

NHS Lothian

Healthcare Governance Committee
13 March 2018

Head of Older People & Access/
Chief Nurse

EAST Lothian Health & Social Care Partnership Healthcare Governance Arrangements

1 Purpose of the Report

1.1 The report invites the Committee to consider the healthcare governance arrangements in East Lothian Health and Social Care Partnership (ELHSCP).

2 Recommendations

2.1 The Committee is recommended to:

2.1.1 Accept that the governance arrangements for East Lothian HSCP as described in this paper provide moderate assurance to committee members.

2.1.2 Support the plans for the continuing development in East Lothian HSCP of assurance and governance structures and processes which are designed to strengthen the integration of health and social care governance

2.1.3 Approve the proposal for all HSCPs to provide an annual report to the committee in September of each year, in order to align with the requirement for the IJB to provide an annual report to the Scottish Government in June.

3 Discussion of Key Issues

3.1 East Lothian HSCP serves a wide geographical area with many rural parts and has an increasingly ageing population. The HSCP is responsible for health and social care services, including core primary care and community services and acute inpatient and outpatient services from Roodlands Hospital.

3.1.1 The HSCP also has responsibility for the management of Lothian Unscheduled Care Service (LUCS) and the Primary Care Contractors Organisation (PCCO) on behalf of all the HSCPs in Lothian. Through hosted management arrangements both LUCS and PCCO report directly to the Healthcare Governance Committee.

3.1.2 Services are managed through the East Lothian HSCP Core Management Team, whose membership comprises the ELHSCP Director, Head of Older People and Access/Chief Nurse, Head of Children and Adults Services, Clinical Director and Chief Social Work Officer with support from the Head of Finance and planning colleagues. The organisational structure for the partnership is detailed in Appendix 1.

3.1.3 The range of services covered by the HSCP include:

- District Nursing
- Care Homes
- Homecare
- Hospital at Home
- Re-ablement, including rapid response teams
- Social Work
- AHP Services – physiotherapy and occupational therapy
- Community Learning Disabilities
- Day Hospitals
- Community Mental Health and Substance Misuse
- Older Peoples' Mental health
- Lothian Unscheduled Care Service (Hosted)
- Primary Care Contractors Organisation (Hosted)

3.1.4 The Integration Joint Boards (IJB's) Integration Scheme and Strategic plan acknowledge the Health Board and Council have existing mechanisms to demonstrate accountability to the Scottish Government and the public. They also commit to the East Lothian Integration Joint Board developing new and existing methods of professional performance management and governance, covering arrangements for the protection of people of all ages, as well as strategic planning and community planning across East Lothian.

3.2 Systems and processes are in place throughout ELHSCP to deliver and monitor person centred, safe and effective care through operational management structures with clear escalation routes as required to the Core Management Team.

The Health Board and Council have existing mechanisms to demonstrate accountability to the Scottish Government and the public. The Integration Joint Board will integrate new and existing methods of professional performance management and governance. These will include arrangements for the protection of people of all ages, as well as strategic planning and community planning across East Lothian.

The East Lothian IJB has recently established a Health and Care Governance Group (HCGG) in accordance with the requirements of the Integration Scheme for East Lothian. This group will seek assurance through operational management on the quality and safety of services in order to provide assurance to patients, service users, clinical and care staff, managers and Integration Joint Board members that:

- **Delivery of Person Centred Services:** The planning and delivery of services take full account of the perspective of patients and service users learning from feedback, external review and complaints
- **Shared Learning:** We share the outcome and learning from adverse events or incidents across NHSL and ELHSCP via established routes
- **Improvement:** We learn from feedback and evidence to inform service redesign and service development.
- **Professional development:** The professional standards of staff working in integrated services are maintained and that appropriate professional leadership

is in place. All staff are encouraged and have access to training which maintains skills and competencies.

- **Safe:** Current and future services will be based on evidence and risks identified and well managed. Unacceptable clinical and care practice will be detected and addressed
- **Escalation Process:** Current services have clear escalation processes for both operational management and professional issues. This is embedded within the ELHSCP management structure.
- **Effective:** The Health and Social Care Standards – My Support, My Life 2017 will inform the HSCPGG work plan along with clinical and care standards, Patient Quality visits and all external and internal review reports.

