2 The Model Code of Conduct applies to members of devolved public bodies such as the HSCP Board. The Standards Commission intends to revise its guidance to reflect any changes made to the Model Code.

**2. Recommendations**

- 2.1 The Health and Social Care Partnership Board is asked to:-
  - (a) consider the consultation paper (Appendix 1);
  - (b) consider responding to the consultation paper in the terms set out in paragraph 4.7 of this report; and
  - (c) consider whether other responses should be made.

**3. Background**

- 3.1 The HSCP Board currently has a Code of Conduct for Members which was based upon a template produced by the Scottish Government. Once the Model Code of Conduct has been amended, the Scottish Government will expect the HSCP Board to comply with the amendments. If the HSCP Board is concerned about any of the proposed amendments, it should therefore respond to the consultation.

**4. Main Issues**

- 4.1 The consultation paper lists a number of “key changes” which have been proposed for the Model Code. These are stated as including increased emphasis on addressing discrimination and unacceptable behaviour, strengthening obligations regarding bullying and harassment, strengthening rules around accepting gifts and making the rules around access and lobbying clearer. However, there is one proposed amendment which is not listed as a key change but which is arguably very important.

**4.2** Paragraph 3.10 of the amended Code is in the following terms:-

“I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it”.

**4.3** This introduction of the principle of collective decision making and corporate responsibility is of considerable significance and is not a principle which would normally apply to Councillors. Arguably it is unreasonable to expect politically appointed representatives to sign up to collective responsibility.

**4.4** Paragraph 3.10 appears to state that a decision once made cannot be changed. That cannot be right and in any event the HSCP Board’s Standing Orders restrict motions to alter, delete or rescind a decision only where the motion is made within six months of the decision. This means that before six months the relevant Standing Order must be suspended (which requires the agreement of two thirds of the Members present and voting). After six months there is no restriction.

**4.5** There are situations in which members of the HSCP Board should have the right to seek a change to a decision. The HSCP Board, of course, consists of voting and non-voting Members. The non-voting Members include the Chief Officer of the HSCP Board, the Chief Financial Officer and the Chief Social Worker. What if the HSCP Board, through its voting Members, makes a decision against the advice of its professional advisers and which those advisers believe is unlawful, or is in breach of accounting rules or creates unacceptable risks to service users’ health and wellbeing? Paragraph 3.10 would appear to prevent the non-voting members (i.e. the professional advisers) from being able to do anything other than support the decision. In the circumstances outlined, the professional advisers should surely be able to comment on the decision, submit further reports and seek support for a change to the decision.

**4.6** Non-voting members also include representatives of staff, third sector bodies, service users and unpaid carers. Those members may wish to seek a change to a decision where they believe it will have intolerable negative impacts on those they are appointed to represent.

**4.7** Members might wish to suggest in a response to the consultation that paragraph 3.10 of the amended Code should be deleted. However, the consultation paper was circulated to the voting members of the HSCP Board and the Chair and one Health Board member were of the view that paragraph 3.10 was reasonable from the perspective of Health Board members although it might cause difficulties for councillors in a local authority situation. The Health Board member suggested that the response should include a request for clarity as to how paragraph 3.10 would be interpreted.

**4.8** If members have concerns about any other terms in the amended Code, these can be raised in the response to the consultation.



**4.9** Responses to the Scottish Government were to be submitted by 8 February 2021. In order that concerns could be expressed before the closing date, a response was sent in the name of the legal adviser to the HSCP Board. The response explained the difficulties that could be caused by paragraph 3.10. It was also explained that the HSCP Board had not been able to consider the matter prior to the closing date but it would be reported to the HSCP Board for their consideration at the next meeting.

## **5. People Implications**

**5.1** There are no personnel issues.

## **6. Financial and Procurement Implications**

**6.1** There are no financial or procurement implications.

## **7. Risk Analysis**

**7.1** Failure to respond to the consultation will make it more likely that the Code will be amended in terms which may be unsatisfactory.

## **8. Equalities Impact Assessment (EIA)**

**8.1** An equalities impact assessment is not required as there is no differential impact on any of the protected categories.

## **9. Consultation**

**9.1** A response to the consultation was submitted to the Scottish Government in order to meet their closing date of 8 February 2021. It was made clear that the response was from an officer and that the matter would be reported to the next meeting of the HSCP Board in order to ascertain members' views.

## **10. Strategic Assessment**

**10.1** The recommendations contained in this report are in line with the strategic priority of open, accountable and accessible local government.

## **11. Directions**

**11.1** As this report concerns governance and not the delivery of services by the Council or the Health Board, no direction is required.

### **PETER HESSETT**

Chief Officer – Regulatory and Regeneration

Date: 15 February 2021

**Person to Contact:**

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**Appendices:**

Appendix 1: Consultation Paper on Ethical Standards in  
Public Life

# **Consultation Paper on Ethical Standards in Public Life:**

**Proposals for amendments to be made to the Model Code of Conduct for members of devolved public bodies**

# **CONSULTATION PAPER ON ETHICAL STANDARDS IN PUBLIC LIFE: PROPOSALS FOR AMENDMENTS TO BE MADE TO THE MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES**

**OCTOBER 2020**

## **Consultation Paper on Ethical Standards in Public Life: Proposals for amendments to be made to the Model Code of Conduct for members of devolved public bodies**

### **Background**

This consultation presents proposals which will bring about amendments to the Model Code of Conduct for Members of devolved public bodies.

Section 1 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 (the Act) requires Scottish Ministers to issue a Code of Conduct for Councillors (Councillors' Code) and a Model Code of Conduct for members of devolved public bodies (Members' Code) for those organisations listed in Schedule 3 to the Act, as amended. The current version of the Model Code was originally issued in 2010 and amended in 2014. It can be found on the Scottish Government website at: <https://www.gov.scot/publications/model-code-conduct-members-devolved-public-bodies/>

The Act states that Ministers shall issue a Model Code only after it has been laid before and approved by a resolution of the Scottish Parliament. The same applies to any revision or re-issue of the Model Code.

The aim of the Model Code is to set out clearly and openly the standards that Board Members of listed organisations in Schedule 3 of the Act must comply with when carrying out their duties. The Model Code is supported by independent guidance which is published separately by the Standards Commission for Scotland. The Commission's current guidance can be found at: <https://www.standardscommissionscotland.org.uk/guidance/guidance-notes>

The Standards Commission intends to revise its guidance to reflect any changes made to the Model Code. The revised guidance will be published on the Standards Commission's website in due course.

### **Purpose of this consultation**

The Scottish Government recognises that a number of new developments have occurred since the Model Code was last reviewed in 2014, and that it is important to take account of such changes and provide users with an opportunity to contribute. We want to make the Model Code easier to understand and to take account of developments in our society, such as the role of social media. We also want to strengthen the Model Code to reinforce the importance of behaving in a respectful manner and to make it clear that bullying and harassment is completely unacceptable and should not be tolerated. We want to produce a Model Code that is fit for purpose and to ensure the highest standards of conduct are maintained.

## **The proposal**

We propose to amend the Model Code to bring it up to date and make it more user friendly. The Councillors' Code of Conduct is similarly going through a public consultation and, where appropriate, both the Model Code and the Councillors' Code will be aligned. The Councillors' Code consultation can be viewed on the Scottish Government consultation hub at <https://consult.gov.scot/>

**A copy of the proposed Model Code is attached.** The key changes are:

- A general rewrite in first person to encourage Board Members to take ownership of their behaviour.
- Raising awareness of the need for careful consideration when a Board Member uses social media.
- Removing unnecessary information.
- Rewriting in plain English to make the Model Code easier to understand.
- Increased emphasis on addressing discrimination and unacceptable behaviour.
- Strengthening obligations regarding bullying and harassment.
- Strengthening rules around accepting gifts, both to protect Board Members and to build confidence in their impartiality.
- Section 5 has been redrafted to make it easier to follow and to apply the "objective" test.
- Section 6 has been amended to make the rules around access and lobbying clearer.
- Annex A has been amended to outline how complaints about potential breaches of the Code are investigated and adjudicated upon. It contains information about the sanctions available to the Standards Commission following a breach of the Code.

On approval of the Scottish Parliament, the revised Model Code will be re-issued by the Scottish Government and published on the Scottish Government website. All listed organisations will need to produce their own Code of Conduct based on the Model Code.

## **Responding to this consultation**

We are inviting responses to this consultation by 8 February 2021.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot> ). Access and respond to this consultation online at <https://consult.gov.scot/public-bodies-unit/ethical-standards-in-public-life>. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 8 February 2021.

If you are unable to respond using our consultation hub, please complete and send the Respondent Information Form to:

Members Model Code of Conduct Consultation  
Public Bodies Unit  
The Scottish Government  
Area 3F North  
Victoria Quay  
Edinburgh. EH6 6QQ

### **Handling your response**

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://beta.gov.scot/privacy/>

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

### **Next steps**

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at (<http://consult.gov.scot> ). If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. A report analysing responses will also be made available.

## **Comments and complaints**

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or to: [mmccreview@gov.scot](mailto:mmccreview@gov.scot)

## **Scottish Government consultation process**

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work. You can find all our consultations online: (<http://consult.gov.scot> ). Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments. These should be directed to the relevant public body.

## **For Information**

Due to the pandemic, Brexit negotiations and the fact that the Scottish Parliament will close down next year to allow for the election of new MSPs, it is unlikely that we will be able to secure Parliamentary time for scrutiny and approval of the Model Code. If this is the case, then the Scottish Government will take the required actions to ensure the Model Code and related Regulations are laid before a new Parliament at the earliest possible time.





## Proposed amendments to the Model Code of Conduct for Members of Devolved Public Bodies

### RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

Phone number

Address

Postcode

Email

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

#### Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

## CONSULTATION QUESTIONS

The consultation questions set out below focus on changes that have been made to the Model Code.

We are specifically seeking your views on the amendments that have been made to the Model Code. However, your views on any aspect of the revised Model Code are welcome. When making general comments please specify which sections of the Model Code you are commenting on. If your response refers to a particular paragraph, rather than the section as a whole, please provide a reference to that paragraph(s) following your response i.e. (paragraph 3.10).

### General questions

1. Have you used the Code before?

Yes  No

### Comments

2. If Yes, in what capacity have you/do you use the Code? If you used the Code as a Board Member could you please name the public body?

Please provide your comment

3. Do you agree that there is a need to review and update the current Model Code?

Yes  No

Could you provide information to support your response?

4. In Section 1, and throughout the Model Code, we have removed unnecessary information to make it easier to understand. Do you have any comments on the changes proposed for Section 1: Introduction to the Code?

Yes  No

Please provide your comment

5. In Section 2, the Model Code has a new heading “My Responsibilities” which aims to ensure that members accept and endorse that it is their personal responsibility to be aware and comply with the provisions in their Board’s Code of Conduct. Do you have any comments on this change in Section 2: Key Principles?

Yes  No

Please provide your comment

6. In Section 3, General Conduct, the respect provision has been extended to everyone that a member could come into contact or engage with when acting as such, e.g. employees of other public bodies as well as other board members and the general public. We have also included information relating to the use of social media and highlighted that bullying and harassment is totally unacceptable.

This section also cover Gifts and Hospitality. These provisions have been amended to make it clear that they should not be sought or accepted with the exception of minor gifts or hospitality that a member would normally be expected to be offered in their everyday role.

Do you have any comments on the proposed changes in Section 3?

Yes  No

Please provide your comment

7. Section 4 has been amended to reflect the changes made throughout the Model Code and to make clearer what kind of information needs to be registered. Do you have any comments on the changes proposed for Section 4: Registration of Interests?

Yes  No

Please provide your comment

8. Do you have any comments on the changes proposed for Section 5: Declaration of Interests? The changes have been made to make it clearer that members need to take responsibility for declaring matters of interest.

Yes  No

Please provide your comment

9. Public bodies aim to be open and accessible to the views and opinions of others, and to make their decisions based on the widest possible evidence and arguments. As a Member you will probably be approached by those wishing to make their views known. This is perfectly legitimate but care is needed. We have looked to simplify the Model Code in Section 6 covering Lobbying and Access. Do you think the proposed changes achieve this aim?

Yes  No

Please provide your comment

10. The information in Annex A has been extended to include information about the role of the Ethical Standards Commissioner and the sanctions available to the Standards Commission following a finding of a breach of the Code and what these mean. Do you have any comments on the changes proposed to Annex A?

Yes  No

Please provide your comment

11. Overall, how clear and easy to understand do you find the revised Model Code?

- Very clear
- Mostly clear
- Sometimes unclear
- Very unclear

Please tell us where you think the clarity of the code could be improved, and how?

12. Do you have any other comments on the proposed revisions to the Model Code?

Yes  No

Please provide your comment

# Model Code of Conduct for Members of Devolved Public Bodies

October 2020

# MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES

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## **SECTION 1: INTRODUCTION TO THE MODEL CODE OF CONDUCT**

1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”:

- provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies;
- imposed a duty on Councils and relevant public bodies to help their members to comply with the relevant code; and
- established an independent body to oversee the new framework and deal with alleged breaches of the codes.

1.2 The Act requires Scottish Ministers to lay a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies before Parliament. This Model Code was first introduced in 2002 and has now been revised following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was also revised in 2020 following the approval of the Scottish Parliament.

1.3 The provisions of this Model Code have been developed in line with the key principles listed in Section 2 and set out how the principles should be interpreted and applied in practice.

### **My Responsibilities**

1.4 The public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will meet those expectations by ensuring that my conduct is above reproach.

1.5 I will comply with the provisions of this Code in all situations where I am acting as a board member of my public body, have referred to myself as a board member or could reasonably be perceived as acting as a board member.

1.6 I will comply with the provisions of this Code in all my dealings with the public, employees and fellow board members, whether formal or informal.

1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance issued by the Standards Commission.

1.8 I will not, at any time, advocate or encourage any action contrary to this Code. I will meet the public’s expectations by ensuring that my conduct is above reproach.

1.9 I understand that no written information can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Chair, Chief Executive or Standards Officer of my public body. I note that I can also seek external legal advice or advice from the Standards Commission on how to interpret the provisions of the Code.

1.10 I will familiarise myself with the Standards Commission's guidance and the Scottish Government publication "On Board – a guide for members of statutory boards". I will take advantage of any training and continuing professional development offered, either by my organisation or otherwise, on this area.

## **Enforcement**

1.11 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct, including the sanctions, up to and including suspension or disqualification, that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at Annex A.

## **SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT**

2.1 The key principles upon which this Code is based should be used for guidance and interpretation. These key principles are:

### **Duty**

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

### **Selflessness**

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

### **Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

### **Objectivity**

I must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

I am accountable for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that the public body uses its resources prudently and in accordance with the law.

### **Openness**

I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

### **Respect**

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

## **SECTION 3: GENERAL CONDUCT**

### **Respect and Courtesy**

3.1 I will treat everyone with courtesy and respect. This can include in person, in writing, when at meetings, when I am representing my public body and when I am online using social media.

3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity; and will seek to foster good relations between different people.

3.3 I accept that disrespect, bullying and harassment can be a one-off incident, part of a cumulative course of conduct, or a pattern of behaviour. I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.

3.4 I accept that it is my responsibility to understand what constitutes bullying and harassment (including sexual harassment) and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.

3.5 I will not engage in any conduct that could amount to bullying or harassment (including sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.

3.6 Except where it is written into my role as Board member, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.

3.7 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.

3.8 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take certain action. I will avoid asking or directing employees to do something which could compromise them or prevent them from undertaking their duties properly and appropriately.

3.9 I will respect and comply with rulings from the Chair during meetings of:

(a) my public body, its committees and

- (b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.

