

NHS Lothian

Healthcare Governance Committee

7th September 2021

Chief Officer

HEALTHCARE GOVERNANCE COMMITTEE ANNUAL REPORT MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

1 Purpose of the Report

- 1.1 The purpose of this report is to advise the Committee of the clinical and care governance processes in place within Midlothian Health and Social Care Partnership (MHSCP). The committee is asked to consider these and the actions taken to identify and manage risks, develop services to mitigate these risks and provide quality assurance and governance of services.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Confirm that the health and care governance arrangements for MHSCP as described in this paper provide moderate assurance to the committee.
- 2.2 Recognise the developments implemented by the partnership which have been implemented to improve the quality of care experienced by Midlothian residents.
- 2.3 Note the key risks identified, particularly in relation to the delivery of person-centred, safe and effective care, and the actions taken to mitigate these risks.
- 2.4 Note the developments planned for the coming year.

3 Scope of services

Midlothian is the second smallest but fastest growing Local Authority in mainland Scotland. 12,000 new houses will be built in the next 3 years. The Midlothian 2016 projection predicts a population of 100,000 by 2026, a 20% increase on the 2011 census population of 83,400. The largest percentage increase will be in those aged 75 and over. This will pose challenges for all our health and social care services whilst also changing the face of some of the local communities.

Services are led and managed by the Midlothian HSCP Core Management Team. This comprises the HSCP Director, Head of Adult Services, Head of Older People and Primary Care Services, Head of Integration and Transformation, Chief Nurse and Clinical Director, with support from the Chief Financial Officer and strategic planning and commissioning colleagues. The Partnership has recently advertised for a Chief Allied Health Professional. The Partnership has the vision that people

will be enabled to lead longer, healthier lives and that they will receive the right support at the right time and in the right place.

The range of services covered by the HSCP includes:

- Care homes and Care Home support
- District Nursing
- Intermediate care, Home First and Discharge to Assess
- Community Treatment and Care Centres (CTACs)
- Midlothian Community Hospital
- Adult Exceptional and Complex Needs Service ACENS (hosted)
- Hospital at Home
- Adult Social Work
- Allied Health Professional (AHP) including hosted Lothian Dietetics
- Community Learning Disabilities
- Community Mental Health and Substance Misuse
- Older Peoples' Mental Health
- Primary Care (GP, community pharmacy, dentistry and optometry services)
- Public Health and Health Improvement
- Sport and leisure.

4 Management and oversight of quality

Clinical and Care Governance Group

The Clinical and Care Governance Group is the overarching group within Midlothian and is the means by which the Senior Management Team and the Midlothian Integrated Joint Board (MIJB) receives assurance from the Partnership around the safety, effectiveness and person centredness of MHSCP Services. Quality Improvement Teams are established covering the services across the partnership and bring together representatives of the multidisciplinary teams to report on and address clinical and care governance

The Quality Improvement Teams (QITs) provide at least 4 reports per year utilising a reporting template which enables the QIT Chairs to seek and to provide assurance on actions in place on key aspects of care and clinical governance (Appendix1). The templates provide an opportunity to identify 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.

The Integrated Joint Board receives regular reports from the Chief Nurse highlighting the risks, mitigations and service developments reported to the CCGG. Where appropriate, risks are added to risk registers at service or partnership level following discussion in the Senior Management Team.

The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding the reporting and management of adverse events and complaints on the NHS Lothian Datix system and the Midlothian Council complaints

system. This invites scrutiny and discussion of performance and actions required. This is also the forum where issues requiring escalation from the CCGG are discussed. Appendix 2 summarises the key challenges faced by the partnership and the actions taken to address these in the past year. Appendix 3 provides updates from service areas over the period covered by this report which are not addressed in the main body of the report.

The Chief Nurse and Clinical Director will work with the newly appointed Head of Adult Services, The Head of Older People and Primary Care Services, the Chief Social Work Officer and the Chief Allied Health Professional to continually review and seek to improve the structures and processes in place to deliver effective Clinical and Care Governance in Midlothian HSCP.

5 Service quality outcomes and actions

Inspections

The Clinical and Care Governance Group maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements associated with Healthcare Improvement Scotland inspections and Care Inspectorate Inspections of internally provided regulated services.

Mechanisms are in place to ensure discussion takes place of the inspection findings of external organisations, including regular meetings between local teams and service inspectors as part of routine oversight of care homes which informs decisions about the provision of support and any escalation of concerns as required. The collated grades and reports from registered services in Midlothian for 2020-21 are shown in Appendix 4.

Healthcare Improvement Scotland undertook an unannounced inspection of the Medicine of the Elderly wards at Midlothian Community Hospital between the 22nd and 24th September 2020.

The inspection focussed on ensuring the older people in hospital receive care that:

- meets their care needs in relation to food, fluid and nutrition, falls and the prevention and management of pressure ulcers
- manages risks specifically for standard infection prevention and control precautions, falls, and the prevention and management of pressure ulcers, and
- is safe and effective, and in line with current standards, best practice and delivered with local systems and policies in place to effectively manage the care provided.

The inspection noted that patients were treated with dignity and respect and that there was good verbal communication between the ward teams to ensure safe delivery of care. An action plan was developed to address observed areas for improvement which included assessment and monitoring of oral health and nutrition, management of mealtimes, and falls alarms. A monitoring programme is in place to provide continuing oversight and assurance of the key areas within the action plan.

Nurses and Allied Health Professionals from Midlothian have been nominated to participate in working groups to deliver an updated Lothian Falls Strategy. Colleagues from acute and community settings across Lothian will be involved in work which aims to improve the prevention and management of falls. Midlothian HSCP's Falls lead chairs a local group to ensure this work results in improved experience and outcomes from people in Midlothian when living in their own home, a care home or as an inpatient at Midlothian Community Hospital.

Lothian Accreditation and Care Assurance Standards – LACAS

Midlothian Community Hospital's Edenview and Loanesk wards participated in the inaugural Lothian Accreditation and Care Assurance Standards benchmarking exercise in May of this year. Edenview gained a Bronze award and Loanesk Silver.

The most recent round of assurance assessments were published at the end of July. Loanesk achieved a Gold award and Edenview Silver. Participating for the first time in a LACAS review, Glenlee ward and the Rossbank unit both received Bronze awards.

This approach provides the multidisciplinary team with knowledge and skills to develop and deliver quality improvement work to address key components of patient care and has the support of a senior nurse with additional training in Quality Improvement. The approach is now rolled out across all adult inpatient services in Midlothian and plans will be developed to take forward benchmarked accreditation and assurance activity across community teams in time.

Where concerns about standards of care are raised a number of mechanisms support the Partnership to addressing these and the underlying causes. Examples include the fortnightly Senior Management Team meeting, the Core Management Team huddle, Public Protection mechanisms e.g. initial referral discussion, multi-agency meeting, large scale investigation, and the development of ad hoc working groups to address a specific area of concern. The majority of care concerns would sit within an existing group and have the continued oversight of the CCGG.

Electronic Care Planning and Risk assessment

Electronic care planning and risk assessment was successfully implemented in Midlothian Community Hospital on 7th July 2021. This Lothian -wide initiative supports a more person-centred approach to care planning and improved information sharing. Staff embraced this initiative with enthusiasm, including highlighting their preparations on social media. The approach enables the development of care plans which reflect what is important to the person; staff value the opportunity to spend time talking to their patients to properly get to know them. Compliance has consistently been recorded at 100%.

Care Homes for Older people

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 in line with the Scottish Government guidelines (May 2020). Midlothian HSCP has local mechanisms in place to deliver its responsibilities and to link its work with pan-Lothian and national mechanisms.

