



## Integrated Assurance Report

Thursday, 19th December 2024, 14:00-16:00

### Executive summary

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| Item number: | 5.10 |
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This report is presented to provide the Midlothian Integration Joint Board with assurance around the processes in place to deliver clinical and care governance and risk and resilience management by the Midlothian Health and Social Care Partnership.

The structure for oversight of safe, effective, and person-centred care and professional governance consists of the Clinical and Care Governance Group and service level Quality Management Groups (QMGs). The oversight of the recently established Social Work Assurance Group (SWAG) combines with the Governance and Assurance Framework and QMG/CCGG processes to provide assurance for all Social Work services in the HSCP. In addition, a number of specialist subgroups ensure focus on identified risks and most common harms. A culture of shared learning and improvement is promoted.

The Governance and Assurance Framework (GAF) has been in use for 5 reporting cycles and work to refine this approach is ongoing. 6 Governance Groups report to the Senior Management Team: Clinical and Care Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are scrutinised by the relevant Governance Group (Appendix 1).

Group Service, Service, and Team Plans are in place across the HSCP, and plans have been developed for the delivery of progress reports to address identified risks for the next financial year. This aims to provide a consistent and complete picture of the assurance being reported and will support the ambition and work in progress to implement a total Quality Management System (QMS) linking clinical and care governance with the management of performance and resources.

A joint Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary inspection into Adult Support and Protection arrangements

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within Midlothian has been completed since the last Integrated Assurance Report was presented to the IJB. This follows on from the recent report into the Joint Inspection of Physical Disabilities Services.

MHSCP delivered its Annual Assurance Report to the NHS Lothian Healthcare Governance Committee on 17<sup>th</sup> September 2024. The Committee agreed to accept moderate assurance that MHSCP has comprehensive systems in place to deliver safe, effective and person - centred care. That report is included as an appendix to this report. (Appendix 2)

This report also confirms that the Partnership's structures and processes for risk management, resilience and major incident planning address the requirements of Midlothian Council and the Lothian NHS Board. This includes the maintenance of the Partnership's Risk Register and processes which support the appropriate escalation of identified risks.

**Board members are asked to discuss and approve the contents of this report.**

# Midlothian Integration Joint Board

## Integrated Assurance Report

### 1 Purpose

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- 1.1 This is the Integrated Assurance report provided by the Midlothian HSCP to the Midlothian Integration Joint Board (IJB).

### 2 Recommendations

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

### 3 Background and main report

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- 3.1 This report updates the IJB on the activity undertaken to provide assurance around the delivery of safe, effective, and person-centred care in Midlothian and the processes in place to cover risk and resilience.

- 3.2 6 Governance Groups report to the Senior Management Team and Executive Leadership Team: Clinical and Care Governance, Integrated Workforce Governance Board, Finance and Performance, Business Governance, Digital Programme Board, and the Partnership Forum. Work continues to ensure that areas highlighted as medium or low assurance by services in the Governance and Assurance Framework are additionally reviewed by the relevant Governance Group (Appendix 1). Risk is a standing item within the terms of reference of all six groups.

#### 3.3 Clinical and Care Governance and Assurance Structure and Processes

The Clinical and Care Governance Group (CCGG) meets quarterly to provide oversight of the safety, effectiveness, and person centredness of Midlothian Health and Social Care Partnership (MHSCP) services.

Group Service, Service and Team Plans have been in place across the HSCP since April 2023. The associated implementation of the Governance and Assurance Framework (GAF) and a review of meeting structures provide the CCGG with a complete picture of the assurance being provided and any identified risks to the delivery of clinical services and social care being reported across all services at every meeting.

Service level Quality Management Groups (QMGs) report to the CCGG on the systems, processes, and evidence of clinical and care governance, risk management, and quality management activity. The QMGs are expected to meet at least four times per year and submit a quarterly Governance and Assurance Framework submission and completed CCGG template. The quarterly reporting

template collates evidence for assurance and provides 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. QMGs are required to deliver an annual summary report in the form of a short presentation to the CCGG and other service managers.

