

Midlothian Integration Joint Board



Thursday 26th August, 2.00 – 4.00pm

Clinical and Care Governance Group (CCGG) report

Item number:	Agenda number: 5.8
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Executive summary

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

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

Midlothian Integration Joint Board

Clinical and Care Governance Group (CCGG) report

1 Purpose

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

2 Recommendations

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

3 Background and main report

- 3.1 The Clinical and Care Governance Group is the overarching group within Midlothian and is the means by which the IJB 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 provide at least 4 reports per year utilising a reporting template which enables the Quality Improvement Teams to provide assurance on actions in place relating to safety alerts, adverse events and complaints, improvement work, implementation of specific standards and guidance, action plans arising from audit and inspection activity and any other service-specific issues which could have impact on the quality and safety of care the service provides. These issues may relate to areas covered in other groups (Health and Safety, Staff Governance, Finance and Performance) but which are assessed as creating a risk to the service's ability to deliver safe, effective or person-centred care.

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

This report will update the IJB on the most recent meeting of the Clinical and Care Governance Group, the work to develop the approach taken by the Midlothian Safety and Experience Action Group, and updates on the Clinical and Professional Oversight of Care Homes and two specific areas of quality improvement work in Midlothian Community Hospital.

3.2 The Clinical and Care Governance Group

The Clinical and Care Governance Group continues to meet over Microsoft Teams on alternate months and last met on 13th July 2021.

Reports were received from four of the eight Quality Improvement Teams within Midlothian HSCP: Allied Health Professions, GP Cluster Leads, Health Visiting and Adults with Complex and Exceptional Needs, and Mental Health and Substance Misuse Services

3.3 Information of particular interest to highlight to IJB members are:

- The Community Respiratory team developing plans to deliver a sustainable 7 day service
- The appointment of a wellbeing lead.
- The No11 Quality Improvement Team highlighted the challenges it faces around finding appropriate accommodation to undertake groupwork whilst following current guidance on social distancing and other measures to deliver a Covid-secure service.
- The delivery of improved access to Psychological therapies is progressing. Staff engagement events have taken place and the number of people waiting more than 18 weeks for treatment has reduced by more than 50%. Work continues to sustain and improve this trajectory.
- A backlog of Court business is anticipated with the further easing of Covid restrictions. Additional staffing has been agreed within the Justice team which will support the team's capacity to respond to the demands this will create.
- A project at Newbattle practice has evidenced significant reductions in Emergency Department attendance, the number of hospital attendances and length of stay.
- Health Visitors are about to trial a new form to obtain feedback as a route to progressing quality and service improvement to families of children under 5 years old.
- The group discussed the Public Protection Improvement Plan which identifies actions requiring local implementation.
- The annual Midlothian HSCP report to the NHS Lothian Health Care Governance Committee will be submitted for consideration at its September meeting.

3.4 Investigating and Learning from Adverse Events and Complaints

The HSCP Senior Management Team receives a fortnightly 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.

Focussed work has recently been undertaken to address and progress the reviews of adverse events which have fallen outwith the agreed timescales for completion. This has resulted in a significant reduction in the number of adverse events which remained open beyond target timescales for investigation. Further work has now been started to ensure that all outstanding learning and actions are updated and progressed on the Datix reporting system.

The NHS Lothian Quality Improvement Support Team have been providing support to the Midlothian Safety and Experience Action Group to adopt changes to the investigation of suicides and drug related deaths of people who were engaged with

mental health and substance misuse services at the time of their death. These changes have been made to enable early, proportionate investigation to take place to enable local learning, whilst ensuring that independent review is undertaken where appropriate.

The Midlothian Safety and Experience Action Group reports directly 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 of the NHS Lothian Medical Director and Executive Nurse Director. Decisions made at the Midlothian Safety and Experience Action 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 Teams leads at the Clinical and Care Governance Group to support shared learning and improvement across the partnership.

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 will be leading 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.

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.

Midlothian's Care Home Support Team has developed positive relationships with the managers and staff in the 10 care homes for older people in Midlothian. The team provides 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 informal approaches and more formal procedures as required.

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.

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. Highbank Care Home was recently subject to an unannounced inspection. Initial verbal feedback was very positive, and the final report be published shortly.

3.7 Midlothian Community Hospital

The Board was previously appraised of the reconfiguration of bed capacity at Midlothian Community Hospital. In May of this year four additional beds were opened to support the transfer of patients delayed in the Royal Infirmary of Edinburgh. Currently 12 beds additional to the 2020 baseline are open.

Ensuring the right staff are in place in sufficient numbers to provide patients with safe, effective and person-centred care is a priority. Securing sufficient staff continues to be a factor limiting the bed capacity available in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. While recruitment initiatives have been successful in attracting a number of newly qualified nurses, a number of staff have also left to take up opportunities elsewhere. Although the position has improved, there is still an establishment gap. The Partnership will continue its efforts to recruit staff to support further bed capacity to be available to enable people from Midlothian to receive their care locally.

3.8 Lothian Accreditation and Care Assurance Standards – LACAS

The Chief Officer advised the IJB at the last meeting of the positive experience of Midlothian Community Hospital's Edenview and Loanesk wards' participation in the inaugural Lothian Accreditation and Care Assurance Standards benchmarking exercise. Edenview gained a Bronze award and Loanesk Silver.

The most recent round of assurance assessments have been published. 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 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.

3.9 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%.

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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Appendices: N/A