

Midlothian Integration Joint Board



10th February 2022, 2pm

Clinical and Care Governance Group (CCGG) report

Item number: 5.8

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

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.

- 3.2 **Clinical Care and Governance and Assurance Structure and Processes**
The Clinical and Care Governance Group (CCGG) meets quarterly and 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 (QITs) are established and cover the services directly provided and hosted within the Partnership, bringing together representatives of the various 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 should meet at least 4 times per year and report to the CCGG. The QITs submit reporting template which provides a summary of the actions in place to provide assurance. This includes adverse events and complaints, responses to safety alerts, 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 (e.g. 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. Work is underway to refresh the assurance template to support a more streamlined and consistent approach across services and to provide greater clarity on the level of assurance services report.

Allied Health Professions (AHPs) have previously reported under a stand-alone QIT, but recent discussion has led to agreement that AHPs will participate in the clinical and care governance processes through the QITs configured in the services in which they work. The Chief AHP is newly in post and will provide assurance to

the NHS Lothian AHP Director in through the Lothian AHP Governance and Assurance Framework. A Professional AHP Forum will be established, similar to the Professional Nursing Forum led by the Chief Nurse, to provide a focus for professional issues that can inform and drive the provision of assurance through AHP participation in integrated QITs and other clinical and care governance processes.

Developing services including Community Treatment and Care Centres (CTACS) and the Covid Vaccination programme will report through existing QITs in the next reporting cycle. COVID Vaccination was previously managed Pan Lothian and local reporting will provide assurance at a Midlothian level while maintaining governance and reporting lines which link with national mechanisms for information sharing, surveillance, and quality management.

Assurance processes are also in place around the services provided in care homes for older people and care at home services. These report to Pan Lothian operational and strategic oversight groups which in turn report to the Scottish Government around specific issues relating to delivery of these services throughout the COVID 19 Pandemic.

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 (adverse events which result in harm assessed as moderate or above), including those which are a drug-related death or suicide by 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 Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis and most recently met on 25th January 2022.

QIT reports were received from, Mental Health, Substance Misuse and Justice, Midlothian Community Hospital, Disabilities, Health Visiting and Adults with Complex and Exceptional Needs, Older People Residential and Intermediate Care.

Particular points of good practice to highlight to the IJB in relation to clinical and care governance work across the QITs include:

- Ongoing commitment to capture the perspective of people who use mental health, substance use and justice services; in addition to auditing documentation, the teams are actively testing different approaches to hear the voice of the person and for that to inform service improvement.
- High levels of compliance with person centred care planning and the transition to a new quality dashboard in Midlothian Community Hospital
- Midlothian Food Fluid and Nutrition group now taking forward local plans to deliver the recommendations of the Food in Hospitals Report

- Reflection in action to capture good practice and learning in Disability Services from the management of the transition of a Midlothian resident with highly complex care needs to deliver a more local service.
- The collation of data in District Nursing to demonstrate complexity, demand and capacity in order to articulate risk and develop workforce plans to meet current and future demands for more complex care provision in people's own homes.
- Progress in the project which is capturing feedback from bereaved families about the experience of their relative receiving end of life care from Midlothian Community Hospital and District Nursing.
- HSCP pharmacy support to support the development of a new medication administration policy and the review of all clients' medications in Home Care.
- Continued work at Newbyres Care Village by the HSCP Pharmacy team to improve systems, processes and practice in medication ordering, storage and administration.
- Consistent delivery by Midlothian Health Visitors of the 13- 15 month visit across all teams and plans to fully deliver the Universal Health Visiting Pathway from March 2022.
- The use of smartphone technology to gather feedback from parents in relation to the delivery of immunisations or under 5s.