The GAF continues to evolve, reflecting learning across our system, changes in our structures and modifications to the digital application. This approach supports a culture of learning alongside the provision of oversight of assurance levels across the system.

Since the initial implementation of the GAF in 2023, completion rates and quality have been improving. Simple digital reminders have been successfully implemented to ensure teams collate system data and use the framework to facilitate discussions across the safe, effective, person centred and regulatory domains. The digital application is then used to input the consensus reached in terms of impact, assurance and overall governance across the measures within the domain areas. Tableau interfaces with the GAF application to provide a digital dashboard for oversight across the HSCP (Appendix 3.) Quarterly reporting to the Executive Leadership Team provides oversight of the assurance levels across all areas of responsibility. Service Managers have responsibility to follow up the progress of their action plans through line management processes and within the CCGG for good practice and learning to be shared.

The role of Chief Social Work Officer, which carries statutory functions, now sits within the HSCP following the recent retirement of the Head of Children's Services. The Head of Adult Services is now Chief Social Work Officer for Midlothian Council. The CSWO is a member of the IJB. QMG processes are integrated, and managers report on all HSCP business, thus providing assurance regarding social work services. The oversight of the Social Work Assurance Group (SWAG) combines with the Governance and Assurance Framework and QMG/CCGG processes to provide assurance for all Social Work services in the HSCP. The SWAG meets fortnightly currently and is chaired by the CSWO with attendance from the Deputy CSWO and the Group Service Manager for the HSCP. Since inception, it has provided leadership and assurance regarding the improvement plan for Newbyres Care Village, Care at Home, Mental Welfare Commission Reports and has also had oversight over all improvement plans developed following Care Inspectorate inspections of services. All new Policies and Procedures for Social Work services are approved at SWAG and there is a role in overseeing audit and quality assurance work. SWAG covers all social work services in Midlothian including those services which are outwith the delegated functions of the Midlothian IJB.

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

The Clinical and Care Governance Group meets on a quarterly basis. Since the last report to the IJB, two meetings have taken place.

MHSCP delivered its Annual Assurance Report to the NHS Lothian Healthcare Governance Committee on 17<sup>th</sup> September 2024. The Committee agreed to accept moderate assurance that MHSCP has comprehensive systems in place to deliver

safe, effective and person - centred care. That report is included as an appendix to this report. (Appendix 2)

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

Three groups are established to provide oversight of all significant adverse events reported within NHS Lothian services delivered by Midlothian HSCP. Specific groups address in-patient falls at Midlothian Community Hospital, and pressure ulcers which are two of the most common reported harms. A Morbidity and Mortality Review group is established at Midlothian Community Hospital to undertake multidisciplinary review of unexpected in-patient deaths as a further measure to develop learning to improve the delivery of safe care.