3.3 The Health and Social Care Partnership Governance Group (HSCPGG) is chaired by the Chief Nurse and includes representation from key professional groups:

- Medicine
- Nursing
- Social Work
- Allied Health Professions (AHPs)
- Communications
- Healthcare Planning
- Others as required

3.3.1 These individuals will support the development of the HSCPGG and will contribute to the monitoring and assurance processes. The group is in the developmental stages and meets monthly.

3.4 Work continues through the HSCPGG to develop a meaningful Health and Social Care professional governance framework. The Partnership has developed a first draft of a framework which was shared at a staff event on the 29th January 2018. Attendees heard from the Chief Nurse, the IJB Chair and Vice Chair along with a contribution from NHS Lothian Quality and Safety Assurance Lead) on plans for development of governance processes. To take forward the roll-out of governance processes the HSCP Management Team has invested in additional professional support.

3.5 All services have been asked to complete a 'Service Governance Profile' template created using the draft HIS Quality Assurance Framework and the 2017 Health and Social Care Standards. This will allow services to articulate how quality is measured in their service and therefore provide assurance and to priorities areas for improvement. This information will be collated for the partnership to build a comprehensive picture of good practice and other related documents such as Duty of Candour.

3.6 This document is to be completed by early March. The information from the completed profiles will allow the project team to identify good practice, any existing assurance processes and gaps within services and will highlight any significant differences in data capture between Health and Social Care services that may create a vulnerability/risk. Once this initial fact-finding exercise is complete two service areas have agreed to pilot the suggested monitoring process. This exercise will identify the system by which the HSCPGG will receive and analyse relevant data on behalf of the IJB. A staff 'Launch Event' will be arranged in late spring 2018.

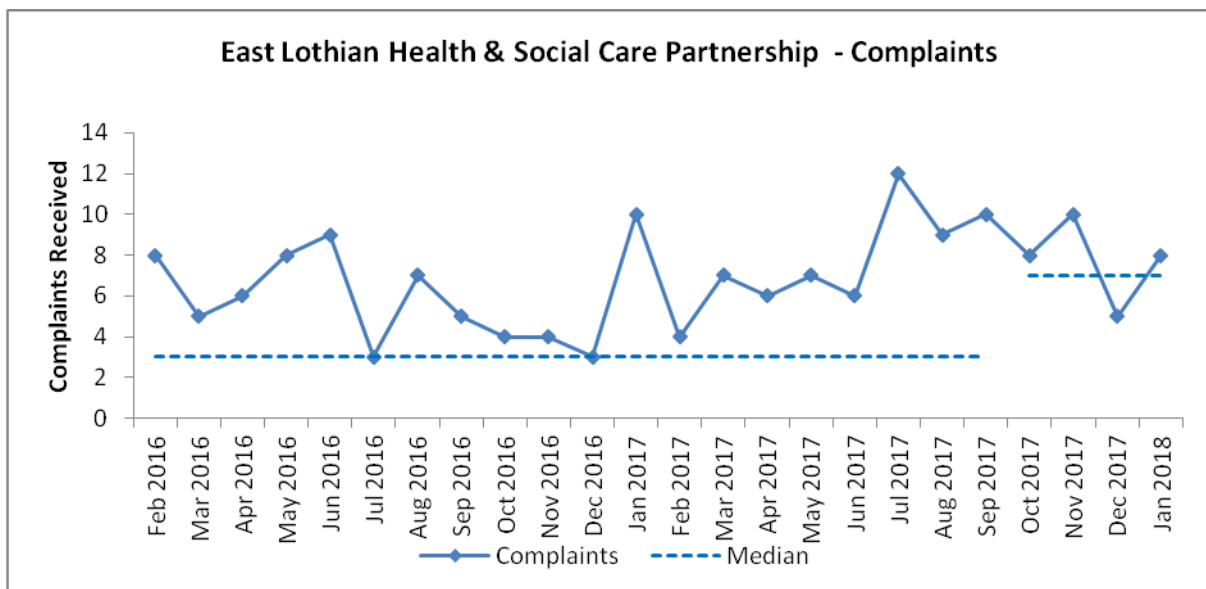
3.7 The Core and Extended Management teams bring together a multidisciplinary team led by the Joint Director to identify and implement improvements in the quality or safety of patient care or services and to deliver the priorities of the Strategic Plan. The work priorities are set out in a programme with clear milestones for monitoring progress. This group includes Social Care to ensure it can support both the NHS and Council requirements.