3.10 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

### **Remuneration, Allowances and Expenses**

3.11 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

### **Gifts and Hospitality**

3.12 I will never ask for any gifts or hospitality including money raised via crowdfunding or sponsorship, material benefits or services.

3.13 I will never accept any gifts or hospitality which might place me, or which would reasonably be regarded by a member of the public with knowledge of the relevant facts

- (a) as placing me, under an improper obligation or
- (b) which might influence, or might reasonably appear to influence, my judgement.

3.14 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

3.15 I will not allow the promise of money or other financial advantage to induce me to perform improperly any function while acting as a member of my public body. I accept that the money or advantage (including gifts or hospitality) does not have to be given to me. The offer of monies to others may amount to bribery, if the intention is to induce me to perform a function improperly.

3.16 I will never accept any gifts or hospitality from any individual who is seeking to do business with my public body.

3.17 I will refuse any gifts offered unless it is:

- (a) a minor item or token of modest intrinsic value offered on an infrequent basis; or
- (b) a gift being offered to my public body.

3.18 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.

3.19 I will refuse any hospitality offered other than that which would normally be associated with my duties as a board member.

3.20 I will advise my public body's Standards Officer if I am offered (but refuse) any gifts or hospitality of any significant value and / or if I am offered any gifts or hospitality from the same source on a repeated basis, so that my public body can monitor this.

3.21 I will familiarise myself with the terms of the Bribery Act 2010, which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality**

3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain consent, I should assume it is not given.

3.23 I accept that confidential information can include discussions, documents, and information (electronic or otherwise) which is not yet public or never intended to be public.

3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).

### **Dealings with and Responsibilities to my Public Body**

3.25 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment for carrying out duties on behalf of the public body, in accordance with its relevant policies.

3.26 I will not use, or in any way enable others to use, my public body's resources:

- (a) imprudently (without thinking about the implications or consequences);
- (b) unlawfully;
- (c) for any political activities or matters relating to these; or
- (d) improperly for private purposes.

3.27 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.

### **Appointments to Outside Organisations**

3.28 If I am appointed, or nominated by my public body, as a member of another public body or organisation, I will abide by their rules of conduct and will act in its best interests while acting as a member of it. I will also continue to observe the rules of my public body's Code of Conduct in carrying out the duties of that body or organisation.

3.29 I accept that if I am a director of a company or registered charity, as a board member of a devolved public body, I will be responsible for identifying, and taking advice on, any conflict of interest that may arise between the company or registered charity and my public body.

## **SECTION 4: REGISTRATION OF INTERESTS**

4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.

4.2 I understand that Regulations as amended and made by Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.

4.3 Annex B contains key definitions and explanatory notes to help me decide what is required when registering my interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to me. I understand it is not necessary to register the interests of my spouse or cohabitee.

### **Category One: Remuneration**

4.4 I will register any work for which I receive, or expect to receive payment. I have a registerable interest where I receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm;
- appointed or nominated by my public body to another body; or
- engaged in a trade, profession or vocation or any other work.

4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered and remuneration received as a board member does not have to be registered.

4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Other Roles".

4.7 I must register any allowances I receive in relation to membership of any organisation, the fact that I receive such an allowance must be registered under category one.

4.8 When registering employment, I must give the name of the employer, the nature of its business, and the nature of the post I hold in the organisation.

4.9 When registering remuneration from the categories listed in paragraph 4.4 above, I must provide the name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that



some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.7 of this Code.

4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity.

4.11 When registering a directorship, it is necessary to provide the registered name and number of the undertaking in which the directorship is held and the nature of its business.

4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

### **Category Two: Other Roles**

4.13 I will register any unremunerated directorships where the body in question is a subsidiary of an undertaking in which I hold a remunerated directorship.

4.14 I will register the name and number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### **Category Three: Contracts**

4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.19 below) have made a contract with my public body:

- (a) under which goods or services are to be provided, or works are to be executed; and
- (b) which has not been fully discharged.

4.16 I will register a description of the contract, including its duration, but excluding the value.

### **Category Four: Houses, Land and Buildings**

4.17 I have a registerable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

4.18 I accept that, when deciding whether or not I need register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts and acting reasonably, might consider the interest could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision making.

### **Category Five: Interest in Shares and Securities**

4.19 I have a registerable interest where I:

- (a) own or have an interest in more than 1% of the issued share capital of the company or other body; or
- (b) where the nominal value of any shares and securities I own or have an interest in is greater than £25,000.

### **Category Six: Gifts and Hospitality**

4.20 I understand the requirements of paragraphs 3.12 to 3.21 regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

### **Category Seven: Non-Financial Interests**

4.21 I may also have significant non-financial interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public might reasonably think could influence my actions, speeches or votes in my public body which could include appointments to Committees or memberships of other organisations.

## **SECTION 5: DECLARATION OF INTERESTS**

5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.

5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.

5.3 A connection includes anything that I have registered as an interest.

5.4 I will declare my connection as an interest at the earliest stage possible in meetings where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to prejudice the discussion or decision-making.

5.5 I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

5.6 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.

5.7 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I can take no part in any discussion or decision-making on the matter in question unless, and until, the application is granted.

5.8 I note that public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

## SECTION 6: LOBBYING AND ACCESS

6.1 I understand that I may be lobbied by a wide range of people including individuals, organisations and companies and that I must distinguish between:-

- a) any role I have in dealing with enquiries from the public;
- b) any community engagement where I am working with local individuals and organisations to encourage their participation and involvement, and;
- c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body for example contracts/procurement.

6.2 In deciding whether to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to prejudice my, or my public body's decision-making role.

6.3 I must not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of the public body or any statutory provision.

6.4 I must not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.

6.5 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.

6.6 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the Lobbying (Scotland) Act 2016.

6.7 I will not accept any paid work:-

- (a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.

## **ANNEX A: BREACHES OF THE CODE**

### **Introduction**

1. The Ethical Standards in Public Life etc. (Scotland) Act 2000 (the 2000 Act) provided for a framework to encourage and, where necessary enforce, high ethical standards in public life. The 2000 Act, as amended, established the Standards Commission for Scotland (Standards Commission) and also gave a Public Standards Commissioner powers to investigate and report to the Commission. The Commissioner for Ethical Standards (ESC) was established by the Scottish Parliamentary Commission and Commissioners Act 2010 and took over the functions of the Public Standards Commissioner.

2. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body's Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.

### **Investigation of Complaints**

3. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level. Further guidance on how alleged breaches can be dealt with informally as well as formally can be found here [insert link]

4. Following investigation, the ESC will report the matter to the Standards Commission if it is considered that a breach of a Code of Conduct has occurred.

### **Hearings**

5. On receipt of a report from the ESC, the Standards Commission can choose to:

- Do nothing;
- Direct the ESC to carry out further investigations; or
- Hold a Hearing.

6. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about why it is considered that the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code of Conduct, it is obliged to impose a sanction.

## Sanctions

7. The sanctions that can be imposed following a finding of a breach of a Code of Conduct are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Ethical Standards in Public Life etc. (Scotland) Act 2000), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the 2000 Act.

## Interim Suspensions

8. Section 21 of the 2000 Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

9. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

## ANNEX B: DEFINITIONS

“**Chair**” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“**Code**” code of conduct for members of devolved public bodies

“**Cohabitee**” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“**Group of companies**” has the same meaning as "group" in section 474 of the Companies Act 2006, namely a parent undertaking and its subsidiary undertakings.

“**Parent Undertaking**” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a member of the undertaking and controls alone, pursuant to an agreement with other shareholders, a majority of the rights in the undertaking.

“**A person**” means a single individual or legal person and includes a group of companies.

“**Any person**” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“**Public body**” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“**Related Undertaking**” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“**Remuneration**” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“**Spouse**” does not include a former spouse or a spouse who is living separately and apart from you.

“**Undertaking**” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.





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**WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
BOARD**

**Report by Head of Strategy and Transformation**

**25 February 2021**

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**Subject: Unison's Ethical Care Charter**

**1. Purpose**

**1.1** The purpose of this report is to present an update on Unison's Ethical Care Charter implementation in West Dunbartonshire Health & Social Care Partnership.

**2. Recommendations**

**2.1** The Health and Social Care Partnership Board is asked to:

- i. Note the update on progress with implementation of the Unison's Ethical Care charter; and
- ii. Approve the Ethical Charter Improvement Action Plan (Appendix B)

**3. Background**

**3.1** In October 2012 UNISON launched its Ethical Care Charter, and invited all Public Sector Commissioners for Care at Home to sign up to the Charter across the United Kingdom.

**3.2** The overriding objective behind the Ethical Care Charter for the commissioning of homecare services is to establish a minimum baseline for safety, quality and dignity of care by ensuring employment conditions that encourage recruitment and retention through more sustainable terms and conditions and training levels.

**3.2** Health and Social Care Partnership Board (HSCP Board) approved recommendations to accept and adopt the principles outlined in Unison's Ethical Care Charter on 23 August 2017.

**4. Main Issues**

**4.1** The Ethical Care Charter is a national document, which outlines a number of expectations in a 3 stage phased approach and provides guidance on adopting, commissioning and service monitoring.

- 4.2** The main principles of Unison’s Ethical Care Charter have been adopted and continue to be integrated into working practice and service development in HSCP home care services.
- 4.2** In the vast majority of areas, the charter elements align with HSCPs values, vision, aims, objectives and working practice. However, there were a small number of barriers to full implementation identified, some has been resolved and the others require further consideration.

#### Person Centric Visit Times

- 4.3** The time allocated to visits will match the needs of the clients. Constructive and collaborative engagement with Unison, GMB and Unite, the Trade Union Convenor for Unison has clarified there can be flexibility around 15 minute visits and confirmed this was the Joint Trade Union position.

#### Commissioning Elements

- 4.4** Using the charter for commissioning benchmarking, the HSCP commissions services from a variety of providers and works closely with them in the delivery of a stable sector that values continuous improvement in quality of care, sustainability of the sector and standards for the workforce.
- 4.5** It will require further collaborative work with commissioned service providers on the requirement for all home care workers to be covered by an occupational sick pay scheme. The current providers are small local organisations and careful consideration of the impact of this element will be undertaken in future commissioning work.
- 4.6** The HSCP commissions services from a variety of providers and is in the process of establishing a Practice and Development Group which aims to include providers in the delivery of a stable sector with improvements in quality of care, sustainability of the sector and standards for the workforce.
- 4.7** It is recommended that this group reviews the implications of the charter for local providers and continues work towards meeting its principles.
- 4.8** The Charter principles will be further embedded and strengthened by improvement work currently underway across the partnership in relation to Single Shared Assessment (SSA), Self-Directed Support (SDS), Eligibility Criteria and Commissioning.
- 4.9** To enable HSCP to further strengthen and build on their ongoing commitment to the principles of the Ethical Care Charter and integrate recent partnership working through Covid 19 it is proposed that the Care Charter Improvement action plan is implemented (Appendix A).

## **5. People Implications**

- 5.1 Resources to facilitate and embed the Practice and Development Group, which will include homecare providers.
- 5.2 The impact on staff would be assessed as part of the work of the Practice and Development Group proposed in this paper.
- 5.3 Resources required to carry out the collaborative review in 24 months.

## **6. Financial and Procurement Implications**

- 6.1 The Health & Social Care Partnership delivers approximately 90% of Care at Home Services through direct management and commissions the balance of its Care at Home Services externally from the local Independent Sector.
- 6.2 The HSCP has already committed to the Living Wage Charter element of the Scottish Government policy, however the cost of the annual uplift must be fully funded. There have been gaps in funding which requires savings programmes across the HSCP to close the gap.
- 6.3 Local providers may increase their charges to cover occupational sick pay element of the charter.
- 6.4 The Scottish Government may “impose” a direction on the level of uplift for 2021/22 as they did during the early months of the Covid pandemic which is greater than approved budget levels.
- 6.5 Impact of the Independent Review of Adult Social Care is unknown at this time.

## **7. Professional Implications**

- 7.1 The HSCP commissions services from a variety of providers and is in the process of establishing a Practice and Development Group which aims to include providers in the delivery of a stable sector with improvements in quality of care, sustainability of the sector and standards for the workforce.
- 7.2 It is recommended that this group reviews the implications of the charter for local providers and assesses any professional implications as part of this work.

## **8. Risk Analysis**

- 8.1 Risk of increased costs if HSCP required under procurement processes to commission and contract via the Scotland Excel Care National Flexible Framework for Care and Support Services.

## **9. Equalities Impact Assessment (EIA)**

**9.1** An equality impact assessment was not carried out for this report. However, supporting the principles of the Ethical Care Charter would contribute towards a positive approach to fair work practices, but further work with providers is required to ensure the stability of the local market.

## **10. Consultation**

**10.1** Unison's Ethical Care Charter has been discussed and reviewed by the Health & Social Care Partnership Senior Management Team.

**10.2** A position brief was discussed at November's Joint Staff Forum.

**10.3** Relevant Monitoring Officers have been consulted in the preparation of this report.

## **11. Strategic Assessment**

**11.1** The principles of the Ethical Care Charter will support local and strategic priorities and national health and wellbeing outcomes, including resources are used effectively and efficiently in the provision of health and social care services. It will support delivery of the Strategic Plan, improving lives with the people of West Dunbartonshire.

## **12. Direction**

**12.1** A direction is not required for this report, as it is an update on the implementation of the Ethical Care Charter approved by the board in 2017.

### **Margaret-Jane Cardno**

Head of Strategy and Transformation

Date: 23 February 2021

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**Appendices:** Appendix A – Unison's Ethical Care Charter  
Appendix B – Ethical Care Improvement Action Plan.

**Background Papers:**

HSCPB Ethical Care Charter Report (May 2017)  
HSCPB Ethical Care Charter Follow up Report (August 2017)

## Appendix A: Unison's Ethical Care Charter



Stage 1	Status
The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients	
The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients	
Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones	
Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time	
Those homecare workers who are eligible must be paid statutory sick pay	
Stage 2	Status
Clients will be allocated the same homecare worker(s) wherever possible	
Zero hour contracts will not be used in place of permanent contracts	
Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing	
All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)	
Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation	
Stage 3	Status
All homecare workers will be paid at least the Living Wage (As of September 2012 it is currently £7.20 an hour for the whole of the UK apart from London. For London it is £8.30 an hour. The Living Wage will be calculated again in November 2012 and in each subsequent November). If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract	
All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.	



## Appendix B – Ethical Care Charter Improvement Action Plan

	<b>Action</b>	<b>Outcome</b>
1	To refresh Unison's Care Charter as a standing agenda item at the Joint Staff Forum.	Providing a platform for the principles to be monitored, discussed and ensure they are effectively guiding quality of service delivery.
2	Build on the engagement and development already underway with home care providers to establish a Practice and Development Group.	It is proposed that a developmental approach will be taken with this group as some further work will be required to review the implications of the charter for local providers and work towards meeting its principles
3	Continue to work with procurement, to further strengthen the principles of the Charter integration into commissioning work and future contracts.	Work is currently underway with corporate procurement to guide future commissioning practice.
4	Benchmarking for quality of service.	When conducting service reviews and drawing up service improvement plans, the Charter will provide a helpful benchmark for ensuring service quality. This will be for both improved in-house service or in relation to externally commissioned services.
5	A commitment to a collaborative review of approach and effectiveness to be undertaken in 24 months	Ensures that we are continuously monitoring our service delivery, aligning with the charter's principles.



WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

Report by Head of Strategy and Transformation

25 February 2021

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**Subject: Update On The Implementation Of Eligibility Criteria For Adult Social Care**

**1. Purpose**

- 1.1 To update the HSCP Board, as per its request at its meeting of 23 September 2020, on preparatory activity ahead of the implementation of eligibility criteria for adult social care on 1 April 2021, including preliminary findings in relation to potential impact of same.

