

# Midlothian Integration Joint Board



**Thursday, 22nd June 2023, 14.00-16.00.**

## **Integrated Governance Report**

**Item number: 5.8**

### **Executive summary**

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This report is presented to provide Midlothian Integration Joint Board with assurance around the processes in place to deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership.

The structure for oversight of safe, effective, and person-centred care and professional governance consists of the Clinical Care and Governance Group and Quality Improvement Teams (QITs). A number of specialist subgroups ensure focus on identified risks and most common harms. A culture of shared learning and improvement is promoted.

Previous reports advised of testing of the Governance and Assurance Framework (GAF). With issues identified during testing now resolved and Group Service, Service and Team Plans in place across the HSCP, the rollout of the GAF will proceed from April 2023. This aims to provide a consistent and complete picture of the assurance being reported. These activities support the ambition to implement a total Quality Management System (QMS) linking clinical and care governance with the management of performance and resources.

Preparations for a Care Inspectorate and Healthcare Improvement Scotland joint adult inspection during 2023 are underway. These include a quality improvement framework and a streamlined system to record, analyse and articulate personal outcomes (OutNav). The report sets out the ongoing work to ensure Social Work and Social Care governance is appropriately managed so effective assurance can be given.

The report confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks.

**Board members are asked to discuss and approve the contents of this report**

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# Midlothian Integration Joint Board

## Integrated Governance Report

### 1 Purpose

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- 1.1 This is the Integrated Governance report for Midlothian Integration Joint Board (IJB).

### 2 Recommendations

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- 2.1 Board members are asked to discuss and approve the content of this report.

### 3 Background and main report

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- 3.1 This report updates the IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian and the processes in place to cover risk and resilience.

3.2 **Clinical Care and Governance and Assurance Structure and Processes**

The Clinical and Care Governance Group (CCGG) meets quarterly to enable assurance to be provided to the IJB around the safety, effectiveness, and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Quality Improvement Teams (QITs) report to the CCGG around the actions services undertake to address clinical and care governance, deliver quality improvement share learning and progress innovation. The Quality Improvement Teams are expected to meet at least 4 times per year and report to the CCGG quarterly. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides

The Board have previously been advised of work underway to refresh the assurance template to support a more streamlined and consistent approach across services. From July 2023, the HSCP will begin testing the Governance and Assurance Framework adapted from the version tested by AHPs across Lothian (Appendix 1). This will support the assurance processes around clinical and care governance for all services in the HSCP. The system will provide a robust framework to enable reporting on the level of assurance being provided and will generate a system for auditing the evidence for assurance provided.

Group Service, Service and Team Plans have been in place across the HSCP from April 2023. The associated rollout of the Governance and Assurance Framework and

a review of meeting structures mean a clear expectation is now in place that QITs will meet in alignment with the annual calendar of CCGG groups. This should provide the CCGG with a complete picture of the assurance being reported across all services at every meeting

Delays in implementation arise from gaps being identified during testing of the AHP Governance and Assurance Framework. Correction has been progressed prior to finalisation of the Midlothian HSCP version of the framework. Group Service Specifications, Service Plans and Team Plans which articulate delivery against Strategic Objectives and key performance and quality measures will be finalised prior to the implementation of the framework. These elements are key in being able to provide a clear baseline from which to be able to provide a level of governance assurance on a quarterly basis.

These activities will support the previously advised ambition to implement a total Quality Management System (QMS) to strengthen the links between the clinical and care governance workstreams and the management of performance and resources, ensuring all activities and tasks are delivered to a desired level of excellence.

The role of Chief Social Work Officer, which carries statutory functions, sits outwith the HSCP. There is, consequently, a strong link to the Head of Adult Services who is also a Social Worker. The Head of Adult Services generally deputises for the CSWO when they are unavailable. The CSWO is a member of the IJB and pre-IJB meetings have been set up with the Chief Officer and Head of Adult Services to discuss any issues that may be particularly pertinent for professional social work. The QIT processes are integrated, and managers' report on all HSCP business thus providing assurance regarding social work services. There remains a need to ensure the CSWO is linked in effectively to this structure. The Governance and Assurance Framework will further strengthen this level of assurance.

### **3.3 The Clinical and Care Governance Group**

The Clinical and Care Governance Group meets on a quarterly basis. Since the last report to the IJB, meetings have taken place in August, November, February and May.

The HSCP's annual report (Appendix 2) was presented at the September meeting of the NHS Lothian Healthcare Governance Committee and was positively received.