3.8 Inspections are also included as a standing item for the monthly meeting of the Senior Management Team and any other Healthcare Governance issues escalated and addressed as required.

3.9 Complaints

3.9.1 Complaints data is routinely presented as set out in chart 1 below. There continues to be effective management of complaints at a local level. All external review reports are discussed at CMT, and the Health and Care Governance Group. Following any inspection, an action plan, with timescales, is developed and agreed for implementation.

Chart 1 - Number of complaints received each month



3.9.2 Based on the data above, the median complaints are up from 3 to 6 per month from October 2017.

3.10 Adverse Events

3.10.1 NHS Lothian Adverse event policy and procedure is followed using the DATIX system and a local process for management of significant adverse events (SAEs) has been agreed and is set out in appendix 3.

3.10.2 The Joint Senior Management Team which meets monthly reviews adverse events, to support reviews and to share learning across both Health and Social Care. The group identified improvement actions to manage the review of significant adverse events and are progressing with additional training and support for relevant managers.

3.10.3 In addition, data is reviewed at the HSCP Extended Management Team, which is chaired by the Joint Director and attended by the Clinical Director, Chief Nurse and the Heads of Service. Improvements plans are submitted and monitored by this group and learning shared with the service management teams to ensure trends and themes of adverse events are cascaded and used to inform improvement work as well as monitoring action plans to completion. Learning is shared through a number of fora, as noted in the local process flowchart (Appendix 3). The data to March 2017 is set out in charts 2 and 3 below.

Chart 2 - Reported Adverse Events

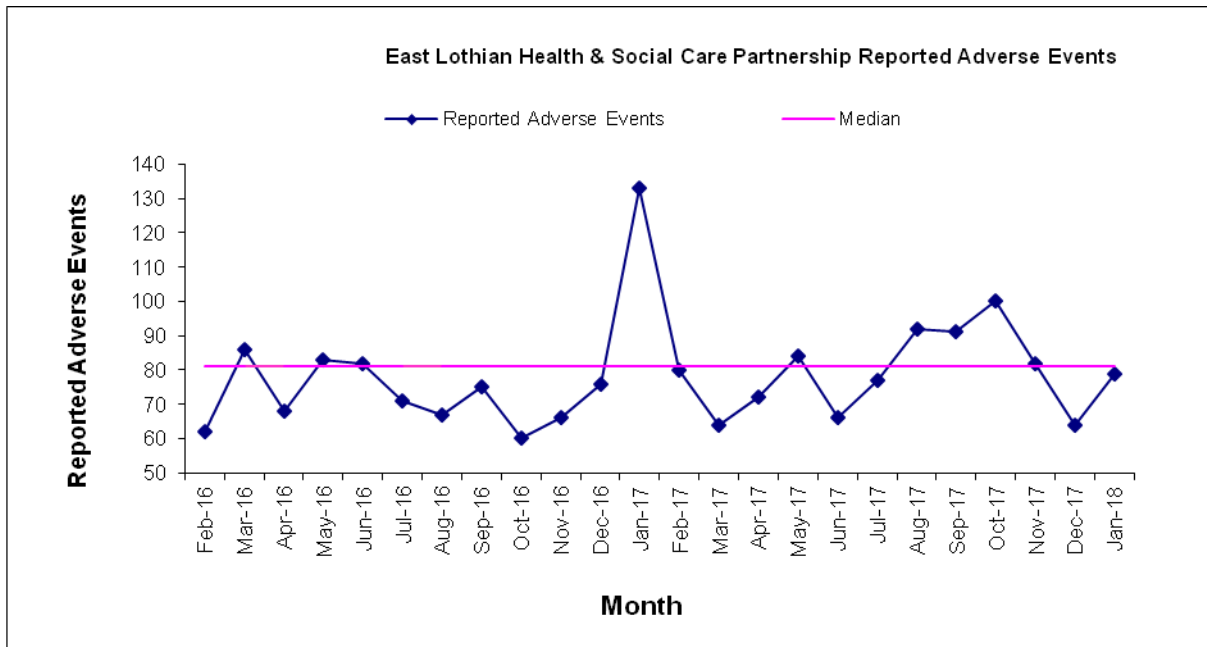
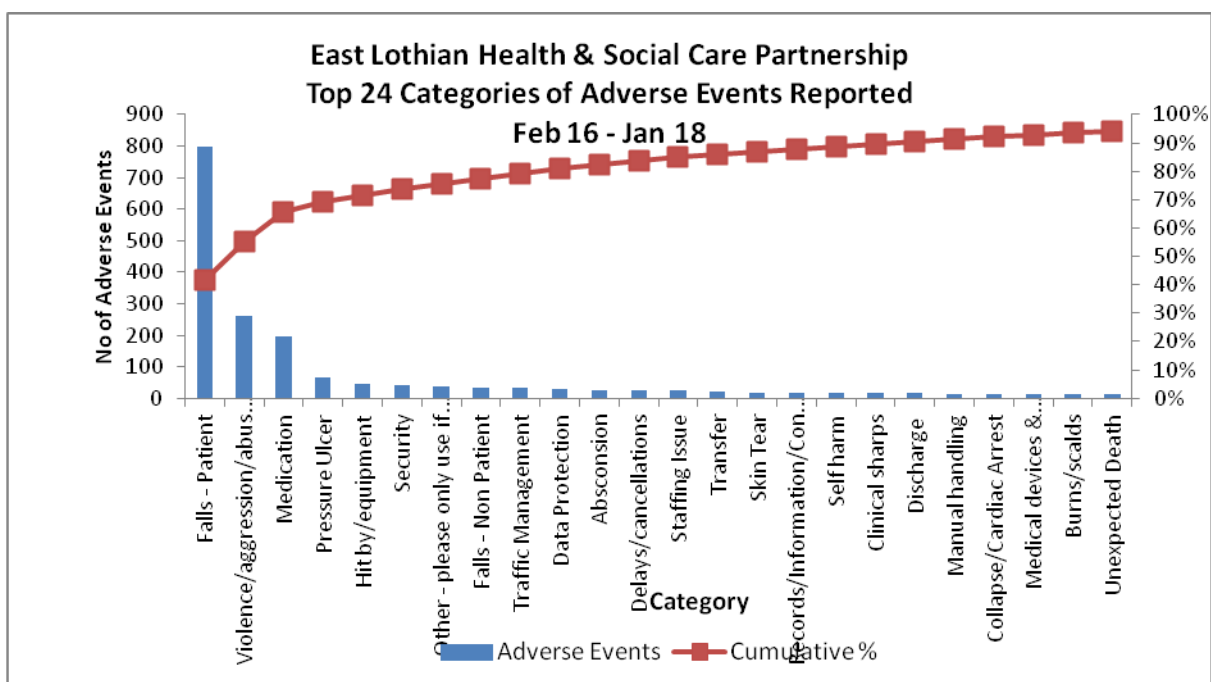