**2. Recommendations**

It is recommended the Board notes the following:

- 2.1 Assessment will be the primary vehicle which will facilitate the implementation of eligibility criteria.
- 2.2 A pilot of a new assessment tool (My Life Assessment) has been undertaken which involved stakeholders from the HSCP, third sector and people with lived experience.
- 2.3 The pilot helped shape the design of the assessment.
- 2.4 The assessment has been evaluated and was found to possess good content validity.
- 2.5 In relation to risk / eligibility and in comparison to previously assessed levels, the new assessment resulted in some differences across 29 clients.
- 2.6 The HSCP Project Management Office (PMO) has agreed to constitute an Evaluation Advisory Group (EAG) to oversee the evaluation of the implementation of the new assessment (and eligibility criteria therein).
- 2.7 A report providing monitoring data from the implementation of the new assessment will be provided to the Board in 6 months from launch and data will be published annually in the HSCP Performance Report

**3. Background**

- 3.1 The West Dunbartonshire HSCP Board approved the use of eligibility criteria for adult social care, as per the National Eligibility Framework, at its meeting on 23 September 2020 with a view to implementation on 1 April 2021. Notwithstanding this approval, the Board requested detail on the potential impact of the implementation of the criteria, and to be apprised of plans for monitoring and evaluation post implementation. This report describes the work

undertaken to date and the plans for the short-to-medium-term future regarding implementation of the new assessment tool and eligibility criteria and monitoring and evaluation of same.

- 3.2** The assessment, which had a working title of Single Shared Assessment (SSA) but will be called My Life Assessment (MLA), is the vehicle through which eligibility will be established. MLA will form a key part of the HSCPs approach to the implementation of Self-Direct Support (SDS) in West Dunbartonshire; eligibility for adult social care equates to eligibility to access a budget for support. It was therefore important to take a robust approach to its development. This enables defensible decision making both in terms of the implementation of the assessment as well as outputs and outcomes from the assessment itself.
- 3.3** To efficiently progress the work, three work streams were identified to support the immediate development of the MLA: work stream one considered the 'convenience' of the assessment, its design and layout; work stream two reviewed the validity of the content of the assessment; work stream three compared the application of the MLA to case study data using existing, anonymised assessment data drawn from CareFirst.
- 3.4** Each of the work streams has an associated stand-alone report which describes the procedures, results, conclusions and recommendations in detail and are available upon request by Board members. The purpose of this report is to summarise the approach, synthesise and highlight the key recommendations<sup>1</sup> and describe next steps for the HSCP Board's information.

#### **4. Main Issues**

- 4.1** In order to effectively implement adult social care eligibility criteria, it is important that the criteria is embedded in the HSCPs approach to assessment and the systems and tools the HSCP provide staff to use for this purpose.
- 4.2** The assessment tool currently used by the HSCP did not consider risk and eligibility as robustly as is required by the National Eligibility Framework. It had also been identified by the Care Inspectorate during their thematic review of the implementation of Self Directed Support as lacking in a number of areas. In particular, the assessment was found not lend itself well to facilitating good conversations between assessor and the person being assessed, it disproportionately focused on deficits and not strengths, and it did not facilitate the recording, measuring and reporting of outcomes.
- 4.3** The opportunity to tackle each of these was taken through the development of a new assessment and guidance and other associated work.
- 4.4** A pilot was designed to develop a new assessment. The attached report provides detail on the three associated work streams. Individual reports containing detail on, for example the raw data and analysis, are available on each of the work streams at the request of Board members.

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<sup>1</sup> Please note, "recommendations" refers to improvements to be made to the assessment based on the findings of the pilot as opposed to recommendations to the HSCP Board.

- 4.5** As noted in the Background section, work stream one considered the 'convenience' or the assessment while work stream two assessed the validity of the content within the assessment. They made 10 and five recommendations respectively which will be incorporated into the final design of the My Life Assessment and the practitioner guidance.
- 4.6** Work stream three considered any differences in risk / eligibility between the My Life Assessment and the HSCP assessment currently in use. It found some differences for individuals in relation to their levels of risk (and therefore eligibility). When considering the sample as a whole, and notwithstanding the assumptions and limitations detailed in the report, no fewer people were found to be eligible for adult social care support from using the new assessment compared to the old.
- 4.7** While the above reflects a methodical and thorough approach to the development of the My Life Assessment and provides some detail on potential impact when comparing current and future approaches to assessing risk and eligibility, the scale of impact remains unknown until the My Life Assessment is implemented. For this reason, a robust approach to monitoring and evaluation is required. This will support the HSCP to identify and, where necessary, respond to any consequences, intended or otherwise, in relation to implementation.
- 4.8** The dataset to be used for monitoring purposes has yet to be finalised but will include indicators such as the number of assessments undertaken by Protected Characteristic (under the Equalities Act, 2010), number of assessments by risk / eligibility (and compared to historical data), number of complaints received specifically in relation to assessment and eligibility criteria, feedback from staff and feedback from people who use services.
- 4.9** To support the evaluation of the implementation of the eligibility criteria and MLA, the HSCP, through its Project Management Office, has agreed to set up an Evaluation Advisory Group (EAG). EAG membership is yet to be confirmed but is likely to include HSCP staff, third sector staff, people with lived experience and expertise from national support services.
- 4.10** The EAG will use the monitoring data to inform its decision making around evaluation questions. For example, if there is a marked change in a particular area or for a specific stakeholder group, it might be that an evaluation is required to learn more and inform decision making.
- 4.11** The EAG intends to oversee at least one process evaluation and one impact evaluation over a two year period. The former will investigate the extent to which the My Life Assessment is being implemented as intended while the latter will assess the impact of this (within certain parameters which the EAG will define). The EAG will report to the PMO and, following the initial two year period, will provide recommendations as to how monitoring and evaluation should be sustained.

## **5. Options Appraisal**

Not applicable

## **6. People Implications**

**6.1** There are no personnel issues at this time.

## **7. Financial and Procurement Implications**

**7.1** As has been previously reported, financial savings or efficiencies have not driven this work. While it is possible that the implementation of the eligibility criteria may generate some savings, it is also possible that it does not. For example, if less people overall are eligible for adult social care from the HSCP, this may generate savings. However, it may be the case that there is a decrease in people with low or moderate risks being provided with services and an increase in people assessed as substantial or critical which could see a redistribution of resources from the former to the latter and result in no savings.

**7.2** In any event, the HSCP will have more robustly assessed people, identified their strengths, worked with them to identify appropriate and proportionate support and tried to ensure the right amount of support is provided to the people who need it most for the right amount of time.

**7.3** It is this final point which may lead to savings. It should be expected that in many cases though admittedly not all, interventions should improve a person's circumstances and reduce their risks (and therefore eligibility). Decisions will then be required about the appropriateness of reducing/ceasing interventions once they have met their intended aims. Timeous reviews may lead to savings but at this stage and in the absence of data from successful implementation (both of the assessment and timeous review processes), it remains speculative.

## **8. Risk Analysis**

**8.1** Successful implementation of the My Life Assessment and eligibility criteria for adult social care therein carries a number of risks. These are noted below and mitigation is described where appropriate.

**8.2** There is a risk that people assessed for adult social care services do not agree with the assessment conclusion. This is more likely to be when they are assessed as ineligible for services but hold a belief that they are eligible rather than vice versa but the converse is possible.

**8.3** When implemented as intended, the assessment process will mitigate this. Although someone may be ineligible for HSCP services, the assessment process will see them supported to access other support and services from a preventative perspective and from other providers; where a need is identified, the HSCP will endeavor to link the person to support, including where that support is not provided by the HSCP.

- 8.4** When implemented as intended, the assessment process is designed to be a collaborative activity where both the person being assessed and the assessor will be guided to conclusions based on the evidence collected as part of the assessment. This process increases the likelihood of arriving at shared conclusions and collaborative decision making about risk and eligibility (as opposed to an assessment that is done *to* someone and the person being *told* what will happen as a consequence).
- 8.5** Additionally, guidance is provided for staff in cases where a discrepancy arises in relation to assessment decisions. People being assessed are able to discuss discrepancies with the assessor in the first instance, be supported to escalate it to the assessor's line manager if they are dissatisfied and from there they should be supported to pursue the HSCP complaints process if they remain dissatisfied.
- 8.6** As noted in paragraph 7.3, if the HSCP takes a more assertive approach in its strategic priority of prevention and early intervention by appropriately referring and signposting people to non-HSCP services, these services may experience difficulties due to increased demand.
- 8.7** The HSCP has begun working with partners to identify how such a shift might manifest. Consideration regarding what indicators would show such a shift is occurring and causing undesirable consequences is required. Scoping work is required regarding what actions might be needed to support non-HSCP services to fulfil their role in supporting the health and wellbeing of people who may either be ineligible for HSCP adult social care services or who indeed are eligible, are being provided with HSCP services for particular needs but also require this support to be complemented by additional support services and options.
- 8.8** The final risk to note is that of implementation failure. This would likely be due to staff failing to implement the eligibility criteria and assessment as intended. The design of a programme of training and support materials is underway. Guidance to support staff with the implementation of the assessment has already been reviewed and commented upon by those involved in the pilot and will be available at the time of launch of the My Life Assessment and eligibility criteria.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** An EIA regarding eligibility criteria has been completed and was provided to the Board at its September 2020 meeting as part of the eligibility criteria policy. As noted above, as part of the HSCPs approach to monitoring and evaluating the implementation of the My Life Assessment, data will be monitored in relation to assessments completed and associated outcomes by Protected Characteristic to ensure implementation is non-discriminatory.
- 9.2** While socioeconomic position is not a Protected Characteristic, work will be undertaken to review the impact of eligibility criteria from this perspective. Thinking around this remains in its infancy. For example, the appropriateness of using Scottish Index of Multiple deprivation data, whether

the inverse care law will be borne out in local data and, if it is, what steps might be taken to address this. Input has been sought from local experts in this area. Discussions remain ongoing and the proposed EAG and others with expertise in this area will be consulted.

## **10. Environmental Sustainability**

Not applicable.

## **11. Consultation**

**11.1** Work streams one and two have involved consulting with people from a range of backgrounds in the design of the assessment. Further details are provided in the attached report.

## **12. Strategic Assessment**

**12.1** Early intervention: successful implementation of eligibility criteria and the MLA will support the HSCP priority of early intervention by ensuring those who require HSCP support receive it while, at the same time, ensuring those who require less specialist interventions are supported to access these. It is likely that people will require a blend of services whereby they receive support from the HSCP on specific 'critical' or 'substantial' needs while receiving support from, for example, a mutual aid group or a third sector support service for moderate or low needs.

**12.2** Access: as noted above, people will be supported to access the continuum of services available from universal and community led services through to services provided by third sector organisations and on to specialist services provided by the HSCP. Successful implementation of eligibility criteria and the MLA will lead to proportionate and timeous access to the right support for the right length of time.

**12.3** Inequalities: successful implementation of eligibility criteria and the MLA will assist the HSCP with tackling inequalities by ensuring people are assessed and supported based on need, risks and strengths. Data will be assessed in relation to Protected Characteristics and socioeconomic status which can inform any future decision making regarding practice and how to better tackle inequalities.

**12.4** Strengths: by explicitly seeking and recording strengths in individuals, successful implementation of the eligibility criteria and MLA will support the HSCP to deliver its strategic priority of strengths. Training for staff on taking a strengths based approach, how to have strengths based conversations, how strengths can mitigate risks and how to build upon strengths will be developed.

**12.5** Resilience: by combining the above through the successful implementation of the eligibility criteria and MLA, it is intended that the resilience of both the HSCP and people who use services will increase. Supporting people to access the right support, from the right place, at the right time and for the right length of time will lead to more sustainable situations for people accessing services as well as help develop a more sustainable position for the HSCP.



### 13. Directions

13.1 There are no Directions for the Board / parent organisations at this time as the above is for information purposes.

**Name: Margaret-Jane Cardno**

**Designation: Head of Strategy and Transformation**

**Date: 25/01/21**

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**Person to Contact:** John Burns, Service Improvement Lead, Strategy and Transformation  
**E:** [John.Burns@west-dunbarton.gov.uk](mailto:John.Burns@west-dunbarton.gov.uk)  
**T:** 07880 472395

**Appendices:** None

**Background Papers:** HSC Board Papers Sept 2020  
Assessment Pilot Training Report  
Assessment Pilot Work Stream One Report  
Assessment Pilot Work Stream Two Report  
Assessment Pilot Work Stream Three Report

**Localities Affected:** All localities across West Dunbartonshire



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD****Report by Head of Children's Health, Care and Justice****25 February 2021**

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**Subject: Improvement Action Plan for Justice Services: Update on activity****1. Purpose**

- 1.1 To provide an update to the Board on activity surrounding the Improvement Action Plan for Justice Services.

**2. Recommendations**

- 2.1 The HSCP Board is asked to note the ongoing improvement activity in relation to the key findings from the Care Inspectorate Report.

**3. Background**

- 3.1 As previously reported to the IJB, West Dunbartonshire's Justice Service was inspected in the spring of 2019 and the report findings published on 8<sup>th</sup> August 2019. These findings were routed into four key messages noted below:

- Outcomes for individuals
- Cultural change
- Service improvement
- Leadership and governance.

- 3.2 The post of Justice Service Manager was created and appointed to in October 2019 to lead on improvement activity alongside a dedicated operational management role. This included development of a training and development calendar with colleagues from the Risk Management Authority and Community Justice Scotland.

- 3.3 The impact of Covid-19 has significantly impacted on this activity, which was due to commence in March 2020. Training providers also required time to identify online platforms that could accommodate their training programmes across a range of agencies in addition to West Dunbartonshire.

- 3.4 Furthermore, the service has had to adapt to the restrictions arising from the Covid-19 pandemic, both locally and in the context of sector-wide operational changes by key partners. This has included significant changes in court activity including notable reductions in requests for reports and the imposition of community based disposals.

#### **4. Main Issues**

- 4.1 The current Improvement Action Plan is included in Appendix 1 and includes updates against each action. Further detail around activity within the key strategic headings is provided below.

##### Outcomes for individuals

- 4.2 Internal pathways have been developed with West Dunbartonshire colleagues in addictions, mental health and employability for service users to access supports timeously.
- 4.3 Funding has been identified to commission a mapping exercise and needs analysis. Here, Community Justice partners will work together to identify strengths and gaps in service provision locally and reflect these as priorities for service delivery within recovery plans.
- 4.4 It is envisaged that, following service user feedback, three areas will continue to be prioritised: addictions, mental health and employability/learning. This activity will also inform the next Community Justice Outcome Improvement Plan and provide a baseline to establish longer term plans.

##### Cultural Change

- 4.5 Community Justice Scotland were asked to facilitate learning with staff and managers. Sessions have taken place with managers to promote a culture of continuous improvement through structured reflection to enable them and, subsequently, practitioners to identify areas for change and to have ownership and accountability for solutions that they identify. This training agenda has been progressed to include the Caledonian Programme (domestic abuse), Risk Management Practice and trauma informed practice.

##### Service Improvement

- 4.6 Performance improvement is a standing item in management meetings and supervision sessions with staff. Service improvement discussions have been held with staff, sentencers and other key stakeholders. Sheriffs outlined the need for specific disposals to address domestic abuse and the training calendar will include opportunities for staff to be accredited in the 1-1 Caledonian programme to provide focussed interventions with perpetrators of domestic abuse. This will include individuals who have not been mandated by court eg: individuals known to children's services.
- 4.7 During winter 2020, all social workers completed training to NES Level 3 and are now trauma skilled practitioners. Furthermore, three social workers completed training in working with men who sexually offend using

the National Organisation for the Treatment of Abusers (NOTA) Individualised Treatment Programme (NITP) which includes specific focus on relapse prevention skills.