Midlothian has 10 care homes for older people, 2 of which are HSCP run with one being an intermediate care facility. The remaining 8 are privately run either by private companies, charitable organisations or independent family care homes.

Midlothian Care Home Support Team identified significant concerns about the quality of care being delivered to residents in Thornlea Care Home in November 2020. Following an inspection by the Care Inspectorate in December, the Care Inspectorate applied to the Sheriff Court to suspend its registration, and the Care Home was closed on 18th January 2021. Appropriate alternative accommodation was arranged for the remaining residents and significant HSCP resources were deployed to support the safe care of residents over the transition period. This incident represents a very difficult period for the residents and their families, and the staff involved.

Midlothian's Care Home Support Team has been funded to have increased capacity and provides a proactive and preventative support approach as well as a reactive response where care homes need additional support/advice/training. They provide advice, support and education directly and maintain strong links with Lothian-wide specialist teams, enabling the provision of additional specialist infection prevention and control, tissue viability, clinical education and quality improvement support. Partnership working with these teams, the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership delivers 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 risk assessment skills to drive informal approaches and more formal procedures as required.

Substantial support has been provided to care homes for older people to address the challenges faced throughout the Covid-19 pandemic. Examples include the provision of direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with the reintroduction of visiting and providing practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers. Quality improvement approaches have been utilised to develop checklists to build on the learning the team has acquired and to ensure a thorough and consistent approach.

The Midlothian 'rapid rundown' takes place three times per week and provides regular senior oversight of emerging issues and improvement work and the opportunity to discuss any concerns raised by care home managers and/ or identified by the Care Home Support Team. The data gathered by the Care Home

Support Team and that which is entered directly into the national 'TURAS' safety huddle tool enables local assessment of risk and the provision of assurance around staffing, care standards and the actions in place to address the risks posed to care home residents by the COVID -19 virus.

Lothian wide Operational Oversight meetings are attended twice weekly and a Strategic Oversight Group meets fortnightly. These provide a forum for shared learning, discussion of general themes and opportunity to discuss any current issues with the Care Inspectorate, Public Health and Community Testing teams. Pan Lothian work is also progressing to address supplementary staffing solutions and training provision. A national network is in development which will offer further opportunities for the Midlothian Care Home Support Team to share and learn from their experience and that of colleagues across Scotland.

Midlothian HSCP continues to work closely with partners including Midlothian Council, NHS Lothian, the Care Inspectorate and Scottish Care. The care home workforce is an area of ongoing development and this will continue to be a focus for 2021. Midlothian is one of the partners involved in the plans to develop a Lothian Care Academy to provide a route into health and social care work.

6 Impact on People Experiencing Care

Feedback

QIT templates require each service area to report on its approaches to gathering feedback from people who use our services. This promotes the discussion of feedback within QITs and for this to inform service delivery. Approaches are shared at the CCGG to support the sharing of best practice. Recent discussion of the use of Care Opinion website by the Hospital at Home team has led to a number of other teams exploring the potential to utilise this approach, and others to reinvigorate their paper-based efforts.

Outcomes

The Partnership took a report to the IJB in February of this year which addressed the Outcomes Approach to Performance Management. This report highlighted this need to develop ways of measuring and reporting more effectively the outcomes achieved through the delivery of health and social work services. The Partnership is progressing work to develop Outcome Maps at each level of the organisation. A new software programme, *OutNav*, makes it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps.

Good progress has been made over the past few months in developing outcome maps for the frailty system of care and the service delivered at Number 11 (joint mental health, drugs and alcohol, and criminal justice services). The third area of activity has been the development of an outcome map for the Partnership at a strategic level.

The process of outcome mapping at a strategic level will become increasingly robust as the mapping work on individual services expands across the Partnership thereby providing evidence of progress at a strategic level. The intention is to complete the three initial areas of mapping work by mid-September and then move on to the development of outcome maps for pathways in and out of acute services, and for unpaid carers.

Identifying and measuring contributions of individual services is complex and cannot rely on one or two key performance indicators. Our third-party partner, *Matter of Focus*, has developed software, referred to as OutNav, that enables a wide range of relevant information to be captured and linked, including service user and staff feedback, individual patient stories as well as hard performance data such as numbers of people delayed in hospital. A major benefit of this system is that it provides real-time reports across all the organisation's activities using a wide range of evidence. The system offers the facility to pull in data gathered routinely by the third and independent sectors, relevant to measuring improvement in outcomes, crucial given how much social care is outsourced but, as yet, is not fully utilised in measuring our performance as a Partnership.

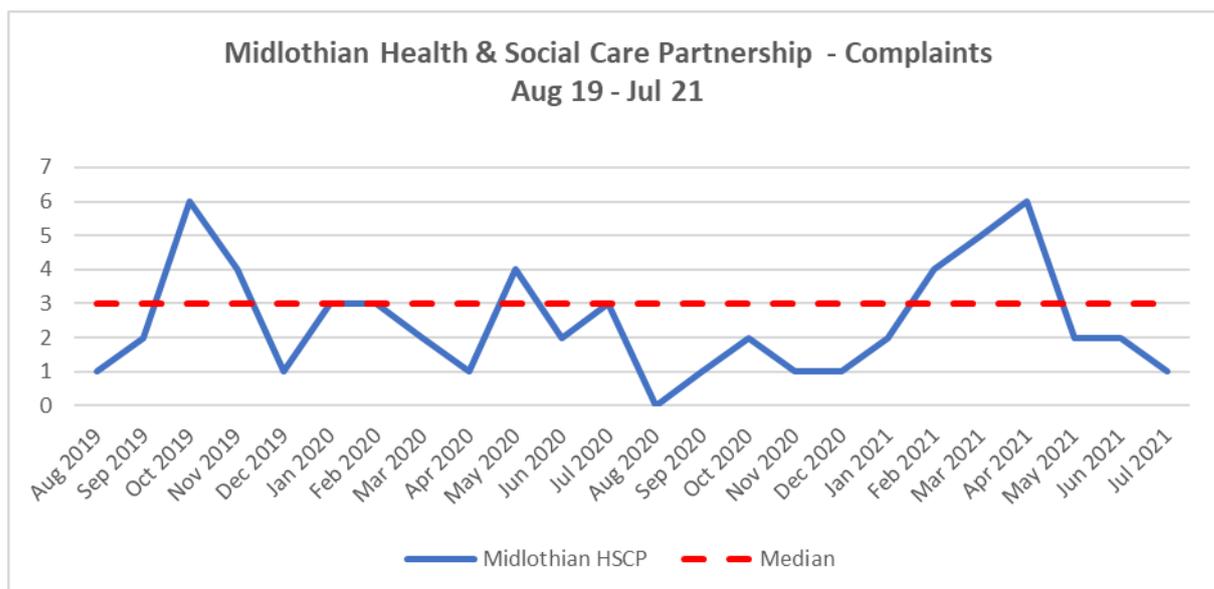
The approach will not only provide an accessible yet comprehensive approach to measuring performance, it will also enable the Partnership to maintain a real-time approach to self-assessment. The Care Inspectorate link inspector is working with us to capitalise upon this added benefit of the approach. An enhanced capacity to measure outcomes is consistent with the priority now being given to outcomes by the inspection agencies. The implementation of this new approach will enable the Partnership to provide, more effectively, the evidence that the Care Inspectorate and Health Care Improvement Scotland will seek during any future inspections.

