Midlothian Integration Joint Board

Midlothian Health & Social Care Partnership

Thursday 25th August 2022, 14.00-16.00

Clinical and Care Governance Group (CCGG) report

Item number:	5.7

Executive summary

This report to Midlothian Integration 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 discuss 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 Integration Joint Board (IJB).

2   Recommendations

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

2.2   Board members are asked to accept the recommendation in 3.2 that future reports be integrated, covering clinical, care and business assurance.

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 to enable assurance to be provided to the IJB around the safety, effectiveness and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Quality Improvement Teams (QITs) report to the CCGG around the actions services undertake to address clinical and care governance and deliver quality improvement as a result of learning and innovation. The Quality Improvement Teams are expected to meet at least 4 times per year and report to the CCGG. A reporting template collates information about actions in place relating to the learning arising from investigation of adverse events and complaints, implementation of actions around safety alerts, specific standards and guidance, improvement work, 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

It has been observed that the alignment of QITs with the annual calendar of CCGG groups has been inconsistent, and the CCGG has not had a complete picture of the assurance being reported across all services at every meeting. Templates are completed to a varying level of quality and detail, and QIT leads have not been required to report on the level of assurance they deliver using standard terminology.

Midlothian HSCP has committed to implement a total Quality Management System (QMS) to strengthen the links between the clinical and care governance workstreams and the management of performance and resources, ensuring all activities and tasks are delivered to a desired level of excellence. The system

covers the four domains of Quality Management namely, Quality Planning, Quality Control, Quality Assurance and Quality Improvement.

The decision to focus on QMS supports consideration of the approach the Partnership takes to the delivery of assurance around the quality (safety, effectiveness and person centredness) of delegated and hosted services.

The Board have previously been advised of work underway to refresh the assurance template to support a more streamlined and consistent approach across services. From October 2022 it is anticipated that an electronic system – the Governance and Assurance Framework - will be in place to support the processes around clinical and care governance. The system will provide a clear statement of the level of assurance being provided and will generate a system for auditing the evidence for the level of assurance provided.

The Chief Allied Health Professional (AHP) has led on the development and testing of the AHP Governance and Assurance Framework for NHS Lothian and the four associated HSCP's. It is anticipated that this Governance and Assurance Framework will enable a consistent approach to professional governance and was designed to prevent and reduce the need to duplicate processes and enhance and support use of existing mechanisms.

A trial of the system is underway involving AHPs in Midlothian HSCP, other HSCPs in Lothian and a selection of single system AHP services including the Dietetics service hosted in Midlothian. The trial includes evaluation of the Framework and associated Standard Operating Process, the data input Application, and a Tableau Dashboard as a visible output of the data.

The Senior Management team has agreed to implement the Governance Assurance Framework across all operational teams and professional groups in a phased approach from October 2022. Initial discussion has taken place with NHS Lothian's eHealth Department, and indications are that the digital application will be available to support this ambition.

The new approach will:

- Provide a quarterly Quality Assurance reporting timetable which articulates clear performance standards (see attached slide deck).
- Provide a system to audit performance against timescales, quality and accuracy of submissions
- support continuous development and improvement of the approach to deliver clinical and care assurance.

This refreshed approach has provided opportunity to consider how the HSCP reports assurance to the IJB. It is recommended that an integrated assurance report is provided in future that delivers assurance on clinical, care and business governance, and that this would commence from October 2022.

3.3 The Clinical and Care Governance Group

The Clinical and Care Governance Group meets on a quarterly basis, The group has not met since the last report to the Integration Joint Board in June 2022.

The CCGG will meet in August and the HSCP's annual report will be prepared to be presented at the September meeting of the NHS Lothian Healthcare Governance Committee.

3.4 Investigating and Learning from Adverse Events and Complaints

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 (MSEAG) has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of 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 Serious Adverse Events approved as complete in Midlothian require the approval of the NHS Lothian Medical Director and Executive Nurse Director before final closure.

The HSCP Senior Management Team (SMT) receives a fortnightly report from the Chief Nurse regarding performance around the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool accessed by NHS Lothian staff to report and learn from safety concerns such as actual adverse events and near misses and helps in the collection and analysis of information to support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service Management Team level Risk Registers, to provide an integrated information systemDATIX

Currently 7 Significant Adverse Event (SAEs) are under investigation, one of those being a Level 1 external review open more than 6 months. As previously reported to the IJB in April, scrutiny and support will be maintained to support the delivery of completed investigations and learning action plans for all SAEs within Healthcare Improvement Scotland guidance timescales. Charts 1 and 2 show the Midlothian HSCP's performance regarding SAEs open more than 6 months and 12 weeks over 2021/22. Work continues to support actions that will enable local teams to address all adverse events within the national guidance timescales and to maintain and improve the processes that support teams to address this important work within appropriate timescales. While SAE review performance against timescales has improved, continued work is needed to maintain performance and assure the quality of the reviews. Training is planned to support Managers across the HSCP to consistently deliver reviews within expected timescales and to the level of detail and quality required.