- 4.8 The Risk Management Authority has advised of dates around April/May 2021, for additional staff to be trained in Risk Practice with high risk offenders.
- 4.9 In line with national policy around the Presumption against Short Sentences (PASS), managers are also engaging with local Sheriffs around Structured Deferred Sentences and Bail Supervision for appropriate individuals.

#### Leadership and Governance

- 4.10 The Service Manager has introduced monthly and quarterly performance reporting against key performance indicators and is a standing item on individual supervision agendas for staff. This is also included in a monthly performance report to the Head of Service, Chief Officer and Council Chief Executive. Furthermore, a review of leadership roles has clarified accountability and delegated authority for managers.
- 4.11 Governance structures for Justice services have been strengthened - internally this includes the Public Protection Chief Officers Group, Safer Delivery & Improvement Group (DIG) as part of community planning and the HSCP's clinical and care governance group. Externally, senior oversight is provided by the MAPPA Strategic Oversight Group, regular Care Inspectorate liaison and quarterly returns to the Justice Division of the Scottish Government.

### **5 People Implications**

- 5.1 Staff and managers are invested in the continuous improvement and efficacy of the service. Their commitment to training and ongoing professional development is crucial to the overall improvement in service delivery.

### **6 Financial Implications**

- 6.1 Regular budget meetings ensure financial oversight by managers; any additional costs arising from the above improvement activity are expected to be met within budget.
- 6.2 Furthermore, some additional budgetary flexibility from Scottish Government has enabled the service to address the backlog of unpaid work hours arising from the current restrictions. A third sector partner has also been commissioned to deliver an online programme to individuals focussed on addressing offending behaviour.

## **7. Risk Analysis**

- 7.1 Provision of statutory social work services requires appropriately qualified and skilled staff – the improvement actions referred to above and in the action plan inform service design and planning to continue to meet statutory duties.

## **8. Impact Assessments**

- 8.1 There are no issues identified however this will be kept under review.

## **9. Consultation**

- 9.1 Improvement activity and development of a comprehensive training and development programme includes consultation with staff, operational managers and external professional colleagues.

## **10. Strategic Assessment**

- 10.1 Provision of statutory social work services is a core function of the HSCP and supports the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

**Jonathan Hinds**

**Head of Children’s Health, Care and Criminal Justice**

**Chief Social Work Officer**

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**Person to Contact:** Laura Smith, Justice Service Manager; 8–14 Bridge Street, Dumbarton; telephone 01389 738484; e-mail: [laura.smith@west-dunbarton.gov.uk](mailto:laura.smith@west-dunbarton.gov.uk)

**Appendices:** Appendix 1: Improvement Action Plan (February 2021)

**Background Papers:** None

**Localities Affected:** All

## Criminal Justice Inspection Improvement Plan Update February 2021

Due to Covid-19 restrictions, actions have been severely impacted. With the assistance of partners, actions will be completed as restrictions are lifted and this is reflected in the service recovery plan. This will be governed by national professional guidance and Health & Safety guidance.

Quality Indicator	1.1 Improve life chances and outcomes for people subject to Community Payback Orders KM 1, 2, 3, 4			
Improvement Action	Specific Actions	Update	Completion Date	RAG Status
Enhanced processes developed and introduced to ensure orders commence within timescales	Appointments on day of sentencing	Induction appointments now take place at court on date of sentence.	December 2020	
	CPO Induction completed within timescales set out in National Objectives and Standards for Justice Services.	First appointment arranged for 24 hours after sentence.	December 2020	
		Sheriff Court portal now generates Orders within 24 hours of sentence.	December 2020	
	Development of Performance Report	A performance report has been developed and tested and is now issued to all managers on a monthly basis.	Weekly caseload reports are issued to Managers to ensure swift completion of orders and managerial oversight of individual caseloads.	December 2020
Ongoing monitoring of progress in place. Weekly management meetings and monthly 1:1 supervision enables issues affecting performance to be addressed.		December 2020		

Quality Indicator	2.1 Impact on people who have committed offences KM 1,2,3			
Overall Improvement Action	Specific Actions	Update	Completion Date	RAG Status
Impact to reduce offending behaviour will be monitored and recorded within individual case management plans	All staff to complete risk assessment and case management planning for service users.	LSCMI risk assessment report developed and monitored on a monthly basis	December 2020	
		LSCMI discussed with staff during supervision sessions	December 2020	
		Risk assessment completed for all service users	December 2020	
	Training Needs Analysis to be completed	Commenced with Community Justice Scotland (1)	March 2021	
		Training scheduled for January – March 2021 (2)	March 2021	
Access to improved range of accredited interventions	Staff have training dates arranged for interventions for high risk offenders and domestic abuse perpetrators.			

Quality Indicator	5.2 Assessing and Responding to risk and need KM 2,3,4			
Overall Improvement Action	Specific Actions	Update	Completion Date	RAG Status
The Unpaid work service will be further developed to maximise opportunities for the benefit of the needs of service users and the local communities.	Investment in workshop space and facilities.	New workshop has been secured and improvement activity is been carried out to ensure compliance with Public Health Guidance (3)	December 2020	
		Discussion with third sector colleagues have taken place and new co-production of community project has been agreed (4)	March 2021	
	Identification and development of placement opportunities for our service users	Increased opportunities for other activity	March 2021	



Improve use of and access to evidence based interventions to reduce risk and maintain protection of the public.	Staff to be refreshed and/or trained in risk management processes and interventions	<p>Training has taken place with the staff team on MAPPA processes and procedures.</p> <p>Trauma Informed Training has been completed</p> <p>Staff are now trained in NOTA Individual Treatment Programme</p>	December 2020	
		<p>Dates identified for training in risk of serious harm for qualified staff.</p> <p>Training course requested from Risk Management Authority to be developed in line with role and responsibilities for our paraprofessional staff</p>	March 2021	

Quality Indicator	5.3 Planning and providing effective interventions KM 1,2,3			
Overall Improvement Action	Specific Actions	Update	Completion Date	RAG Status
Provision of evidence based effective interventions	Identify and secure training in relation to men who sexually offend and those convicted of perpetration of domestic abuse offending.	Discussion underway to have training brought to Justice staff for the accredited 1-1 Caledonian programme in working with perpetrators of Domestic Abuse	March 2021	
		Training dates confirmed for staff to undertake Individualised Intervention programme for men who sexually offend.	February 2021	
Established process for service user feedback including their families and local communities	Review of feedback methods for those on statutory supervision		March 2021	

Quality Indicator	9.4 Leadership of Improvement and change K M 2, 4			
Overall Improvement Action	Specific Actions	Update	Completion Date	RAG Status
Dedicated leadership and management of Justice Service	Develop the Justice Service with clear direction and purpose	First Line managers are participating in focussed sessions facilitated by Community Justice Scotland	March 2021	Yellow
		Service Manager has forged strong professional relationships with external colleagues, working alongside them to provide a programme of improvements.	December 2021	Yellow
	Clear Governance arrangements established.	Service Manager is part of the Strategic Operational Group for MAPP	December 2021	Green
		Regular updates are provided to PP COG, IJB, Care Inspectorate		Green

- (1) The Training Needs Analysis will be revisited once a commissioned scoping exercise has been completed in early 2021. This exercise will enable the service to target interventions directly correlating with the profile of need.
- (2) A series of training meetings have been held with Community Justice Scotland and the Risk Management Authority. Training via Action Learning Sets has begun with the management team to develop management skills and take forward leadership in the development of the service. Risk practice training has been requested from the Risk Management Authority with a date given March/April 2021. Delays have incurred due to the need to develop their training for an online platform.
- (3) Covid-19 has delayed the commencement of unpaid work since April 2020. Every effort is being made including recruitment of staff and commissioning of services to address the backlog of hours. Courts have added a further twelve months to every Unpaid Work Order to support this.
- (4) Justice Social Work alongside Alternatives colleagues will develop a local heritage site where service users can participate in horticultural and skilled activities and gain an Adult Achievement Award to assist them into further employment.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Meeting:** Special Weekly COVID – 19 Meeting of Joint Staff Forum**Date:** Thursday 22<sup>nd</sup> October 2020 at 2 p.m.**Venue:** Microsoft Teams**Minute**

**Attendance:** Beth Culshaw, Chief Officer (chair); Peter O'Neill, Unison; Ann Cameron Burns, Unison; Audrey Slater, Head of HR; Anne Marie Cosh, HR Business Partner; David Scott, GMB; David Smith, Unison; Gillian Gall, HR Advisor; Helen Little, MSK Manager; Jo Gibson, Head of Community Health and Care; Jonathan Hinds, Head of Children's Health and Care and Criminal Justice; Julie Slavin, Head of Finance; Margaret Jane Cardno, Head of Transformation and Change; Sandra Cowie, Unison; Shirley Furie, GMB; Susan Walker; Val Jennings, Unison; Marie Rooney, Interim Head of Learning Disabilities, Addictions and Mental Health; Allan Wallace, RCN.

Apologies: Barbara Sweeney, RCN; Diana McCrone, Unison.

Item	Description	Action
1.	<p><b>Welcome, Introductions, Apologies</b> B Culshaw welcomed everyone to the meeting.</p>	
2.	<p><b>Standing Agenda Items</b></p> <p>a) Minutes of Last Meeting Minutes of the last meeting held on 8<sup>th</sup> October 2020 were agreed as an accurate record.</p> <p>A Cameron Burns asked if any shortages of flu vaccinations for staff had been reported. B Culshaw advised she had spoken to Fiona Taylor, West Dunbartonshire are well ahead of peer vaccinations and are looking to complete shortly. The initial round of public vaccinations are due to complete 9<sup>th</sup> November. There are no shortages of vaccinations.</p> <p>D Smith advised members about the tone of an email sent to staff, this has been raised with line managers. The email gave the impression that staff were being instructed to have the flu vaccination rather than this being optional. It was confirmed that the flu vaccination is optional.</p> <p>B Culshaw and members noted that this was A Cosh last meeting before her retirement, the group thanked A Cosh for all her support to the HSCP for a number of years, and wished her well in her retirement.</p>	

H Little asked for it be noted that S Goldie will no longer attend this meeting unless there is specific need, S Goldie is meeting with local managers on a monthly basis.

b) Actions from Previous Meeting

Work continues on updating the global address book.

A communication officer is being recruited for the HSCP, 7 candidates will be interviewed next week. D Smith asked about workforce updates, staff on frontline are not receiving these, he asked if managers could be encouraged to share, this will be taken forward once the communication officer is in post.

B Culshaw advised that after meeting with the SMT , the trade Union suggestion to have alternative JSF and LRMT, SMT have considered and agreed this as way forward. B Culshaw asked for union to agree attendance at the LRMT. P O'Neill advised on deputising arrangements. A Cameron Burns will cover for D McCrone's Unison work meantime, deputising for NHS co-chair still to be considered. A Cameron Burns advised that health trade unions colleagues will take this forward for appropriate representations.

c) Chief Officer Update

Flu vaccinations have been a major project over the past two weeks.

A significant amount of work is ongoing with testing, as numbers have risen we are starting to see small pockets of positive cases. This second wave is quite different from the first wave, community testing centres are not seeing an increase in demand, however numbers in hospitals are starting to rise. Presentations this time round are very different, changes of activity are being closely monitored. In terms of local testing units; Old Kilpatrick Centre is now up and running, mobile testing is available at Church Street. Response rates in getting test results has improved.

B Culshaw advised that local Covid reports continue to be provided, number are being provided, numbers are significant however are lower than other areas across GGC. It is expected following the First Minister's announcement today that a tiered approach will be rolled out.

d) PPE

PPE going well, now classed as core business, hubs have been merged into Bridge Street with delivery of PPE still available. Winter contingency planning is underway. It was agreed that this would only be covered on the agenda if there were any issues.

e) Service Updates

i. Children's Health & Care and Criminal Justice

J Hinds advised key areas of activity have been continued; increase capacity for increased contact with families, contact centre in Clydebank has been identified, work is underway to ensure this is fit for purpose. The service is standing up contact space in Hartfield Clinic. The Children's Reporter has been updated and ongoing work will be reflected within their recovery plan.

Child flu immunisations continue to take place, peer immunisations have been arranged.

Work in Children's Houses is continuing around ensuring our children and young people continue to be cared for and that staff continue to be supported whilst also adhering to guidance from Public Health Scotland and Health and Safety colleagues. Work is underway re staff bubbles and part time staff to help reduce the risk of transmission.

Justice Social Work are continuing to return to normal court activity, some demands in particular work streams are being monitored. Additional funding resources have been agreed for women's safety over the next 6 months. Laura Smith, Service Manager is moving forward with plans.

D Smith asked if there were timescales on when additional contact venues will be stood up and in full operation. J Hinds advised that Hartfield required a report, he will seek an update. Furniture is required for Queen Mary Centre. J Hinds will provide an update out with the meeting once he has spoken to his management team for an update.

A McCallion asked about what was being done to prevent the spread of infection with staff working in different local authorities and also in West Dunbartonshire. A McCallion stated that he had raised this before with no conclusion, he also stated that previously he had been informed that Public Health Guidance was only guidance not statutory. J Hinds advised that managers are continuing to consider these points to reduce the risk and ensuring minimum staffing. Managers are reviewing numbers of staff who work in different sectors and locations. Managers have been looking at the possibility of staff bubbles and also looking at opportunities for part time staff to take on additional hours reducing the need for sessional staff. Trade Unions will also be consulted on any proposals. A McCallion may raise this out with the meeting as the situation has not been addressed. B Culshaw advised that J Hinds, A Slater and herself would review the scale of the issue and come back to A McCallion at the beginning of next week.

ii. Mental Health, Addictions and Learning Disabilities  
M Rooney has noticed a small increase in short term absences. Staff are becoming acquainted with technology available to provide care. Activity levels and demand of service are being looked at in case working practices need to revert to immediate care.

Staff are working closely with council colleagues on the test and protect scheme locally for those who may need additional financial and welfare support too residents it due to the impact of having to self isolate.

iii. Health and Community Care

J Gibson advised that in terms of testing, monitoring of the 2 testing centres is taking place. Weekly testing in care homes continues. Care Homes continue to facilitate outdoor visits for residents and families. Daily huddles continue, these meetings include a range of officers from HSCP, Public Health and Care inspectorate who review activity within care homes. Care homes managers continue to be met with on a regular basis.

In recent days a staff member in residential home has tested positive for coronavirus, the test result was received within 24 hours, the staff member did not have any direct contact with residents. Public Health have been informed and testing has been undertaken in the care home. There have been no other positive cases.

Flu vaccinations are going well, social media comments have been very positive.

An increased number of doctors are available in Covid assessment centres. The centres are seeing an small increase in numbers, this being monitored closely. A session with all GP's and other member of staff has taken place, emergency planning is underway in anticipation of a dramatic increase in demand.

During the pandemic service users have been unable to able access day services, however day centre staff are now offering some support to clients within in their own home.

J Gibson was delighted to report that a manager has been appointed for the new Care Home.

P O'Neill asked if a new testing regime was being implemented for care at home staff. S Walker advised that Scottish Government will be leading the new change, they will decide on which groups will be tested, this should come into place in November.

iv. HR Report

G Gall circulated paper for review, she advised that from Health side is in a positive position, absence continues to decrease month by month and is below the average target for the Health Board. There are a few increases within addictions, admin and retinal screening sectors, these areas are being targeted.

With regards to Covid, 13 members of staff are being reported under Covid codes, numbers have increased in to double figures,

however this does not mean that the staff are absent, some are working from home.