As with any new approach, it will be critical that mechanisms are put in place to ensure it is maintained on an ongoing basis. This will require clear allocation of responsibilities and a quality assurance system, such as regular reporting on service outcome maps to the Finance and Performance Group. The system will also require increased analytical support and the recent approval given to the creation of a new Strategic Programme Manager for Performance Management will help provide such support and leadership.

Complaints

Midlothian HSCP receives a small number of complaints and the systems for oversight and scrutiny aim to deliver responses to stage 1 and Stage 2 complaints within the Scottish Complaints Ombudsman's targets of 5 days and 20 working days respectively. Chart 1 show 59 complaints received over the 2-year period August 2019 – July 2020, with a stable median of 3 complaints received per month. The fortnightly SMT has oversight of response times for complaints, ensuring proactive and real time actions are agreed to respond to the concerns people raise about the care provided.

Chart 1: Complaints reported August 2019 – July 2021



The QIT template requires service areas to report on their learning from complaints and to share their learning and the actions they have undertaken to make changes in response to learning from complaints. Heads of Service scrutinise and sign off individual complaint responses and action plans.

Plans have been developed to deliver learning opportunities in autumn 2021 for managers responsible for the investigation and response to complaints. This aims to improve their confidence, quality of response and performance against target response times in this important aspect of addressing the concerns of people who have expressed concerns about the care they or their relative have received.

7 Impact on staff

Midlothian HSCP responded to the Scottish Government's request to strengthen existing local arrangements for staff wellbeing and to provide support and practical advice specific to the pandemic. A lead person was identified to develop a framework for the physical and psychological wellbeing of staff to ensure a coordinated and committed approach and a working group was convened with representation from a range of staff groups. A dedicated team was established to respond to concerns, queries and information requests and to provide regular information and updates. A Wellbeing post has now been established to provide dedicated leadership on staff wellbeing.

The HSCP conducted a staff survey in early January 2021 to establish an understanding of what matters to the staff within the partnership in relation to their health and wellbeing and determine whether the resources for support were effective or not. The findings have been analysed and will inform the ongoing work of the staff wellbeing group and the workstreams to be taken forward by the wellbeing lead.

The partnership's plan is that all service managers and team leaders will be trained in 'Good conversations' and some staff are undertaking training to become NHS Lothian Peer Supporters. It is the intention of Midlothian HSCP that all staff will be trained in 'Good conversations' within the next two years which should impact on staff wellbeing as well as operational practice.

Preparations for the annual iMatter survey are underway at the time of writing. In addition, Midlothian HSCP is exploring the potential of an opt in mobile app or web based tool, which has been reported to be effective in enhancing employee engagement, improving reported wellbeing, and to provide the opportunity for recognition by supporting real time discussions. Trickle had already been trialled in some Musculoskeletal services prior to being rolled out across both the Home First and No.11 teams within Midlothian in May 2021. Over the past few months, the platform has been used to gauge how staff are feeling and what was contributing to both 'good days and bad days' using a 'how was your day' function. The responses are anonymous but asks staff to fill in the contributing factors, so it allows the HSCP to understand how staff are feeling and identify any areas for improvement. The platform has also been used to share important information with teams regarding drop-in vaccine clinics and there have been examples of Trickle being used to share good practice. There are now over 100 users signed up and the project team are working closely with the Trickle team to try and increase uptake and improve utilisation.

8 Delivery of Safe, Effective and Person -centred care

Adverse events

Chart 2 illustrates the 1638 adverse events reported in Midlothian HSCP between August 2019 and July 2021. The median number for all adverse events (85 per month) has increased reflecting a higher level of incident reporting in 2020 (median 53 per month) compared to 2019 (median 73 per month), which has continued over 2021. Adverse events resulting in no known adverse effect or minor harm are addressed locally by Charge Nurses/ Team Managers and reviews and action plans approved by Service Managers. The top 3 categories of **all** adverse events are Falls (723), violence/ aggression/abuse/ harrassment (535) and medication (140).

Chart 2: Adverse Events Reported August 2019 – July 2021

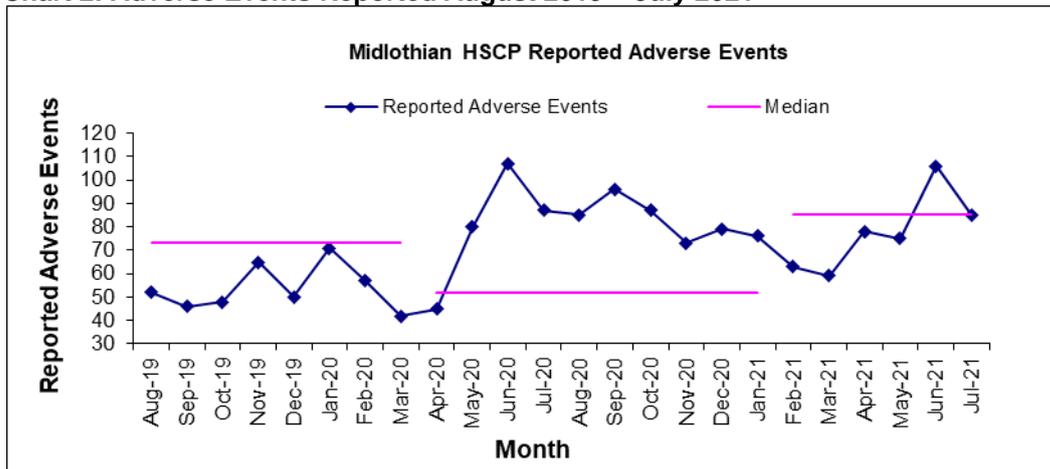
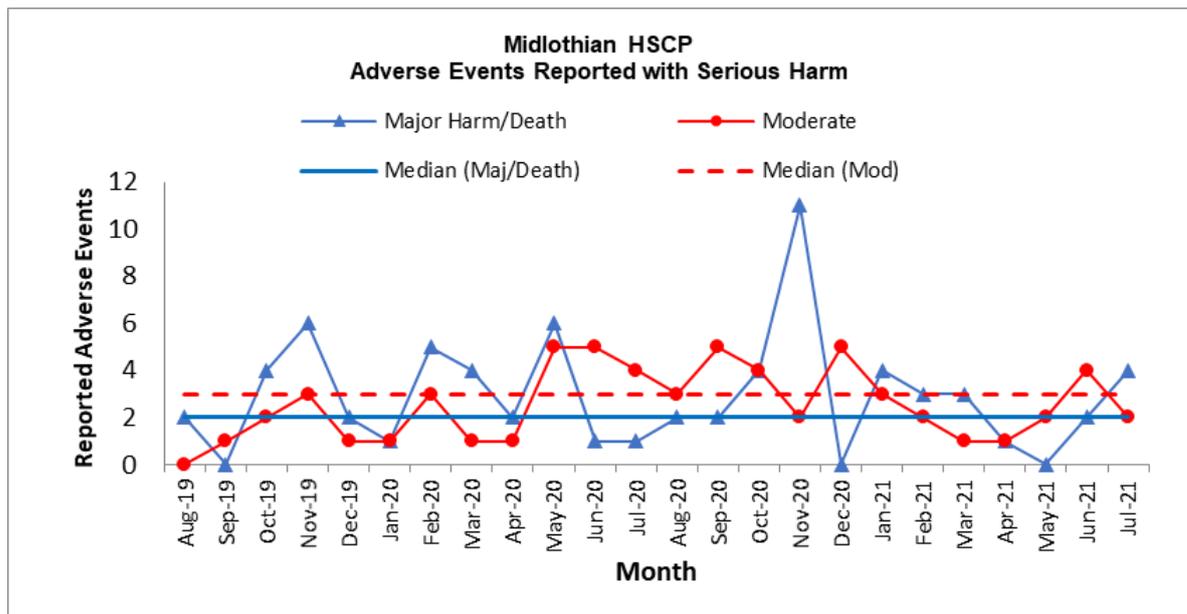


Chart 3 illustrates 131 serious adverse events resulting in moderate (61 incidents) or major harm/death (70 incidents) over the 2-year period August 2019 to July 2021. The median number of adverse events resulting in major harm (2 per month) or moderate harm (3 per month) has remained stable. The peak in events reported in November 2020 relates to an outbreak of COVID 19 in Midlothian Community Hospital that affected a number of staff.

