

# Midlothian Integration Joint Board



## Health and Social Care Services: Quality Improvement

Item number: 5.5

### Executive summary

This report explains the changing approach to maintaining an overview of quality in health and care. A new structure, called the Midlothian Quality Improvement Team, has been put in place to identify areas of service delivery which require attention and make proposals regarding improvements. This report makes recommendations about how the IJB will be kept informed about key issues of concern

***Board members are asked to***

- 1. Note the establishment of this new structure***
- 2. Agree to proposals for keeping the IJB informed of key issues arising through the work of the QIT***

## Health and Social Care Services: Quality Improvement

### 1. Purpose

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This report explains the role of the reformed Midlothian Quality Improvement Team and makes proposals about how this group's work will be communicated to the IJB.

### 2. Recommendations

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1. To note and approve the establishment of the reformed QIT
2. To note and comment on the 2015/16 QIT annual report and to agree on future assurance model for QIT.
3. To agree to proposals for keeping the IJB informed of the work of the QIT

### 3. Background and main report

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- 3.1 The Midlothian Integration Scheme noted that Midlothian Council and NHS Lothian have well established systems to provide clinical and care governance and confirmed that these systems will continue following the establishment of the IJB. It goes on to state that the IJB would not duplicate these systems but would seek to develop more integrated governance arrangements "to complement existing clinical and care governance arrangements".
- 3.2 NHS Lothian has a Healthcare Governance Committee which seeks to ensure that services are being delivered in keeping with the national standards of quality in health care, namely "Person-centred" "Safe" "Effective" "Efficient" "Equitable" and "Timely".
- 3.3 The Chief Social Work Officer reports annually to the Council on standards achieved, governance arrangements (including supervision and case file audits), volume/quantity of statutory functions discharged, the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. These reports must comply with national guidance issued by the Scottish Government.
- 3.4 The IJB has four non-voting members who carry direct responsibility for quality- the Chief Social Work Officer, the Chief Nurse, the Clinical Director and a medical practitioner who is not a GP.
- 3.5 The Midlothian Health & Social Care Partnership Quality Improvement Team has evolved from the previous health structure. It has the remit to maintain an oversight of and to lead quality improvement work across the Partnership.

- 3.6 The QIT has senior level representation from all services within Midlothian HSCP as well as representation from Clinical Governance and Lothian Health Infection Control Team (see membership at appendix 1). Most recently we have included the newly appointed GP Cluster Lead as a member of the QIT. The Committee is currently chaired by the Clinical Director and the deputy chair is the Chief Social Work Officer.
- 3.7 At its heart the QIT aims to ensure that patient experience influence the design, delivery, responsiveness and patient centred approach of improvements in care. It seeks to do so by closing the loop in lessons learned from, for example, complaints, national guidelines, national and local audits, fatal accidents and adverse events. A standard QIT agenda is attached at appendix 2.
- 3.8 The Joint Management Team (JMT) reviews the minutes of each QIT in order to consider and take responsibility for any necessary actions arising from the recommendations of the QIT.
- 3.9 The overall responsibility for the quality of services rests clearly with NHS Lothian and Midlothian Council. However given the IJB's responsibility for "Operational Oversight" it is important that arrangements are in place to inform the IJB of key issues which arise in relation to the quality of health and care services along with any high level actions planned to ensure quality improvement. Issues which merit the attention of the IJB will either be included in the regular report from the Chief Officer or if necessary will be the subject of a separate report.
- 3.10 The QIT currently produces an annual report using a template provided by the Quality Improvement Support Team (QIST) of NHS Lothian. The report is normally submitted to the QIST who share this widely within the NHS Lothian organisation and include the NHS Lothian Healthcare Governance Committee in this circulation. Attached is a copy of the 15/16 report (Appendix 3) although it must be noted that this report is more health focussed than will be the case in future years. It proposed that the Midlothian QIT submit this annual report for consideration by the IJB.
- 3.11 The Chief Social Worker produces an annual report which is submitted to Scottish Government as well as being considered by Midlothian Council. It is proposed that this report also be considered by the IJB.

## **4 Policy Implications**

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- 4.1 Quality of care and treatment is a critical issue in the field of health and social care. Professional and vocational training and qualifications requirements seek to ensure the workforce is fully equipped to deliver high quality care. Health and Social care staff are also bound by the conditions of registration-for example social care staff must adhere to the Scottish Social Services Council (SSSC) code of conduct. Clear procedures and processes are intended to minimise the occurrence of poor quality care and treatment. Internal and external audits, managerial and professional supervision all help to support the pursuit of good quality service delivery. The QIT supplements these systems by taking a

proactive overview of any issues which arise that may indicate further improvement is required in terms of systems and staff skills.