### **3.4 Investigating and Learning from Adverse Events and Complaints**

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. The Midlothian Safety and Experience Action Group (MSEAG) has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance misuse services. This group commissions external reviews in line with NHS Lothian protocols. The MSEAG minutes are submitted to the Lothian Patient Safety and Experience Action Group, and all Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

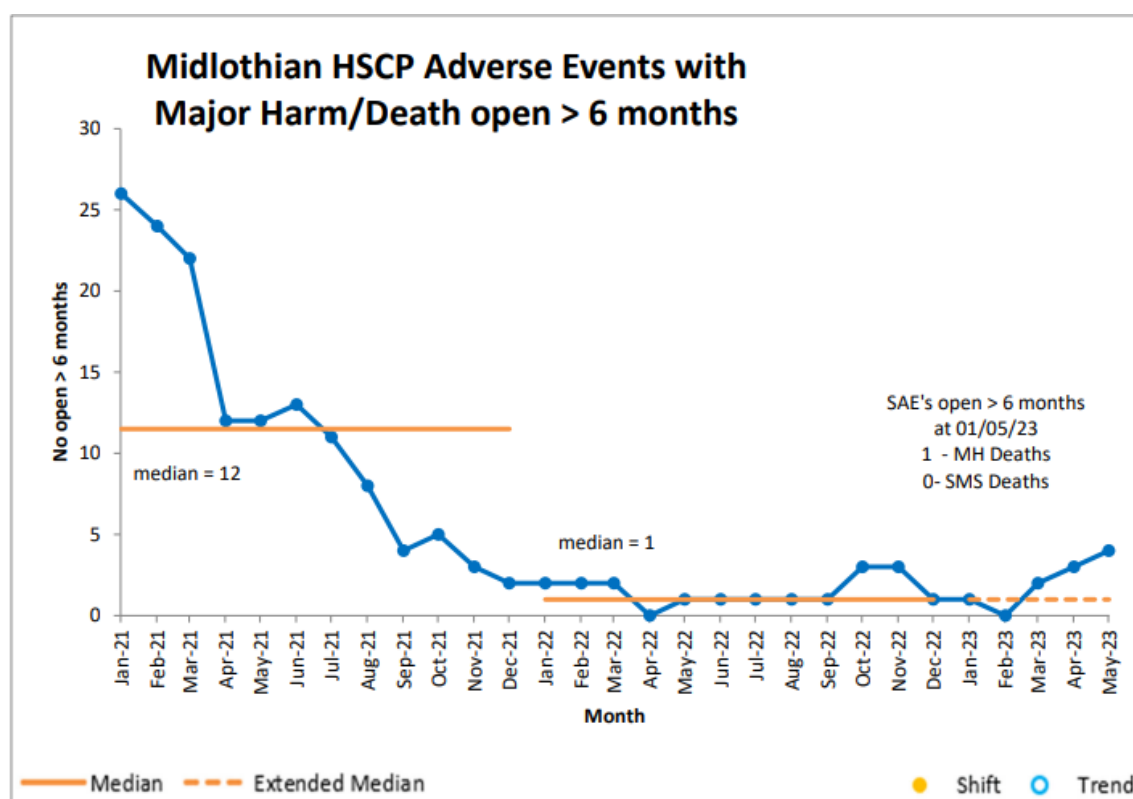
The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool accessed by NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses and helps in the collection and analysis of information to support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service Management Team level Risk Registers, to provide an integrated information system.

At the time of writing 8 Significant Adverse Event (SAEs) are under investigation, two of those being Level 1 external reviews open more than 6 months. Charts 1 and 2 show the Midlothian HSCP's performance regarding SAEs open more than 6 months 2021-23. Work continues to support actions that will enable local teams to address all adverse events within the Healthcare Improvement Scotland timescales. While SAE review performance against timescales has improved, continued work is needed to maintain performance and assure the quality of the reviews and the implementation of learning gained. To support Managers across the HSCP to consistently deliver reviews within expected timescales and to the level of detail and quality required, training was delivered and well attended in Autumn 2022. Ongoing review of learning needs is undertaken and work with the Quality Improvement Support team of NHS Lothian to enable appropriate learning opportunities to be identified and delivered.