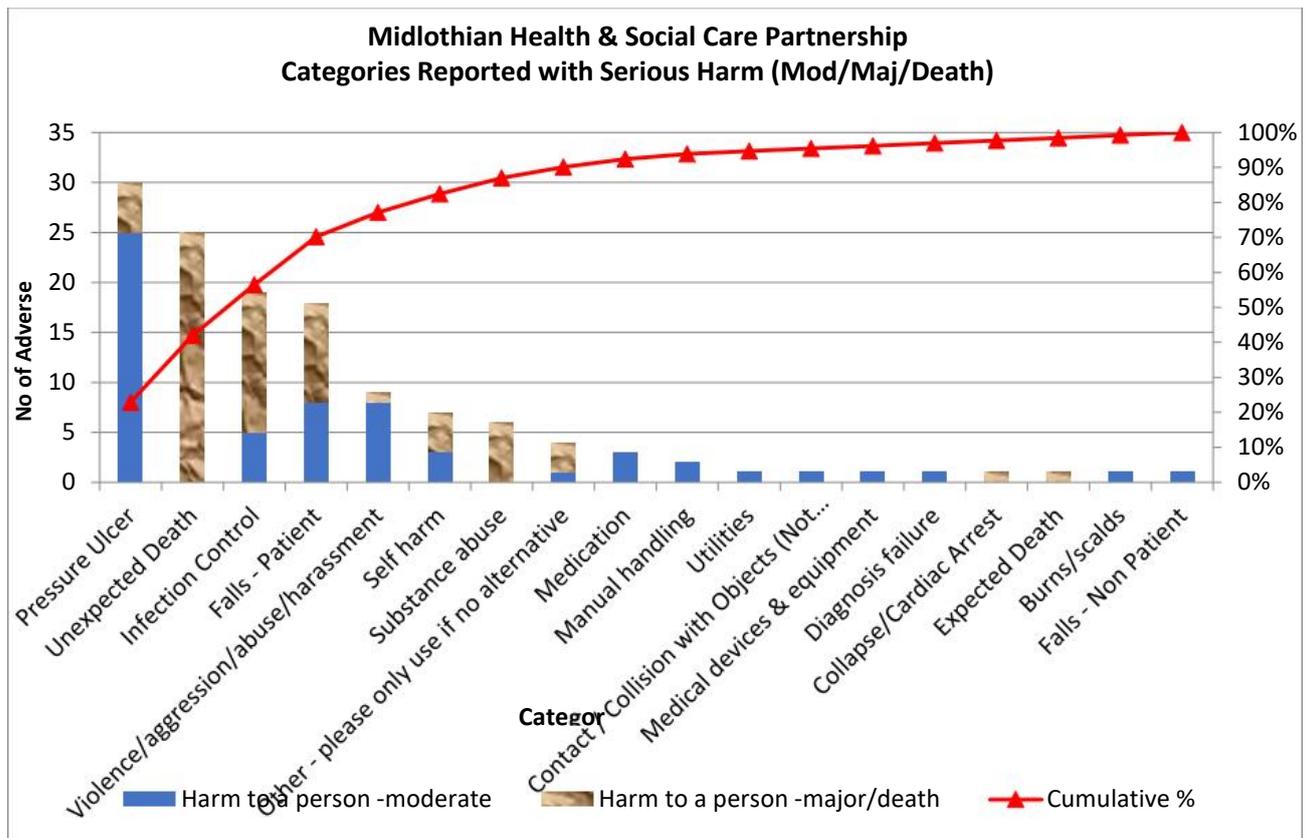
Chart 3: Categories of adverse events reported August 2019 – July 2021



Three groups are established to provide oversight of all significant adverse events reported within Midlothian. Specific Lothian pathways are delivered by 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 deaths or suicide by patients engaged with mental health and substance misuse services.

Chart 4 illustrates the categories of adverse events reported between August 2019 and July 2020. The top 3 categories of adverse events with serious harm are pressure ulcers (n = 30), unexpected death (n=25) and infection control (n=19). The infection control figures have been significantly impacted by outbreaks of Covid -19.

Chart 4: Categories of adverse events reported August 2019 – July 2021



A group which previously met as the commissioning group for suicides and drug related deaths has been working with the NHS Lothian Quality Improvement Support Team to develop its approach to provide oversight of harm. The renamed Midlothian Safety and Experience Action Group has prioritised actions to adopt changes to the investigation of suicides and drug related deaths of people who were engaged with or recently discharged from mental health and substance misuse services at the time of their death. These changes are being adopted Lothian-wide to enable early, proportionate investigation to take place to enable local learning, whilst ensuring that independent review is undertaken where appropriate. MSEAG now meets fortnightly (previously monthly) with aligned administrative support, a revised agenda and processes to support effective administration of this work.

The Midlothian Safety and Experience Action Group submits its minutes to the NHS Lothian Patient Safety and Experience Action Group. Decisions and reviews approved by the Midlothian Safety and Experience Action Group are subject to the scrutiny, including final approval from the NHS Lothian Medical Director and Executive Nurse Director.

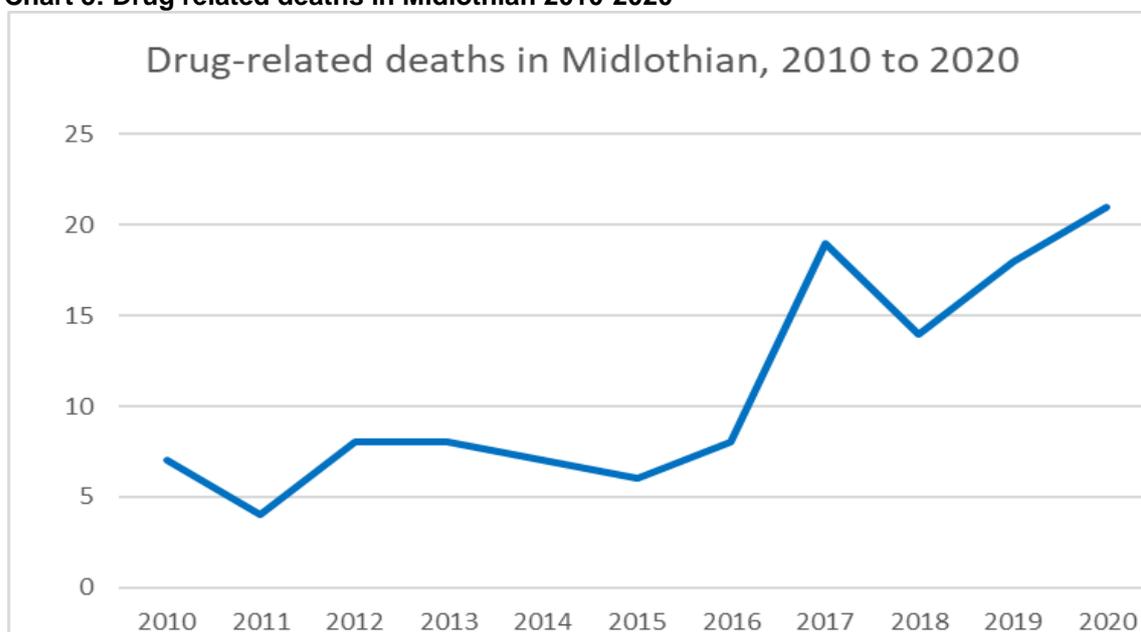
Decisions made at the Midlothian Safety and Experience Action Group are taken forward by the relevant teams where SAEs have occurred, with the relevant Quality Improvement Teams having responsibility to implement learning from adverse events and complaints in their areas. Learning and actions are shared with all Quality Improvement Team leads at the Clinical and Care Governance Group to support shared learning and improvement across the partnership. MSEAG will develop its work to have an overview of harms in service areas and will continue to link with the CCGG to progress actions to deliver improvement.