Chart 3 - Categories of Adverse Events Reported



3.10.4 The median number of adverse events has remained stable over the past 2 years at 81 per month, with the exception of a spike in Jan 2017 mainly due to increase in adverse events in 3 wards across a small number of patients:

- Liberton Step Down Unit - 13 falls, across 3 different patients
- Lammerlaw HBCCC Dementia Unit - 6 falls from 2 different patients
- Belhaven Ward 2 GP admission ward - 8 falls and 8 violence and aggression (V&A) events from one patient (who was transferred to a more appropriate setting at the end of the month).

Chart 4 - Adverse Events Reported with Serious Harm

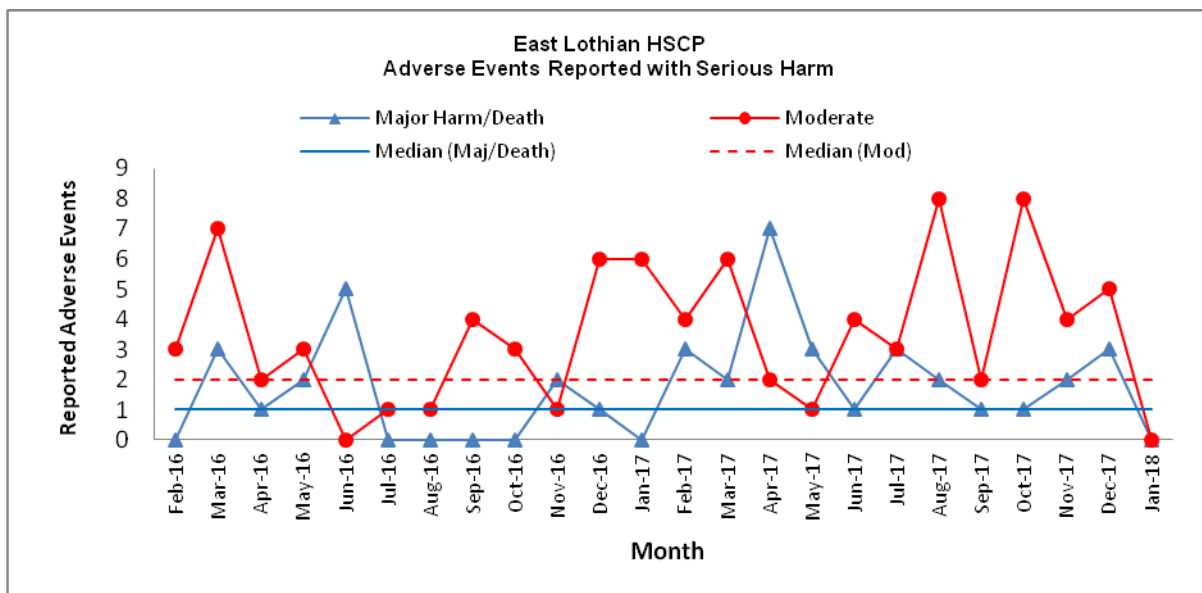
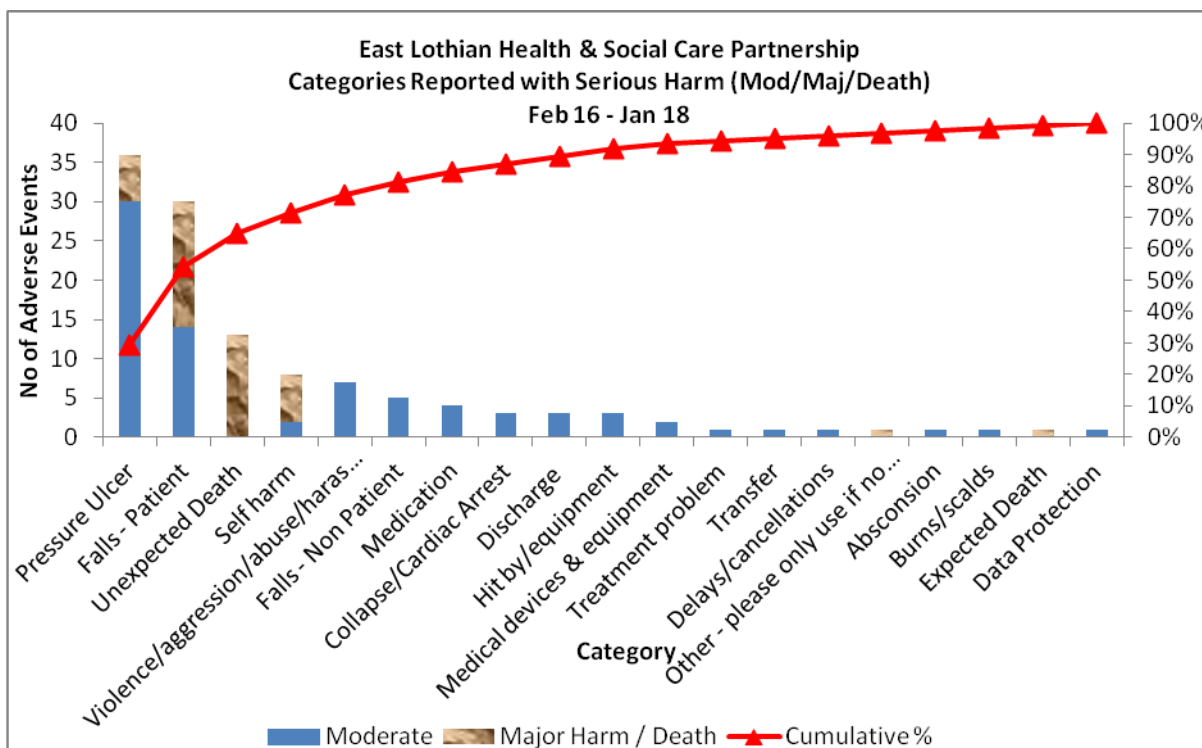


Chart 5 – Categories of Adverse Events



- 3.10.5 Adverse events resulting in serious harm these have remained stable at 2 per month and major harm/death 1 per month: Over the past 24 months there have been
- pressure ulcers: 36
 - falls :28
 - unexpected death: 12
 - self harm (suicides): 8
 - V&A: 7