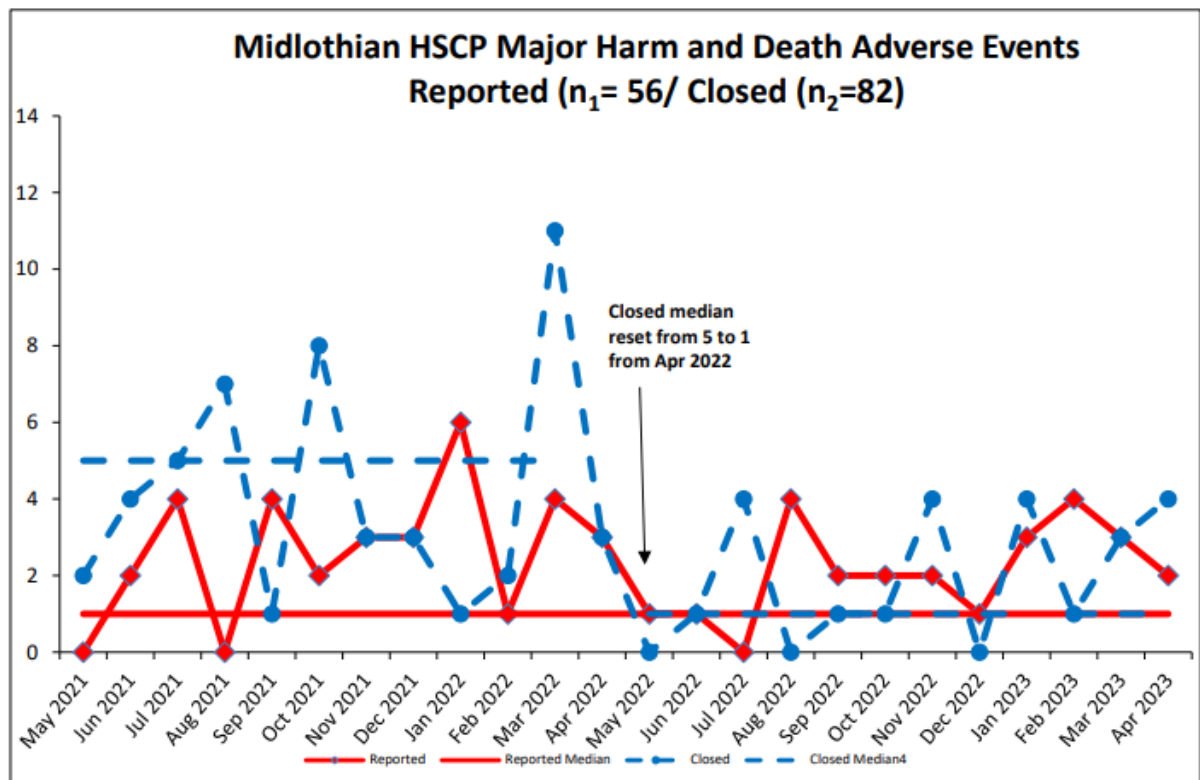
Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

## Chart 1

### Midlothian Serious Adverse Events Open over 6 months at 1<sup>st</sup> May 2023



**Chart 2 Midlothian Significant Adverse Events Reported and Closed 2021-2023**



Processes for Council services remain less mature around adverse events and work is outstanding to bring a degree of synergy to this. Ultimately, the aspiration is that MSEAG will manage all adverse events across the HSCP. Presently, there is scope to ensure all parts of the system are involved in SAE's where appropriate. This is most appropriate in relation to drug related deaths and suicides as it is not uncommon that staff from integrated teams have involvement in such cases.

NHS Lothian recently published its Patient Experience Plan and work is underway to enhance awareness of the plan and to implement revised processes around complaints handling within Midlothian. There is an opportunity to consider the alignment of NHS Lothian and Midlothian Council complaints handling processes, and how learning from complaints and feedback has greater priority and visibility in relation to the work to improvement the quality of experience and outcome for Midlothian residents. Complaints are generally managed through the respective organisations' complaints handling processes and whilst processes and timescales are similar, there are also a range of Elected Member, MP and MSP enquires which tend to be funnelled through a Council route. Generally, these are managed by respective Heads of Service.

### 3.5 Clinical and Professional Oversight of Care Homes

The Scottish Government published My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022. An Advice Note on Enhanced Collaborative Clinical and care Support for Care Homes issued on 14 December 2022 provides guiding principles and a framework to continue cross sector

work to continue to improve the health and wellbeing of people living in care homes. Work is continuing at a Midlothian and Lothian basis to ensure these recommendations are met and that partners involved in the delivery of care home services are engaged in shaping the model going forward. The approach will be evolving and iterative, recognising that the role of the HSCP is different to that of the inspection and regulation responsibilities of the Care Inspectorate.

### **3.6 Inspections**

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. Managers log service inspection reports with their QIT submissions.

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. They work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. Midlothian's Health and Social Care Partnership has been given indication that the Care Inspectorate and Healthcare Improvement Scotland will be undertaking a joint adult inspection within their 2023 calendar of scrutiny.

Preparation for this inspection has involved incorporating the jointly produced quality improvement framework into our own agenda of a continuous improvement approach. This involves developing a more streamlined system that helps record, analyse, and articulate the HSCPs contribution to improving personal outcomes.