Drug related deaths

Addressing the high incidence of drug related deaths is a national priority and work being undertaken in Midlothian to address this public health issue warrants discussion in this report.

Midlothian's average rate of Drug-related deaths between 2016 and 2020 was 17.5 per 100,000 of population against a Scottish figure of 20.6. Chart 5 illustrates the annual incidence of drug related deaths in Midlothian since 2010.

Chart 5: Drug related deaths in Midlothian 2010-2020



The local substance misuse team has robust links with the fortnightly Lothian wide drug related death meeting where trends, data, and up to date intelligence around street drugs are discussed. Standard harm reduction and Take-Home Naloxone training are part of one to one work in the service. Pathways are established to support people being released from prison and a new initiative to provide medication assisted treatment to people in police custody is in development.

Midlothian is the pilot site for 2 of the 10 new Medication Assisted Treatment (MAT) standards. The MAT standard 3 pilot offers assertive outreach to individuals identified at a weekly multi-agency huddle as having experienced a near fatal overdose. MAT standard 9 aims to provide an integrated, person centred mental health and substance misuse service to people who present to Substance Misuse Services with a concurrent mental health problem.

Drop-in services were suspended during COVID restrictions but have now recommenced in Dalkeith and the potential to run a similar service in Penicuik is being explored. Patients who are on the waiting list can attend the drop-in service and benefit from a same day service provided by a nurse prescriber. Work is underway with MELD, our partner agency, with the aim of improving access and meeting the 21-day HEAT target for those who do not access the drop-in clinic.

The DAISy (Drug and Alcohol Information System) was launched in April this year by Public Health Scotland. The system holds data on all patients referred to the service. Depending on the length of time someone remains in treatment, DAISy prompts reviews at 12, 26 week and 52 weeks, on top of routine appointments.

Future include proposals to improve the use of TRAK to support communication with the mental health team and the development of recovery-based approaches individual and group approaches.

Monitoring Harm

This annual report has allowed the Partnership to highlight the potential for it to maintain more cohesive overview of the monitoring of harm and the actions being progressed to deliver improvement and address preventable causes. Midlothian Community Hospital undertakes a daily safety huddle to review staffing, patient needs and known risks. The Medicines Management, Food Fluid and Nutrition groups, and Falls Improvement groups will support the delivery of a continuous quality improvement approach based on data and appropriate engagement of staff. Plans are at an advanced stage to appoint a Performance manager whose responsibilities will support the collation and reporting of data. This will support continuing efforts to deliver improved care and clinical governance.

Equitable care – support for difficult to reach groups

Midlothian HSCP has a well-established Health Inclusion Team staffed by Specialist Nurse Practitioners. These nurses work with people most vulnerable to poor health and health inequalities; this includes people with challenges related to mental health, substance misuse, homelessness and offending/criminal justice. It also includes gypsy/travellers, unpaid carers, people attending food banks and frequent attenders at the Emergency Department.

They support people to improve and manage their health and to access local services, such as drug treatment or welfare rights. Nurses provide an outreach service and offer time-limited self-management support. The Health Inclusion Team nurses are skilled in using health behaviour change, person centred approaches and deliver health needs assessments in community-based venues often linked to local services to improve reach and engagement. The Health Needs Assessment offers the opportunity and time to discuss both health and social issues that have an impact on lives. HIT staff also deliver Healthy Living Skills Groups when appropriate.

The nurses visit each of Midlothian's homeless hostels every one or two weeks. They knock on each resident's room door, offering the opportunity to speak to a nurse about their health and wellbeing. Every conversation is different and guided by what matters to the person. It can take a while for people to build up trust with the nurses. The nurses also provide support and advice to hostel staff when working with people with complex needs and can support people to access a wide range of local services. They also offer naloxone training, blood borne virus testing, sexual health assessments, contraception and STI testing.

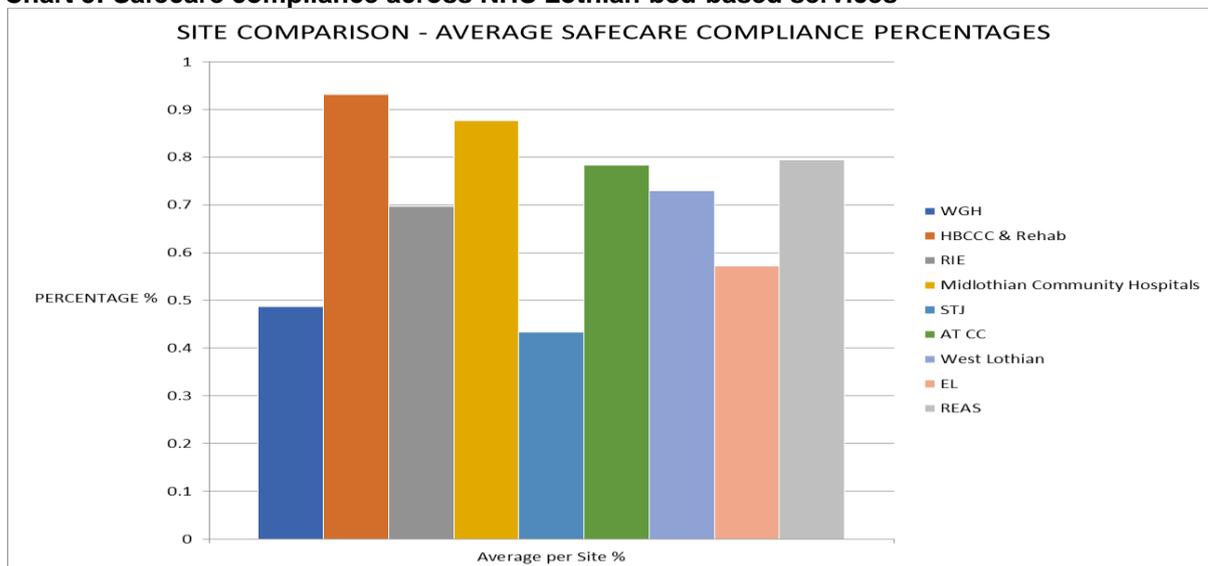
9 Workforce management and support

A suitably trained workforce in sufficient numbers underpins the delivery of safe, effective and person-centred services. Challenges in recruiting sufficient staff with the appropriate skills and experience to our services are a key risk for the partnership and have been highlighted throughout this report.

Midlothian HSCP has developed and submitted an interim Workforce Plan to the Scottish Government and a 3-year workforce plan is in development. Analysis of the current workforce, service demand and capacity, recruitment and retention challenges and current approaches is being undertaken involving relevant stakeholders within the partnership.

