

# Midlothian Integration Joint Board



**Thursday 16th June 2022, 1.00pm**

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

**Item number: 5.8**

### **Executive summary**

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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 note and approve the contents of this report**

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## 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.

- 3.2 **Clinical Care and Governance and Assurance Structure and Processes**  
The Clinical and Care Governance Group (CCGG) meets quarterly and is the route for the Partnership to provide assurance to the IJB around the safety, effectiveness and person centredness of MHSCP Services.

Quality Improvement Teams are established and cover the services directly provided and hosted within the Partnership, bringing together representatives of the various multidisciplinary teams. These teams report to the CCGG around their actions to address clinical and care governance and deliver quality improvement as a result of learning and innovation.

The Quality Improvement Teams should meet at least 4 times per year and report to the CCGG utilising a reporting template to provide assurance on 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. 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. Work continues to refresh the assurance template to support a more streamlined and consistent approach across services and to provide greater clarity of the level of assurance services report. This is being progressed to ensure appropriate connection with the work to develop the performance reporting framework within the HSCP.

Assurance processes are also in place around the services provided in care homes for older people and care at home services. These report to Pan Lothian operational and strategic oversight groups which in turn report to the Scottish Government around specific issues relating to delivery of these services throughout the COVID 19 Pandemic.

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 has oversight of all other significant adverse events (adverse events which result in harm assessed as moderate or above), including those which are drug related death or suicide by 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.

### **3.3 The Clinical and Care Governance Group**

The Clinical and Care Governance Group meets on a quarterly basis, The group last met on 26<sup>th</sup> April 2022.

Particular points of good practice to highlight to the IJB in relation to clinical and care governance work across the QITs include:

- Plans to increase staffing in District Nursing to address increasing demand and complexity following the work described in the last report
- The positive impact on staff from hearing people's stories from the project which is capturing feedback from bereaved families about the experience of their relative receiving end of life care from the District Nursing service.
- The development of emergency plans for people using the learning disability service
- A more integrated approach to working with people in relation to the diagnosis of learning disability
- Work on using data on falls in Midlothian Community Hospital to drive change in practice in order to reduce individual; patients' falls risk
- Using the 'Midway' and 'What Matters to You' approach to support discharge planning conversations with patients in Midlothian Community Hospital
- A 'wellbeing trolley' in Midlothian Community Hospital to enable staff to have access to healthy drinks and snacks
- The resumption of respite provision for older people at Cowan Court.

QIT reports continue to identify issues including workforce, information technology and premises which have the potential to impact on the delivery of safe, effective and person-centred care. Discussion takes place at the CCGG to ensure that these risks are logged on the appropriate risk register and are being addressed through specific workstreams or by escalation through operational lines.

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

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

The HSCP has one Significant Adverse Events (SAEs) open more than 6 months. Currently 7 SAEs are under investigation, one of those being a Level 1 external review. As 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

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 30<sup>th</sup> May 2022

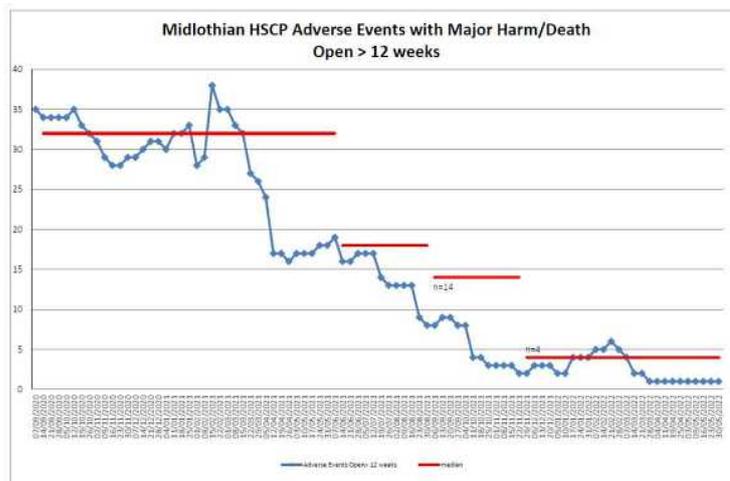
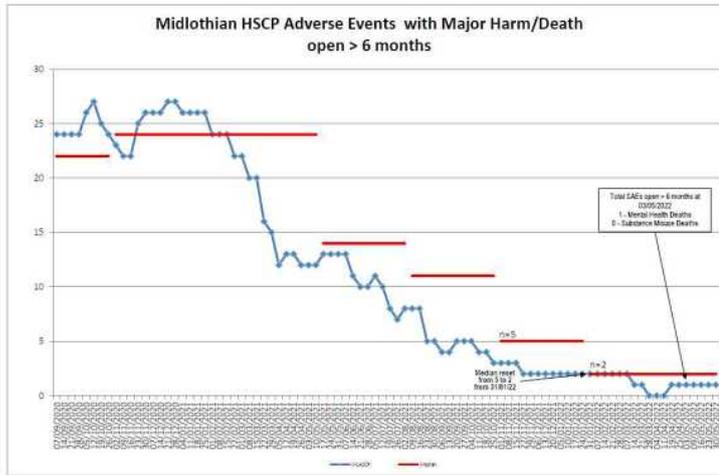


Chart 2 Midlothian Adverse Events Open over 6 months at 30<sup>th</sup> May 2022



Work continues to consistently handle complaints within agreed targets.

### 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 the 10 Care Homes for older people in Midlothian.

As previously reported to the IJB, some activities have been reviewed and the frequency and intensity of routine of contact has been reduced to reflect the

maturity of the system in addressing the level of outbreak activity. This enables the care Home Support team to offer more nuanced support to individual care homes in accordance with their self-assessment of support requirements. 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.

### **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. Data has been captured which can evidence improving standard attainment overall, and which supports the staff teams to target their improvement work on specific domains in each ward area. The planned LACAS cycle for February/March was paused due to the demand and staffing pressures arising from the Omicron variant. A pared back version has been progressed with the three care of the elderly wards achieving 95.8% compliance. Cycle 3 will progress from April.

## **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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N/A

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<b>DATE</b>	27 <sup>th</sup> May 2022

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