3.11 Unexpected deaths in mental health services and substance abuse

- 3.11.1 There is a recognised upward trend nationally in drug related deaths (DRDs) with the increase being seen predominantly in middle aged individuals. The understanding is these are individuals for whom long term substance misuse has caused complex medical complaints. It is expected that these figures will continue to rise in the immediate term.
- 3.11.2 East Lothian has witnessed a year on year increase from 3 reported DRDs in 2006, rising to 11 in 2016.
- 3.11.3 From the period 1 April 2017 until 25 January 2018 there have been 16 DRDs. It is expected this will result in a year-end position of double the number of deaths recorded in 2016.
- 3.11.4 The workplan in development with MELDAP (Midlothian and East Lothian Drug and Alcohol Project) and East Lothian is identifying opportunities to deliver assertive outreach services, maximise substance misuse service expertise to GP clusters and local areas and build further peer support networks.
- 3.11.5 East Lothian HSCP has responsibility for the provision of the following services:
- Community Mental Health Service
 - Intensive Home Treatment Team
 - Older Adults Mental Health Team
 - Psychological Therapies Service (currently provided jointly with Midlothian)
 - Substance Misuse Service.
- 3.11.6 East Lothian HSCP recruited to a Group Service Manager (GSM) post with responsibility for all of the above services. The post holder took up position at end of August 2017.
- 3.11.7 An over-arching Operational Management Group was established in December 2017 with team leads from all services and representation from medical staff, staff partnership, AHPs, Psychology, Mental Health Officers and social work colleagues. The group meets 4 weekly, with performance, clinical and care governance established as key standing agenda items.
- 3.11.8 Substance Misuse Services are responsible for the delivery of the A11 Local Delivery target, access to services within 3 weeks.

3.11.9 At 22 February 2018 the service reported 16 breaches of the target, with the longest wait being 64 days. There is an agreed improvement plan in place, which includes assessment and consideration of the issues, including staffing, affecting the case load. Further work is also underway to deliver a clear patient pathway for individuals with mental health co-morbidity.

3.12 Community Mental Health Team/Intensive Home Treatment Team

3.12.1 The service is experiencing significant pressure, with TRAK data indicating an average of 1,032 appointments arrived per month throughout 2017 with 127 admissions in the period 1 April 2017 through to 31 January 2018. The longest average length of stay is 19 days.

3.12.2 In General Adult Psychiatry, a staffing establishment of 3.5 WTE Consultants, currently holds a case load of 837 patients. Work is at a very early stage to review the case load management between the respective teams with a view to maximising access to specialist mental health assessment and increasing the advisory support to Primary Care. The redesign of the service also aims to address a sustainability issues with the provision of Dialectical Behaviour and Behavioural Family Therapies.

3.13 Psychological Therapies.

3.13.1 East Lothian Psychological Therapy Service (PTS) continues to work towards achieving the A12 target, access to Psychological Therapies within 18 weeks.

3.13.2 The service, as at end February 2018 reports 89 breaches of the target, from a total of 200. Work is underway with colleagues across Lothian to maximise use of computer based Cognitive Behavioural Therapy (CBT) to address issues in accessing CBT support.

3.13.3 East Lothian and Midlothian are in the process of disaggregating the PTS service to establish teams discrete to their respective HSCPs. With the imminent retirement of the current Team Lead, work is underway with Staff Partnership to consider options which will maximise the capacity of front line staff whilst providing appropriate levels of leadership.

3.14 Patient and Staff Experience Data

3.14.1 This data is collated through a range of different sources. In terms of staff experience, the output from the annual staff survey is reviewed at the East Lothian Partnership Forum and Core Management team, with key areas identified for further focus. In addition, 'iMatter' is being rolled out across East Lothian HSCP and action plans have been developed.

3.14.2 Work continues to gain the views from patients and service users across a range of ELHSCP services, using a variety of means including patient stories, survey feedback, discharge questionnaires etc. This feedback is used to review and develop services based on experiences of patients and service users who have accessed the service. .

There have been some particular service pressures affecting delivery of services in East Lothian and the HSCP response to managing some of this risk are described in following information.

