

# Midlothian Integration Joint Board



**Thursday 14<sup>th</sup> October, 2.00pm**

## **Clinical and Care Governance Group (CCGG) report**

**Item number: 5.6**

### **Executive summary**

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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**

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# Midlothian Integration Joint Board

## Clinical and Care Governance Group (CCGG) 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 Board members are asked to note and approve the content of this report

### 3 Background and main report

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- 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.

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 and cover the services across the partnership, bringing together representatives of the multidisciplinary teams to report on and address clinical and care governance and delivery quality improvement as a result of learning and innovation.

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.

- 3.2 **Annual Report to NHS Lothian Healthcare Governance Committee**  
Midlothian Health and Social Care Partnership is required to present an annual report to NHS Lothian's Healthcare Governance Committee. This report was

received at the September meeting of the committee and is included as an appendix to this report.

### 3.3 The Clinical and Care Governance Group

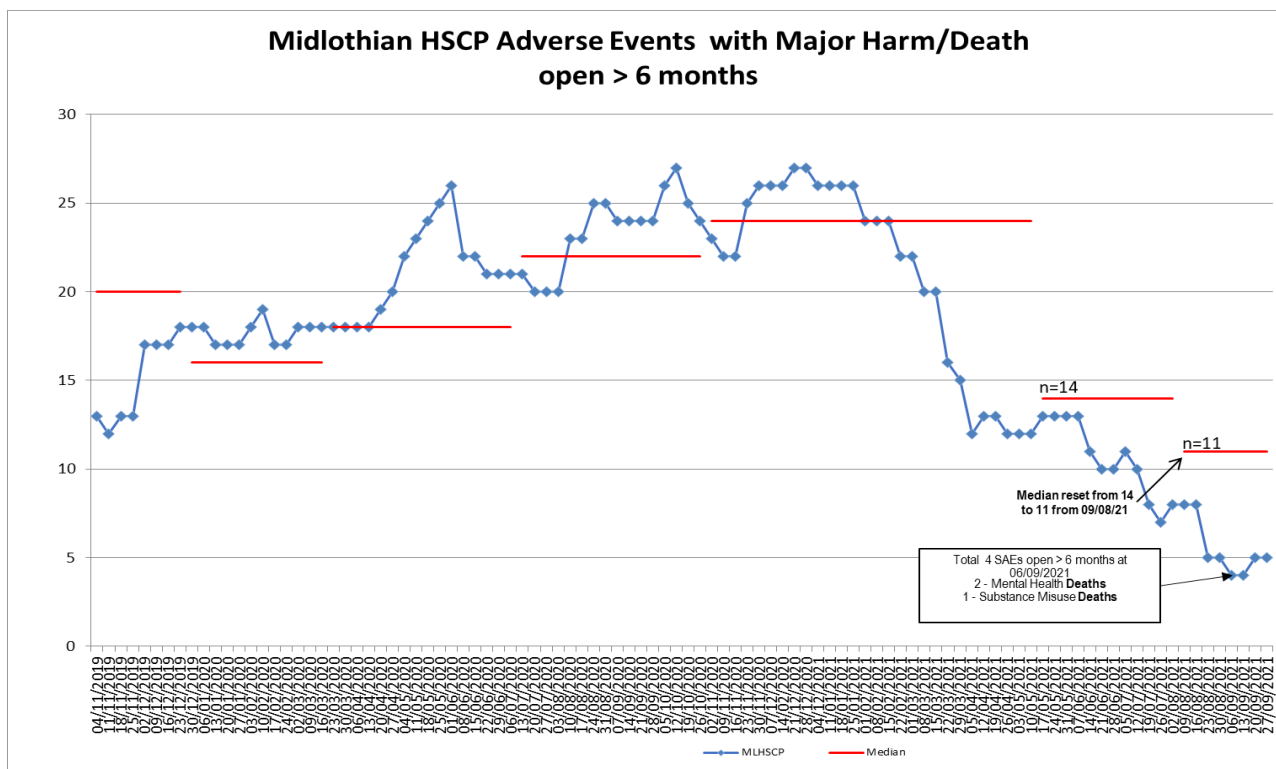
The Clinical and Care Governance Group meetings are now taking place on a quarterly basis. The group has not met since the last report to the Board.

