

Subject: **Health and Social Care Clinical and Care Governance Group Update**

Purpose: To provide an update to the IJB in relation to governance and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group

Recommendation: The IJB are asked to note the report

Glossary of Terms	
AERG	Adverse Events Review Group
BBV	Blood-Borne Virus
CAMHS	Child and Adolescent Mental Health Services
CCGG	Clinical Care Governance Group
DN	District Nurse
HB	Health Board
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
LD	Learning Disability
MAPP	Multi-Agency Public Protection Arrangements
MHO	Mental Health Officer
NACPC	North Ayrshire Child Protection Committee
PSMT	Partnership Senior Management Team
SAN	Safety Action Notice

1.	EXECUTIVE SUMMARY
1.1	The Health and Social Care Partnership continue to provide robust arrangements for the governance of partnership services and wider relevant provision in order to deliver statutory, policy and professional requirements and also the achievement of partnership quality ambitions.
1.2	This paper provides an update and overview of governance activity for the period February 2019 – August 2019 inclusive for consideration by the IJB. The paper also reflects specific issues that have been requested for presentation by the Clinical Care Governance Group (CCGG) to ensure appropriate challenge is made and assurance provided.
2.	BACKGROUND
2.1	As identified within previous papers presented to the IJB, the Partnership has developed clinical and care governance arrangements in line with the commitments and requirements contained in the Integration Scheme. It is acknowledged that an ongoing review of process and reporting is in place to ensure we apply the principles of continuous improvement.

3.	OVERVIEW OF ACTIVITY AND UPDATE
3.1	<p>The structures and expectations of the CCGG are now well established with group membership now including additional representation from the following:</p> <p>Principal Manager- Finance, NA Health & Social Care Partnership (HSCP) Interim Director of Pharmacy, NHS Dietetic Lead Integrated Services, NHS Risk Manager, Risk Management, NHS Senior Facilitator, Governance, NHS Assistant Director, Quality Improvement</p> <p>This additional membership reflects suggested inclusions from IJB members. It provides additional expertise and better ensures both pan Ayrshire implications are considered and that Governance activity better aligns to that of other HSCP and National Health Service (NHS) frameworks.</p>
3.2	<u>Learning Disabilities Service</u>
	<p>With the planned move of Learning Disabilities Services to the Trindlemoss and Warrix Avenue development, where there will be six patients residing with identified complex needs, it is essential to ascertain what provision for GP arrangements are in place. Such arrangements require to be confirmed and ratified. Any such arrangements will be discussed and agreed via the Partnership Senior Management Team (PSMT) in conjunction with the relevant GPs and agreed via the GP Subgroup. Clinical Director Dr Paul Kerr will liaise with the subgroup in seeking agreement on these arrangements.</p> <p>In a previous paper to the IJB, challenges were highlighted in recruiting to Learning Disability (LD) nursing posts. In order to promote services and the organisation as an employer of choice, attendance at a staff recruitment job fair for students at University West Scotland representing both Mental Health and LD services, was productive in identifying potential new staff. Any new recruitment will be considered in the context of the current vacancies within Mental Health and LD Services. It is acknowledged that there are current vacancies being held due to the predicted migration of staff to Woodland View/Trindlemoss. The attendance at the recruitment event was supported by the Partnership Senior Management Team, which has been acknowledged as a positive and pro-active approach to address staffing issues. Issues regarding challenges with recruitment and retention are being addressed via the Pan Ayrshire Workforce Group and the Professional Leadership Group.</p>
3.3	<u>Public Protection</u>
3.3.1	<u>Adult Support and Protection</u>
	<p>Dr John Taylor, Associate Medical Director, recently updated the CCGG on the 'Future Direction of Mental Health and Incapacity Legislation'. It is proposed, from Scottish Government, to review Adults With Incapacity, Mental Health Act and Adult Support & Protection legislation. The CCGG also acknowledged work commencing to review Forensic Mental Health Services for Scotland.</p> <p>Ann McArthur, Adult Support and Protection Advisor for Acute Services presented revised Adults with Incapacity paperwork.</p>

