

Midlothian Integration Joint Board



Thursday 10th December 2020

Clinical and Care Governance Group Report

Item number:	5.6
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Executive summary

The purpose of this report is to provide assurance to Midlothian Integrated Joint Board as to the clinical and care governance arrangements within Midlothian Health and Social Care Partnership (HSCP). It will highlight good practice and identify any emerging issues or risks.

Additional reports will be attached as appropriate throughout the year to provide updated information from specific service areas.

Board members are asked to:

- Note and approve the content of this report

Clinical and Care Governance Group Report

1 Purpose

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

2 Recommendations

- 2.1 As a result of this report Members are being asked to:

- Note and approve the content of this report

3 Background and main report

- 3.1 Bi-monthly meetings of CCGG are taking place facilitated by Microsoft Teams, to comply with social distancing recommendations.
- 3.2 Service leads and managers attend or send a deputy. A meeting of the CCGG took place on Tuesday 10th November 2020.
- 3.3 There are eight Quality Improvement Teams (QIT) reporting in to the CCGG. These cover all service areas in Midlothian Health and Social Care Partnership (HSCP). Standards are implemented and monitored as part of the QITs and reports on improvement work taking place are submitted to the CCGG.
- 3.4 Quality Improvement Teams are beginning to meet again and develop programmes of work to measure or improve standards. Current examples of work include; Skills Passports for all members of Health Visiting teams; Review of Safe and Well procedure for Adults with Complex and Exceptional Needs Service; Covid First Wave learning event for Dietetics; Child Learning Disability Diagnosis Care Pathway being piloted in Midlothian; Promoting usage of new Social Care Support Plan, which will be subject to audit.
- 3.5 Healthcare Improvement Scotland (HIS) re-commenced a programme of inspections across community hospitals in Scotland. An unannounced inspection was carried out in Midlothian Community Hospital 22-24 September 2020. A draft report from HIS was received at the end of November and an opportunity offered to challenge any points of accuracy. In addition a draft action plan was developed by Midlothian Chief Nurse and submitted to HIS for approval. The final HIS report was published on 1st December 2020 and is attached to this report. It highlights two areas of good practice and seven requirements. A local Action Plan is being developed in response to the issues highlighted within the report. Midlothian Community Hospital also has a local programme of inspections and reviews carried out by the Service Manager and the Senior Charge Nurses. A local action plan has been commenced to facilitate an early response to issues identified.

- 3.6 Midlothian HSCP overview of Midlothian care homes continues to provide assurance about the standards of care for residents. All Midlothian care homes continue to submit daily data through the electronic reporting system, TURAS. This system reports directly to the Scottish Government. HSCP managers have access to this data and monitor this as part of the daily assurance calls to care homes. The Care Home Support Team (CHST) continues to offer regular targeted support to Midlothian care homes, with the current focus being on completion of the updated Care Home Assurance Tool. The weekly teleconference, chaired by Midlothian Service Manager continues with all Midlothian care homes. The HSCP Daily Care Home Assurance meeting continues to monitor all data and reports, agree actions required and escalate concerns.
- 3.7 In preparation for winter weather and potential supply chain difficulties due to Brexit, clinical teams have been asked to order additional essential supplies to hold as a 'buffer' against any delays in the supply chain. It has also been suggested to Midlothian care homes that they take similar action. In addition updated resilience plans have been requested with specific detail about PPE, clinical supplies and staffing contingency.
- 3.8 Management of incidents in Midlothian HSCP has been reviewed. A monthly commissioning meeting has been put in place to monitor significant adverse events. Monitoring of overall numbers of incidents under review is a standing item on Senior Management Team agenda. Learning from all events is shared within teams and between teams through the Clinical and Care Governance Group.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care policies are being 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 Any equalities implications will be addressed by service managers as they arise. There are no specific policy implications arising from this report.

7 Resource Implications

- 7.1 Any resource implications will be identified by managers as part of service development, and additional resource may at times be required to ensure good clinical and care governance arrangements. There exists an expectation of staff time to attend the Clinical and Care Governance Group meetings and that they will ensure this work is embedded in local areas/teams.

8 Risk

- 8.1 This report is intended to keep the IJB informed of local governance arrangements and any related risks and to provide assurance to members around continuous improvement and monitoring.
- 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 Involving people

- 9.1 Midlothian staff will be involved in the development and ongoing monitoring of processes related to clinical and care governance.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1

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