Outstanding actions from previously investigated Significant Adverse Events continue to be monitored by the MSEAG.

Chart 1
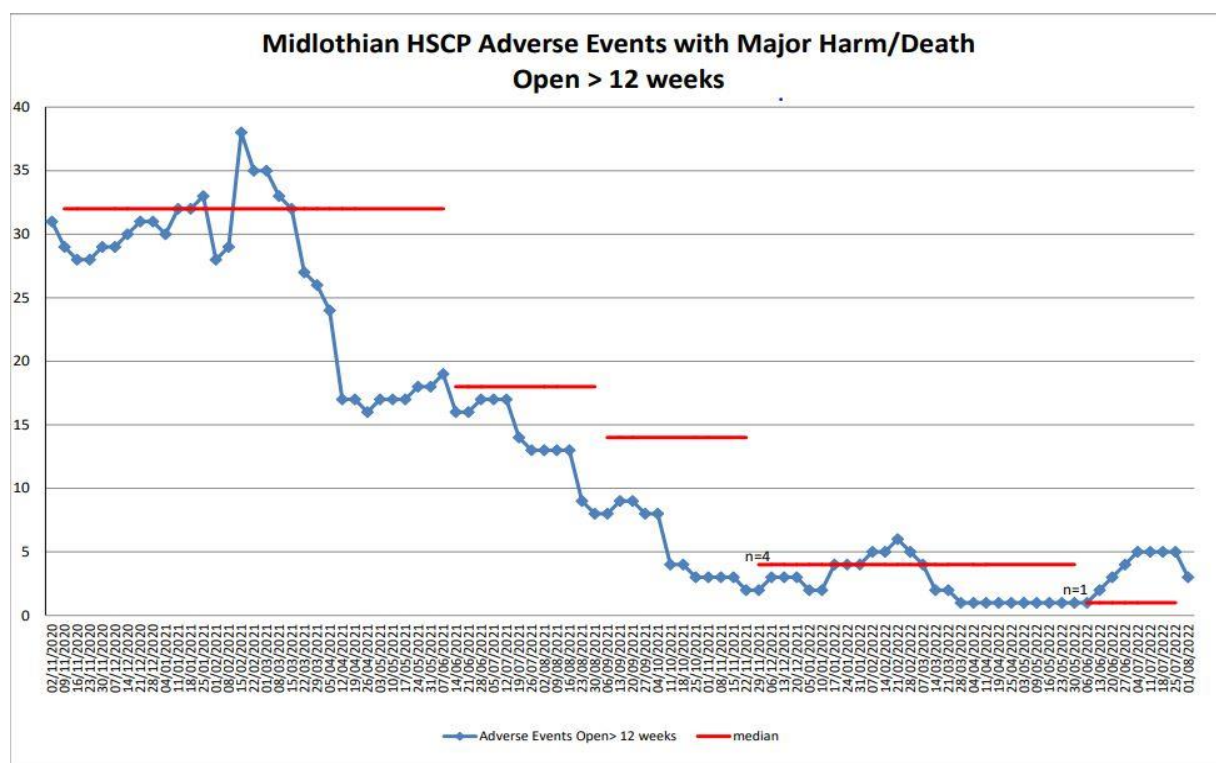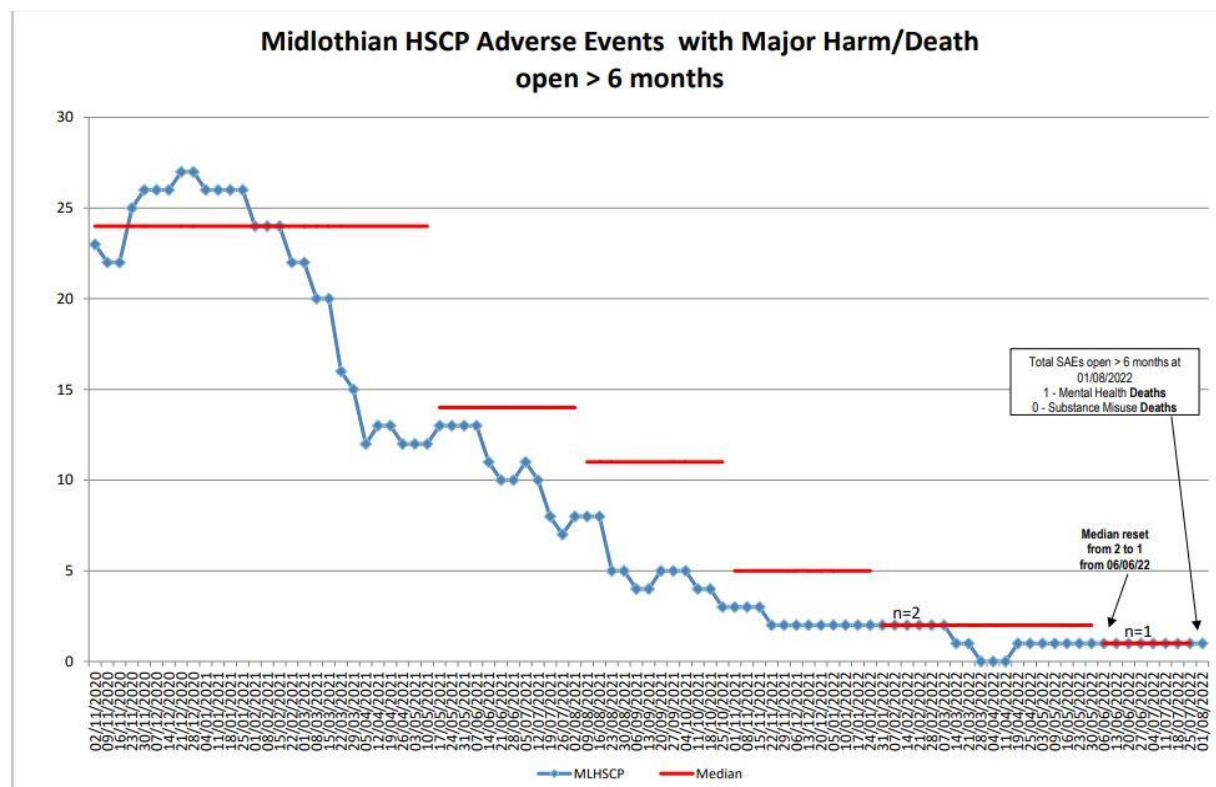Midlothian Serious Adverse Events Open over 12 weeks at 1st August 2022

