

# Midlothian Integration Joint Board



**Wednesday 17<sup>th</sup> June 2021, 2.00 – 4.30pm**

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

**Item number: 5.9**

**Agenda number**

### **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.**

## 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 The CCGG continues to meet over Microsoft Teams on alternate months and last met on 7<sup>th</sup> May 2021.

In line with the lead taken by the NHS Lothian Health Care Governance Committee and to highlight good practice in person centred approaches, the meeting started with an account of a person's story.

Alison White shared a story about an individual with a learning disability who recently moved to his own home in a local community after living in hospital for around 15 years.

Reports were received from five of the eight Quality Improvement Teams (QITs) within Midlothian HSCP: Allied Health Professions, GP Cluster Leads, Health Visiting and Adults with Complex and Exceptional Needs, Midlothian Community Hospital and Learning Disability Services.

3.2 **Information of particular interest to highlight to IJB members are:**

- The Lead AHP's engagement in work to review the operation of the home equipment store in Midlothian and discussion to progress art therapies within Midlothian.
- The planned development of a Nutritional Care Group linking up the different services and disciplines across the HSCP under the umbrella of a Pan Lothian group. (a requirement following the HIS inspection of Midlothian Community Hospital in September 2020)
- The establishment of a Medicine Policy Governance Group
- The need for an improved local process around removal and replacement of condemned manual handling equipment at Midlothian Community Hospital is noted and this has been added to the Risk Register.
- The ongoing work to recruit to vacant Staff Nurse (Band 5) posts at Midlothian Community Hospital.

- NHS Lothian's success in applying for re accreditation under the UNICEF Baby Friendly scheme (Health Visiting)
- Training rollout in Health Visiting for the Solihull Model to address perinatal mental health
- Ongoing work in Learning Disability Services to deliver personalised care plans
- The GP Cluster QIT discussions on GP workload, service available from Children 1<sup>st</sup> and a number of improvement projects.

The CCGG will meet again in July and its annual report to the NHS Lothian Governance Committee will be submitted for consideration at its September meeting.

### **3.3 Care Home Oversight and Clinical and Professional Leadership**

The Scottish Government has further extended the requirement for Executive Nurse Directors to provide professional leadership, corporate oversight and enhanced infection and prevention and control arrangements for care homes. Recurring funding, ring fenced until 31 March 2023 has been announced.

Midlothian's Care Home Support team (CHST) has been augmented over the last year. The team works closely with the managers and staff of the 10 care homes for older people in Midlothian providing support, advice and education. This approach is now further enhanced by the Lothian-wide specialist teams providing specialist service in relation to infection prevention and control, tissue viability, clinical education and quality improvement. The operation of visiting, the quality of care plans, the development of anticipatory care plans and advice and support around the provision of end of life care are particular areas where the CHST has been able to support care homes and improve the quality of care for care home residents.

The CHST contacts each care home daily and makes at least one in-person visit weekly which is guided by a checklist to provide a consistent and comprehensive approach to the delivery of oversight and assurance. The CHST Team Manager facilitates a weekly virtual meeting for all Care Home Managers which provides a forum for discussion, mutual support and communication. A local oversight 'rundown' now takes place three times per week to review CHST activity, findings and concerns. A risk register is maintained, completion of the TURAS care home safety huddle tool is discussed and a weekly return to the Director of Public Health is completed.

The Midlothian rundown feeds into participation in twice weekly pan Lothian operational oversight meetings led by the Care Home Team Manager at NHS Lothian, and a fortnightly strategic oversight group chaired by the Executive Nurse Director. These meetings involve all four Lothian HSCPs, Public Health/Health Protection, Test and Trace, the Care Inspectorate, and the Tissue Viability, Infection Control, Clinical Education and Quality Improvement teams.

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

An important aspect of clinical and care governance and assurance is learning from events where things have not gone well. Midlothian has well established processes to investigate and identify learning from complaints and all adverse events, with a particular focus on falls in hospital, pressure ulcers developed by people already in

receipt of a care services, and adverse events where major harm or death have occurred.