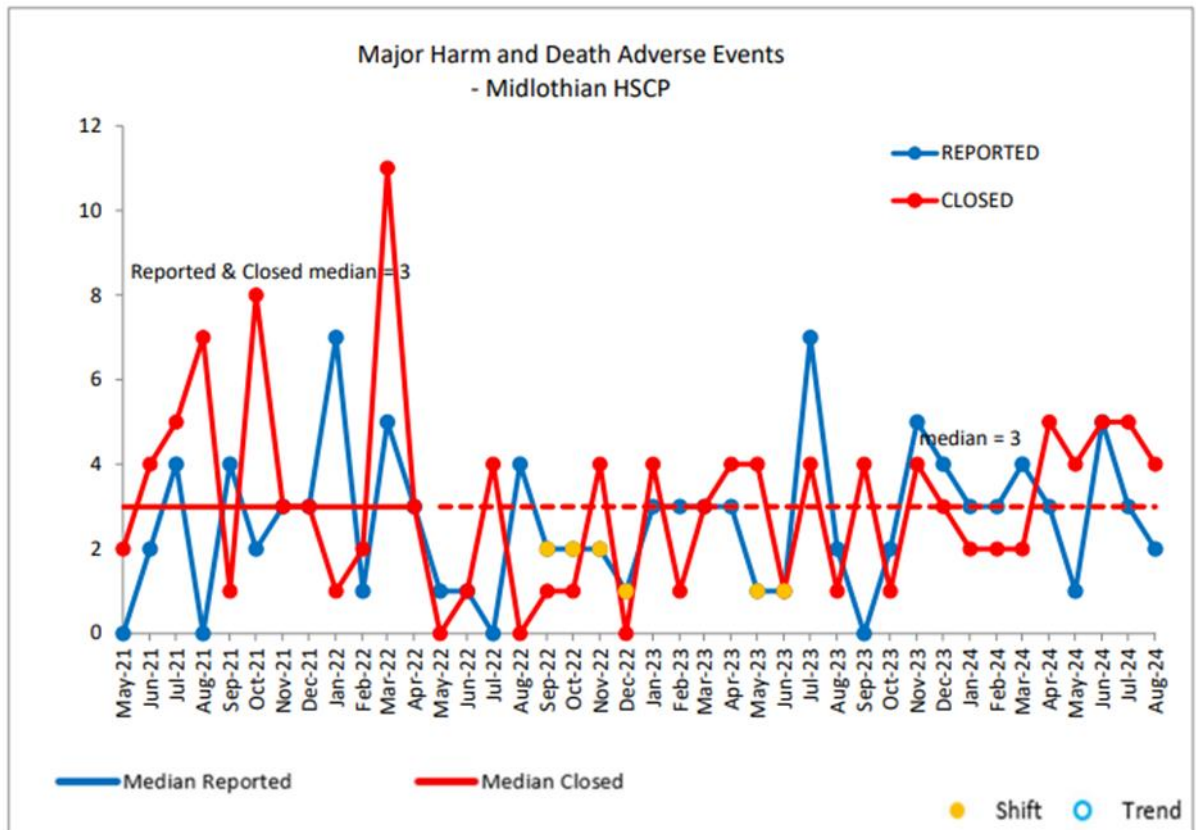
The Midlothian Safety and Experience Action Group (MSEAG) has oversight of all significant adverse events (adverse events which result in harm assessed as moderate or above), including the death or suicide of patients engaged with mental health and substance use services or unexpected medical deaths. This group commissions external reviews of major harm or death significant events 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 of performance in the management of complaints and the reporting and management of adverse events on the Datix system. Datix is a web-based tool which can be accessed by all NHS Lothian staff to report and learn from safety concerns, adverse events with harm and near misses. It helps in the collection and analysis of information to inform action plans which support safety and quality improvement. The system also provides modules to support the administration of Complaints, Claims and Service and Team level Risk Registers, to provide an integrated information system. Quarterly oversight of themes and learning arising from complaints and adverse events has been added to the MSEAG agenda and is also addressed at quarterly NHS Lothian performance meetings.