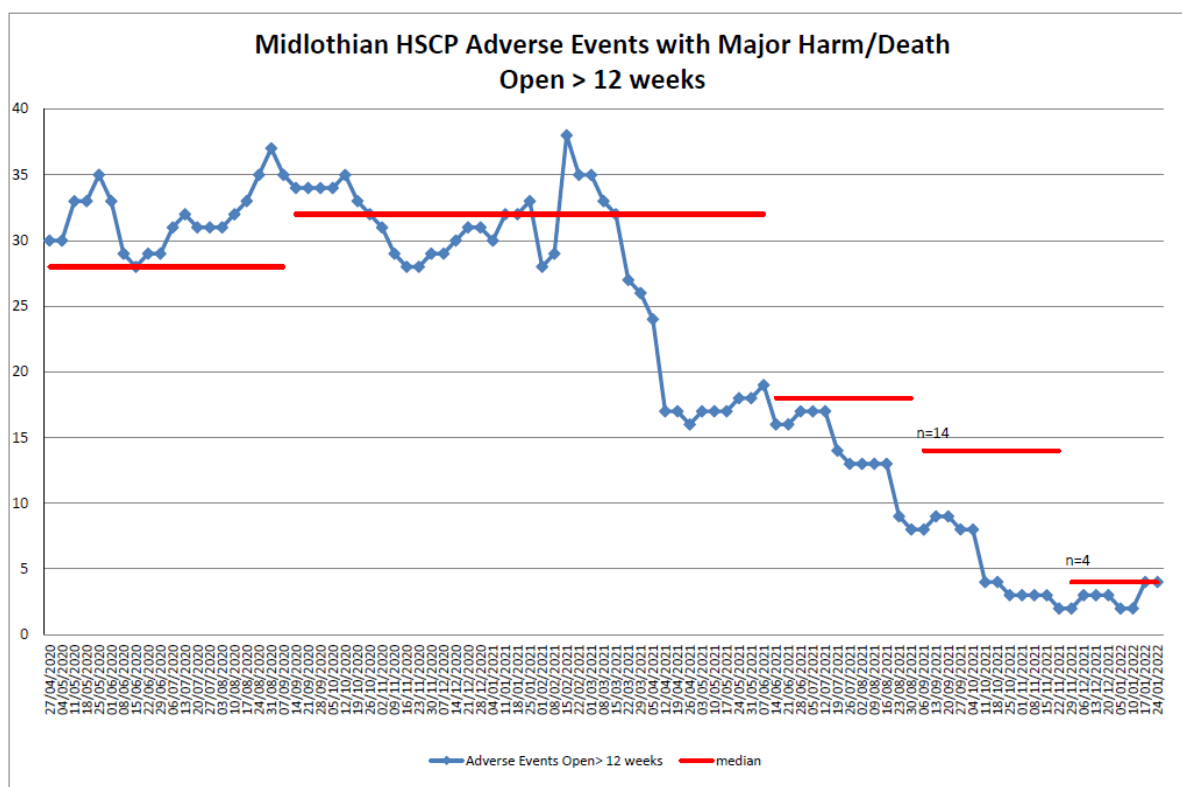
QIT reports also highlight issues including workforce, information technology and premises which have the potential to impact on the delivery of safe, effective and person-centred care. Discussion takes place at the CCGG to ensure that these risks are logged on the appropriate risk register and are being addressed through specific workstreams or by escalation through operational lines.

3.4 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team (SMT) receives a fortnightly summary and 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 4 Significant Adverse Events remain open beyond the 12-week Health Improvement Scotland standard which is the KPI required by NHS Lothian, Chart 1 shows the improvement in performance against these targets over 2021. Work continues to support actions that will enable local teams to address all adverse events within the national targets and to maintain and improve the processes that support teams to address this important work and complete within appropriate timescales

Chart 1.



Agreement has been reached with East and West Lothian HSCPs to establish a collaborative approach with the aim of reducing any avoidable delays in the time taken to identify the team to take forward independent external reviews of Significant Adverse Events where this is required. These are the events most likely to breach national targets for completion of the investigation process. Chief Nurses will meet to deliver oversight and to support reviewing teams with the aim of reducing the time taken to complete reviews and ensuring appropriate early communication with families.