A Cosh reported that there has been an improvement in Council HSCP absence month on month from March. The HSCP are slightly above the FTE days lost for employees however this is still a significant reduction from last year. Medium to long term absences are still main issues with acute illness and personal stress being reflected.

The management team are conscious that we continue to face extreme ways of working and are focussing on health and well being of employees. Staff are being encouraged to take appropriate annual leave, and to take a different approach with teams especially coming into the winter and darker months, staff are being encouraged to take a walk during the day and look after themselves. From next week the council are hosting a virtual cuppa and a chat for all staff.

<https://intranet.west-dunbarton.gov.uk/news-and-notice-board/notice-board/2020/oct/virtual-cuppa-chat-reminder/>

B Culshaw and A Slater will provide feedback at the next meeting on remote support channels for home care staff.

D Smith commended managers for encouraging staff welfare and recognising the difficulties faced during these times and providing the opportunity for staff to join in conversations and taking time for themselves. He also commended staff for working hard during these times. B Culshaw echoed D Smith though and commended staff for carrying out amazing work during these difficult times, she is extremely proud of staff for continuing to deliver care to deliver care in communities.

f) Trade Union Updates

P O'Neill advised following on from 'Care after Covid' National Care Service document previously circulated some discussion took place to get Ethical Care Charter back on the agenda. A Slater and MJ Cardno will be reporting back to the group at the November meeting.

**3. Rolling Agenda Items**

a) Recovery Planning

Recovery Plan have been agreed by IJB. Currently no emerging issues. Trade Unions will be consulted when required.

D Smith updated members about immediate returners, he discovered that a weekly request could be made through Asset Management for office time, however has since been told that this should only be used on an essential need basis.

b) Testing

Covered above.

**4. New Agenda Items**

- Area Partnership Forum

B Culshaw asked members for thoughts on what 3 key messages should be fed back; areas to be feedback were agreed as the reduction in absence and staff resilience; flu vaccination programme; good work within children and families with the standing up of additional contact for families. A Slater will feed this back to Area Partnership Forum.

**5. Any Other Business**

No other business.

**6. Date of Next Meeting**

As agreed earlier, the next meeting will be a LRMT.

Thursday 5<sup>th</sup> November 2020

2 p.m.

Microsoft Teams

The next JSF will take place on;

Thursday 19<sup>th</sup> November 2020

2 p.m.

Microsoft Teams

Chair: P O'Neill



## WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

**Meeting:** Special COVID – 19 Meeting of Joint Staff Forum

**Date:** Thursday 19<sup>th</sup> November 2020 at 2 p.m.

**Venue:** Microsoft Teams

### Minute

**Attendance:** Peter O'Neill, Unison (chair); Beth Culshaw, Chief Officer; Ann Cameron Burns, Unison; David Scott, GMB; David Smith, Unison; Jo Gibson, Head of Community Health and Care; Jonathan Hinds, Head of Children's Health and Care and Criminal Justice; Margaret Jane Cardno, Head of Transformation and Change; Sandra Cowie, Unison; Sean Davenport, Unison; Simon McFarlane, Unison; Paul Carey, GMB; Val Jennings, Unison; Marie Rooney, Interim Head of Learning Disabilities, Addictions and Mental Health; Leeanne Galasso, Head of HR and Change.

**Apologies:** Audrey Slater, Head of HR; Barbara Sweeney, RCN; Diana McCrone, Unison; Helen Little, MSK Manager; Gillian Gall, HR Advisor; Shirley Furie, GMB; Val Tierney, Chief Nurse; Nazerin Wardrop; Margaret McCarthy.

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> P O'Neill welcomed everyone to the meeting. Advised meeting will end at 3 p.m. due to a 'short notice meeting' LRMT.	
2.	<b>Standing Agenda Items</b>	
	a) Minutes of Last Meeting D Smith Page two with regards to council workforce update, managers agreed to communicate briefs with teams. L Galasso reassured members that managers have been reminded to share communication briefs with staff groups.  Minutes were agreed as accurate record.	
	b) Actions from Previous Meeting Actions noted to be ongoing. The team that manages the global address list are under a lot of pressure at the moment, work will be carried out.  J Hinds stated that this has been worked through at the recent staff side meeting it was acknowledged that this was now complete.  From rolling action list, P O'Neill opened discussion on Unison's Ethical Care Charter which was circulated prior to the meeting. M	

Cardno drew attention to the position statement which details where we are with this work. The IJB adopted the principles outlined in the Charter in August 2017, good progress has been made to embed principles into the commissioning of home care services. M Cardno advised of emerging issues including an occupational sick pay scheme, there are services that we use who do not have this in place, we could stop commissioning these services or we can seek to work them to put this scheme in place. S MacFarlane agreed that it was crucial for providers to be encouraged to sign up the occupational health scheme. A Cameron Burns stated that the commissioned services should be signed up to the Ethical Care Charter and should be working towards this with support.

M Cardno drew attention to Section 4 which details how we can strengthen adherence to the charter. Members agreed to have this as a standing item on the agenda of the JSF. V Jennings welcomed the opportunity to enhance working practices for staff in these commissioned services. P O'Neill noted that the HSCP Board had previously approved recommendations to accept and adopt the principles outlined in Unison's Ethical Care Charter on 23<sup>rd</sup> August 2017.

V Jennings welcomed revisiting signing of Unison Ethical Care Charter and highlighted the purpose of this was to ensure service users are getting the best possible service and that will only be achieved if staff in external organisations are treated fairly and in line with fair work convention.

A development group will be established take this work forward. M Cardno agreed to take an updated position statement to the IJB.

c) Chief Officer Update

B Culshaw welcomed Leanne Galasso to the group as the People and Change Partner, replacing Anne Marie Cosh. Paul Carey was also welcomed to his first meeting of the group, B Culshaw congratulated him on his recent commendation.

West Dunbartonshire is moving to Tier 4 as of 6 p.m. tomorrow, risk assessments are being revised, service are preparing for this change.

Small numbers of positive staff and service users have been noted we are working with Public Health to ensure safety. Testing numbers are high, B Culshaw reminded members that numbers are ever changing, locally good progress is being made to minimise the transfer of infection. The numbers today are back to what they were in early October. The number of people in hospital with Covid is high within hospital settings.

As we move into winter and demand is due to increase staff groups are being encouraged to take annual leave and were being encouraged to get out during the day.

d) PPE

The next challenge will be potential disruption to the supply chain due to Brexit, plans are being put in place to minimise disruption. M Cardno advised that PPE is running well, she will provide an exception report when required.

e) Service Updates

i. Children's Health & Care and Criminal Justice

J Hinds provided updates. Up to 25 contacts can now take place each week across the local area. Staff side meetings continue to take place with positive outcomes. Support for Court Work services continues, there is a national backlog of community payback orders, locally Criminal Justice are looking to secure outdoor placements which is challenging due to the time of year. There continues to be a backlog of waiting times for young people to access CAMHS. There is a reduction of service across Health Visiting and School Nursing which is being managed. J Hinds confirmed that V Jennings would receive a formal response for car sharing by close of play today. With service going into Tier 4, D Smith asked for support to ensure that risk assessment and guidance was provided to managers to ensure staff safety within the work place.

A McCallion asked about staff coming in to care homes from other areas, he is reassured after work with A Slater and J Hinds that units will be staffed safely.

ii. Mental Health, Addictions and Learning Disabilities

M Rooney advised that activity levels are similar to pre Covid, similar to other services there is a short term increase in staff absence in terms of the move to Tier 4 it is business as usual, required work for contingencies has been carried out. M Rooney was encouraged that Trade Unions are supporting risk assessment, risk assessments are being reviewed and continue to be in place to keep staff across her service and service users safe.

iii. Health and Community Care

J Gibson stated that testing sites continue to be available, both have sufficient capacity on meeting needs continue to test care homes staff and residents weekly, we are seeing occasional positive staff test results, public health advice and mass testing when required. Testing may be expanded to Care at Home however guidance is awaited on this.

Queen's Quay Care Home is now in HSCP ownership, staff are currently undergoing a training programme and are familiarising themselves with the building. The moving of residents is due to start on 14<sup>th</sup> December however this is being reviewed on a daily basis due to Covid restrictions.

Flu Vaccination programme continues to be delivered and is going well, we are awaiting guidance if it is announced that the programme will be extended to a further age group.

D Scott asked on behalf of Home Care when they would be tested, as yet no specific detail has been received from Scottish Government on how this will be rolled out.

D Smith advised that Union have emailed Kevin McAlinden and Hazel Kelly requested a forum to discuss the new Care Home.

**iv. HR Report**

G Gall circulated report prior to the meeting. L Galasso advised that across the HSCP there has been as light increase in terms of absence, on council side the increase has been marginal, it is primarily long term absence that its affected. Across the HSCP work is ongoing to support managers to support the well being of the work force. The council have launched virtual cuppa and chat on a Wednesday to help to eliminate isolation, staff are also being encouraged to take walks during the day and utilise annual leave to ensure they are rested.

- f) Trade Union Updates  
No update from Trade Unions.

**3. Rolling Agenda Items**

a) Recovery Planning

Report going to IJB on 26<sup>th</sup> November with a position statement detailing where each service is. Respite Services are beginning to move forward. Work is ongoing at Board Level to look at the reinstatement of Day Care Services across GG&C.

b) Testing

Covered in item above.

**4. New Agenda Items**

No new items.

**5. Any Other Business**

No other business.

**6. Date of Next Meeting**

Trade Unions asked members to agree to step up the JSF to fortnightly meetings due to the introduction of Tier 4 and the impact on services. M Cardno was of the understanding as agreed as the last meeting that the JSF would remain monthly with the LRMT being stepped up. P O'Neill advised the LRMT was a 'short notice meeting' with all future 4 weekly meetings of this group cancelled. Clear support for a 2 weekly JSF meeting to update management and joint trade unions.

B Culshaw and P O'Neill will discuss and agree frequency and date of next meeting.

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP****Meeting:** Special COVID – 19 Meeting of Joint Staff Forum**Date:** Thursday 3<sup>rd</sup> December 2020 at 2 p.m.**Venue:** Microsoft Teams**Minute**

**Attendance:** Peter O'Neill, Unison (chair); Jo Gibson, Head of Community Health and Care; Jonathan Hinds, Head of Children's Health and Care and Criminal Justice; Paul Carey, GMB; Val Jennings, Unison; Marie Rooney, Interim Head of Learning Disabilities, Addictions and Mental Health; Audrey Slater, Head of HR; Shirley Furie, GMB; Val Tierney, Chief Nurse; Andy McCallion, Unison,WDC; Paul Carey, GMB; Allan Wallace, RCN; Hazel Slattery, PA (minutes).

**Apologies:** Beth Culshaw, Chief Officer; Ann Cameron Burns, Unison NHS; David Scott, GMB; David Smith; Unison WDC; Diana McCrone, Unison; Fraser Downie, IOM Mental Health; Gillian Gall, HR Advisor; Helen Little, MSK Manager; Julie Slavin, Chief Financial Officer; Leeanne Galasso, Head of People and Change; Margaret Jane Cardno, Head of Transformation and Change; Sandra Cowie, Unison NHS; Sylvia Chatfield, Head of Mental Health, Addictions and Learning Disabilities;

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> P O'Neill welcomed everyone to the meeting.	
2.	<p><b>Standing Agenda Items</b></p> <p>a) Minutes of Last Meeting V Jennings will provide comment to be amended in relation to the Ethical Care Charter. P O'Neill will double check which group is responsible for taking forward the Ethical Care Charter. It was agreed at the IJB in October 2017.</p> <p>J Gibson amended page 3 final sentence should be amended to Care at Home. J Gibson advised that the Cabinet Secretary for Health announced this morning that lateral flow testing will be introduced for designated visited to care homes as of 14<sup>th</sup> December; testing will also be rolled out to Care at Home as of 18<sup>th</sup> December. Guidance is awaited on both of these points in the next couple of weeks.</p> <p>Frequency of meeting will continue as fortnightly meetings.</p> <p>Minutes agreed once amendments have been made.</p>	PO

b) Rolling Action Log

H Little was unable to attend the meeting however provided the following update from the MSK Physio service. Meeting took place on Tuesday with staff side colleagues, no real issues. Awaiting Vale of Leven to be available for Face to Face Consultation with patients. Estate have not had the budgetary go ahead (from Acute) to complete the work (as previously mentioned this is to convert gym space into 2 physiotherapy treatment bays). The physiotherapy department continues to be utilised by MIU (who had to make way for SATA from their original space). H Little has emailed to try and expedite this work.

c) Chief Officer Update

Heads of Service will cover in the absence of B Culshaw.

d) PPE

No emerging issues with supply. Contingency work has been undertaken to mitigate against any risk which may emerge due to Brexit, winter planning work is complete and arrangements will be in place to ensure access to PPE across the festive period.

S Furie advised that issues have been noted re certain gloves, gloves are sticking together and ripping, J Gibson advised that the Hib have carried out a quality check on this batch there are a small number of faulty boxes which have been removed, Home Care works have been advised to not use boxes that are affected, this has been raised with procurement.

e) Service Updates

i. Children's Health & Care and Criminal Justice

J Hinds advised that health visiting and school nurses are experiencing some pressures on service delivery due to staffing which is being managed. The SCS are beginning to see the positive impact of additional staff to team tackling long waits. Criminal Justice are upscaling the service, the number of individuals being supervised is static there has been an increase in court reports, work is ongoing to manage this demand. Some level of absence within Criminal Justice, which is being monitored carefully. Children and Families focus remains on child protection, contact spaces are working well. Issue were reported this morning at one of the sites, this has been reported and will be repaired.

There have been issues accessing Clydebank clinic space for SLT due to flu vaccination clinics, the Service Manager is following this up.

Concern had been raised through V Jennings re robust risk assessment for the transporting of people who are Covid positive or suspected Covid positive, this has been a specific issue, L Galasso has been tasked to support operational managers to refresh and update the specific risk assessment, once completed this will be

circulated. This will be added to the rolling action list for update at the next JSF. V advised that departments are increasing/restarting services with no risk assessments, V Jennings to send details to J Gibson, risk assessments to be completed ASAP and distributed.

ii. Mental Health, Addictions and Learning Disabilities  
M Rooney provided the following update. S Chatfield is now back on a phased return. The IOM post for Addiction Services will be advertised on 14/12/2020. Services are working at pre-Covid levels. Through Test and Protect the services have noticed a decreased in referrals, work continues within Mental Health Services.

iii. Health and Community Care  
J Gibson advised there has been an outbreak of positive cases among one of the Home Care Teams, 4 positive cases, 1 member of staff in hospital and many isolating. Service is being covered. J Gibson sent her best wishes to those who were affected.

In relation to the new vaccine, details are continue to be updated. GG&C have purchased a significant amount of the Pfizer vaccine, Courageous; which will arrive this weekend. GG&C will vaccinate Health and Social Care staff first, one aspect of planning is that Health Staff could use webpropol to book a vaccine however WDC staff do not have this option. On booking the first vaccine users are being made to book a second vaccine. The vaccination is a two dose vaccine, those vaccinated will be immune after 7 days of the second vaccination.

Plans are being considered on how we administer and store the vaccination, as it must be stored at -70 degrees. A national webinar is being held tomorrow which will provide further information. A Slater advised that currently we have more questions than answers, but will become clearer over the next few days. Once communication materials are received from Scottish Government a wide scale communication will be distributed.

S Furie asked for confirmation on the opening hours for Goldenhill for Care at Home staff to use facilities, M Rooney advised that welfare facilities are available 9 a.m – 5 p.m., Monday to Friday. S Furie asked if further facilities could be provided out with office hours and weekends. J Gibson and M Rooney will take this forward. M Rooney advised that the Crisis Team operate longer hours which Dumbarton Home Care staff could utilise.