Midlothian HSCP and Matter of Focus (Mission led company) have been working together to embed more meaningful outcome focused, evaluation, and performance management across work streams, underpinned by the Matter of Focus software, OutNav. There has been a clear intention to ensure the national indicators used by the Care Inspectorate and Healthcare Improvement Scotland are contained within the system-wide digital outcome map (OutNav). This will allow services to evidence that the support, care, and treatment they provide improves people's outcomes and experiences.

In addition, several working groups have been established to consider benchmarking activity against other recently published inspection reports, particularly in H&SCPs that are within our neighbouring localities. This allows for a self-evaluation and continuous improvement plans to be implemented, ensuring internal governance and assurance is prioritised.

Through the QITs, we have begun to have a more systematic approach to managing recommendations from Mental Welfare Commission themed reports. Generally, such reports have a range of actions for Scottish Government, NHS Boards and HSCPs. These are worked into an Action Plan for later submission back to the Mental Welfare Commission.

### **3.7 Risk Management**

Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. The Risk Management process within Midlothian was audited in 2021 and the finalised report confirmed that

the Risk Management processes within Midlothian provided high assurance and demonstrated best practice in several areas:

- Midlothian HSCP Senior Management Team meet every 2 weeks and risk is a standing agenda item.
- The Senior Management Team is supported by 4 committees (Business Management Governance, Finance and Performance, Staff Governance and Clinical and Care Governance) each of which have risk as a standing agenda item.
- Service level risks registers are locally managed and brought to Business Management Governance for oversight and escalation review.
- Risks are routinely monitored through these escalating levels with additional risk reviewed held with Midlothian Council and Midlothian IJB both strategically and operationally.
- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above. Impacts of actions are monitored by the outcome, where improvement is not measurable, additional actions will be assigned to further mitigate the risk.
- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

### **3.8 Resilience and Major Incident Planning**

Midlothian Health and Social Care Partnership supports its partner organisations, NHS Lothian and Midlothian Council, to deliver their obligations as responders to major incidents. The Partnership provides Midlothian IJB with any relevant assurance in relation to incident management and response which supports its' responsibilities as a Category 1 responder.

Midlothian Health and Social Care Partnership maintains major incident plans in line with NHS Lothian's Resilience Policy and provides assurance through NHS Lothian's reporting cycle on resilience, major incident planning and business continuity. A virtual control room is in place for incident management. Service Managers are required to review and update their service-specific resilience and business continuity plans which feed into the overarching Midlothian Resilience Plan.

During a major incident declared by NHS Lothian on Wednesday, 22<sup>nd</sup> March 2023, the Midlothian HSCP Resilience plan was implemented providing a robust guidance to all staff groups for relevant operational actions. In reviewing the actions taken there is confidence that no errors or oversight have been identified.

### 3.9 Risk Register

Operational risks are captured in the Partnership Risk Register, which is updated and reviewed regularly, and when required escalated to the NHS Lothian Corporate Risk Register and Midlothian Council Strategic Risk Profile.

HSCP mitigation plans contribute to the following risks on the NHS Lothian Corporate Risk Register:

- Hours Emergency Access Target
- Hospital Bed Occupancy (Previously Timely Discharge of Inpatients)
- Sustainability of Model of General Practice

Council Services risks areas which form part of HSCP mitigation plans are:

- Public Protection
- Impact assessments of Service Closures / reassignments

## 4.0 Policy Implications

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- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian, and that appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

## 5.0 Directions

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- 5.1 Clinical and care governance and risk management and resilience planning are implicit in various directions that relate to the delivery of care.

## 6.0 Equalities Implications

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- 6.1 The new Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. It is anticipated that this will strengthen the ability for the HSCP to comply with its equality's duties.

## 7.0 Resource Implications

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- 7.1 Resource implications are identified by managers as part of service development. and additional resource may at times be required to ensure required standards of clinical and care governance, risk management and resilience planning are met. The expectation is that these activities are embedded in service areas and teams and that staff have time built in to attend the relevant oversight groups and undertake the associated responsibilities.



## 8.0 Risk

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- 8.1 This report is intended to keep the IJB informed of governance arrangements and any related risks and to provide assurance to members around improvement and monitoring activity.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

## 9.0 Involving people

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- 9.1 Midlothian staff are involved in the development and ongoing monitoring of processes related to clinical and care governance.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

## 10.0 Background Papers

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None.

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<b>DATE</b>	31st May 2023

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### Appendices:

**Appendix 1:** Midlothian HSCP Governance and Assurance Framework

**Appendix 2:** Midlothian HSCP Annual Performance Report Correspondence 2022