



SBAR – Healthcare Governance Committee Report

Date: 27th August 2020

Completed by: Paul Currie

Area: Planning and Performance

Situation	HSCPs are required to produce an annual report for the NHS Lothian Healthcare Governance Committee (HGC) regarding their governance arrangements. The attached paper will be considered at the committee's 8 th September meeting.
Background	<p>The HGC's role is to give assurance to NHS Lothian that all services, including those of the HSCPs, have robust governance arrangements in place to assess risks and adverse outcomes for services and their patients and clients and to take preventative and reactive steps to improve outcomes.</p> <p>The attached paper follows on from one of 10th September 2019. It provides an update (structured to meet HGC requirements and for this update reflecting on COVID-19) on the delivery of healthcare governance across East Lothian Health and Social Care Partnership (ELHSCP) from August 2019 to end July 2020.</p>
Assessment	<p>East Lothian IJB has an established Clinical and Care Governance Committee (CCGC – see appendix 1 of the attached paper for Terms of Reference). This group meets quarterly with operational management colleagues to seek assurance on the quality and safety of all services.</p> <p>The attached paper sets out risk assessment and governance work across East Lothian HSCP services.</p>
Recommendation	<p>East Lothian IJB is asked to:</p> <p>Approve the recommendations to the Healthcare Governance Committee, which are:</p> <ul style="list-style-type: none"> • Accept that the delivery of healthcare governance arrangements across East Lothian HSCP services continues to provide moderate assurance to committee members. • Note the trends in performance across various measures to 31st July 2020 compared to the data previously reported to the Committee in September 2019. • Note that the East Lothian Clinical and Care Governance Committee is well established as a sub-committee of the East Lothian Integration Joint Board (IJB) and reports to the IJB on a regular basis. • Accept that the East Lothian healthcare governance structures allow for early identification of risks and for the mobilisation of actions to ameliorate and where possible to remove risks.
Further Information	See attached Healthcare Governance Paper

NHS Lothian

Healthcare Governance Committee

8 September 2020

Director, East Lothian Health and Social Care Partnership

EAST Lothian Health and Social Care Partnership Healthcare Governance Arrangements

1 Purpose of the Report

- 1.1 This report follows on from a previous report of 10th September 2019 and provides an update on the delivery of healthcare governance across East Lothian Health and Social Care Partnership (ELHSCP).

2 Recommendations

The Committee is recommended to:

- 2.1 Accept that the delivery of healthcare governance arrangements across East Lothian HSCP services continues to provide moderate assurance to committee members.
- 2.2 Note the trends in performance across various measures to 31st July 2020 compared to the data previously reported to the Committee in September 2019.
- 2.3 Note that the East Lothian Clinical and Care Governance Committee is well established as a sub-committee of the East Lothian Integration Joint Board (IJB) and reports to the IJB on a regular basis.
- 2.4 Accept that the East Lothian healthcare governance structures allow for early identification of risks and for the mobilisation of actions to ameliorate and where possible to remove risks.

3 Discussion of Key Issues

3.1 Area Served by East Lothian HSCP and the Services Provided

- 3.1.1 East Lothian HSCP serves a growing and increasingly ageing population (currently around 105,000 residents, based on 2018 estimates) across a wide geographical area with urban and dispersed rural settlements. Population growth in East Lothian is amongst the fastest growing in Scotland. This is driven by residential developments, which are scheduled to continue for the next 20 years. This growth is focussed in the main in the west of the county, which is more populous than the east and which has more areas of

deprivation. The rural settlements and associated travel difficulties present challenges in service delivery.

3.1.2 The HSCP is responsible for health and social care services, including core primary care and community services and acute inpatient and outpatient services. The previous acute hospital (Roodlands in Haddington) was replaced in 2019 with the new, East Lothian Community Hospital (also located in Haddington, so is central to the county and well served by public transport from some areas). This modern, spacious and purpose designed facility is fully open (though final car parking and site work is still being completed). It offers East Lothian residents an expanded range of services, some already transferred from Edinburgh hospitals and some planned for future transfer.