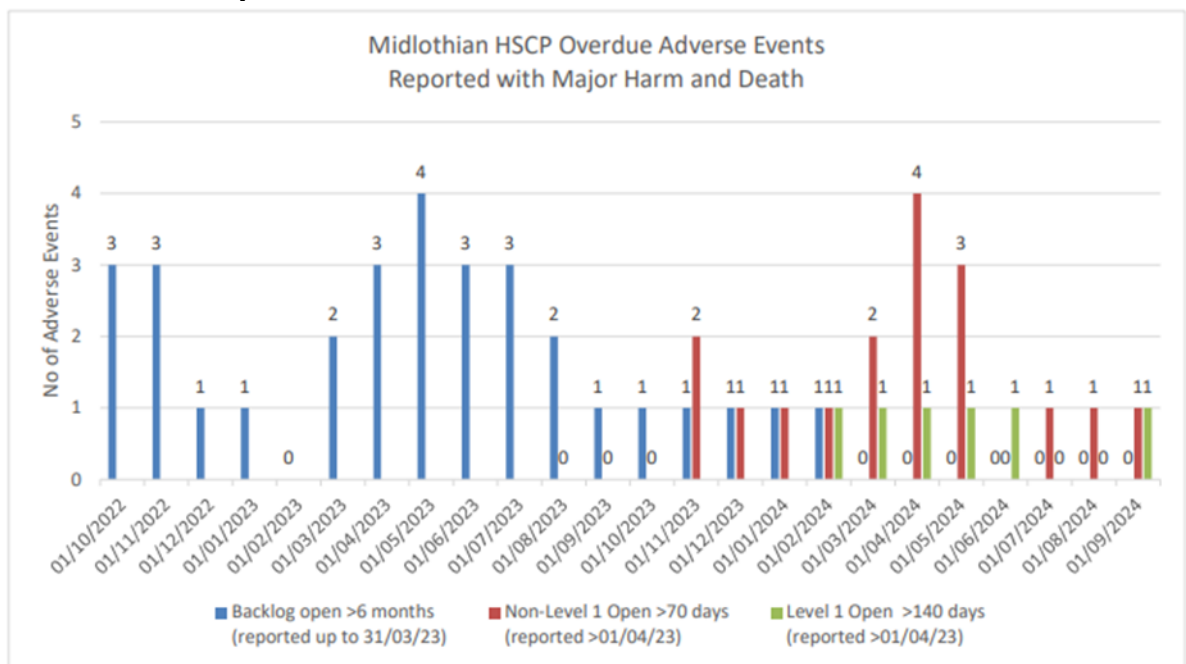
At the time of writing 6 Significant Adverse Event (SAEs) are under investigation. Chart 1 shows Midlothian's closed median is higher than the reported median, preventing the development of a backlog. Chart 2 shows Midlothian HSCP's performance regarding SAEs which are overdue. One level 1 SAE has been open for over 6 months at the time of writing, and one other non-level 1 review has breached the 70-day target for its completion. Work continues to support actions that will enable local teams to address all adverse events within the Healthcare Improvement Scotland guidance timescales. Work is also continuing to maintain and further improve SAE review performance against timescales and assure the quality of the reviews and the implementation of learning gained. Ongoing review of learning needs is undertaken and the SMT works with the Quality Improvement Support Team of NHS Lothian to discuss actions required and to enable appropriate learning opportunities to be identified and delivered.

Outstanding actions from previously investigated Significant Adverse Events are recorded on Datix and continue to be monitored by the MSEAG to ensure that they are completed.

**Chart 1: Midlothian Serious Adverse Events reported and closed at 2nd September 2024**



**Chart 2 Midlothian Overdue Adverse Events Reported with Major Harm and Death at 2nd September 2024**



Work to develop an adverse events management process for Social Work and Social Care services was paused due to inspectorial activity which commenced in May of last year and will be progressed as resources to undertake this work are released from other priority activity. As a result, processes for adverse event management and oversight for Midlothian Council services within the HSCP currently remain less mature. Ultimately, the aspiration is that MSEAG will have oversight of all adverse events across the HSCP.