Work is being undertaken to develop and improve the process that is followed following the death of anyone using our Mental Health (MH) and Substance Misuse Services (SMS). A process was recently developed in Edinburgh with the aim of undertaking the level of review most appropriate for the specific circumstances, whilst ensuring that effective governance is maintained and there is appropriate recognition and support of families affected by these sad events. The Edinburgh process is now being rolled out across the other Lothian HSCPs with local adjustments being made to reflect the unique needs of each partnership. Midlothian has the support of a Quality Improvement Facilitator to refine the process to ensure it is robust and effective.

The local case review template has been developed and extensively tested to ensure that specific information to provide assurance regarding provision of expected standards of care (established pathway, specific protocols or procedures for example) and to highlight where there are concerns and where further, independent review would be required.

Systems will be established to re-check final reviews when post mortem and/or toxicology reports are received to ensure that no additional information has come to light which would impact on the review decision. Under the previous system, reviews were not carried out until these results were available which could result in delays of many months, with the opportunity for more timely learning compromised. To meet the new standards around completion, the Midlothian Significant Adverse Event Group will now meet fortnightly instead of monthly, and the minutes of that meeting will be submitted to the NHS Lothian Patient Safety and Experience Action Group.

The HSCP Senior Management Team receives a fortnightly verbal report from the Chief Nurse regarding the performance in the management of complaints and management of adverse events. The Quality Improvement Teams carry responsibility to implement learning from adverse events and complaints in their areas, and ongoing actions are shared with all Quality Improvement Team leads through the Clinical and care Governance Group to support shared learning across the partnership. The complaints management process has recently been refreshed with the aim of supporting timely responses to complaints.

### **3.5 Remodelling of Midlothian Community Hospital**

The Board has previously been appraised of the reconfiguration of bed capacity at Midlothian Community Hospital.

Recruitment initiatives continue, and plans are being developed to align the commencement and induction of newly recruited staff to increasing bed capacity. A number of newly qualified nurses have been recruited to start their posts in September, and the staff at Midlothian Community Hospital look forward to welcoming these nurses to Midlothian at the start of their careers.

### **3.6 Inspections**

The CCGG maintains oversight of the inspections undertaken by regulatory bodies, including the monitoring of action plans for improvements. There are no new inspections of directly provided service to report since the IJB was last updated.

### **3.7 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 report provided by the LACAS team advises that the Review provides evidence of the quality of care from bedside to board. It recommends that the partnership accepts there is moderate assurance that there are systems and processes in place to deliver the LACAS programme. At this time, the LACAS programme is unable to provide assurance that consistent quality person centred care is being delivered across the 2 ward areas, however, advises that high quality care was observed across both wards.

Quality improvement work is underway on both wards with the support of the LACAS programme to target priority areas to build from this good starting point with the aim of being able to evidence improved quality and higher levels of assurance in future. Areas of strength (moderate assurance) were noted to be pressure area care, infection control and prevention and medicines management. Areas for improvement include the more consistent use of standardised tools, particularly in relation to pain management, the management of patients exhibiting stress and distress behaviours and discharge planning. As COVID 19 restrictions ease, the reintroduction of face to face mandatory training programmes for staff will address improvement goals in the leadership and management domains of the framework.

From June 2021 the LACAS framework will be applied again across adult inpatient areas. Loanesk and Edenview will undergo their second assessment and the Rossbank Unit and Glenlee ward will participate for the first time. Future reports will inform Board Members of the findings of these assessments.

### **3.9 Future developments: Electronic Care Planning and Risk assessment**

The in-patient wards at Midlothian Community Hospital are participating in a Lothian-wide initiative to support the delivery of person-centred care through electronic care planning and risk assessment.

A person-centred care planning educational package has been developed and the senior charge nurses and their teams will be preparing for implementation from July 2021. Ultimately (and once the required equipment is available) this development will support the electronic recording of observations which will support automated calculation of the NEWS score which can contribute to early detection of important changes in a patient's condition.

## 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 There are no background papers to accompany this report.

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## **Appendices:**