3.1.3 Services are led and managed by the East Lothian HSCP Core Management Team. This comprises the HSCP Director, Chief Nurse, Head of Operations and Clinical Director, with support from the Chief Financial Officer and planning and commissioning colleagues. The range of services covered by the HSCP includes:

- District Nursing
- Care Home support
- Hospital to Home
- Hospital at Home
- Re-ablement, including rapid response teams
- Adult Social Work
- Allied Health Professional (AHP) services
- Community Learning Disabilities
- Day Hospitals
- Community Mental Health and Substance Misuse
- Older Peoples' Mental Health
- Primary Care (GP, community pharmacy, dentistry and optometry services).

3.2 Structures to Deliver Effective Healthcare Governance

3.2.1 The East Lothian IJB's Integration Scheme (updated in July 2019¹ to reflect the requirements of the Carers' Act) and its Strategic Plan² (agreed in March 2019 and covering the period 2019-2022) acknowledge that NHS Lothian and East Lothian Council have various mechanisms to demonstrate accountability to the Scottish Government and the public. These documents also commit the Integration Joint Board to the continued development of professional performance management and governance arrangements with all its partners across all its service delivery areas and in all strategic planning and community planning approaches across East Lothian. A planned review of the East Lothian Integration Scheme (along with those of Edinburgh, West Lothian and Midlothian) in early 2020 is currently paused because of COVID-19. This work will recommence at the earliest opportunity.

¹ https://www.eastlothian.gov.uk/downloads/file/27201/integration_scheme

² https://www.eastlothian.gov.uk/downloads/file/28278/east_lothian_ijnb_strategic_plan_2019-22

- 3.2.2 Systems and processes are in place throughout ELHSCP to ensure and monitor the delivery of person-centred, safe and effective care through operational management structures. These have clear escalation routes as required to the HSCP Core Management Team.
- 3.2.3 The East Lothian IJB has an established Clinical and Care Governance Committee (CCGC – see appendix 1 for Terms of Reference) in accordance with the East Lothian Integration Scheme¹. This group, which originally met monthly before moving once established to quarterly meetings, seeks assurance from all operational management colleagues on the quality and safety of all services. This provides assurance to patients, service users, clinical and care staff, managers and IJB members that all services focus on:
- **Delivery of Person Centred Services:** - ensuring the planning and delivery of services take full account of the perspective of patients and service users, by learning from feedback, external review and complaints
 - **Shared Learning:** - ensuring the outcomes and learning from adverse events or incidents across NHS Lothian and the ELHSCP are shared via established routes
 - **Improvement:** - ensuring feedback and evidence is used to inform service redesign and service development
 - **Professional development:** - ensuring the professional standards of staff working in integrated services are maintained, that appropriate professional leadership is in place and that all staff are supported to access training which maintains skills and competencies
 - **Safe:** - ensuring that current and future services are well managed and designed and run based on evidence, with risks identified and any unacceptable clinical and care practice detected early and addressed
 - **Escalation Process:** - ensuring all services have clear escalation processes for both operational management and professional issues, with this embedded within the ELHSCP management structure
 - **Effective:** - ensuring the 'Health and Social Care Standards – My Support, My Life' inform the East Lothian Health and Social Care Partnership Governance Group (HSCPGG) workplan along with clinical and care standards, Patient Quality visits and all external and internal review reports.
- 3.2.4 East Lothian has maintained its assurance process since their introduction across all service areas in November and December 2018.
- 3.2.5 The assurance tools developed in support of work take into account: current health and care standards; the domains of the Quality of Care Framework (HIS September 2018) and scrutiny expectations of the Care Inspectorate and Healthcare Improvement Scotland.

3.2.6 Service Managers complete a monthly assurance report detailing key drivers affecting their service along with a service profile and current service directions. This assurance report utilises a RAG (red, amber, green) grading system, so allowing staff to highlight areas of concern, risk and good practice. This in turn informs each General Manager's Summary Report which is provided to the East Lothian CCGC on an exception reporting basis.

3.2.7 Through a fixed reporting agenda, all aspects of service delivery inclusive of devolved services are required to update the CCGC on their performance, as well as any areas of concern, compliance, improvement and general trends. The CCGC in turn provides feedback to Lothian Health Board, East Lothian Council and the Integration Joint Board. Since the last report to the Healthcare Governance Committee, the CCGC has received presentations on:

- Mental Health & Substance Misuse
- Adult Resource Centres
- Ongoing Care
- Acute Services
- East Lothian Integrated Rehabilitation Service (ELIRS)
- Justice Social Work
- Criminal Justice
- Adult Protection.