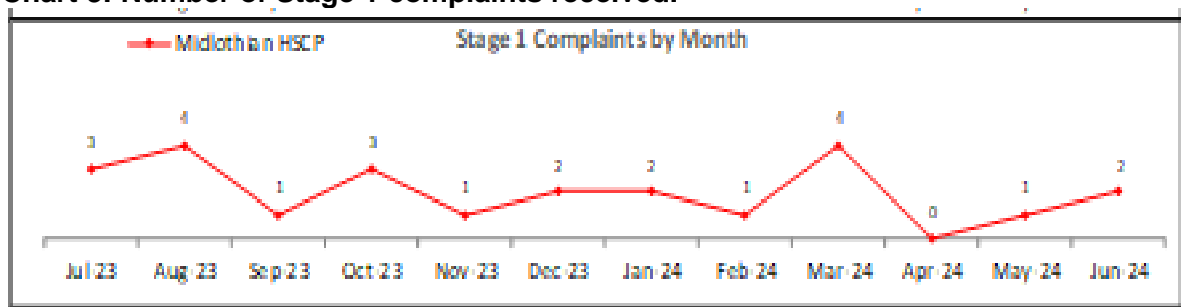
The Social Work Assurance Group (SWAG) provides a route for the governance of all Social Work and Social Care services and, has proven to be key in providing assurance that services are operating well and safely. This has been particularly the case with the improvement work at Newbyres Care Village. Following a review of falls within Highbank Intermediate Care facility, a number of recommendations have been progressed, including improvements in falls risks assessment documentation, handover information, team working and specifically debriefs and support from the Technology Enabled Care (TEC) team.

Complaints are generally managed through the respective organisations' complaints handling processes, although efforts are made to respond in an integrated way where required and appropriate. A range of Elected Member, MP and MSP enquires tend to be channelled through a Council route and are usually managed by respective Heads of Service.

Performance against KPIs and an analysis of themes and learning from complaints received in relation to NHS Lothian services delivered within the MHSCP is monitored by MSEAG and reported to quarterly NHS Lothian performance review meetings. This report covers data up to June 2024 from the report received from the NHS Lothian Patient Experience team on 17th September 2024.

Charts 3 and 4 illustrate the numbers of complaints received via the NHS complaints processes which relate to services delivered within the Midlothian HSCP.

**Chart 3: Number of Stage 1 complaints received.**



**Chart 4: Number of Stage 2 complaints received.**

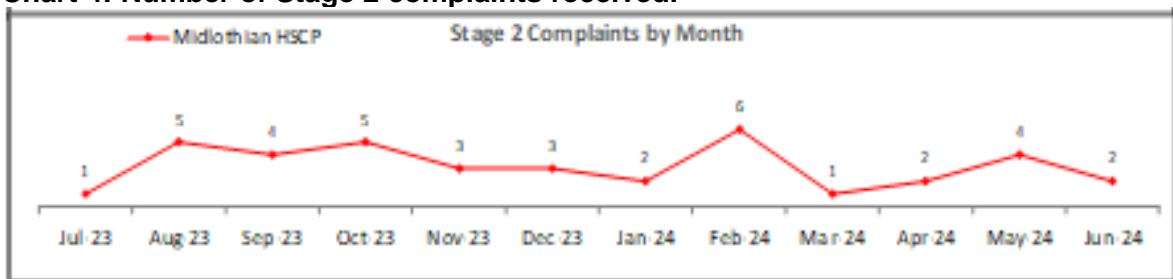
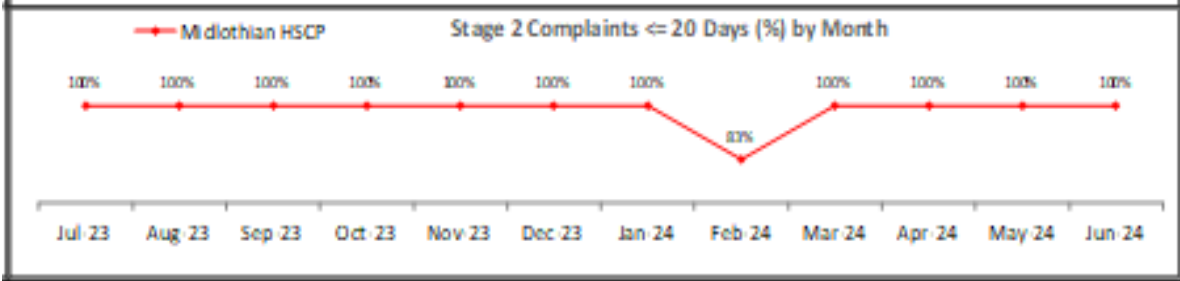


Chart 5 illustrates performance regarding Stage 2 complaints responses. Of the 38 Stage 2 complaints received in the 12 months illustrated, only 1 failed to meet the 20-day target for the provision of a response – this reflected the complexity of the complaint which involved a range of services, one being provided from another Directorate in NHS Lothian. At the time of writing Midlothian is involved in responding to three open complaints, which are within the KPI for response.

