

Integration	Joint Board
21	March 2019

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	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CCGG	Clinical Care Governance Group
CPC	Child Protection Committee
MAPPA	Multi-Agency Public Protection Arrangements
SNH	Senior Nurse Group
AERG	Adverse Events Review Group
SAER	Significant Adverse Event Review
SOP	Standard Operating Procedure
ASP	Adult Support & Protection
SPSO	Scottish Public Services Ombudsman
MAST	Mandatory and Statutory Training
MWC	Mental Welfare Commission
CAMHS	Child and Adolescent Mental Health Service
МНО	Mental Health Officer
PCIP	Primary Care Improvement Plan
DN	District Nurse

1.	EXECUTIVE SUMMARY
1.1	The Health and Social Care Partnership continue to provide robust arrangements for 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 July 2018 – January 2019 for consideration by the IJB. The paper also reflects specific issues that have been requested for presentation by the CCGG to ensure appropriate challenge is made and assurance provided.

2.	BACKGROUND	
2.1	As previously 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.	
3.	OVERVIEW OF ACTIVITY AND UPDATE	
3.1	We advised in our previous paper that a new structure and focus to Clinical and Care Governance would be tested and further developed. We have now taken action on this through a series of tests and minor changes leading to adopting the agreed structure which appears to be working well.	
3.2	<u>Learning Disabilities Services</u>	
	There are potential clinical implications around staffing availability for developments within adolescent services. The planned move to Woodland View is progressing including scoping of integrating skills and Mental Health nurses working alongside Learning Disability nurses. Implications around recruitment and retention are being directed via the Pan Ayrshire Workforce Group and Professional Leadership Group.	
3.3	Public Protection	
3.3.1	Adult Support and Protection	
	The group received feedback on the Adult Support & Protection (ASP) inspection which was published in July 2018. The report provided assurance that quality assurance and audit processes are good, but highlighted the following areas for improvement / actions:-	
	 Provision of advocacy in North Ayrshire is provided by only one independent provider and only opens to those with identified Mental Health issues. A strategic plan and action plan will be developed and evidence of activity to be presented back to the inspectorate in due course 	
	 NHS AA Adult Protection referrals and concerns to increase. This will be supported through increased training and awareness as per training calendar. It was noted that this recommendation was made despite not accessing information within Health Care Records in any great numbers. 	
	A one year pilot project is due to commence which involves a new system to provide information to staff on wards in relation to Adult Support and Protection plans and outcomes by way of alerts via Trakcare and CarePartner. The Governance group will request an update on the pilot project in 9 months' time to provide assurance of impact and progress.	
3.3.2	Child Protection	
	Throughout the period there were regular updates in relation to child protection, including:-	
	 Young Person Suicide Response Action Plan/Health Surveillance Developments; North Ayrshire Child Protection Committee (CPC) Action Plan – training for all 	

	staff on the National Risk Assessments framework which was launch in February 2019.	
3.3.3	Multi Agency Public Protection Arrangements (MAPPA)	
	Work on the Standard Operating Procedure (SOP) is progressing to ensure updated information is available on all relevant systems to enhance risk assessment and risk mitigation.	
	It was acknowledged that incidents of public naming of persons subject to MAPPA within the community have decreased over the past month.	
	The new information sharing protocol is working well and plans to extend further are being progressed through the Strategic Oversight Group.	
3.4	Adverse Events	
	The group continue to receive feedback on themes emerging from the Adverse Event Review Group including Significant Adverse Event Reviews. Themes discussed over the period were :-	
	 Drug related deaths; SAER process and learning and implications arising from this; Ongoing incidents, including those involving police investigations; 	
3.5	HSCP Governance Activity	
	The group receive quarterly reports in relation to governance activity within the partnership including :-	
	 Complaints/Elected Member Enquiries/Compliments – the group focus on the top 5 themes from complaints and compliments to focus on the areas of most significance and to ensure improvements are evidenced. Scottish Public Services Ombudsman Report (SPSO) Learning Summaries/Notes Safety Action Notices 	
	Inspection Reports/Action PlansMental Welfare Commission Visits/Action Plans	
3.6	Workforce	
	Training & Development (Include MAST & Identified Training)	
	The group acknowledged the improvement work underway to ensure staff are up to date with their MAST training as well as specialist/areas of interest education.	
	The MAST register will now be tabled on a quarterly basis and circulated to senior managers. It was noted that compliance has reduced over the past year; an area of improved performance is seen as a priority.	
	The care governance group support the proposal that a strategic plan and a workforce planning group is developed to progress continuous learning and support compliance with mandatory and statutory training.	