3.15 Primary Care

- 3.15.1 Over recent years general practice has been under pressure due to the growing volume and complexity of workload, GP and other staff recruitment and retention issues and premises and infrastructure (including IT) issues. This has increased the risk of knock on effects on secondary care (particularly A&E) and on of disruption to patient pathways. The HSCP is exploring different approaches to primary care service delivery to address demand and other issues.
- 3.15.2 The new GP contract goes some way to recognise the risk of increased demand to sustaining the business model of independently managed GP Practices.
- 3.15.3 Early evidence from the recently enlarged Riverside Practice (which has incorporated the former Eskbridge Practice) would suggest that larger practices are more financially and organisationally stable. Support to smaller practices from independent business advisors is also being provided to help GP practices to adapt to current conditions and to the impending implementation of the new GP contract.
- 3.15.4 The Collaborative Working for Immediate Care (CWIC) service is a development by East Lothian Health and Social Care Partnership in partnership with NHS 24. It offers a new way to respond to same day demand in primary care through the development of an expanded multi-disciplinary practice team. The approach is designed to improve access for all patient groups, whether they have established health concerns or are seeking help for a new problem.
- 3.15.5 CWIC is currently providing a single point of contact and access for a patient population of circa 19,000. The service has been designed with flexibility to serve the remaining Musselburgh practice (Inveresk) and to meet projected list size growth of circa 8,000 across the area over coming years. The service also provides Advanced Nurse Practitioner and Advanced Physiotherapy support to a further two practices.
- 3.15.6 Options for expansion of the CWIC service are being appraised and clinical governance established as part of the development of a cohort of expert staff able to respond in time of need to other practices in East Lothian.
- 3.15.7 The service has embedded twice weekly clinical supervision sessions and has internal escalation policies in place for clinicians with additional escalation policy in place utilising virtual clinics in Riverside Medical Practice and emergency access to duty doctor.

3.16 Initial Service Evaluation

- Evaluation fields being recorded for each patient and will be reported on by QIT and an information analyst from ISD
- Clinical supervision and case study discussion, feedback from virtual clinics, Care measure planned for April.

- Patient and carer experience - patient satisfaction questionnaire developed with QIT,
- Staff experience – QIT is developing a questionnaire.
- A questionnaire capturing service-user characteristics, presenting complaint, investigations, medical escalation, and onward referral is completed by clinicians after each service-user encounter in CWIC.
- Service-users are asked to fill in a service user experience questionnaire.
- The responses from both the form and the questionnaire allowed themes to be highlighted (for the period Oct 2017-Jan 2018).

3.17 **Initial Results for CWIC**

Positive outcomes of CWIC:

- Appropriate capture of urgent orthopaedic and psychiatric referral (all practitioners)
- Improved user journey through appropriate referrals (all practitioners)
- Improved 3rd sector links to facilitate user support (Mental Health Occupational Therapy Practitioner)
- Potential hospitalisation avoided with quick medication review (Advanced Nurse and Physiotherapy Practitioners)
- Preliminary positive user feedback (all practitioners)

Challenges for CWIC:

- Utilisation and demand for CWIC is high, especially for the Advanced Physiotherapy Practitioner.
- It is predicted this demand will increase.
- In contrast, the mental health component of CWIC provision has not been fully utilised.

3.17.1 Preliminary results showed that service users benefitted from CWIC through improved user journeys and appropriate onward referrals with positive service user feedback. The imbalance in demand management has been recognised and changes have been implemented to address this.

3.18 **External Review of East Lothian HSCP Services**

3.18.1 The key challenges facing East Lothian HSCP relate to pressures associated with capacity and demand due to increasing population and demographic change compounded with staff shortages and recruitment difficulties in primary care, mental health and community nursing disciplines. These challenges are impacting on the sustainability of services and are recorded on the local and corporate risk registers. There are a range of actions both locally and on a pan-Lothian level to address these pressures and they are also reported through the Core Management Team and onward to the IJB.

4 Key Risks

4.1 The establishment of the Health and Care Governance Group, existing Quality Improvement groups and associated processes will serve to manage and mitigate against any risks which arise from subjects discussed in this paper.

4.2 Risk Register

There are no new risks identified through this paper. Risks relating to pressures within services are included in the operational risk register.

5 Impact on Inequality, Including Health Inequalities

5.1 There are no implications for health or other inequalities from the issues raised in this paper.

6 Duty to Inform, Engage and Consult People who use our Services

6.1 This paper is merely providing factual information, possibly with additional commentary, with **no** proposals for action or change that will impact on patients or service users.