Chart 2 Midlothian Adverse Events Open over 6 months at 1st August 2022

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A Lothian wide short life working group is underway to address improvement in complaints handling and it is expected this will be rolled out in Midlothian within the next 6 months. There is an opportunity to consider the alignment of NHS Lothian and Midlothian Council complaints handling processes, and how learning from complaints and feedback has greater priority and visibility in relation to the work to improvement the quality of experience and outcome for Midlothian residents.

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. These enhanced multidisciplinary arrangements required by the Scottish Government will be in place until the end of March 2023.

The IJB will recall that the responsibilities given to Executive Nurse Directors are to:

- provide clinical leadership to support the health needs of care home residents
- use information from the safety huddle tool and other mechanisms through the oversight arrangements to identify where specific nursing support may be required
- facilitate assurance/professional support visits providing professional and clinical advice on infection prevention and control practice, education requirements and nursing standards of care
- maintain oversight of the overall status of each care home and include in the weekly compliance report to the Scottish Government

Accountability for care home and care at home provision remains with the Chief Officer and Chief Social Work Officer.

Midlothian HSCP has well established local mechanisms in place to deliver its delegated responsibilities and to link its work with pan-Lothian and national mechanisms. The Care Home Support Team works alongside the staff and managers in the10 Care Homes for older people in Midlothian. The frequency and intensity of routine contact reflects the maturity of the system in addressing the level of outbreak activity and the assessment of the Care Home Support Team and Care Home Managers regarding the level of support required by each care home.

Lothian wide multi agency discussion at operational and strategic level continues to support collaborative 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 meets regularly with the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership to discuss the observations and experience of the different teams involved in work with care home residents. This approach enables proactive support to deliver person-centred care. The relationships forged allow issues and challenges being faced in the care homes to be identified and addressed as they arise, using 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 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.

A National Review of this Assurance work is underway and this will inform future care home and care at home assurance activity in Midlothian

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. Managers log their inspection reports with their QIT submissions.

3.7 Midlothian Community Hospital

Workforce challenges persist and securing sufficient Nursing staff continues to be a daily challenge in Midlothian Community Hospital. IJB members will be aware that this is a reflection of the national shortfall of registered nurses. Delivery of a staffing plan enables 20 beds additional to the 2020 baseline to be available to provide care to Midlothian patients. Local and Pan Lothian oversight of the staffing position is maintained using the electronic 'Safecare' tool.

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. The process supports the staff teams to target their improvement work on specific domains in each ward area. Data capture for the most recent cycle is being validated at the time of writing and the IJB will receive further updates as these become available.

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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