### 3.4 Investigating and Learning from Adverse Events and Complaints

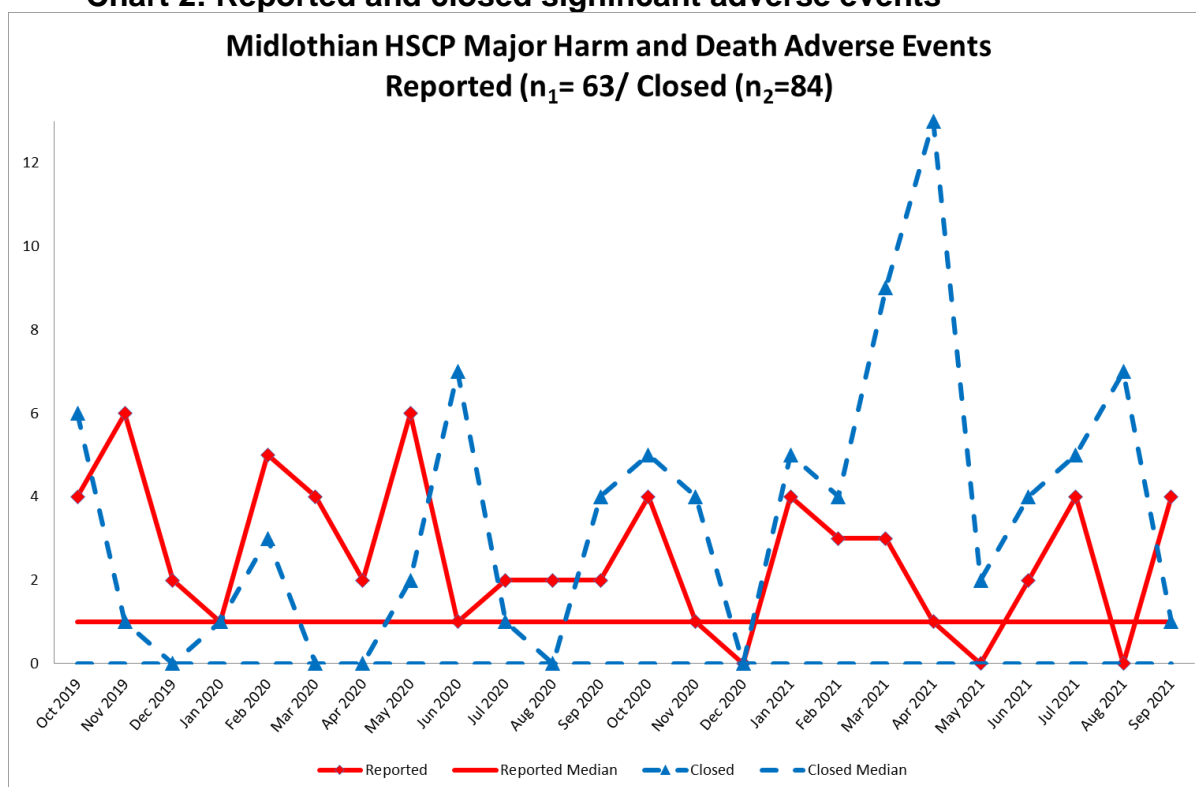
The HSCP Senior Management Team (SMT) receives a fortnightly formal verbal report from the Chief Nurse regarding the reporting and management of adverse events on the Datix system, and performance around the management of complaints.

Focused work continues to address and progress the reviews of all adverse events which have fallen outwith targets for completion. This has resulted in a continued reduction in the number of significant adverse events which remain open beyond 6 months and the target timescales for investigation. This is illustrated in Chart 1. Work has continued to ensure that all outstanding learning and actions from previously investigated Significant Adverse Events are updated and progressed on the Datix reporting system. Chart 2 illustrates that between October 2019 and September 2021, the mean number of significant adverse events reported remains stable.

**Chart 1 Significant adverse events open beyond 6 months**



**Chart 2: Reported and closed significant adverse events**



The NHS Lothian Quality Improvement Support Team continue to support to the Midlothian Safety and Experience Action Group with improvement work around 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. process in place aims to enable early, proportionate investigation to take place to capture local learning, whilst ensuring that independent review is undertaken where appropriate. A Pan Lothian Groups has been established to share insights and learning and to provide confidence that thresholds for external review being commissioned are consistent and 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.

### 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 delivers 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.

In recognition of the significant pressures in home care services, a Care at Home oversight group has been established to gather intelligence around the pressures and gaps in the delivery of care at home services with the aim of targeting support, developing solutions, assessing risk and providing mutual aid. This Midlothian group links with wider Lothian mechanisms to address the current concerns around capacity to deliver care at home services.

### **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. The report following the unannounced inspection at Highbank Care Home on 5<sup>th</sup> July 2021 has been published. Gradings of 'good' were awarded in the relation to the domains of *'How well do we support people's wellbeing?' and 'How good is our care and support during the COVID-19 pandemic?'*

### **3.7 Midlothian Community Hospital**

The Board was previously advised that 12 beds at Midlothian Community Hospital additional to the 2020 baseline were open. Following the successful recruitment

and induction of newly qualified registered nurses, a further 2 beds have been opened.

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 is a reflection of the national shortfall of registered nurses. 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 Board have been advised of the implementation of the Lothian Accreditation and Care Assurance Standards across the inpatient areas in Midlothian Community Hospital.

Improvement work is progressing across these areas on specific areas of focus:

- Glenlee: pain assessment
- Edenview: Treatment Escalation Plans and pain assessment
- Loanesk: pain assessment and discharge planning
- Rossbank Unit: pain assessment and discharge planning

### **3.9 Workforce and clinical and care assurance**

Board members have been aware of the significant pressures being experienced across a range of services due to increasing demand and complexity, seasonal pressures and sickness absence attributed to Covid and non-Covid causes.

Midlothian HSCP has developed a framework to enable managers to utilise clear criteria to identify and escalate demand and capacity pressures. This approach ensures that front line staff are involved in identifying the staffing levels they need to provide their usual level of service. The framework identifies the circumstances where decisions would be made about prioritisation of service delivery and ensures that staff at all levels have the support of senior managers in addressing the unprecedented pressures faced at this time. This approach is linked to reporting on Datix (*and other systems*) of any situations where the 'safe to start' position is not achieved. This structured approach ensures robust risk assessment and mitigations are enacted to ensure the safety of people using services and supports staff in the discharge of their professional accountability.

## **4 Policy Implications**

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- 4.1 This report should provide assurance to the IJB that relevant clinical and care governance policies are 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 There are no equalities implications arising directly from this report.

## 7 Resource Implications

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- 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

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- 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

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- 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

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- 10.1 N/A

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<b>DATE</b>	30 <sup>th</sup> September 2021

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### Appendices: HCG Report