	<p>The paper has been approved by NHS Healthcare Governance Committee and is ready to be disseminated organisational wide.</p> <p>The CCGG acknowledge that the revised paperwork is in response to recommendations as part of the recent Older People In Hospital (OPA) inspections of Crosshouse and Ayr Hospitals. CCGG expressed concerns that there had been a lack of carers' involvement in the development of the new documentation set and emphasised the importance of such contribution in any further developments.</p> <p>The CCGG approved the new documentation set and advocates this should be rolled out across North Ayrshire.</p>
3.3.2	<p><u>Child Protection</u></p>
	<p>North Ayrshire Child Protection Committee's (NACPC) Business Plan lays out the intentions of the Child Protection service for 2019/2020. The key areas of focus are:</p> <ul style="list-style-type: none"> • Well-being and Vulnerability • Engagement and Empowerment • Learning and Development • Risk Assessment and Analysis • Working Together • Supervision Practices <p>A measurement and Reporting Plan will be developed via the NACPC and will be discussed at the CPC Development Day on 8th November 2019.</p> <p>The Child Protection in the Family Workshops for all workers within Adult Services (being facilitated by the Child Protection Committee and HSCP Learning and Development Team) are being undertaken. The main objective of the workshop is for adult services to use the National Risk Framework and establish a shared language in relation to child protection and wellbeing for all services. The workshops are supported by team managers from adult and children services.</p> <p>It is acknowledged that the Child Protection Guideline for Mental Health is due for review. The output of this review will be brought back to the group for approval and the training plan will also be created around this.</p>
3.3.3	<p><u>Multi Agency Public Protection Arrangements (MAPPA)</u></p>
	<p>There is an ongoing review of MAPPA from South West Region, a partnership between Ayrshire & Arran with Dumfries & Galloway. The review recommended that an additional 0.5WTE coordinator be created to sit within the Dumfries and Galloway area. The post holder will cross cover with the Ayrshire office and provide additional local support where required, as well as ensuring Dumfries and Galloway have an efficient support in place.</p> <p>Good feedback was received with regards to the placing of appropriate health alerts on to multiple systems across health and social care environments. This approach is now being discussed as a national exemplar at the national MAPPA Health Group.</p> <p>The MAPPA steering group has now been formed with all HSCP represented.</p>

3.4	<u>Adverse Events</u>
	<p>Emerging themes from the Adverse Event Review Group (AERG) including Significant Adverse Event Reviews are as follows:</p> <ul style="list-style-type: none"> • Increased drug related errors on clinical sites • Drug related deaths • Learning Summaries and Safety Action Notices <p>The CCGG has noted an increase in the number of drug related errors on clinical sites. The CCGG is assured, however, that reviews are currently being undertaken by Senior Nurse and Nurse Managers in relation to identifying root cause of errors, relevant actions to be taken to improve clinical practice and systemic arrangements to mitigate against further errors. Outcomes from the fore mentioned processes will be presented to the MH AERG and North AERG for approval and that CCGG will ask for an update report in January 2020 to ensure sustained improvement has been maintained.</p> <p>The CCGG recently requested an update on actions being taken to mitigate against drug related deaths in North Ayrshire following a published report highlighting the statistics reflecting drug related deaths in 2018. The number of deaths reported was 1,187, an increase of 253 from 2017. Local context is that 85 deaths were reported in Ayrshire within this period 38 of which from the North Ayrshire Partnership area.</p> <p>The CCGG acknowledges that currently all drug related deaths are reported through MH AERG which facilitates a critical review of each incident. Considerations include causal factors, review of support mechanisms and analysis of any potential mitigation from service that may have contributed to the outcome. It is acknowledged through such analysis that drug related deaths are often indicative of multiple factors affecting the most vulnerable in society. Key areas of contributory factors include:</p> <ul style="list-style-type: none"> • Aging demographic of those who use illicit substances which often contributes to increased risk of core morbidities. • An increased number of people who now take more than one substance, referred to as poly-drug use • Identification that opiate such as heroin and methadone are increasingly implicated in the vast majority of deaths • There is an increase in use of Benzodiazepines such as ‘street diazepam’ <p>The CCGG acknowledge there is now a framework in place which identifies areas of improvement to prevent drug related deaths. In addition, North Ayrshire has in place a Substance Related Death Prevention Group which brings together a range of both local and national services. The key focus of the group is on those vulnerable to overdose and involved in high risk drug taking. Specific actions taken on priority areas are:</p> <ul style="list-style-type: none"> • Caring for people in contact with services • Reaching those not in contact with services • Reducing risk • Working with family and communities

The CCGG acknowledge the widening use and supply of Naloxone (medication to reverse the immediate effects of Opioids). There have been 220 Naloxone kits distributed in the previous 12 months within North Ayrshire.

Opiate Replacement Therapy

We have been fortunate in North Ayrshire that our Health Board (HB) and Alcohol and Drug Partnership have provided substantial additional funding to fully fund a safe, tiered, recovery focussed ORT and support service. In addition, the integration of addiction health and social care services into a singular North Ayrshire Drug and Alcohol Recovery Service has seen improvements in communication, outcomes and recovery based interventions for individuals with drug and alcohol use.