Nursing teams are engaging in the rollout of the programme of preparation to run the workforce and workload tools as part of the programme to deliver in the requirements of safe staffing legislation. Chart 5 compares the level of compliance with the Safecare tool across all bed-based facilities. Performance in Midlothian Community Hospital is recognised as being exemplary and is an important element of evidencing appropriate staffing on our hospital wards. Work is underway to provide Senior Charge Nurses with the skills to further improve their utilisation of the tool

Chart 5: Safecare compliance across NHS Lothian bed-based services



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Training and development plans

Midlothian HSCP is committed to developing a workforce with the capacity and capability to provide appropriate, evidence based, safe, effective and person-centred services.

Annual appraisal conversations are being resumed as service pressures associated with COVID ease, enabling staff to have conversations with managers about the knowledge, skills and supports they need to undertake their roles.

Training opportunities continued to be provided virtually throughout the pandemic to address mandatory training needs. There is awareness that a number of face to face programmes, including the management of violence and aggression, continue to be paused, and managers continue to highlight the risks associated with the continued absence of this provision.

Midlothian HSCP recognises the need for staff to work differently to understand and empower the people they work with and have adopted 'The Midway' as an approach – where staff are facilitators, not fixers, shift power to the person, understand trauma and recognise inequality. Good Conversations training and bitesize programmes resumed after a pause in the early part of the pandemic. We have trained staff so that anytime someone contacts our services, the focus is on their needs and what matters to them and what their personal circumstances are. We have now trained 435 people in the approach, including third sector partners.

Training opportunities are made available across the Community Planning Partnership (CPP), for example training on health inequalities, health literacy, suicide prevention, and weight stigma. Midlothian continues to implement the Trauma Awareness Framework. Training was paused until September 2020, but courses are now being delivered with good representation from many areas of the CPP.

10 Quality improvement based leadership

Processes for staff development, training and learning for improvement

This is an area for the Partnership to develop improved focus and data to support future planning. Senior managers report that staff in Midlothian HSCP have accessed a range of quality improvement learning opportunities based on learning needs identified in personal development plans and through opportunities arising from service development. Data on uptake, completion and impact is not readily available.

There is widespread awareness of the opportunities available through online learning, the NHS Lothian Quality Academy and webinars and other online opportunities available through professional organisations and NES. The acquisition of quality improvement knowledge and skills is promoted through the Professional Nursing Forum and the Care and Clinical Governance Group. The LACAS programme is providing opportunities for staff in Midlothian Community hospital to participate in care assurance and to learn skills in tandem with the delivery of quality improvement projects. The Feeley Report recognises the opportunities that the wider application of quality improvement methodology within social care can offer.

Staff empowered to test ideas and improve and share lessons to deliver high quality care

QIT reports evidence service and quality improvement work is underway in all areas, with ideas generated from staff directly involved in care. There is a significant amount of development work undertaken in the partnership that bear the hallmarks of quality improvement without being framed or presented using QI methodology.

11 Key Risks

- 11.1 Capacity of services to meet increased demand due to increasing population, age, and frailty. Primary Care sustainability linked to this.
- 11.2 Lack of availability of staff with appropriate qualifications or skills, including General Practitioners, Staff Nurses, Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners, District Nurses, Health Visitors and Social Care Workers. Impacts on Midlothian HSCP timescales to implement some of the solutions planned.
- 11.3 Quantified through vacancy levels, project delays, waiting lists and amount of support to services as detailed in the previous sections. Monitored by Chief Officer and Joint Management Team Midlothian HSCP.

12 Risk Register

- 12.1 The Midlothian HSCP risk register identifies and manages a number of risks and the key risks are noted below, which are all supported by agreed measures in which to mitigate and manage the risks effectively:
 - Capacity of service to meet increased demand due to increasing population, age, and frailty – this is being addressed through the Primary Care Plan
 - Lack of availability of staff with appropriate qualifications or skills, including General Practitioners, Staff Nurses, Advanced Nurse Practitioners, Advanced Physiotherapy Practitioners, District Nurses, Health Visitors and Social Care Workers this is being addressed through the HSCP Workforce Strategy
 - Emergency admissions and Delayed Discharges, particularly in relation to lack of care at home – this is being addressed through Care at Home recommissioning, Delayed Discharge plans and Acute Services Planning

12.2 Risk management

External audit of NHS Lothian's Risk Management Policy and supporting Risk Management Operational Procedure was undertaken in Summer 2021.

As a division of NHSL, Midlothian HSCP was required to evidence compliance with the Risk Management Policy. The audit 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 Group, Finance and Performance, Staff Governance and Clinical Care and Governance) each of which have risk as a standing agenda item.

- Service level risks are considered monthly via the Business Management Governance Group.
- Monitoring of risks is through these forums.

12.2 Resilience and Major Incident Planning

Midlothian HSCP provides assurance to NHSL annually on resilience and major incident planning. Service Managers are required to review and update their service specific resilience plans which then feed into the overarching Midlothian Resilience Plan. This is currently being progressed with updates due in September 2021.

A new digital control room was developed to mirror NHSL GOLD Command which allows our SMT Incident Management Team to quickly mobilise virtually when required. An exercise was carried out in July 2021 to test the practicality and functionality of this tool and further exercises will be completed with a partnership wide approach later in the year.

13 Impact on Inequality, Including Health Inequalities

- 13.1 There are no implications for health or other inequalities from the issues raised in this paper

14 Duty to Inform, Engage and Consult People who use our Services

- 14.1 This update provides factual information and accompanying commentary. It does not contain any proposals for action or change which might impact on services, patients or service user
- 14.2 Work is underway to develop and progress consultation on Midlothian's 2022-2025 Strategic Plan.

15 Resource Implications

- 15.1 There are no new resource implications arising from this report. All aspect of the monitoring and reporting mechanisms for the governance of Midlothian HSCP's services are included in the routine work of local services and in appropriate groups and committees

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Chief Nurse
26 August 2021
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Appendix 1

XXXXX Group QIT
Report for Period XXX to XXX 2020

Meeting XX pm, DATE, MONTH 2020

VENUE

Attendees at QIT:

Apologies for QIT:

1. Update on XXXXX Group Actions from Last C&CGG Meeting / Action Log

Action for this group	Update

2. Standards

The following relevant guidance / standards have been issued/created in period.

Guidance / Standards	Update	Actions to take forward
e.g. Duty of Candour		

3. Quality Improvement Project Updates

Provide brief update below and verbal update at meeting. Include details of any new projects.

Project	Update	Actions to take forward

4. Safety

Issue	Details	Actions to take forward
Relevant Safety Alerts/Action Notices		
NHS Incidents (DATIX)		

Issue	Details	Actions to take forward
NHS SAE		
Council (SPHERA)		
Internal Issue Follow Up		
External Issues Follow Up		
Provider Contract Monitoring		
Items added to Risk Register		

5. Internal / External Reviews and Inspections

Internal / External	Inspecting body / responsible Manager	Date of Inspection /Audit/Review	Comments / Update	Actions to take forward

(Care inspectorate grades: Quality of care and support / Quality of environment / Quality of staffing / Quality of management and leadership)

6. Shared learning and Actions (from incidents / complaints / inspections)

Issue	Update	Actions

7. Responsiveness of services

Area/Issues	Update	Actions
Recruitment/Retention		
Mandatory Training		
Waiting Times		
Delayed Discharge		
Public Protection		
MAPPA / CJ		

8. Links to other groups / meetings

Meeting / Date	Update	Actions

9. Feedback

Issue	Update	Actions
Patient/Public feedback		
Staff experience		
NHS Complaints		
Council Complaints		
Disciplinary		
Induction		

10. Safe Staffing Implementation

Activity	Update	Actions
For discussion at meeting		

11. Reporting

Activity	Update	Actions

12. Date of Next Meeting

Appendix 2

Midlothian HSCP Key challenges & actions to address

COVID-19

The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, its partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed over 2020, they will continue into 2021. Covid will continue to influence how the HSCP delivers core services, works with partners and communities and develops the workforce. In addition the Partnership will adapt to deliver Covid related services, such as vaccination clinics.