## 5 Equalities Implications

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- 5.1 The role of the group includes maintaining an overview of the extent to which quality of service is consistent across all equality groups and areas of deprivation.

## 6 Resource Implications

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- 6.1 There are no financial implications arising from this report. There are time implications for key managers preparing reports and attending QIT meetings. However the personal, financial and reputational costs of poor quality care and treatment are such that quality improvement must be given very high priority by managers

## 7 Risks

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- 7.1 There is a serious risk that without a structure in place to maintain an overview of quality issues and a proactive and concerted approach to quality improvement, lessons from service weaknesses or failure will not be learned. This is particularly important when services are being reshaped, integrated structures are being developed and demands on services are growing.

## 8 Involving People

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- 8.1 The Joint Management Team were fully involved in the development of these proposals.

## 9 Background Papers

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Appendix 1 – QIT Membership List

Appendix 2 – Standard QIT Agenda

Appendix 3 – Midlothian QIT Annual Report 2015/16

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<b>DATE</b>	5 <sup>th</sup> August 2016

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## Appendix 1

### MIDLOTHIAN H&S CARE PARTNERSHIP QUALITY IMPROVEMENT TEAM MEMBERSHIP

Name / Position	e-mail address
Dr Hamish Reid, Clinical Director	<a href="mailto:Hamish.reid@nhslothian.scot.nhs.uk">Hamish.reid@nhslothian.scot.nhs.uk</a>
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## Appendix 2

<b>AGENDA</b>	Meeting Name:	<b>MIDLOTHIAN QUALITY IMPROVEMENT TEAM (QIT)</b>
	Date:	3 <sup>rd</sup> August 2016
	Time:	10am – 12noon
	Venue:	<b>Meeting Room 1 Fairfield House, Midlothian Council</b>

	Apologies received	
	Notes of Previous Meeting:	
1.	Safety / Alerts	
2.	Incident reporting and management including major / significant incidents / adverse drug events 2.1 Quarterly Incident Reporting	
3.	HAI update 3.1 Infection Control Report	
4.	Leading Better Care ( <i>including CQIs, QIDs</i> ) 4.1 QIDS past months	
5.	Patient/ carer experience ( <i>e.g. Fast, frequent feedback, Better together</i> )	
6.	Scottish Patient Safety Programme Workstreams	
7.	Complaints / Compliments 7.1 Complaints	
8.	Update from reporting/associated groups e.g. clinical QI teams, health & safety / teams 8.1 Mental Health Report & QIT Minutes 8.2 Care Homes Report 8.3 Learning Disabilities Report 8.4 Older People's Services Report 8.5 Social Care 8.6 OT/PT Service Report 8.7 Nursing Report (Hospital @ Home, Community, MCH Quality Improvement Plan) 8.8 Flu Report 8.9 GP Cluster Report	
9.	Standards / reviews ( <i>e.g. HIS, HEI, MWC, JAG. Care Home Inspectorate, SIGN, NICE, Scottish Medicines Consortium</i> )	
10.	External quality assurance ( <i>e.g. mock HEI, PEAT</i> )	
11.	National audit / data releases	

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12.	Project Proposals Forums 12.1 <b>These will be circulated round the group when they come in.</b>	
13.	QIT Annual Reporting	
14.	AOCB	
15.	Dates of Future Meetings	





### Appendix 3

<b>UHS / Community/ Single System / HSCP</b>	Midlothian
<b>Name of QI Team</b>	Midlothian CHP
<b>QIT Chair/ Co-Chair</b>	Hamish Reid
<b>Which groups does the QIT report to, how often and in what format?</b>	Midlothian SMT Chair attends meeting and gives regular updates

#### TABLE 1 - LOOKING BACK TO 2015/ 16

- We have included your stated priorities for 2015/ 16 and would like you to update us on what has happened with these. Please tell us whether they were achieved and what has changed / improved as a result.
- Please also tell us if anything prevented this from happening i.e. your team focussed on a different priority.