Injecting Equipment Provision (IEP), Needle Exchange and Harm Reduction

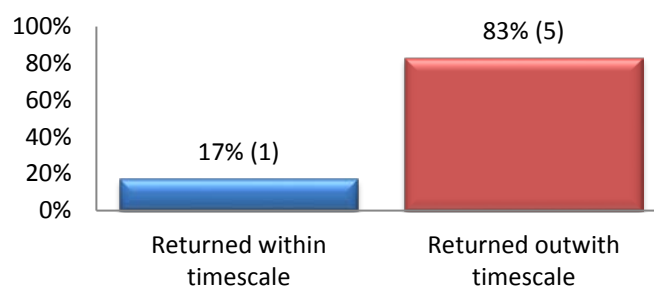
The Scottish Government provide each HB with Outcome Framework bundle funding. The Public Health Department then allocate this funding to meet specific Blood-Borne Virus (BBV) and sexual health outcomes.

Part of this funding pays for all our community IEP, BBV testing and support (clean needles, syringes, foil, water for injection, Hep C tests etc).

The CCGG have expressed concern in response to a funding notification letter dated 26 June 2019 that all HB funding has been reduced by 5% this year. The CCGG will monitor any potential detrimental effect to service delivery in particular areas such as IEP delivery and BBV related supports which affects the availability of clean needles, syringes and contributes to risk of BBV transmission which can have a direct link to increased drug related deaths.

Health and Safety

It is identified that there is poor compliance with the completion and sign-off of Safety Action Notices (SANs) being processed within 14 days of receives as per Scottish Government timescales an example of which is shown in table 1 below.



The CCGG recognise the need for significant and urgent improvement in relation to this as the SANs provide important direction on issues such as clinical change, risk identified in relation to clinical apparatus and significant drug administration changes.

In order to improve compliance and support safe working practice the CCGG have given direction that improved process will be installed with immediate effect (as of May 2019) to include:

- All SANs and Learning Summaries will go direct to responsible managers

	<ul style="list-style-type: none"> • A new process is installed that requires the Associate Nurse Director to review all SAN's and Learning Summaries and identify appropriate routes of dissemination • All receiving managers are now required to respond by way of confirmation that the SANs and/or Learning Summary has been read and actioned within their area of responsibility • A policy revision will be undertaken supported by the Risk Management Committee to ensure that learning summaries are managed and applied with a more local focus. <p>Risk Management confirmed CCGG improvement work is underway to ensure better processes that Safety Action notices are being appropriately responded to within specific timescales.</p>
3.5	<u>Professional Updates</u>
	The lead professionals provide regular updates to the Clinical and Care Governance Group. During the period February 2019 to August 2019 they reported on the undernoted areas.
3.5.1	<u>Mental Health Head of Service (Thelma Bowers)</u>
	<p>Challenges persist with the Mental Health Officer (MHO) on call rota, it is acknowledged there remain challenges in ensuring there is adequate MHO cover for out-of-hours services. The Partnership is negotiating enhanced terms with the intention of securing appropriate MHO volume to fully cover all roster duties.</p> <p>In relation to Child and Adolescent Mental Health Services (CAMHS) workforce, we have a number of vacancies not filled at present; this is largely due to a lack of CAMHS nurses being available nationally. It is acknowledged that the Partnership continues to assertively drive a pro-active recruitment programme with limited success, however workforce planning and pro-active activity will continue. The CCGG acknowledge the importance of this activity in relation to current CAMHS Services and the new National Secure Adolescent Inpatient Service for Scotland.</p>
3.5.2	<u>Clinical Director (Paul Kerr)</u>
	<p>The GP contracts are progressing well although there is a limit to money and resources available. Links with clusters and GP practices are taking place to ensure an even spread across North Ayrshire.</p> <p>The CCGG are advised that improvements are note regarding the practice arrangements in relation to Three Towns Medical Practice and West Kilbride Practice. Both practices will now be run by a consortium known as the Ayrshire Medical Group. Subjectively in meeting the surgery staff it was commented that there is a more positive feeling within the practice which is an improving position that may help with retention and recruitment.</p>
3.5.3	<u>Lead Nurse (David Thomson)</u>
	It is reported in relation to nursing workforce capacity that nursing workload and workforce tools have been run throughout our District Nurse (DN) services.