Although the schedule of meetings of the CCGC was disrupted due to COVID-19, it met in January, May and July of this year. However, no presentations were sought for these meetings. A planned review of the group has also been paused. It is hoped this will recommence soon.

3.2.8 Providing service areas with the opportunity to present on their service performance allows the CCGC to discuss resource management, assurance approaches, risks, quality initiatives and leadership with operation colleagues and to agree any necessary actions. There are benefits for service representatives in contributing to these discussions and in gaining the input of colleagues to agreeing actions.

3.2.9 Information from the completed 'Service Governance Profiles' continue to allow the Clinical Governance project team to identify good practice, any existing assurance processes and gaps. They have also highlighted any significant differences in data capture between Health and Social Care Partnership services that may lead to a vulnerability/risk.

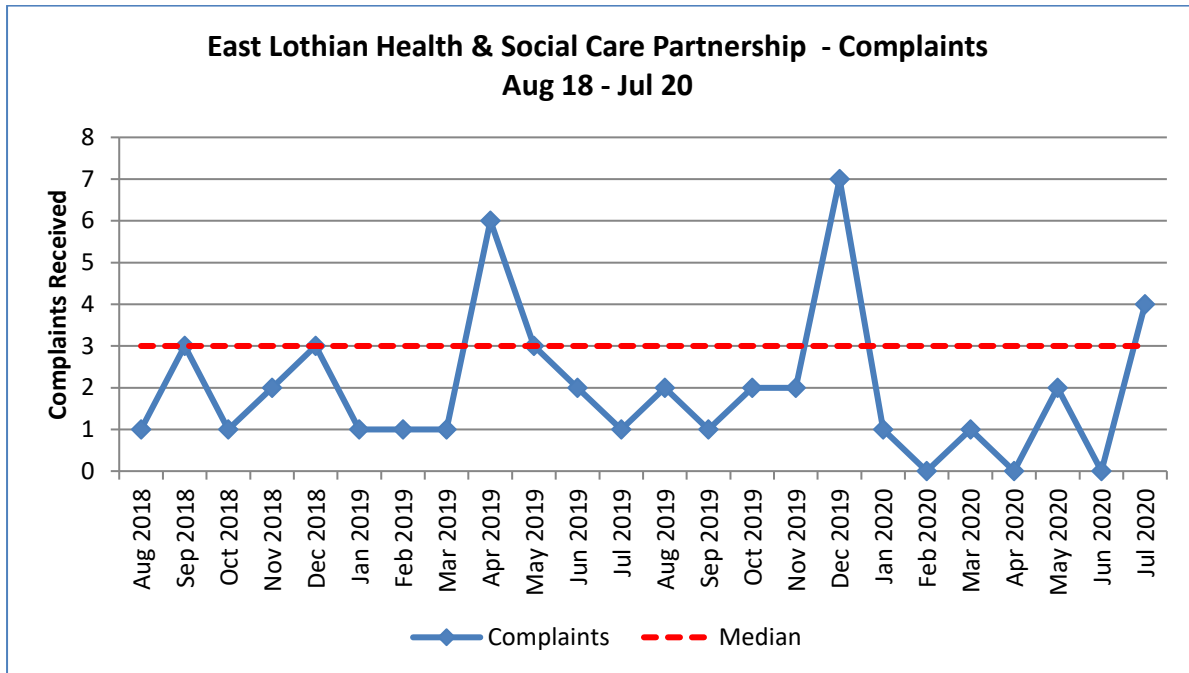
3.2.10 The outcomes of all service inspections are also included as a standing item for the monthly meeting of the Senior Management Team, with any other Healthcare Governance issues escalated and addressed as required.

3.3 Complaints

3.3.1 The complaints data in chart 1 below covers a period of 23 months. This data shows a median of three complaints per month over that time, with three

months having zero complaints and two months with peaks of six and seven complaints respectively. Since December 2019's peak of seven complaints, there was a sharp reduction. All complaints data is closely scrutinised by management colleagues, who work with their teams and individuals in taking any necessary actions. The HSCP have commissioned workshop for late September 2020 focussing on early resolution of concerns and a further session for senior team in October, which will develop incident investigation and response writing skills.