**Chart 5: % achievement of Stage 2 responses within 20-day KPI.**



Work continues to share learning from the investigation of adverse events and complaints and to improve local services in line with findings and recommendations.

**3.5 Clinical and Professional Oversight of Care Homes**

The Scottish Government published My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022. An Advice Note on Enhanced Collaborative Clinical and Care Support for Care Homes issued on 14 December 2022 provides guiding principles and a framework to continue cross sector work to continue to improve the health and wellbeing of people living in care homes. Work is continuing in Midlothian and on a pan-Lothian basis to ensure these recommendations are met and that partners involved in the delivery of care home services are engaged in shaping the model going forward. The approach recognises that the role of the HSCP is different to that of the inspection and regulation responsibilities exercised by the Care Inspectorate.

**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 service inspection reports with their QMG submissions.

MHSCP services are subject to external inspections from statutory bodies. This includes Healthcare Improvement Scotland, the Mental Welfare Commission, and the Care Inspectorate. These reports are lodged at SMT, and actions plans monitored operationally and reported through the QMGs, CCGG, The East and Midlothian Public Protection Committee, and the Social Work Assurance Group. Immediate action is taken when internal concerns or external inspections identify improvements which are required to address standards of care. Operational and professional leads have shared oversight of action plans. Implementation is led by Service Managers and progress monitored and supported through operational and care and clinical governance routes, ensuring the implementation of actions deliver sustainable improvement.



Earlier this year the Care Inspectorate led a second phase of joint inspection and development of Adult Support and Protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland. The Midlothian Partnership were part of phase two joint inspections with an aim to provide national assurance about individual local partnership areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. The focus of this inspection was on whether adults at risk of harm in the Midlothian partnership area were safe, protected and supported. The joint inspection of the Midlothian partnership took place between January 2024 and July 2024.

The Inspection considered key processes and strategic leadership. The final report released on 11th July 2024 concluded that the Midlothian partnership delivered adult support and protection processes that protected and supported adults at risk of harm. There were some strong areas of practice, particularly management oversight of Council Officer practice, the risk assessment framework and the quality of chronologies and risk assessments when completed.

The inspection found that overall, strategic leaders ensured the delivery of competent and effective adult support and protection practice. Strategic leaders' vision for adult support and protection was strong and well understood by staff to ensure effective governance.

The Inspectors concluded the partnership's key processes and strategic leadership for adult support and protection were effective with areas for improvement. There were clear strengths in both domains supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

On the 15th of July 2024 the Care Inspectorate notified Local Authorities and Health and Social Care Partnerships of their intention to undertake a review of social work governance and assurance arrangements. The review commenced in July 2024 and will conclude in December 2024. It is being carried out under Section 53 of the Public Services Reform (Scotland) Act 2010.

Through the review the Care Inspectorate will answer these questions.

How well do social work governance and assurance arrangements support leaders to:

- Ensure statutory duties are carried out safely and effectively?
- Enable social work staff to be supported, accountable and effective in their practice?
- Assist social work staff to uphold core social work values?

They will span all areas of statutory social work including adults, children and justice social work services and will cover all local authority areas in Scotland.

The review will include: a review of documents, a national staff survey, interviews with key leaders from across Scotland and a range of focus groups with middle and senior managers.

Now the ASP inspection has been concluded, attention will turn to progressing a Council Social Work and Occupational Therapy review. It is intended that this review will include data analysis on waiting lists, capacity, demand, the skill set of the

workforce and pathways between services. Extensive consultation and engagement with key stakeholders and staff will also contribute to the process.