	<p>The tools outcomes led to a recommendation of a required uplift in the region of 22WTE across Ayrshire but as yet no increase in staff has been agreed. It is acknowledged that DN structures have improved from Senior clinician perspective; now having 3 x Band 7 Team Leads across all mainland teams. This has improved clinical leadership and access to more immediate supervision with a correlation of improving sickness and absence.</p> <p>Improvement work is underway with Senior Nurse supporting Community Mental Health Teams to improve case management, care planning and further develop supervision structures.</p> <p>It has been identified that Mental health Risk Assessments undertaken by clinicians and the skills in which to do so require to be reviewed and updated on a continuous basis. In response it is confirmed that training has now commenced.</p> <p>In order to help address nursing overspend, we have now run a series of Master Classes to assist local management of staff including financial understanding of local environment, application of supports and policy re fitness to work, Boxi reporting and roster management.</p> <p>Young person suicide prevention strategic oversight group continues to provide direction in contributing to the reduction of younger persons suicides. Work is ongoing via the operational group to refine the emergency response plans in relation to young person's suicide and the ongoing establishment of the health surveillance approach. Further work is now being undertaken to seek assurance that appropriate processes are being followed when a young person attends Emergency Department of either of the acute sites. Progress update will be provided by December 2019.</p>
3.5.4	<p><u>Interim Head of Service, Children, Families and Justice Services</u> (David MacRitchie)</p>
	<p>There is now a new Children and Families Head of Service appointed. Alison Sutherland commenced post on 2nd September 2019. David MacRitchie is now responsible for Public Protection Services as well as Justice Services and continues his role as Chief Social Work Officer.</p> <p>The work of the transformation programme in moving into localities continues with the Kilwinning Locality Team having moved into Kilwinning Academy early September. Local engagement events have been very successful and the next locality to be progressed will be within the Three Towns.</p>
	<p>The Dartington Research Unit will be carrying out research to re-run the child count survey, with some amendments, which will be used to shape the new Children's Services plan.</p>
3.5.5	<p><u>Lead AHP (Alistair Reid)</u></p>
	<p>Several topics have been highlighted to the Clinical and Care Governance Group during the period February to August 2019.</p> <p>The AHP Highlight Report was tabled with the group, post devolution of AHP services to each health and social care partnership area.</p>

	<p>The report shared detail of the scope and activity of allied health professions in North Ayrshire, highlighted how this activity supports North Ayrshire HSCP's strategic ambitions and set out the priorities for AHP activity for 2019.</p> <p>The AHP workforce capacity remains a challenge in several areas, with risk assessments being tabled to highlight issue in specific areas, alongside the steps being taken to manage such risks. Risk assessments relating to speech and language therapy provision for children and young people in North Ayrshire, and AHP input to the Douglas Grant Rehabilitation ward have both been escalated to the Clinical and Care Governance Group and placed on the risk register.</p> <p>The group have further been kept briefed on:</p> <ul style="list-style-type: none"> • Pan Ayrshire work to support robust supervision arrangements for AHPs, in support of Scotland's' national position statement on supervision for allied health professionals • The participation of the physiotherapy service in the Health and Safety Executive stress survey work. • Progress made around improving waiting times for community care occupational therapy • The Podiatry service redesign • Progress made around implementation of the new model for enhanced intermediate care and rehabilitation • The range of AHP quality improvement work showcased at the NHS Scotland conference • The appointment of Emma Stirling as AHP Associate Director for NHS Ayrshire and Arran
3.6	<u>Anticipated Outcomes</u>
	<p>It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against risk. Further meeting dates are planned for 2019/20.</p> <p>Wednesday 20th November 2019 Wednesday 18th December 2019 Wednesday 29th January 2020 Wednesday 26th February 2020 Wednesday 25th March 2020 Wednesday 22nd April 2020 Wednesday 27th May 2020 Wednesday 24th June 2020 Wednesday 29th July 2020 Wednesday 26th August 2020 Wednesday 30th September 2020 Wednesday 28th October 2020 Wednesday 25th November 2020 Wednesday 23rd December 2020</p>
3.7	<u>Measuring Impact</u>
	<p>It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against</p>

	risk		
4.	IMPLICATIONS		
Financial:	No		
Human Resources:	No		
Legal:	Yes		
Equality:	Activity is in line with equality requirements and good practice		
Children and Young People	Positive impacts of work being conducted noted.		
Environmental & Sustainability:	Not Applicable		
Key Priorities:	In keeping with all aspects of the wider delivery plan.		
Risk Implications:	Governance contributes to risk management and risk mitigation activities.		
Community Benefits:	Not Applicable		
Direction Required to Council, Health Board or Both		Direction to :-	
		1. No Direction Required	X
		2. North Ayrshire Council	
		3. NHS Ayrshire & Arran	
		4. North Ayrshire Council and NHS Ayrshire & Arran	
5.	CONCLUSION		
5.1	The IJB is asked to consider and note the progress contained within this report.		

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