Weekly testing continues for staff and residents of care homes. Care at Home staff testing will be starting as of 18<sup>th</sup> December 2020, designated care home visitor testing will start as of 14<sup>th</sup> December 2020.

Preparation for the move to Queen's Quay care home is ongoing, hoped date for move is 14<sup>th</sup> December this may change depending on any Covid outbreaks.

Day Care Services are carrying out a pilot how day services are offered to help to remobilise the service. Home visits and person centred visits are being explored. V Jennings advised if day care services are changing on a permanent then organisational change processes must be followed. A Slater confirmed this was a pilot, however any permanent changes would follow the organisational change procedures.

#### Chief Financial Officer Update

J Slavin was unable to attend however provided the following update; last Thursday (26/11/2020) HSCP Board considered both the current and project 2020/21 financial position for the partnership, which can be viewed in full using the link below provided by M Cardno. If the HSCP receives Scottish Government funding to cover all actual and project Covid related expenditure then the current, tentative position is an underspend across both health and social care services for this financial year.

Any underspend will either be earmarked for specific purposes i.e. Primary Care, Mental Health Action 15, ADP or added to our general reserve balance. As updated at the meeting it is likely that the application of reserves will form part of the 21/22 budget setting process. While the Scottish Government will not be in the position to announce 21/22 funding settlements until 28<sup>th</sup> January 2021, we are currently working on the assumption of WDC Funding for 21/22 as agreed as part of the 3 year indicative budget to the HSCP in March 2020. This indicative allocation could be further reduced if elected members accept the recommendation made within the Council's Long Term Financial Strategy presented at November council - [Cover Report LTFS & Appendix 1 LTFS](#). However this is only current planning assumption and no final decision will be made on the budget contribution to the HSCP until March 2021 when Scottish Government funding is known.

On the Health side NHS GGC are working on a 3% likely uplift assumption, however as discussed in prior years the actual cost of applying the pay award across AfC Grades exceeds 3% as does price inflation for GP Prescribing, therefore a budget gap is anticipated.

J Slavin stressed again that funding levels are unknown and the above info are the current planning assumptions. It is hoped that for 21/22 both health and social care service budgets will be considered favourably by the Scottish Government, however prior to Covid the HSCP Board had previously accepted that there will be budget gaps both in the short, medium and long term based on population and demand growth versus estimated financial settlements. This is set out in more detail within the WD HSCP Medium Term Financial Plan as approved on 25/03/2020 -

<http://www.wdhscp.org.uk/media/2299/appendix-8-wdhscp-draft-medium-term-plan-202021-to-202425.pdf>.



Strategy and Transformation update as follows work is ongoing to recruit to 2 managerial vacancies, the first, which is the post of Contract, Quality & Commissioning Manager, will go the job evaluation panel on 16<sup>th</sup> December. The new post of SDS Officer, which will sit below this managerial post will also be evaluated that day as will a long standing piece of development work to align the ILF and Direct Payment Team.

iv. HR Report

Not much change to absence, further absence figures will not be available until next week.

A Slater advised that with regards to the £500 payment for staff, A Slater has been working closely with Stella Kinloch, WDC on how we implement this, it is anticipated that this will not be paid before Christmas however will be processed as soon as possible. Scottish Government have still to provide clarification of some points. Further work is also required on identifying the number of staff who are eligible for this payment. A Slater also spoke about the impact this may have on those who access Universal Credit.

f) Trade Union Updates  
No pertinent updates.

**3. Rolling Agenda Items**

a) Recovery Planning

An update on Recovery was presented to the IJB on 26<sup>th</sup> November. Copies of the report (item 9) can be found using the following link:- <http://www.wdhscp.org.uk/media/2385/wd-hscp-board-document-pack-26-november-2020.pdf>

b) Testing

Covered in item above.

**4. New Agenda Items**

a) Letter from the Cabinet Secretary for Health and Sport  
A Slater covered in HR update above.

**5. Any Other Business**

On behalf of D Smith, S Furie asked if the financial session would be taking place. J Slavin provided update above. A date has not yet been set. A Slater will follow this up with J Slavin and MJ Cardno.

**6. Date of Next Meeting**

Thursday 17<sup>th</sup> December 2020  
2 p.m.  
MST



## WEST DUNBARTONSHIRE HEALTH &amp; SOCIAL CARE PARTNERSHIP

**Meeting:** Special Weekly COVID – 19 Meeting of Joint Staff Forum

**Date:** Thursday 17<sup>th</sup> December 2020

**Venue:** Microsoft Teams

## MINUTE

**Present:** Ann Cameron Burns; Marie Rooney; David Scott; Helen Little; Sean Davenport; Margaret-Jane Cardno; Allan Wallace; Audrey Slater; David Smith; Peter O’Neill; Beth Culshaw (Chair); Andy McCallion; Sylvia Chatfield

**Apologies:** Jo Gibson; Diana McCrone

**In Attendance:** Lorna Fitzpatrick [Minute]

Item	Description	Action
1.	<b>Welcome, Introductions, Apologies</b> Beth Culshaw welcomed the group to the meeting and apologies were noted as described above.	
2.	Standing Agenda Items a) Minutes of Last Meeting Minute was accepted as an accurate record.	
	b) Actions from Previous Meeting <u>Ethical Care</u> – P O’Neill understood that the paper was agreed at IJB and was returned to the JSF to finalise. It was agreed in November that paper should go back to IJB in line with original agreement. MJC reported that it would be reported to the next IJB in February 2020,	Update report to go to HSCP Board in February – MJC
	<u>Vale of Leven</u> - MSK discussions are ongoing with a delay in facilities completing the bays to enable face to face provision of service. Progress is slow but things are moving.	Standing agenda item for JSF – H Slattery
	<u>Robust Risk Assessment for Covid + transfer</u> – J Hinds advised that there has been a lot of activity and Health & Safety have issued an additional communication about cleaning and the risk assessment and guidance on the Intranet has been updated. Guidance to staff is being updated tomorrow.	
	P O’Neill raised and wished noted that Unison strongly oppose workers using their ow vehicles to transport client with suspected	

or confirmed Covid-19. Advised that V Jennings is still looking at this issue and was raised at other meetings where there was a real objection to people using their own vehicles. Looking for a clear definition of “deep clean”. Updated guidance was very much about alternative options to use of personal vehicles, for example pooled cars. All of the other risks should be mitigated by updated advice but JH to review and provide further update.

JH to circulate updated guidance.

D Smith noted the need to take people to a safe place – almost impossible to solve bearing in mind that people can be asymptomatic. He described this as an impossible conundrum. Should everyone be treated as having it – in other words, make no assumptions. Argument for treating everybody as if there is an issue and so continued use of PPE is appropriate. Agreed.

D Smith advised on other services which have been restarted and where appropriate use of PPE is not in place. The joint Trade Union position will be that if a qualified H&S rep is not consulted and if an appropriate risk assessment is not undertaken, then it is impossible to say that members are safe. B Culshaw recommended that if any member of staff feels that there is a gap within any service, this should be reported to A Slater.

A Cameron Burns - it is staff side role to identify individuals – it is management responsibility to make sure information is being fed appropriately to teams.

A McCallion - in respect of visiting care homes, there are risk assessments in place. Visits to young people’s homes have been discouraged but on Christmas Day, they have agreed that some people will be coming in to visit and he asked if A Slater and J Hinds could ensure that it is essential to have risk assessments in place to ensure that visitors, residents and staff kept safe.

Agreed McCallion would provide full details to A Slater.

Check the HSCP Risk Assessment Library – D Smith recommended we review this. A Slater

A Slater stated that if there are any concerning areas, feed details to her because all risk assessments should have been completed.

#### Out of Hours Welfare Facilities

The reason why that was kept on was because it was about toilet facilities and also about touchdown space. The move to Tier 4 put a stop to some of that activity. D Smith advised that feedback from members is that it is important to maintain adequate touchdown space to type up notes etc.

A Slater to call D Smith to discuss

D Smith advised of the importance of getting this information to front line staff.

#### c) Chief Officer Update

Recent rates of infection have been downwards but this has risen over the last week. We are around 90 per 100,000 and B Culshaw asked that the message about complying with guidance was reinforced by staffside colleagues. (This is a rolling figure over the last seven days and means for WD that approx 80 people have tested positive in the last week.)

Queens Quay is now occupied and although it is early days, residents seem to be settling in well.

SG guidance on Christmas visiting has been widely circulated.

Testing is moving apace with LFT being piloted in mental health wards across the board. It will come into social care in January. P O'Neill requested clarification this would include Care at Home workers from January also, this was confirmed.

Covid Vaccination. Staff started to attend LJB last week and we now have locally trained staff. First vaccinations in care homes to start tomorrow. Vaccinations being delivered from today in Vale of Leven hospital.

L Fitzpatrick

Figures for rates that are shared with the IJB on a Wednesday will also be shared with Joint Staff Forum.

A McCallion advised that there is an element of cross infection risk in children's care homes and staff are keen to know where they will be in the schedule for vaccination in due course.

Care at Home LFT will start in January 2021.

#### d) Service Updates

- i. Children's Health & Care and Criminal Justice  
Focus remains on the most vulnerable and most at risk. One area where we have a pressure is around school nursing and the Chief Nurse is involved in seeking a solution and introducing students (as per CCG programme).

Criminal Justice remains well staffed but some flexibility around accessing a small pot of funding to support backlog.

A Wallace asked about pressure in health visiting and school nursing and asked if he could provide any support. A lot of this is about absence rather than Covid-related. J Hinds advised that skill mix is under review to ensure appropriate cover and thanked A Wallace for the offer of support.

- ii. Mental Health, Addictions and Learning Disabilities  
Vacancies in Mental Health are out for advert or in the pipeline to go to advert. Services are ticking over – busy but managing well. Some staff have been able to take advantage of getting vaccinations as well as being able to support the vaccination programme.

Humanitarian Hub support is also in place but numbers remain low.

- iii. Health and Community Care  
Core Team are working to ensure every vaccination slot is being used and full training is being given to ensure we have a fully qualified cohort of vaccinators.

D Smith advised that a local JCC in community care has been set up covering older people, occupational therapy, adult care and one other team. There is a will to set up similar for sheltered housing etc. Had first initial meeting and commitment given to work with employer to actively address any issues. There was a risk assessment meeting and there are very few risk assessments in the library. There will be an inspection of that area early in the new year. The trade unions have been pushing for the risk assessment meeting scheduled for the end of January to be held earlier.

A Slater will pick up and come back to D Scott.

D Scott – GMB is still concerned with close contacts. In home care, a number of staff have tested positive and members who have had close contact have been told they don't have to self-isolate. Test and trace were unhappy to hear that and contacted Richard Heard. A Slater will pick up and come back to D Scott.

Need to remain vigilant about use of full PPE even once vaccinations are in place.

#### MSK

Remobilisation of face to face in Vale is underway and work continues in Louisa Jordan. There was a FOI put to the board and MSK have fed into that response in connection with gym space.

- iv. HR Report  
The HR report was circulated earlier and A Slater picked out some highlights for the group, including a slight increase in absence both short and long term. One of the highest reasons for absence is around stress and anxiety.

Lots of anxiety around the vaccination and recent advice is to avoid if you are pregnant and Core Brief has a list of FAQ.

Important for people to make a well informed choice around vaccination and so important to signpost to good sources of income.

e) Trade Union Updates

P O'Neill – ongoing Ethical Care Charter and National Care Service debate.

A Cameron Burns had no update

D Smith requested IT update. MJC advised this is becoming an acute issue and discussions are taking place at a senior level but progress is slow. Progress has been made on the council side and progress is being made on the health side. Authorisations have now been given. A Cameron Burns asked for a more substantial written update including a detailed timeline.

MJC will provide a written update for next JSF.

**3. Rolling Agenda Items**

a) Recovery Planning

No update.

PPE Arrangements for New Year. Assurance provided that we have healthy stocks of PPE at the moment with a reasonable contingency. Deliveries this week were on time and line with winter planning requirements. 28<sup>th</sup> December and 4<sup>th</sup> January will have emergency stocks available at WDC store. For anyone who can't travel, delivery options are available. Also used WDC stores as an emergency for care at home workers so they won't have to go to care homes to pick up kit. Hubs have been extended to 31<sup>st</sup> March and seeing a change in types of stock being held to reflect preparation for Brexit. Expected in January to hold stocks of LFT kits and awaiting guidance on storage and distribution of that. Delivery expected early January.

b) Testing

See above.

**4. New Agenda Items**

a)

**5. Any Other Business**

No update available on Aurora House.

P O'Neill advised the meeting that A McCallion is retiring and it was noted that he will be a big loss to the branch as he has made a huge difference to members' lives over the years. The group wished him well. B Culshaw noted that he has been an excellent advocate for his services and thanked him on behalf of the JSF and wished him a long and happy retirement.

**6. Date of Next Meeting**

Thursday 31<sup>st</sup> December 2020 - CANCEL THIS MEETING  
2 p.m.  
MST

Meeting to be  
cancelled – H Slattery



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Meeting:** Special Weekly COVID – 19 Meeting of Joint Staff Forum

**Date:** Thursday 14<sup>th</sup> January 2021

**Venue:** Microsoft Teams

**MINUTE**

**Present:** Peter O’Neill (chair); Ann Cameron Burns; Audrey Slater; Beth Culshaw; David Scott; Helen Little; Jo Gibson; Julie Slavin; Margaret Jane Cardno; Sean Davenport; Shirley Furie; Susan Walker; Sylvia Chatfield; Paul Carey; Andrew McCready; Leeanne Galasso.

**Apologies:** Diana McCrone; Jonathan Hinds; Val Jennings; Fraser Downie; Margaret McCarthy; Allan Wallace.

**In Attendance:** Hazel Slattery (minute)

Item	Description	Action
1.	<p><b>Welcome, Introductions, Apologies</b> P O’Neill welcomed the group to the meeting and apologies were noted as described above.</p>	
2.	<p><b>Standing Agenda Items</b>  <b>a) Minutes of Last Meeting</b> Minute was accepted as an accurate record.</p> <p><b>b) Actions from Previous Meeting</b>  <u>Vale of Leven</u> – H Little advised that progress is still slow but continues to be ongoing. Facilities have confirmed that work will take place as a matter of urgency.</p> <p><u>Move of NHS 24</u> – no further update.</p>	
	<p><u>Ethical Care Charter</u> – draft paper will be shared, going to IJB in February, it is slightly different from the national position.</p>	<b>MJC</b>
	<p><u>Robust Risk Assessment for Covid + transfer</u> – L Galasso advised there is a risk assessment in is place, a further discussion will take place with V Jennings.</p>	
	<p><u>Out of Hours Welfare Facilities</u> – A Slater and D Smith are taking this forward. J Gibson is checking with L McKnight if this have been resolved. S Furie advised that facilities have now being used at the sheltered housing project.</p>	<b>AS, DS</b>
	<p><u>Financial Planning Session</u> – J Slavin suggested that because Scottish</p>	

Government are not realising settlement figures until 28<sup>th</sup> January it was proposed that a session is held mid February. The main issue that there will be a number of funding gaps. Members agreed that a separate meeting would be arranged.

### **c) Chief Officer Update**

Additional lockdown elements have been reinstated due to changes in tier level. Numbers have been shared. Pockets of absences have been noticed. Numbers in West Dun as of today are around 240, lower than our local authority counterparts. Work around testing continues and plans are being worked up for vaccinations for staff and members of the public. So far through a range of activities we believe around 1500 members of HSCP staff have been vaccinated final numbers are not available, as the numbers are collated by those who live in West Dunbartonshire, this has been raised as a national issue and hope by the next meeting we will have employee numbers. An additional clinic took place yesterday for staff, it was acknowledged that many staff gave up their time over the festive period to allow these plans to take place.