#### TABLE 2 – ADDITIONAL ACHIEVEMENTS FOR 2015/ 16 NOT PREVIOUSLY STATED

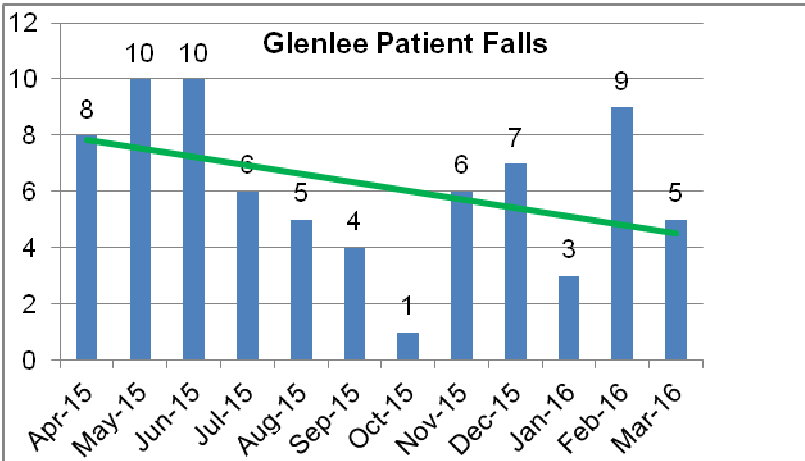
- There is also space to record any other achievements you would like to highlight which may not have been identified previously as a priority.

#### TABLE 3 – LOOKING FORWARD TO 2016/ 17

- As before, we would like you to state your priorities for the coming year. In order to help identify improvement activities you may find it helpful to use your own local data or your data from QIDS (Quality Improvement Data System). Links to further information on patient safety and improvement activity nationally and locally can be found in the cover letter sent with this template.

**TABLE 1 – WHAT YOU STATED WERE YOUR PRIORITIES FOR 2015/ 16**

	<b>Stated priority 2014/15</b>	<b>Achieved Y/N</b>	<b>If yes, changes / improvements made as result and supporting data. If no, what prevented you from achieving these?</b>
<b>Person Centred Care</b>	Increased awareness and support for Cow Milk Protein Intolerance in babies and development of an appropriate care pathway.	<b>ongoing</b>	Analysis of prescribing data of products/baby milks for children with cow's milk intolerance has demonstrated potential for improving prescribing. The different products available are age related so guidance is necessary. The national care pathway is being reviewed in RHSC by Allergy and GI Consultants and the aim is to have a primary care pathway to link with guidance for Health Visitors and GPs. The referral care pathway to Dietetics will also be reviewed as the waiting times are over 18 weeks in some localities. Improving access to the correct prescription products, to Dietetics and where necessary to secondary care for further assessment and treatment will be the focus for this work over the next 12 months.
	Increased provision of gluten free products and support from Community Pharmacies.	<b>YES</b>	Products are now available through community pharmacies rather than by GP prescription,
	Ensure that social care colleagues are integrated in to the work of the Quality Improvement Team. We hope that this will have a positive effects on our joint understanding of how we can improve the quality of our work and allow joint improvement solutions to be found.	<b>YES</b>	There has been very positive integration in the QIT with social work and health colleagues attending, contributing, sharing and working together well.

Safe Care	Addressing the actions required in the Glenlee Mental Welfare Commission report.	YES	<p>The main issues in the MWC report have been addressed and MWC have re-visited Glenlee and been satisfied with the improvements. Only a few minor recommendations remain to be implemented and these are under way. The number of falls has reduced year on year.</p>  <table><caption>Glenlee Patient Falls</caption><thead><tr><th>Month</th><th>Falls</th></tr></thead><tbody><tr><td>Apr-15</td><td>8</td></tr><tr><td>May-15</td><td>10</td></tr><tr><td>Jun-15</td><td>10</td></tr><tr><td>Jul-15</td><td>6</td></tr><tr><td>Aug-15</td><td>5</td></tr><tr><td>Sep-15</td><td>4</td></tr><tr><td>Oct-15</td><td>1</td></tr><tr><td>Nov-15</td><td>6</td></tr><tr><td>Dec-15</td><td>7</td></tr><tr><td>Jan-16</td><td>3</td></tr><tr><td>Feb-16</td><td>9</td></tr><tr><td>Mar-16</td><td>5</td></tr></tbody></table>	Month	Falls	Apr-15	8	May-15	10	Jun-15	10	Jul-15	6	Aug-15	5	Sep-15	4	Oct-15	1	Nov-15	6	Dec-15	7	Jan-16	3	Feb-16	9	Mar-16	5
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Implementation of the actions required from the HAI report at Midlothian Community Hospital.	NO	The latest environmental inspection raised a number of issues that are being addressed.																											
Continue the warfarin current monitoring according to the Grade protocol (Coagucheck) with monitoring and feedback	YES	Warfarin Coagucheck continues to be used and an evaluation of patient feedback last year gave very positive results.																											
Effective Care	Improve compliance with antimicrobial guidance with monitoring and feedback	YES	There has been a significant reduction in the total number of antibiotics prescribed in Midlothian over the past number of years. There has also been a drop in the number of broad spectrum antibiotics prescribed. This is in line with local and national recommendations. Work continues in this area of																										

