

# Midlothian Integration Joint Board



**Thursday 11<sup>th</sup> February 2021, 2.00 pm**

## **Clinical and Care Governance Group Report**

**Item number: 5.7**

### **Executive summary**

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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

## Report title:

## Clinical and Care Governance Group Report

### 1 Purpose

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

### 2 Recommendations

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- 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

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- 3.1 Bi-monthly meetings of CCGG are taking place facilitated by Microsoft Teams, to comply with social distancing recommendations. Service leads and managers attend or send a deputy. A meeting of the CCGG took place on Tuesday 19<sup>th</sup> January 2021.
- 3.2 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.
- 3.3 Quality Improvement Teams are developing programmes of work to measure or improve standards. Current examples of work include:  
Psychological Therapy Service (PTS) has introduced 'SUPER' feedback questionnaire to accompany new model of service delivery to gain feedback from users of the service.  
PTS waiting times. Phase 2 of the new model is progressing. Staff engagement events have taken place. Numbers waiting over 18 weeks have reduced by 50%.  
AHP service managers noted staff morale is being affected by COVID, pace of work, complexity of work and multiple patient deaths. Psychological support is due to be implemented imminently to improve staff wellbeing.  
Dietetic Service Lead has been seconded to Scottish Government National Group, and key NHS Lothian Dietetic staff seconded to East Region projects, involving collaborative working with NHS Fife and NHS Borders, with a view to implementing standards for children and adults in the following work streams: prevention; early diagnosis; intervention; remission. This is a two year programme aimed at implementing a whole system approach.

- 3.4 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 assurance calls to care homes. The Care Home Support Team (CHST) continue to offer regular targeted support to Midlothian care homes in addition to the regular weekly support visit to all care homes. 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.

Due to failings in care first raised by Midlothian Care Home Support Team, Thornlea Care Home in Midlothian was closed on 18<sup>th</sup> January 2021. Prior to this date, safe alternative accommodation was arranged for all residents.

- 3.5 A number of inspections have taken place in Midlothian HSCP in recent months, reports were received and action plans developed where appropriate. Learning from these inspections has been shared through the CCGG.

- 3.6 Healthcare Improvement Scotland (HIS) carried out an unannounced inspection in Midlothian Community Hospital 22-24 September 2020. The final report from HIS was received in December 2020. The report highlights the many areas of good practice within the hospital and particularly notes the following:

- Patients were treated with dignity and respect.
- There was good verbal communication between the ward teams to ensure safe delivery of care.
- Good availability and range of snacks for patients.
- Staff well supported by management throughout COVID-19.

The report also highlights seven areas where improvement is required. Midlothian HSCP responded to each of these requirements as detailed in the attached Action Plan. A number of actions are now complete as indicated within the Action Plan. In addition a Standard Operating Procedure has been developed and is now in place for use with Falls Alarm Risk Assessments, as per Requirement 4. Midlothian Dietetic Lead will facilitate the reinstatement of the Midlothian Food Fluid and Nutrition Group by March 2021. The requirement for an assessment within the electronic TRAK system for oral health has been escalated within NHS Lothian.

Within Midlothian Community Hospital (MCH) a local programme of inspections and reviews continues. A local action plan has been commenced by the Service Manager to facilitate early response to any issues identified from these inspections.

- 3.7 Midlothian HSCP's intermediate care facility, Highbank, was inspected on 10<sup>th</sup> November 2020 by the Care Inspectorate as a registered care home for people aged over 60. Although Highbank is an intermediate care facility, there are no specific standards for intermediate care at this stage. The report was published in December 2020. The inspection report grades the areas of inspection from 1 (Unsatisfactory), to 6 (Excellent). This inspection report graded the three areas as follows:

- People's health and well-being are supported and safeguarded during the COVID-19 pandemic. **4 - Good**
- Infection control practices support a safe environment for people experiencing care and staff. **4 - Good**

- Staffing arrangements are responsive to the changing needs of people experiencing care. **4 - Good**

3.8 Midlothian Council Care at Home service was inspected by the Care Inspectorate in November 2020, over a period of two weeks with the resulting report being published in December 2020.

This inspection report graded the three areas as follows:

- How good is our leadership? **4 - Good**
- How well is our care and support planned? **4 - Good**
- How good is our care and support during COVID pandemic? **4 - Good**

The Care Inspectorate noted that there had been significant progress made since the last inspections in August 2018 and May 2019, including the service meeting pre-existing requirements.

3.9 Remodelling of MCH. There are pressures on beds within Lothian and across Scotland due to the current COVID-19 Pandemic. In addition there are staffing pressures in all areas due to increased demand in the system, at the same time as reduced capacity due to staff isolation and absence. To meet increasing demand for beds within Lothian it was agreed at Gold Command meeting in November 2020 to provide funding to reopen the additional 16 available beds in Glenlee Ward, to support additional Rehab within MCH. The model for the wards in MCH was reviewed and a decision reached to reconfigure the three wards ensuring the safest option for managing these going forward.

**Edenview** will remain as current function – Assessment and Rehab ward.

**Glenlee** will become the downstream Rehab ward with transfers from Edenview.

This allows both Rehab wards to sit side by side on the first floor of the hospital with greater opportunity to share resource more easily and therefore offer mutual support.

**Loanesk** on the ground floor will focus on HBCCC, End of Life care, Patients stable and awaiting transfer to care home or home to large package of care.

Given national pressures and the local situation in NHS Lothian recruitment of nursing staff has been challenging. As a result there is a limitation to four additional beds initially, subject to review and potential safe increase as additional new staff are appointed. Recruitment continues.

## 4 Policy Implications

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

## 5 Directions

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5.1 Clinical and Care Governance is implicit in various Directions that relate to the delivery of care.

## 6 Equalities Implications

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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

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- 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

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- 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

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- 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

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- 10.1 HIS Action Plan MCH.

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<b>DATE</b>	11th February 2021