A growing and ageing population

We are the second smallest Local Authority in mainland Scotland but the fastest growing. This will continue to pose challenges for health and social care services whilst also changing some local communities. As people live for longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. An increasing number of people live on their own, and for some this will bring a risk of isolation.

Higher rates of long-term conditions

Managing long-term conditions is one of the biggest challenges facing health care services worldwide, with 60% of all deaths attributable to them. Older people are more susceptible to developing long-term conditions; most over 65s have two or more conditions and most over 75s have three or more conditions. People living in areas of multiple deprivation are at particular risk with, for example, a much greater likelihood of early death from heart failure. They are also likely to develop 2 or more conditions 10-15 years earlier than people living in affluent areas.

Higher rates of mental health needs

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live fulfilling healthy lives as far as possible. The incidence of mental health issues in Midlothian, while similar to the rest of Scotland, is a concern. Living in poverty increases the likelihood of mental health problems but also mental health problems can lead to greater social exclusion and higher levels of poverty. People who have life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.

Our services are under pressure

People place a high value on being able to access effective health services when they need them. People expect to receive high quality care services when these are needed whether as a result of age, disability, sex, gender or long term health conditions. Yet there are a number of pressures on our services.

Financial pressures

Financial pressures on public services are well documented. There is no doubt that we need to do things differently: the traditional approach to delivering health and care services is no longer financially sustainable.

Workforce pressures

The Covid-19 pandemic has and will continue to influence the demand for, and deployment of, the health and care workforce for the foreseeable future. Mass vaccination programmes and other large-scale recruitment programmes related to COVID 19 have increased pressure on already stretched resource. How the workforce interacts with people has also changed with an increased use of digital or telephone appointments. The Scottish Government has requested that IJBs develop a 3-year Workforce Plan no later than 31st March 2022.

Unpaid carers

Unpaid carers fulfil significant, valuable and wide-ranging roles within Midlothian communities, helping to keep people with care and support needs within our communities. During the pandemic many people have become carers for the first time, or seen changes to their caring role, resulting in them providing significantly more care for their elderly, sick or disabled family, friends and neighbours. Through this period Community services supporting carers have continued to offer a range of support, including digitally, and by telephone, though services supporting the person they provide support to may have been reduced, e.g. respite and day services, resulting in an impact on carers. It is essential that we work to reduce the significant pressure and impact of caring that carers report feeling, by continuing to explore innovative options to enable support to be given to both carers and the cared-for, and for there to be opportunities for breaks from caring leading to caring being more sustainable. We are constantly looking for ways to offer respite and support to reduce the stress and impact of caring.

Acute hospitals

Acute hospitals are under huge pressure due to unsustainable demand and financial restrictions. We need to invest in community based and work with carers alternatives that will minimise avoidable and inappropriate admissions and facilitate earlier discharge. By treating people closer to home, or in their own home we can support admission avoidance and improve patient outcomes.

Appendix 3

Midlothian HSCP Service Overview 2020-2021

COVID-19 Response

The impact of the COVID-19 pandemic brought many challenges and much disruption to the Health and Social Care Partnership, our partners and the communities it serves. There was increased anxiety and pressure on many service users, unpaid carers and staff. While challenges may have changed over 2020, they will continue into 2021.

As a Partnership, the top priority was the safety of patients, clients, communities and staff. In response to the situation it was important to be innovative and support clients effectively and safely during this time. Staff continued to see people face-to-face where this was clinically essential, but in order to reduce face-to-face contact, where feasible, teams made a number of changes to how they delivered services throughout the pandemic.

As well as managing changes to existing services, the Partnership also provided care and treatment to people who had contracted COVID-19 and their families. It also provided support to partner agencies around changed provision, infection control and other requirements, including the provision of personal protective equipment (PPE) and staff testing. In addition, COVID-19 related services had to be established, often at short notice as the pandemic escalated, such as the COVID-19 Testing and Assessment Hub at Midlothian Community Hospital. Many staff across the Partnership were redeployed to other roles, assisting in care homes and PPE centres.

Midlothian's COVID Vaccination Programme links with the NHS Lothian Vaccination Programme Board. A dedicated clinical and administrative team manages and delivers the Midlothian programme, ensuring access and the delivery of a safe vaccination programme. With this support, vaccinations are being delivered in line with the Joint Committee of Vaccination and Immunisation (JCVI) 9 category age and clinical risk related prioritisation programme. The HSCP will run two mass-vaccination sites to deliver a service to the 51,204 residents in Midlothian who are eligible for a COVID Booster Vaccination and Seasonal Flu vaccination.

Unpaid (Family) Carers

Work continued to support carers in partnership with local organisations, in particular VOCAL Midlothian but also Alzheimer's Scotland and others. While traditional respite options have been limited due to the pandemic, especially for older people, alternative support to carers is being progressed and additional funds were provided for Wee Breaks. Work progressed to re-commission carer support services in 2021. This involved a comprehensive community engagement programme. Contracts were awarded in March 2021.

Multi-disciplinary approach to mental health, Substance Misuse and Justice Services

In 2019 staff from across mental health, substance misuse, Justice and Third Sector co-located in 'No.11' in Dalkeith, allowing for a new trauma informed, collaborative way of working with and supporting individuals, particularly those with multiple complex needs.

The service is part of the Scottish Government's Trauma Informed Workforce Pilot. There have already been some excellent examples of joint working to support vulnerable clients. Service delivery had to change during the pandemic.

Improving Services for Older People

There is one internal and three externally contracted providers in Midlothian delivering Care at Home to older people. All care at home services have managed to continue their normal service delivery in recent months. COVID-19 has had an effect on the workforce as a number of staff were in the shielding group due to their own health conditions. A care at home recommissioning exercise has just been completed. Based on extensive research, analysis, knowledge and experience of staff within older peoples and procurement services and consultation and engagement with key stakeholders, the new model delivers block contracts for independent providers. This will enable them to offer terms and conditions of employment which should improve recruitment and retention. Delivery on a locality basis is designed to reduce travel time and increase direct contact and consistency of care provider enabling a more person centred, outcomes focused and relational service. This model is more costly but signals Midlothian's commitment to invest develop services to meet demand and address complexity of need.

Extra Care Housing:

As with many other areas, Midlothian faces many challenges in addressing the housing and care needs of an ageing population with increasingly complex requirements. Extra Care Housing is a model of accommodation and care that supports people to live in their own tenancy. Plans for the development of extra care housing complexes across three sites in Midlothian is ongoing with spring 2022 proposed for completion.

Frailty

The increasing prevalence of frailty, as a result of our rapidly ageing population, is contributing to a health and care system that will be unsustainable in its current form. People with severe and moderate frailty (3,500 people) account for 4% of Midlothian's population and 31% of unscheduled activity in the Royal Infirmary of Edinburgh in 2019. Midlothian HSCP and the Midlothian GP Cluster continue to use the electronic frailty index (eFI) to inform strategic direction and service developments.

During the COVID-19 response 2,719 people estimated to have moderate or severe frailty were contacted and supported by the Red Cross Welfare Call service (issues identified including hearing aid battery replacements, social isolation, shopping, and prescriptions). In 2020-21 the Red Cross supported older people to access £201,000 of Attendance Allowance through their income maximisation work.