3.7	Wellbeing Assurance Reports		
	Health Safety and Wellbeing Assurance Report (Inpatients) Improvement plans in relation to violence & aggression in particular to be developed. It is recognised that the focus for improvement plans should include the inpatient areas in Woodland View, Ailsa Hospital and Arrol Park.		
	The AERG will continue to monitor such activity including frequency, quality of practice and training outcomes. This will include trend analysis from Datix and AERG reporting. The AERG acknowledges that consideration is being given to specific training requirements for coping with aggressive/violent behaviour within younger person's cohort especially in preparation for the future National Secure facility.		
3.8	<u>Professional Updates</u>		
	The lead professionals provide regular updates to the Clinical and Care Governance Group. During the period July 2018 to January 2019 they reported on the undernoted areas.		
3.8.1	Mental Health Head of Service [Thelma Bowers]		
	 Mental Welfare Commission (MWC) education and development event on 14th January 2019; Responses to recent recommendations by the MWC have been positively received by the Commission. North Ayrshire HSCP response to the Ayrshire Mental Health Strategy; Strategic Advocacy Plan; Update on developments on Learning Disability/CAMHS specialist unit for moderate/severe cases 		
3.8.2	Chief Social Worker [David MacRitchie]		
	 Annual social work report highlighting themes for social work across Scotland discussed. Key themes include: Impact of poverty and welfare reform; Increasing demand in CP activity; Issue of capacity on chief social worker support for the role as well as their substantive posts; Increase in digital technology and the balance of socialising with people; Addressing balance of care, more people out of residential into the community; Recruitment retention of MHO's national issue; It is acknowledged there is an increase in reported drug deaths nationally with North Ayrshire featuring in the higher percentile; 		
3.8.3	Clinical Director [Paul Kerr]		
	 GP Practices Update; Prescribing issue – all GP issues will go through East Ayrshire HSCP to provide a single point of access and coordinated address. Drug related errors involving a GP will be reported through the East Ayrshire AERG. Primary Care Improvement Plan (PCIP); 14 new GP trainees in this cohort with an additional 7 portfolio GP's pan Ayrshire (2 located in North Ayrshire) Pre Immunisations 		

3.8.4	Lead Nurse [David Thomson]
	 District Nursing (DN) Structure – the outcome of the nursing workload and workforce tool is awaited and will inform the future developments of DN provision and service structure. The group acknowledged the fragility of current service provision and are keen to be provided with assurance of safe practice and activity; Progress on the National Secure Adolescent Inpatient Service; Leadership Walkrounds - Clonbeith, Iona and Lewis wards 4 NMC cases; Challenges around how to best deal with people who present under the influence and who are deemed to not be suffering mental illness, and have a police presence remains problematic. Mental Health Officer (MHO) capacity on the out of hours rota; National Consultation in relation the Review of Deaths of People who are involved with Mental Health services – response is being drafted.
3.8.5	Head of Service, Children, Families and Justice Services [Donna McKee)
	 Health and Community Care Services The service are taking forward a programme of work which will explore opportunities for improved care and support models for adults with highly complex physical health and social care needs We are working with the Scottish Futures Trust in the Garnock Valley locality to identify the support and models for multi-disciplinary working around a local care pathway Children, Families and Justice Service Ayrshire and Arran will host an experiential part of an International Forum on Quality & Safety in Healthcare event on 27th March, this is the first time this event has taken place in Scotland, and 75 delegates will attend initially to hear about the Ayrshire integration journey. North HSCP will share work around Integrated Universal Early Years and Family Nurse Partnership The Children's Houses have agreed to adopt the nurture approach as a model of child care best practice, which acknowledges ACE's as well as Trauma Informed Care and is felt to improve outcomes for our most vulnerable children and young people.
3.8.6	Lead AHP [Alistair Reid]
	 Improved transparency in relation to strategic and operational direction of travel and in identifying themes around Datix, complaints and care opinion in particular. MAST compliance reporting will now come through the North Clinical Care and Governance Group. Progress on the intermediate care model introduced in November 2018.
3.9	Anticipated Outcomes
	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
	Future Meeting Dates @14:00hrs

Wednesday 27th February 2019
Wednesday 27th March 2019
Wednesday 24th April 2019
Wednesday 29th May 2019
Wednesday 26th June 2019
Wednesday 24th July 2019
Wednesday 28th August 2019 at 10:00am
Wednesday 25th September 2019
Wednesday 23rd October 2019
Wednesday 20th November 2019 at 10:00am
Wednesday 18th December 2019
Measuring Impact
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

4.	IMPLICATIONS	
Financi	al:	No
Human	Resources:	No
Legal:		Yes
Equality	y:	Activity is in line with equality requirements and good practice
Childre People	n and Young	Positive impacts of work being conducted noted.
Environ Sustain	nmental & nability:	Not Applicable
Key Pri	orities:	In keeping with all aspects of the wider delivery plan.
Risk Im	plications:	Governance contributes to risk management and risk mitigation activities.
Commu Benefits	•	Not Applicable

Direction Required to	Direction to :-	
Council, Health Board or	No Direction Required	Χ
Both	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONCLUSION
5.1	IJB is asked to consider and note the progress outlined in this, the second full update to the Board

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