We have outbreaks we in two of our care homes and are working closely with them. This is key time for us as the vaccination takes 21 days to take effect. A Cameron-Burns asked if the care homes with outbreaks were council or private care homes, B Culshaw confirmed it was private care homes. P O'Neill asked for further details on the private care home outbreaks as this could have an impact on council staff who are being asked to cover in private care homes. Aware that council staff have been asked to cover in private care homes and raised concerns over private organisation being baled out while raking in profits. Previous concerns with impact on staff raised at LRMT. This feeds into trade union discussion re bringing back into public sector/National Care Services. B Culshaw advised that staff would only be asked to cover in extreme circumstances, given where we are in the pandemic this could be a possibility, so far NHS staff have been asked to provide cover which they have been in agreement with. Further discussion with Trade Unions, B Culshaw and A Slater will take place re the principles of providing cover in private care homes. B Culshaw reminded everyone that despite vaccinations full use of PPE must continue to be used, B Culshaw encouraged everyone to share this message with staff.

**BC, AS, PO**

P Carey agreed that the numbers were impressive he asked if there were plans to have vaccinations available 24 hours, and if there were plans to get vaccinations out quicker. B Culshaw advised that the challenge of having 24 hour facility would be staffing. The second vaccination is being planned for the end of February. Vaccinations for the over 80's vaccinations have started to take place in Alexandria and Dumbarton.

J Gibson advised that 2 vaccination groups are taking place at this moment, A Slater and MJ Cardno are leading staff vaccinations. Local authorities have been asked to identify local sites for vaccinations to take place, GG&C will provide vaccination team. Building must be of a certain specific, once this is agreed sites will be confirmed.

In February it is hoped that vaccinations for the over 70's age group will take place. It is recommended that the Hub at Clydebank and Concord/Denny Civic be used at vaccinations clinics. Support staffing requirements will then be reviewed once sites are confirmed. Planning is moving faster than originally planned, it is hoped that come the Autumn all of the West Dunbartonshire population over the age of 18 will have been vaccinated. This weekend a national booking system will be completed, residents will be able to book a vaccination at centre that best suits the individual.

A Cameron-Burns asked for it be recognised that a number of staff have worked extremely hard to get the vaccination programme up and running.

S Furie asked if testing will still be provided weekly after vaccination. J Gibson advised that there has been no notification of a reduction in testing regime. This is likely to be a year long programme, we are planning to run venues 6 days a week, 8 a.m. – 8 p.m., the 7<sup>th</sup> day is being held for other cohorts of the population.

P Carey echoed previous comments regarding staff recognition, he asked in relation to Children's Homes if they would be offered the vaccination.

S Walker advised that he vaccination does not prevent you from getting the virus and carrying the virus and that full PPE should continue to be used.

#### **d) Service Updates**

##### **i. Children's Health & Care and Criminal Justice**

MJ Cardno advised in the absence of J Hinds that nationally there are varied approaches to vaccinations, some areas have completed social work frontline staff vaccinations. Scottish Government have said Health Visitors are part of priority 1 for vaccinations.

Some foster care placements have broken down as carers are not prepared to undertake contact (often with the most challenging parents) without vaccinations. Many foster carers are older, providing emergency/short term placements so risk of exposure is greater.

There has been an increase in commissioned services asking about vaccinations.

##### **ii. Mental Health, Addictions and Learning Disabilities**

S Chatfield vaccinations and testing processes are in place and working well. Acute patients and staff are in the process of being vaccinated. Staff interviews are taking place, admin staff have been appointed.

##### **iii. Health and Community Care**

Working closely with care home and care at home staff. Care home staff are being tested weekly, residents are tested if they have symptoms. Regular meetings with Care Home Managers continue to take place.

Residents were moved in to Queens Quay in December, move went well, residents are settled. Visits to Care Home are now only taking place outside or through windows. Essential visits continue to take place, with lateral flow testing being offered to visitors.

Beginning to see numbers increase in attendances at Community Assessment Testing Centres, discussion are underway about increasing hours of centres.

Care at Home staff will access PCR testing, logistics of this are being worked through. P O'Neill advised that this has been raised as a priority, he asked why this area would be using PCR, J Gibson advised that a letter was received from Scottish government which changed from previous guidance of lateral flow testing to PCR. PCR tests are more reliable than lateral flow tests.

S Furie asked if emergency repair service would be offered testing. B Culshaw advised that emergency repair service are not included in the first stage. The only exception is that that in stage 2 if there are any technical staff going into a care home.

D Scott reminded managers that footfall to building should be kept at a minimum.

A Cameron Burns asked what would happen with the lateral flow test that are now no longer being used, would these be sent back so they could be utilised in other areas, H Little advised that PPE hub received kits yesterday for adult community care and AHP's, contact has been made with managers to ensure this is coordinated and that kits are picked up and distributed to staff. Staff will be tested every 3/4 days using the kit.

#### MSK

Business as usual, around 27 members of staff are being deployed into different areas to provide additional support.

#### iv. HR Report

There has been a slight increase in absence. A Cameron Burns if any trends have been identified, A Slater advised that nothing is standing out however she continues review this.

Communication will be shared next week re supports that are available for staff.

#### **e) Trade Union Updates**

No relevant updates.

**3. Rolling Agenda Items**

a) Recovery Planning

Focus has changed due to the new restrictions. ICT continues to be a priority. Work streams are ongoing to aid recovery.

b) Testing

See above.

**4. New Agenda Items**

a) £500 Health and Social Care Bonus (attachment)

A Slater advised that the NHS have introduced a core brief inviting staff to asking if they would like the payment spread over 3 months as the payment could have an impact on Universal Credit payments.

For WDC employees a number of questions have been put to Scottish Government, this will be fed back as soon as we have a reply.

**5. Any Other Business**

Members agreed to fed back positive working from this meeting to the Area Partnership Forum.

**6. Date of Next Meeting**

Thursday 28<sup>th</sup> January 2021

2 p.m.

MST



**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

**Meeting:** Special Weekly COVID – 19 Meeting of Joint Staff Forum

**Date:** Thursday 28<sup>th</sup> January 2021

**Venue:** Microsoft Teams

**MINUTE**

**Present:** Beth Culshaw (chair); Ann Cameron Burns; Audrey Slater; David Scott; Jo Gibson; Jonathan Hinds; Julie Slavin; Peter O'Neill; Val Jennings; Paul Carey; Euan McLean; Chris Rossi; Sandra Cowie.

**Apologies:** Diana McCrone; Helen Little; Margaret-Jane Cardno; Margaret Wood; Shirley Furie; Val Tierney; Fraser Downie; Sylvia Chatfield; Allan Wallace.

**In Attendance:** Hazel Slattery (minute)

Item	Description	Action
1.	<p><b>Welcome, Introductions, Apologies</b> B Culshaw welcomed everyone to the meeting. It was noted that a number of stewards are attending health safety training on a Thursday for the next 10 weeks.</p>	
2.	<p><b>Standing Agenda Items</b> <b>a) Minutes of Last Meeting</b> Minute was accepted as an accurate record.</p>	
	<p><b>b) Actions from Previous Meeting</b> P O'Neill asked for MJ Cardno to share the report on Ethical Care Charter which is going to the IJB. Members are waiting on the publication of Feely Report on national care.</p>	<b>MJC</b>
	<p>Budget being set this afternoon, J Slavin is looking at dates to discuss with JSF.</p>	<b>JS</b>
	<p><b>c) Chief Officer Update</b> Work on vaccination programme continues. No areas of concerns have been highlighted with SMT. A significant number of staff are now vaccinated. B Culshaw reemphasised that PPE and infection controls procedures must continue to be followed after vaccination.</p>	
	<p>The rate of infection for West Dunbartonshire is sitting at an average of 220 per 100,000. Infection numbers are reducing, we are continuing to encourage people to follow rules to help the reduction. Hospital colleagues are under significant pressures, the rate of hospital admissions in relation to Covid are the highest they have been in GGC.</p>	

#### **d) Service Updates**

##### **i. Children's Health & Care and Criminal Justice**

Children and Families Social Work are back to operating largely remotely, statutory contact continues to take place, virtual hearings are back in place. Prioritisation of work is in place for child protection and those most vulnerable.

Winter support package funding received before Christmas, this will be used to support residential house and the most vulnerable.

Courts have reduced activities with more online activity taking place. A small office presence is in place for high risk offenders. Central funding will be received to help support online supervision, this service has put in place over the past couple of week through the third sector.

Specialist Children's Service have done great work in tackling CAMHS waiting list, waiting list have fallen significantly, supported by additional staff resource from HSCP and central SCS team, all appointments will be scheduled by mid February.

Main issue in Health Visiting is staffing due to absences, home schooling and challenges faced by families due to schools being closed. The Senior Nurse continues to review allocation of work streams.

As part of Children and Families Programme Board dispute, the final meeting of the programme board took place yesterday, Unison members voted to accept statement of resolution and tracker. J Hinds thanked trade union and colleagues for this positive progress. A JCC will now be set up with the first meeting taking place in 4 weeks time.

P Carey asked as a residential worker if staff have been vaccinated within the 3 residential staff, J Hinds advised that all staff have been supported to access vaccinations. If there are any gaps this will be picked up with children's home managers.

P Carey asked if all staff in frontline services been thanked and their hard work and commitment, B Culshaw advised that a letter has been sent out to all HSCP staff across the partnership. J Hinds also issued communication to his services recognising continued efforts and commitment which also provided an update on developments across the partnership, if this has not been received frontline P Carey was advised to contact J Hinds.

P Carey asked what supports were in place for those who are home schooling and trying to work from home. B Culshaw recognised the pressures that parents and carers are under to keep family support and work life ongoing. A Slater advised that anyone in this position are to speak to their line manager to help support in anyway that they can. P Carey highlighted that especially in residential settings coming off a nightshift then coming home to home schooling, for specific issues line managers should be approached, if no resolution contact should be



made with A Slater.

ii. Mental Health, Addictions and Learning Disabilities

It was noted that today was M Rooney's last day in the authority, B Culshaw offered her best wishes in her new role and thanked her for her hard work and commitment to West Dunbartonshire HSCP.

iii. Health and Community Care

Services continue to be hugely busy and continue to meet daily to review support to care homes, there are 2 outbreaks in care homes they which remain the same as last meeting, cases in these homes are reducing.

Large amount work in team in regards to testing. LFT support is being provided. A huge programme of work in underway re new teams to PCR testing. J Gibson thanked members on this group who helped facilitate this. LFTs and PPE will be received this week, regular testing will happen from now on in.

A huge amount of work has been carried out in relation to staff vaccinations with a huge from staff groups. Those who have not been vaccinated are those who are within 4 weeks of a positive Covid test, mops up session will be provided.

In regards to the wider vaccination programme, all care home residents and people aged over 80 are on track to have been vaccinated by end of January. Only exception is a small group of house bound clients who are having appointments next week. Wave two of the vaccinations will start to take place for those aged between 50 and 75 will be invited to attend mass vaccination centres from 1<sup>st</sup> February 2021.

GGC will provide vaccination staff, local authorities will provide sites and support staff. The 3 sites across the area are The Hub, Clydebank, Concord/Denny Civic Theatre, Dumbarton and Alexandria Community Centre. GP's will provide vaccination to those over 75 and on shielding list, plans are being developed to carry this out. All of these people will be vaccinated within the next 10 days. Transportation plans are being developed for a small number of people who are unable to travel. It is hoped that those over 50 will be vaccinated by the end of May. Vaccination plans will be place for most of 2021.

There has been a lot of work going on within the Council on how to staff the sites, volunteers from Leisure Trust, Heritage and Libraries, training and support is being provided to these people, a cohort of young people from Kick Start will be used meet, great and signpost people attending the vaccination centres.

D Scott asked if those who are being asked to open centres would be provided with a vaccination. J Gibson confirmed that following national discussions these people will be offered the vaccination.

He also asked who was responsible for the risk assessment of centres,

J Gibson advised that the Assets Team were responsible, risk assessments have been carried out by Assets, HSCP and MOD to ensure that centres are safe for the public and those working in sites. J Gibson will ensure that risk assessments are available for those who have requested to see them.

iv. **HR Report**

Absence levels are stable. Communication has been sent to all HSCP staff with links offering additional support. The Mental Health check in is being launched again, details will be circulated.

**e) Trade Union Updates**

A Cameron Burns wanted to ensure that staff have been advised of the opt out letter in the letter for staff who are due to receive the £500 bonus, this information is aimed at those who would be disadvantaged if they were to receive the payment in the February pay run. Information has been provided in the core brief, A Slater will ensure this is reissued and highlight this element of the core brief.

**f) Vale of Leven MSK Service**

Discussions are ongoing.

**3. Rolling Agenda Items**

a) **Recovery Planning**

Recovery planning continues.

b) **Testing**

There has been good uptake in care homes.

**4. New Agenda Items**

No new agenda items .

**5. Any Other Business**

No other business.

**6. Date of Next Meeting**

Thursday 11<sup>th</sup> February 2021

2 p.m.

MST

**West Dunbartonshire Health & Social Care Partnership****Meeting:** Clinical and Care Governance**Date:** 25 November 2020**Time:** 12.00pm**Venue:** Teams Link in Diary Invite**DRAFT MINUTE**

**Present:** Sheila Downie, Service Manager, Specialist Children's Services  
 Fiona Wilson (Chair), Clinical Director  
 Helen Little, Physiotherapy Manager Partnerships  
 Jo Gibson, Head of Health & Community Care  
 Jonathan Hinds, Head of Children's Health, Care & Criminal Justice  
 Val Tierney, Chief Nurse  
 Philip O'Hare, Clinical Risk Coordinator Covering Partnerships  
 Marie Rooney, IOM Mental Health  
 Fraser Downie, IOM Mental Health  
 Stephen Rankin, Care Inspectorate  
 Sylvia Chatfield, Head of Mental Health

**Apologies:** Beth Culshaw, Chief Officer**In Attendance:** Vivienne Warner (Minute)

Item	Description
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1.	Welcome and Introductions
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	Introductions were made round the room.
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2.	Minute of Previous Meeting
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	The Minute was accepted as an accurate record
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3.	Matters Arising
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	There were no matters arising not covered elsewhere on the agenda
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Exception Reports	
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4.	Chief Nurse Update
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	CCG Workplan has not been taken any further at the moment. This will help inform the work done in individual services. Want
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to map the audit activity in services and will be picked up in the new year.

Risk in care homes – what our response would be if our homes tipped into crisis. Looking at Board level and local level to address it.

Children & Families guidance came out from the Government. Inward investment for School Nursing and looking at what we require in District Nursing. Good this is getting some recognition. Request has been submitted.

#### 5. Mental Health/Learning Disability/Addictions

Inpatient service at Vale of Leven Hospital does not have any consultant psychiatrist at the moment. Meeting with Clinical Director of Older People's services to look at getting cover. If this is unsuccessful, we would have to move the patients elsewhere in the system. Trying to get a plan in place for the longer term. Pressure across the system.

#### 6. Health and Community Care

Concerns around staffing for Care at Home nearing the Christmas period. More staff are being affected/isolating through test and protect. Looking for ways to support the rota. Also looking at contingency measures for care homes. Asked managers to join a call on Friday to discuss further.

Inspection is due.

Move to new care home in December and closing the 2 other homes in Clydebank. Challenging to move during this difficult time. Plans have been reviewed with Public Health and other senior staff from Council. Residents moving in on 14 & 15 December. May have to be postponed if any major covid outbreaks.