People living with moderate or severe frailty who were part of a dedicated GP service saw in a reduction in subsequent admissions to hospital in 2020-21.

Learning Disability, Autism and Complex Needs Housing

No Midlothian citizen with complex care needs is currently delayed in hospital and nobody lives away from the area, other than through their own choice or where there is an assessed need for them to be supported outside Midlothian.

Supporting independent living is a key priority for the Learning Disability Services. Work is ongoing to develop a range of housing options based on individual needs and to ensure individuals can access appropriate housing as their needs change. The model of proactive behavioural support services continues to be developed within Midlothian.

Day Services for people with Learning Disabilities have been impacted by COVID-19. Many continued to operate although with reduced capacity as a result of physical distancing and infection control requirements.

Primary Care

In early weeks of the crisis demand on GP Practices was quadruple that in previous years. All practices managed to remain open during the COVID-19 response but some changes occurred. For example, there was a significant change with the move to total-telephone-triage. There was also an increase in the use of Near-Me.

There has been a considerable increase in the number of Anticipatory Care Plans written for vulnerable patients.

Work to implement the Primary Care Improvement Plan continues to be progressed including planning around CTACs (Community Treatment and Care Centres). A number of CTAC staff assisted in the Covid Vaccination programme during 2020-21.

The Thistle Foundation (Wellbeing Service) and VOCAL, third sector organisations, continue to work with the Primary Care Team in GP Practices to offer supported self-management and carer support. Primary Care Mental Health Nurses are now in all 12 GP Practices in Midlothian.

Physiotherapy: There is now a single point of access for community services, so long Covid rehabilitation will be managed through this. Based on scoping work, the decision was made not to have a separate team managing Long Covid, instead the patients will be directed to an existing team depending on the predominant symptoms the patient experiences. However, this will continue to be reviewed. Near-Me continues to be an option when appropriate. There are currently a number of services for Long Covid available depending on the needs of the person.

Technology Enabled Care

Midlothian HSCP has ambitions for digital transformation that will support integration. Work continues to progress with the third sector and digital organisations to collaboratively design the ideal service model for people living with frailty.

Work has progressed to consult and engage with people living with frailty to support ambitions to see how and where technology could support people. Work also continued on connecting health and social care data to help us understand the needs of the population and the effectiveness of services. There was also progress in the development of infrastructure to allow us share data between health and social care services.

Public Health

Midlothian HSCP remains committed to tackling inequalities and investing in preventative work. Work to progress the CPP sponsored whole-system Type 2 Diabetes Prevention

Strategy was progressed after a delay due to COVID-19. Health assessments and other support to people in homeless accommodation continued during the pandemic.

Some programmes such as Ageing Well and Midlothian Active Choices (MAC) could not operate as planned due to Covid restrictions, however some activity has restarted in line with infection control guidelines.

The Welfare Rights Service continued to provide effective support to people receiving a service from the HSCP. 239 people with cancer received support from the MacMillan Welfare Rights Advisor and the wider team during 2020-21 and generated £4,226,848 of income for Midlothian residents.

Physical Disability

Work continues to reshape services currently provided at the Astley Ainslie Hospital. In addition work restarted in September to review the pathway for people recovering from a stroke. Funding to improve our support for people living with a neurological condition was awarded to the HSCP in March 2021.

Developing a Local Approach to Acute Services

In Midlothian, despite considerable efforts to strengthen community services and prevention, progress in reducing hospital-based activity was inconsistent (with the exception of the pandemic period). The challenge is to design and implement more radical change at a faster pace to ensure that our hospital services are able to provide high quality, timeous treatment when community-based alternatives are neither appropriate nor viable. Midlothian HSCP is committed to working with partners to reduce both attendance at A&E and unplanned admissions whilst also facilitating earlier discharge.

This work is supported by community-based service change such as plans around rehabilitation, diabetes prevention and the reduction of crises through, for example, improved identification and support around Frailty (involving the third sector). In addition, the Partnership recognises that supporting people to stay out of hospital or to be discharged sooner will often be dependent on the ability of family carers to provide support. This means continually strengthening support systems to unpaid carers.

The development of a Home First Model in Midlothian is progressing where people are supported out of hospital early, with a greater emphasis on supporting people at home through investment in care at home, early intervention and prevention.

Cancer

Midlothian HSCP commenced work on Improving the Cancer Journey (ICJ) during 2021. ICJ is a partnership between Macmillan and the four Lothian Health and Social Care Partnerships (HSCPs). Midlothian Council hosts the Programme on behalf of the four HSCPs.

The ICJ Programme aims to meet the non-clinical needs of people living with cancer; it will promote self-management and person-centred solutions in line with the policy direction set out by HSCPs and NHS Lothian. Progress was delayed but recruitment to key local posts was successfully concluded.

Health and Homelessness

Midlothian HSCP and Housing Services continue to work together to support people affected by homelessness. The Housing First programme commenced in July 2020 aiming to provide secure council tenancies per annum targeted at hard to reach and vulnerable homeless households. Many of these households have previously spent lengthy periods living in emergency accommodation. A specialist support provider will offer intensive support to people in order to sustain their accommodation. The Health Inclusion Team continued to offer on-site support to people living in the homeless hostels following risk assessments

Appendix 4: Care Inspectorate Gradings for Services for Older People in Midlothian

The Care Inspectorate inspects our care homes and care at home services to check the quality of care.

The directors of Public Health in Scotland advised that inspection visits would present a risk of introducing and spreading COVID-19 in care homes. To limit the spread, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This resulted in the majority of services not being graded as normal and retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches. They award the following grades to services:



Name	Service Type	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning	Care & support during COVID
Highbank	Intermediate Care Home	05/07/2021	4 Good	-	-	-	-	4 Good
Nazareth House	Care home for older people	06/07/2021	2 Weak	-	-	-	-	3 Adequate
Nazareth House	Care home for older people	18/05/2021	-	3 Adequate	3 Adequate	3 Adequate	-	-
Newbyres Village	Care home for older people	21/01/2021	-	-	-	-	-	4 Good
Pine Villa	Care home for older people	27/07/2020	-	-	-	-	-	3 Adequate
Pine Villa	Care home for older people	31/08/2020	-	3 Adequate	-	3 Adequate	-	-
MLC - Domiciliary Care	Support - Care at Home	26/11/2020	-	4 Good	-	-	4 Good	4 Good
Springfield Bank	Care home for older people	27/07/2021	2 Weak	-	-	-	-	2 Weak
Springfield Bank	Care Home for older people	27/05/2021	-	3 Adequate	-	-	-	-
Archview Lodge	Care home for older people	01/02/2021	-	-	-	-	-	3 Adequate
Archview Lodge	Care home for older people	26/02/2021	4 Good	-	-	-	3 Adequate	-
Aarron House	Care home for older people	10/03/2020	5 Very Good	4 Good	5 Very Good	4 Good	4 Good	-
Drummond Grange	Care home for older people	18/06/2021	4 Good	-	-	-	-	3 Adequate
Rosehill	Care home for older people	03/03/2020	5 Very Good	-	-	-	4 Good	-
Pittendreich	Care home for older people	11/04/2019	3 Adequate	4 Good	4 Good	3 Adequate	4 Good	-

Name	Service Type	Date	Care & support	Environment	Staffing	Management & Leadership	Care & support during COVID
SCRT East	Support - Care at Home	02/12/2020	-	-	-	-	3 - Adequate
SCRT East	Support - Care at Home	08/12/2020	3 Adequate	-	3 Adequate	3 Adequate	-

