

Midlothian Integration Joint Board



Thursday 9th December, 2.00pm

Clinical and Care Governance Group (CCGG) report

Item number: 5.12

Executive summary

This report to Midlothian Integrated Joint Board aims to provide assurance regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership.

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

Midlothian Integration Joint Board

Clinical and Care Governance Group (CCGG) report

1 Purpose

- 1.1 This is the Clinical and Care Governance Group (CCGG) report for Midlothian IJB

2 Recommendations

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

3 Background and main report

- 3.1 This report will update the IJB on the activity undertaken to provide assurance around the delivery of safe, effective and person-centred care in Midlothian.

The Clinical and Care Governance Group (CCGG) is the overarching group within Midlothian and is the means by which the Partnership provides assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services. Quality Improvement Teams are established and cover the services across the partnership, bringing together representatives of the multidisciplinary teams. These teams report to the CCGG around their actions to address clinical and care governance and deliver quality improvement as a result of learning and innovation.

The Quality Improvement Teams provide at least 4 reports per year utilising a reporting template which enables the Quality Improvement Teams to provide assurance on actions in place relating to safety alerts, adverse events and complaints, improvement work, implementation of specific standards and guidance, 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. These issues may relate to areas covered in other groups (Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care.

Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific groups address patient/client falls and pressure ulcers. Another group, the Midlothian Safety and Experience Action Group has oversight of all other significant adverse events, including those which are drug related death or suicide by patients engaged with mental health and substance misuse services.

3.2 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis and most recently met on 26th October 2021.

QIT reports were received from Intermediate Care, Allied Health Professions, Community Residential, Substance Misuse, Mental Health and Justice, Midlothian Community Hospital, Health Visiting and Adults with Complex and Exceptional Needs, and Disabilities. The group also received an update on the plans to develop the Lothian Care Academy.

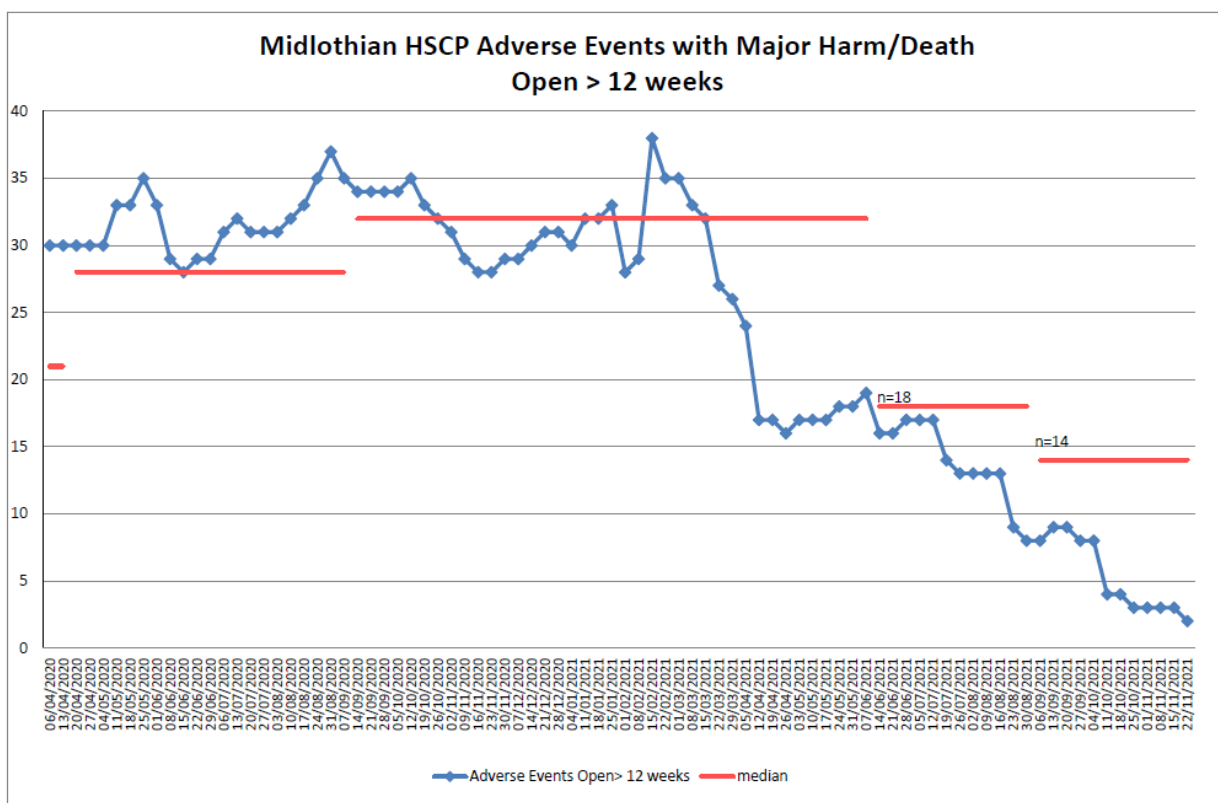
Particular points to highlight to the IJB are:

- District nursing's review of documentation to support improved referral pathways.
- A new model for the Community Treatment and Care (CTAC) service to be tested from January.
- Introduction of pharmacy support to support the development of a new medication administration policy and the review of all clients' medications in Home Care.
- Establishment of a collaborative multiagency meeting to discuss Care Home support by the Care Home Support Team
- Recruitment in progress to increased Physiotherapy and Dietetic staffing in the Community Respiratory team.
- Dietetics leading Type 2 Diabetes Prevention, early intervention and remission through the East Region T2D programme.
- A pan-Lothian Action plan developed to implement recommendations of the Food in Hospitals Report – to be implemented locally through the Food Fluid and Nutrition group.
- Work being undertaken to address catering at Cowan Court Extra Care Housing.
- Plans to commence a respite service at Cowan Court to address the gap in provision created by ongoing restrictions in care homes.
- Newbyres Care Village management team working with HSCP Pharmacy team to improve systems, processes and practice in medication administration
- Substance Use Services implementation of a Standard Operating Procedure to follow up on patients who do not attend (DNA) planned appointments
- Ongoing work to address accommodation needs for No11 staff to undertake groups
- No 11 survey of people using services.
- 'Music in Hospitals' running weekly In Midlothian Community Hospital
- Continued Falls improvement work in Midlothian Community Hospital, including identification of falls links for each ward
- A number of quality improvement projects in ACENS including care planning, infection prevention and control and equipment ordering
- Continued improvements in delivery of the Universal Health Visiting Pathway and immunisations uptake for under 5s

3.3 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team (SMT) receives a fortnightly formal verbal report from the Chief Nurse regarding the reporting and management of adverse events on the Datix system, and performance around the management of complaints.

The SMT has heard of a continued reduction in the number of open adverse events overall, and about Significant Adverse Events in particular. At the time of writing 3 Significant Adverse Events remain open beyond the timescales and KPIs required by NHS Lothian, Chart 1 shows the improvement in performance against these targets over the last 8 months.



Work has continued to ensure that all outstanding learning and actions from previously investigated Significant Adverse Events are updated and progressed on the Datix reporting system.

Work continues to consistently deliver responses to complaints within agreed targets.

3.4 Clinical and Professional Oversight of Care Homes

Health Boards and local Health and Social Care Partnerships continue to carry responsibilities for the clinical and professional oversight of the care provided to people resident in care homes. Midlothian HSCP has local mechanisms in place to deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

The Care Home Support Team continues the pattern of support to the 10 Care Homes in Midlothian as previously reported to the IJB. A regular collaborative meeting with the Pan Lothian teams delivering additional Clinical Education, Tissue Viability, Infection Prevention and Control and Quality Improvement Support has been established. Partnership working with the Care Inspectorate and the social work

teams within the Midlothian Health and Social Care Partnership continues to deliver multidisciplinary perspectives on the care and support of older people within our local care homes. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using both informal approaches and more formal procedures as required.

A weekly operational Care at Home assurance meeting takes place in Midlothian and links are in place with the other Lothian HSCPs to support shared learning and mutual aid. The pre-existing Lothian Strategic Oversight Group meets fortnightly and now includes oversight of Care at Home and Care Home services in recognition of the significant challenges being faced in both sectors.

3.5 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 their inspection reports with their QIT submissions.

Newbyres Care Village was subject to an unannounced inspection by the Care Inspectorate on 11th November 2021 and the report has now been published. A grading of 3 (Adequate) was awarded in relation to 'How well do we support people's wellbeing?'. A grading of 4 (Good) was awarded for 'How good is our care and support during the COVID-19 pandemic?' An action plan to address the requirements and areas for improvement will be developed by the service.

3.6 Midlothian Community Hospital

Workforce challenges persist and securing sufficient Nursing staff continues to be a factor limiting the bed capacity available in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. The 14 beds at Midlothian Community Hospital additional to the 2020 baseline remain open, and the Partnership will continue its efforts to recruit staff to support further bed capacity to be available to enable people from Midlothian to receive their care locally.

The nursing teams at Midlothian Community Hospital are participating in trial runs of the workforce tools that will be required from April 2022 to meet the requirements of safe staffing legislation. Quality improvement projects associated with the areas of focus identified through the Lothian Accreditation and Care Assurance Standards continue to be progressed.

3.7 Workforce and clinical and care assurance

Board members have been advised previously of the challenges being faced across a range of services due to increasing demand and complexity, seasonal pressures and sickness absence attributed to Covid and non-Covid causes.

The framework developed to enable managers to utilise clear criteria to identify and escalate demand and capacity pressures described to the IJB is now in place. IJB members will recall that front line staff are involved in identifying the staffing levels they need to provide their usual level of service - 'safe to start'. The framework supports decisions around the prioritisation of service delivery and identifies escalation and support mechanisms.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian.

5 Directions

- 5.1 Clinical and care governance is implicit in various directions that relate to the delivery of care.

6 Equalities Implications

- 6.1 There are no equalities implications arising directly from this report.

7 Resource Implications

- 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 are met. The expectation is that clinical and care governance is embedded in service areas and teams and that staff have time built in to attend the CCGG and undertake the associated responsibilities.

8 Risk

- 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.

All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

- 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 Background Papers

10.1 N/A

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