The MSEAG has had been monitoring outstanding actions from previously investigated Significant Adverse Events. Progress has been made in ensuring these are progressed and updated on the Datix reporting system with the outstanding number of actions also much reduced.

Work continues to consistently handle complaints within agreed targets. With the backlog of SAE reviews and actions now largely addressed, improvement work will now focus on the quality of complaint response, thematic analysis and ensuring shared learning and appropriate action planning across service areas.

3.5 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.

- Daily telephone contact with Midlothian's 10 care homes for older people and triangulation of verbal reporting with data entered on the TURAS safety huddle tool.
- Weekly walk rounds with each care home manager (conducted virtually if workforce or other pressures dictate) utilising checklist methodology.
- Facilitation of a weekly Care Home Managers' meeting for mutual support, sharing good practice and information.
- A monthly collaborative meeting with the Pan Lothian teams delivering additional Clinical Education, Tissue Viability, Infection Prevention and Control and Quality Improvement Support.
- A rapid rundown three times weekly chaired by the Chief Nurse or other MHSCP Senior Manager to provide continued local oversight of CHST activity and intelligence.
- Enhanced support where staff or residents test positive for COVID 19 or where other risks to resident health and wellbeing are identified.

The Care Home Support Team also ensures appropriate dissemination of updated guidance, information and educational resources and is available for to care home staff to answer queries and assist with problem solving and crisis management.

Throughout the peak period of winter and covid pressures, some activity has stepped up. The Lothian Operational Oversight Group has met every weekday to ensure effective communication between the Health Protection, Community Testing, Infection Prevention and Control and all 4 Lothian Care Home Support Teams. At times of peak demand, this forum has been able to reach consensus around the most effective targeting of Health Protection, Community Testing, Infection Prevention and Control activity to areas where the incidence of COVID infection among staff and residents is causing greatest concern. The presence of the Care Inspectorate, Clinical Education and Independent Sector representatives at this meeting enables constructive discussion, risk assessment, problem solving and learning, and links care home staff teams to a range of educational and improvement initiatives across the sector.

The Care Home Support team also progress collaborative working with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership through a regular meeting to discuss the observations and experience of the different teams involved in work with care home residents. 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.

3.6 Inspections

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

None of the partnership's directly provided registered services have been the subject of Care Inspectorate inspection activity since the last report.

3.7 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 reflects the national shortfall of Registered Nurses. **Delivery of a staffing plan enabled a further 6 beds at Midlothian Community Hospital to open, and now 20 beds additional to the 2020 baseline are in use.** The Partnership will continue its efforts to deliver care as close to home as possible for the residents of Midlothian.

The IJB has previously been updated on the rollout of the Lothian Accreditation and Care Assurance Standards in Midlothian Community Hospital. The programme started with 2 wards in Cycle 1 and all in-patient areas for Cycle 2. Data has been captured which can evidence improving standard attainment overall, and supports the staff teams to target their improvement work on specific domains in each ward area. Cycle 3 will take place in February and March of 2022. The next stage of development includes the introduction of weekly quality improvement 'huddles' involving the whole MDT, with plans to progress a particular focus on reducing falls and falls with harm.

3.8 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, recruitment challenges and sickness absence attributed to Covid and other causes. Across the peak winter period a daily weekday workforce huddle was held covering all Midlothian HSCP services. This provided the Senior management team with a clear articulation of the local workforce position which could inform local decision making and feed into the whole system overview of service pressures.

A Lothian framework developed to enable nurse managers to utilise clear criteria to identify and escalate demand and capacity pressures IJB has been used in Midlothian throughout the winter. 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 has supported decisions around the prioritisation of service delivery and identifies escalation and support mechanisms and like-for-like comparison of the nursing staffing position across the whole of Lothian. This has provided assurance throughout the winter period so far and is good preparation to meet the requirements of Safe Staffing legislation which must be in place for April 2022.

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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