Through the QMGs, we have developed a more systematic approach to managing recommendations from Mental Welfare Commission themed reports. Generally, such reports have a range of actions for Scottish Government, NHS Boards and HSCPs. These are worked into an Action Plan for later submission back to the Mental Welfare Commission. Governance is provided by reports coming to the HSCP SMT and the Social Work Assurance Group (where appropriate).

### **3.7 Risk Management**

Midlothian HSCP is compliant with the NHS Lothian Risk Management Policy and Midlothian Council Risk Management Policy and Strategy. The Risk Management process within Midlothian was audited in 2021 and the finalised report confirmed that the Risk Management processes within Midlothian provided high assurance and demonstrated best practice in several areas:

- Midlothian HSCP Senior Management Team meets monthly, and risk is a standing agenda item.
- Service level risks registers are locally managed, and oversight is held by Heads of Service for review and escalation to the Senior Management Team (if required).
- Risks are routinely monitored through these escalating levels with additional risk oversight held by Midlothian Council and Midlothian IJB both strategically and operationally.
- Each risk recorded either operationally or strategically have actions associated to mitigate the risk, these are routinely monitored through the appropriate level of monitoring as mentioned above.
- Each risk has a risk owner identified who is the accountable person for managing the related actions and providing routine updates on the status of the risk.

### **3.8 Resilience and Major Incident Planning**

Midlothian Health and Social Care Partnership supports its partner organisations, NHS Lothian and Midlothian Council, to deliver their obligations as responders to major incidents. The Partnership provides Midlothian IJB with any relevant assurance in relation to incident management and response which supports its responsibilities as a Category 1 responder.

Midlothian Health and Social Care Partnership maintains major incident plans in line with NHS Lothian's Resilience Policy and provides assurance through NHS Lothian's reporting cycle on resilience, major incident planning and business continuity. A virtual control room is in place for incident management along with physical control rooms in both Midlothian Community Hospital and Fairfield House. Service Managers are required to review and update their service-specific resilience and business continuity plans annually which feed into the overarching Midlothian Resilience Plan.

### **3.9 Risk Register**

Operational risks are captured in the Partnership Risk Register, which is updated and reviewed regularly, and when required escalated to the NHS Lothian Corporate Risk Register and Midlothian Council Strategic Risk Profile.

HSCP mitigation plans contribute to the overarching corporate risk registers held by NHS Lothian and Midlothian Council.

The following risks on the NHS Lothian Corporate Risk Register are relevant to the Midlothian HSCP:

- 4 Hours Emergency Access Target
- Hospital Bed Occupancy

### **4.0 Policy Implications**

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- 4.1 This report should provide moderate assurance to the IJB that relevant clinical and care governance policies are appropriately implemented in Midlothian, and that appropriate mechanisms are in place to assess and manage risk and ensure service resilience.

### **5.0 Directions**

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- 5.1 Clinical and care governance, risk management and resilience planning are implicit in various directions that relate to the delivery of care.

### **6.0 Equalities Implications**

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- 6.1 The Governance and Assurance Framework requires services to provide assurance that they are complying with the Equalities duties including the completion of Integrated Impact Assessments (IIA's) where necessary. This supports the HSCP to comply with its equality duties.

### **7.0 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, risk management and resilience planning are met. The expectation is that these activities are embedded in service areas and teams and that staff have time built in to attend the relevant oversight groups and undertake the associated responsibilities.

## 8.0 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.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

## 9.0 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 and risk identification, assessment and management.

Public representatives on the IJB will have an opportunity to provide feedback and ideas.

## 10.0 Background Papers

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| <b>DATE</b>          | 7 <sup>th</sup> October 2024   |

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### Appendices:

**Appendix 1:** Midlothian HSCP Governance Structure

**Appendix 2:** Midlothian HSCP Annual Report (2024) to NHS Lothian Healthcare Governance Committee

**Appendix 3:** Midlothian Integrated Governance and Assurance Framework Quarter 1 overview July 2024