Significant challenge around delayed discharge. Individual or small numbers getting covid means homes have to close therefore unable to move discharged patients in. There is a plan in place. JG will join an overview group taking place twice weekly. Have MHO and SW capacity. We will apply AWI legislation more rigorously. Hope to use some beds in Crosslet House and hope to get agreement from Care Inspectorate for this.

Recently developed a new SSA. A number of staff have been trained to review against the new SSA. Will report to IJB in February.

Supported discharge using step down beds? Need to have enough staff to support rehab as few OTs available. COPT and FIT will help out but happy for physio to also support.

## 7. Strategy and Transformation

Nothing by exception.

## 8. MSK Physiotherapy – LEAD REPORT

Papers circulated and presentation shared.

A workplan is being pulling together re safety, effective covid safety and quality improvement. Kerry checks APC registration monthly for physiotherapy staff across NHSGGC.

Need to pass notes audit – pass mark is 90%. We currently have 97% pass rate but there is an issue with one question leading to only 75% pass on this. There are skin surveillance champions within the service; had been advised it can be done virtually but this was not successful.

Reduced face to face appointments to 30%. Have accommodation in the Louisa Jordan. Pushing to get to see patients face to face. Need to ensure staff and patients are safe. Have not made the 4 week waiting time for some time as normally have 5500 patients per month. Have been able to address the backlog with opt in letters for one week. Only have 1000 waiting for regular appointments. Happy to get referrals from GPs.

In service training programme is back up and running remotely. Patient information leaflet is available. Need to capture accurate data – what % is face to face/virtual etc. Supported self management resource available. Service score has been 48/50 for care measure. Getting quality information back in as patients sent a link. Staff feedback is not so good – very challenging in the virtual world. Concerned about staff wellbeing and had a staff wellbeing event with 2 keynote speakers. Embedding Quality Improvement into the service. Followed QI methodology and do small tests of change and re-evaluate. Have some work to do. Patient reported outcome measures – some concerns. 18k completed feedback last year; much less this year. Feeding into Patient Management Group.

MJC asked how patients felt about using near me. Patients seem to like it more than staff. Agreed to share the bigger scale information.

JG noted the direct link between physio and orthopaedics and asked how does that work managing the demand? Orthopaedics now back up and running. Orthopaedics demand increasing – not so keen on virtual. Plans for having some kind of direct SCI referral. Also being hands on with all kinds of people would physio staff notice other issues with patients? HL advised that they see patients holistically – if they have any issues they can be signposted to other services. They can send leaflets out. Can show data on this but not so much in current

climate.

MSK consultant coming into post. FW noted that it is helpful having physios in practices.

National web based algorithm awaited.

## 9. Children and Families

Report circulated.

Response to number of staff testing positive in children's home in September.

Justice – high risk prisoner discussed. The panel felt sufficient controls in place and did not escalate.

Briefing note around continuity of service and on the improvement plan which will be monitored weekly.

Significant number of children affected by lockdown bringing challenges for CAMHS. Data tends to be around Child Protection. Haven't seen full impact of lockdown. High demand for CAMHS with year on year increase in referrals but covid reduced use of the service but more high risk referrals. Some anxiety for children being at school; these children need support but do not meet criteria for CAMHS.

Next for deep dive.

## Safe Care/Risk Management

### 10. Clinical Incident Report

PO'H advised that the report is now produced at 6 monthly intervals so it will be next year before the next one is provided. Information is taken from Datix & issues are flagged up.

VT asked for a 2 monthly report as many not signed off. 2 separate parts to Datix. Not approved in a timely manner. Agreed 6 months is too long but can set up a package report to pull at any time.

### 11. Care Home Enhanced Assurance

VT discussed the care home visits we have been doing. Crosslet scored 5 across the board when inspected recently. FT has been doing care assurance visits. Working with Kingsacre on PPE and infection control. 5 homes are amber but doing well. Unexpected visit by Care Inspectorate to Edinbarnet yesterday in response to their outbreak.

## 12. Datix Bulletin

Sent for Information

## 13. Datix Overdue Incidents

Significant number of overdue incidents. Sitting in a holding area and have not been given a severity number. Incidents for JG from 2012. Used to be discussed regularly and did clean up of data. Text could be put in to say it has been reviewed. Contact Tracy, risk manager, for help. There might be a hierarchy issue; perhaps those who should get the reports do not get them. Responsibility of the manager to go in and review. Incidents can also be coded incorrectly. Form to complete when someone leaves. Get form from Datix with names.

MH has had issues too. Have been doing a tidy up. Good to get it fixed and managed. Easier to get sight on them every 2 months.

Presentation given yesterday at Extended SMT. Significant Clinical Incident policy has now been replaced by Serious Adverse Events Review Policy

Duty of candour still very important. HSCP wide protocol to be adopted. MH will have one of their own. Can still follow the old one.

Discussion around if there is a clear process/guidance as to whether we use Datix or Figtree. For MH need to follow NHS policy. Sylvia would like guidance as to what system staff report on to – need some clarity.

Discussions around if there was a child death and if warranted, there would be a SCI review. Any health input would be a SCR and staff could be interviewed twice. About joining up the system for integrated teams. Staff should all work together. PO'H advised that he never had any issues with interviewing Social Workers. May not say this in the policy. Children's Services has a significant case review at the moment – about which is the lead agency. We need to be much clearer for our staff; need to take on a case by case basis. Agreed there should be a separate meeting to discuss further with front facing Heads of Service and PO'H & someone from Council side (Stevie Gallagher). PO'H will consult with Lynnette Cameron. JG suggested a couple of people look at this and bring a proposal back to the group. VT happy to contact Lynnette as a starter. SC happy to be involved.

VT

## 14. Clinical and Care Governance Workplan

Discussed

15. Clinical and Care Governance Risk Register

Don't have one at present. HL will check old files.

HL

16. Specialist Children's Services CG Annual Report

For information. Specialist Children's Services meeting to discuss governance issues. Information from that gets fed into this group. About keeping it brief.

17. HSCP Incidents – paper attached

Mostly medication issues. Focus on staying on top of these but can remove in the future if not helpful.

18. Serious Adverse Events Review Policy

[The policy and toolkit can be found here](#)

### Person Centred Care

19. Compliments, complaints and feedback

21 in last 8 weeks. No particular themes. Timescales for responding not good – need to be compliant with timescales. Need to look at previous ones for a comparison.

### Medicines Governance/ Infection Control

20.

### General Business

21. Yellow Card Scotland Annual Report – to note

22. Quality and Clinical Governance Brief – to note

23. LD Quality Care Governance Minute – to note

24. Draft Biennial Report: 2018-2020

This is the Adult Protection Committee – for noting. Training is an ongoing issue. Improvement plan most pertinent part. VT discussed the table with categories – adult at risk referrals; Adult Protection /adult with vulnerability referrals.

**Date of Next Meeting:**

Wednesday late morning? Need to complete PC Exception Report – VT will start and send to FW to amend where necessary.

VT



**West Dunbartonshire Health & Social Care Partnership****Meeting:** Clinical and Care Governance**Date:** 27 January 2021**Time:** 12.00pm**Venue:** Teams Link in Diary Invite**MINUTE****In attendance**

Jo Gibson, Sylvia Chatfield, Margaret Jane Cardno, Val Tierney, Helen Little, Jonathan Hinds, Fiona Wilson, Gillian Calderhead, Sheila Downie, Anne McLellan,

**Apologies**

Saied Pourghazi, Fraser Downie, Lynne McKnight, Philip O'Hare, Stephen Rankin

Item	Description	Action
1.	Welcome and Introductions	
2.	Minute of Previous Meeting	
	Agreed	
3.	Matters Arising	
	Inpatient service at Vale of Leven Hospital: SC updated and advised that the medical posts have been advertised to fill the positions. Temporary staff in place at the moment to reduce issues.	
	Health & Community Care: Through the Christmas period without issues. The Adult Inspection has been postponed for the moment.	
<b>Exception Reports</b>		
4.	Chief Nurse Update	
	VT has done some work around CG Workplan and has been more strategic about the priorities. HL would like to take the chance to read before discussing. Agreed to add as an agenda item at next meeting. MJC requested that the papers are sent out earlier to allow time to review, however managers need to get papers in on time. Important that exception reports are as up to date as possible. Action to read and digest this for next meeting. Ask Lorna to send the papers earlier.	LF

5. Mental Health/Learning Disability/Addictions

SC updated the group.

- No covid patients on the wards.
- Currently trying to fill vacancies on the wards.
- Teams all doing LFT.
- LD no SCR but looking at one from 2018 and completed 2 local reviews re record keeping and doing approval plan.
- TL for Social Work off long term.
- 2 deaths – One in December and one in January. Looking at how SC gets the performance data.
- Psychology targets being met.
- All other services carrying on and looking positive.
- Complaints and enquiries – mainly about restrictions around respite.
- The Adult Inspection has been paused but we have a lot of work to do for this. Paper submitted to the SMT today re the ASP Inspection. Issues highlighted. About our core recording in Carefirst and ensuring supervision is taking place. Changing the recording of events. Senior managers will be invited to attend meetings. Contact SC with any questions.

6. Health and Community Care

- A few key developments. Glasgow City moving to different method of doing urgent care and other partnerships will fall in with this, so that we can respond more quickly. Agreed telephone call pathway SOP and email SOP to get diverted through to care at home. Unsure how MH will be dealt with. Hubs at Gartnavel and Stobhill for MH. This has been working very well.
- Respite during covid  
JG is chairing a group looking at reviewing our respite. Team has been in touch with clients. Looking at provision of respite in a different way; anything from access to an ipad or involving support groups.
- Delayed Discharge remains a significant issue – 29 today. Diverted resource from FIT. Trying to move people where AWI is not an issue. Meeting with key MH officers. Trying to get FIT working 7 days a week; this was agreed at SMT and out for recruitment at the moment. We will use Queens Quay and Crosslet for clients/patients requiring nursing care with CI approval.
- A lot of work in Care at Home for testing & vaccination; staff will do PCR testing.

- No issues in pharmacy.
- Had care assurance visits – no pattern emerging re medication issues.
- Care at home have been doing massive work to update carers phones to allow CM200 recording more accurately. The new app is downloaded and staff have to familiarise themselves. To be completed by the end of the week.
- After a package of vaccine was delivered to CHC without informing staff, a small amount of vaccine was wasted as appropriate refrigeration was delayed. Mitigating action has been taken with appropriate signage put up in community areas to increase staff awareness.

## 7. Strategy and Transformation

No report available. MJC advised she is unsure when it is due. Expectation we all put in an update report for each meeting. Agreed that we would have a deep dive for one service at each meeting. About clinical or care governance therefore may be that MJC would not have anything to report.

## 8. MSK Physiotherapy

Only had 3 Datix recorded in the quarter. 2 reported through H&S. Patients had been added to incorrect waiting list by services external to MSK (n = 10). Only one patient with delay to treatment of 10 days. Have been doing social distancing audits and covid audits. Service meeting 4 week waiting time target for 90% of patients (meeting Scot Gov targets). Have 33 staff redeployed – 15 to covid clinics and others to acute. No issue with staff not achieving 90% target. Very positive response from patients re Virtual patient management but many would prefer to be seen face to face.

## 9. Children and Families LEAD REPORT

10. JH shared his presentation.
- 5 main areas for service provision.
  - In terms of structure Child Protection Lead officer is Natasha MacPherson who joined 2 weeks ago.
  - 5 senior managers in this team.
  - JH went through governance and accountability. He has responsibility for child protection.
  - Discussion around the grades for children's homes and services. Craigellachie has 1 improvement but no issues with the other 2 homes. Concern noted re drop in grade for Through Care from 6 to 5. New QIF but no improvements. Have 3 x 6s and 1x 5s. Quarterly performance but this is being reviewed by lead officer.

- Programme of case file audits.
- Current lockdown has impacted on referrals.
- Looking at how we can streamline the use of Carefirst.
- Budget reviews – restarting LMR.
- 2 key performance indicators.
- Number of children on CPR register is 100%.
- Operating case conferences remotely.
- Have a current SCR. Sadly a case of a child who died in 2017 – this is ongoing and will report to CP Committee.
- Reviewing where Alternatives to Care sits as part of service redesign.
- Number of children looked after has reduced by 13. Most looked after at home or kinship care. Kinship numbers are very high. We need to look at this through the redesign and develop a more robust review process. Difficult decision when moving a child into secure care. Average length of stay is 15 weeks. Presents budget pressures. Outcomes best when child is there for as short a period as possible.
- Justice Service inspection in 2019. Grades were 4 weak and 1 adequate. Provided leadership by putting in a service manager post. We appear to be out of kilter with many other areas. Modelling positive behaviour across the service.
- We have 1 Initial Case Review – did not need to go to Significant Case Review – reports to Chief Officers Group.
- KPI around timescales. Lock down has impacted on this.
- Clinical Governance standards in place. Significant improvement of effectiveness.
- Gold award for breastfeeding – introduced a Breastfeeding Support Worker.
- Immunisations – flu and primary vaccinations.
- Specialist Children's Services – local arrangements are supported board wide. Challenge to improve waiting times. Have been tackling longest waits – had been 66 weeks but down to 37 weeks – all will be seen by 7 February.
- JH went through the impact of covid. National guidance has been helpful.
- Staff have embraced the use of technology.
- Children's Hearings' recovery plans – some difficulties in arranging.
- Redesign of children's services this year with tiered model and targeted interventions, better outcomes, early help and family support and keeping children in WD.
- Discussed new ways of working with virtual meetings. Did red/amber/green pathway. Had to keep seeing those in the red category no matter what

with using PPE. Reduced to critical only. Guidance from SG that it was important to continue the pathway. Each case has to be risk assessed.

- MJC asked if near me has been considered for justice services. Using phone calls and video calls. Will prioritise face to face for most high risk offenders.
- Looking at Residential School numbers and reviewing progress of these placements. Budget pressure but outcome for children is the important thing. It would generally be children in early teenage years.
- Noted the improvements at SMT re waiting times for children's services.

## Safe Care/Risk Management

### 11. SCI Reviews

### 12. Care Home Enhanced Assurance Update

SG decided that all residents in care homes in Scotland are to have a review by March. There has been ongoing care home assurance visits held. Only given 3 working days notice to pull together the number of residents who will require a visit; 230 visits. Need further round of multi agency visits. £20k per partnership area to backfill to take up these reviews. We only have 1 member of staff who does the reviews. Looked at how many social workers required; 3 part time social workers if done within 3 months. Cost attached to this. Challenge is staff working flat out and agencies have limited availability. SC advised we are looking at using students to do this. Year gap if we don't use students to get it done. Not a good time for teams to take students.

### 13. Clinical Incidents Report

Previously provided quarterly but now 6 monthly. Shows activity across WD, including hosted services. Number of clinical incidents shown. Second more detailed report was produced by MJC's team. 15 waiting review in MH services; need to bring to attention of IOMs however noted that they may have been done but not checked off. Requested that Managers share the report from Lyn Slaven with their team. 19 deaths and 1 suicide in that time however the rapid alerts have not been received. HOS to send out to their IOMs to address.

Serious Adverse Events – currently 5 SAEs open within WD and within MH. Lack of MH doctor to take this forward. SC will take this forward and liaise with VT to look at the issues and how this can be achieved. VT will pick up with SC and anyone for whom this impacts.

## **Person Centred Care**

14. Compliments, complaints and feedback

Synopsis of complaints received and overall response times. Reflect on emerging themes. Number of complaints is not exceptionally high – 12 frontline resolution and 12 stage 2.

## **Medicines Governance/ Infection Control**

- 15.

## **General Business**

16. CG Related Publications Update –noted
17. LD Clinical Governance Minute – noted
18. LD Clinical Governance Briefing – noted
19. ASP Inspection Paper - noted

### **Date of Next Meeting:**

31 March 2021