			prescribing. Practices continue to receive feedback on their individual practices prescribing. .
	Review the skill mix on the wards to address the issue of nursing cleaning duties.	ongoing	The Housekeeper role has been developed for Glenlee to free up nurse time and the value of this will be monitored.
	Evaluation of the effectiveness of the new MERRIT team (Midlothian Enhanced Rapid Response and Intervention Team)	YES	<p>An evaluation carried out in March 2016 gave consistently positive results and comments.</p> <ul style="list-style-type: none"> <li>• <i>‘I would prefer this way of treatment rather than go to hospital – one gets so much more involvement with the team as a whole – this team can keep you informed clearly’</i></li> <li>• <i>When I asked about my treatment they explained it all in plain language as when in hospital they seem to discuss with colleagues rather than explain’</i></li> <li>• <i>‘timely, personal, prevented admission’</i></li> </ul>

**TABLE 2 – ANY ADDITIONAL ACHIEVEMENTS FOR 2015/ 16 YOU WISH TO HIGHLIGHT**

	<b>Key Achievements</b>	<b>Challenges / Successes</b>	<b>Supporting Data</b> (e.g. audit; SPSP; Pt. Experience)
<b>Person Centred Care</b>	<p>The Care Inspectorate has revisited Newbyres and there is great improvement as shown by improved grades.</p> <p>Pittendreich Care Home is due for another inspection so the low level concerns are being monitored to prevent escalation.</p>	<p>A staffing review has shown that integration is progressing well with nurses becoming part of the staff team and providing specialist dementia care. This will help with flow</p>	
	<p>Twelve new houses are being built in Penicuik for adults with challenging needs, using learning from best practice throughout Scotland.. These will be available by February 2017.</p>		
<b>Safe Care</b>	<p>In Learning Disabilities, the decamp protocols and plans worked well following a gas leak. Further improvements have been made to the process based on learning from the event.</p>		
	<p>In December 2015, Midlothian Community Hospital established a Quality Improvement Team looking specifically at issues relating to the four wards in MCH</p>	<p>The two QITs have a similar agenda including looking at open and closed SAEs, reviews and investigations. They provide a forum to share feedback from</p>	<p>Minutes of the QIT meetings are shared with the Midlothian HSCP</p>

	and Lammerlaw.  The East & Midlothian Mental Health QIT now has its focus on the community service.	surveys, projects, inspections etc as well as to plan future activity and discuss concerns.	QIT.
<b>Effective Care</b>	Angela Henderson, Care Home Liaison Nurse, has been nominated as a finalist in the Celebrating Success Awards.	Unfortunately Angela was not short listed for this award.	

**TABLE 3 – WHAT ARE YOUR PRIORITIES FOR 2016/ 17**

<b>Person Centred Care</b>	Twelve new houses are being built in Penicuik for adults with challenging needs, using learning from best practice throughout Scotland. These will be available by February 2017. This is an example of joint working between \health and Social Care in developing optimal service provision for the residents.
	The referral care pathway for Cow Milk Protein Intolerance to Dietetics will be reviewed as the waiting times are over 18 weeks in some localities.
	The Primary Care Communication and Engagement Strategy is in development. Information about access issues is being gathered from right across primary care and fed back to the general public via newspapers, leaflets, community councils, community groups etc.
<b>Safe Care</b>	All GP practices will review hypnotic and anxiolytic drug use and measure success in reducing use by Practice Prescribing Indicators. There will be also improvement in the appropriateness of Pregabalin prescribing (for pain) which will also lead to a reduction in prescribing.
	The QITs for the mental health services (Midlothian Community Hospital wards and E&M Community Services) will ensure that the service provided is optimum within the funding available.
	A joint complaints report will be developed between health and social care.

	The falls bundle in Rosbank and Glenlee (Midlothian Community Hospital) will continue to be monitored and improved to reduce the number and severity of falls,
<b>Effective Care</b>	GP clusters for Quality will inform the Quality Framework. Each practice will have a Practice Quality Lead (PQL).
	In order to try to meet the A12 waiting time HEAT target, work has begun to develop a self-referral / gateway model for psychological therapies in Midlothian, in collaboration with Health in Mind. This will improve access for people with health inequalities and reduce GP workload, as the patient can go directly to the Access Point for assessment for psychological therapies. DNA rate and waiting times should also reduce.
	The staff flu vaccination programme was highly positive in Midlothian last year and there is intention to consolidate and build on this success.