7 Resource Implications

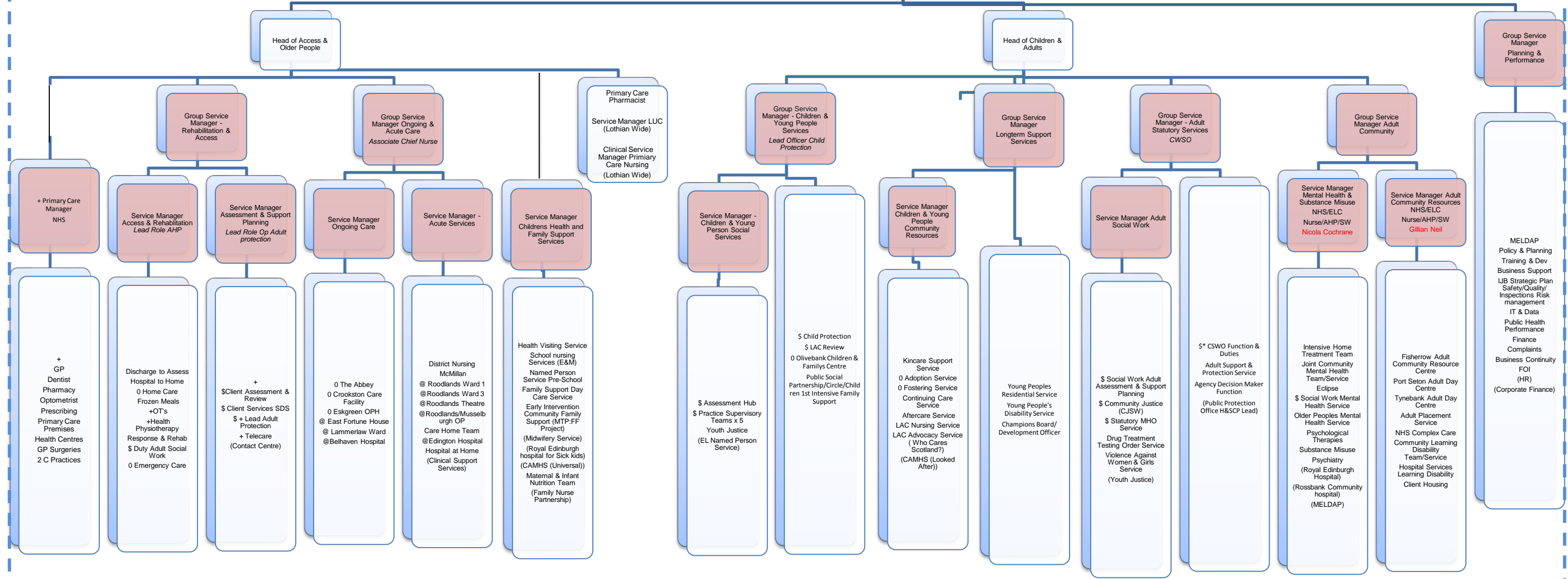
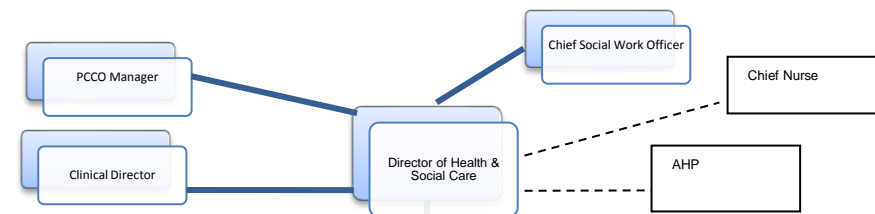
8.1 Support from various corporate services will be required to establish and develop reporting mechanisms in East Lothian. This is in line with the Schemes of Integration for the IJBs which commit NHS Lothian to resourcing such work in each IJB area.

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List of Appendices

Appendix 1: Organisational Structure Chart East Lothian HSCP

Appendix 2: East Lothian HSCP Flowchart for Management of Significant Adverse Events



Adult Protection/Self Directed Support/Carers

Child Protection/Self Directed Support/Young Person Engagement

Adult Support & Protection/Carers/Self Directed Support

0 Council Regulatory Services
 @ NHS Regulatory Services
 \$ Council Statutory Services

+ Partnership Wide Services – All Age

(Denotes a link to other Services not a managed service)

Posts affected by Structural Change

FLOWCHART FOR SAE COMPLETION AND SIGN-OFF

Appendix 2