Chart 1 - Number of complaints received each month August 2018 to July 2020



3.3.2 Table 1 shows the number and spread of complaints since the last report in August 2019.

Table 1 – Complaints Recorded August 2019 – July 2020

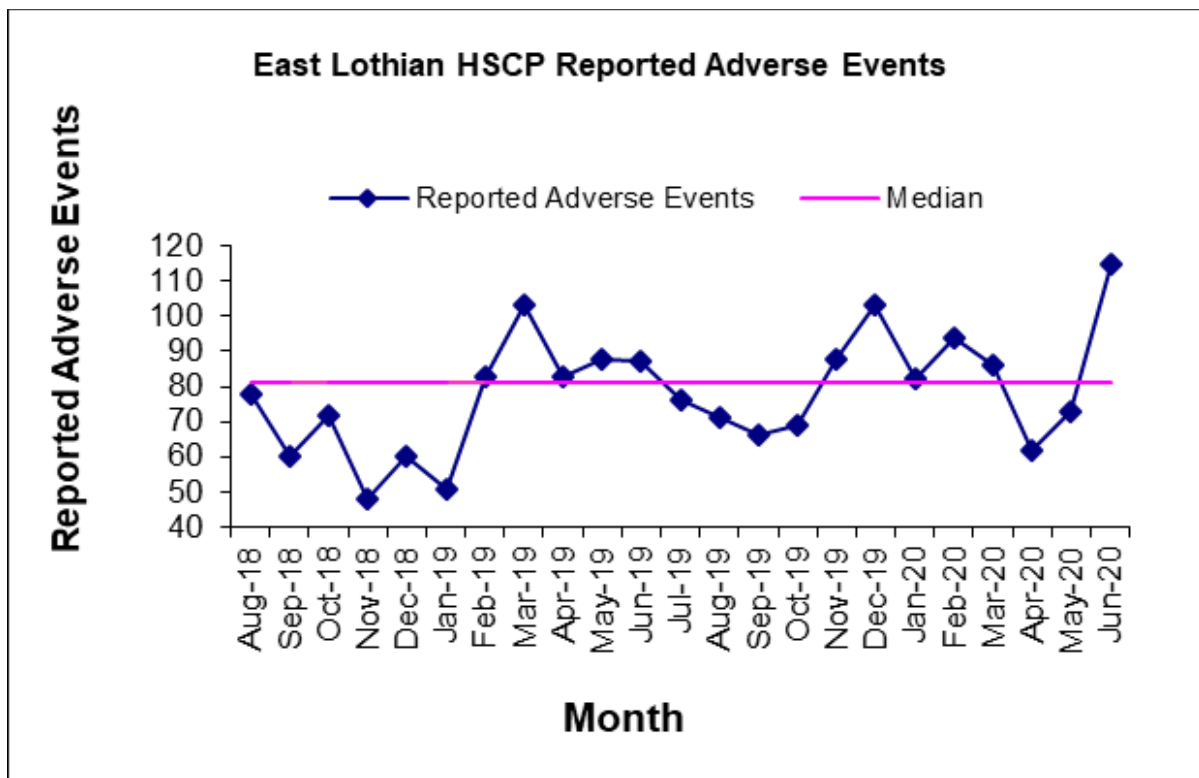
	Adult - Physio	Care Homes - HSCP	Community Vax Team	Cont Care/ Respite	CWIC	DNs	MH Team	Meds	Rehab Meds	Tot
Access - Admission/ appointment issues	1	0	1	0	0	0	0	0	0	2
Assessment - Decision making	0	0	0	0	0	0	1	0	0	1
Poor communication	0	0	0	1	0	0	0	2	0	3
Delay in Referral	0	0	0	0	1	0	0	0	0	1
Environment - Amenities	0	0	0	0	0	0	0	1	1	2
Staff - Attitude	0	1	0	0	0	0	1	0	2	4
Staff - Behaviour	0	1	1	1	0	1	1	0	1	6
Staff - Clinical Judgement	1	0	0	0	0	0	1	0	0	2
Staff - Incompetence / negligence	0	0	0	0	0	0	0	0	1	1
Treatment - Personal Care	0	0	0	0	0	0	0	1	0	1
Treatment - inadequate/ inappropriate treatment	2	1	0	0	1	0	1	2	1	8
Total	4	3	2	2	2	1	5	6	6	31

3.4 Adverse Events

3.4.1 The NHS Lothian Adverse Event Policy and Procedure is followed by all ELHSCP services using the DATIX electronic recording system. A local process for management of significant adverse events (SAEs) is set out in diagram 1.

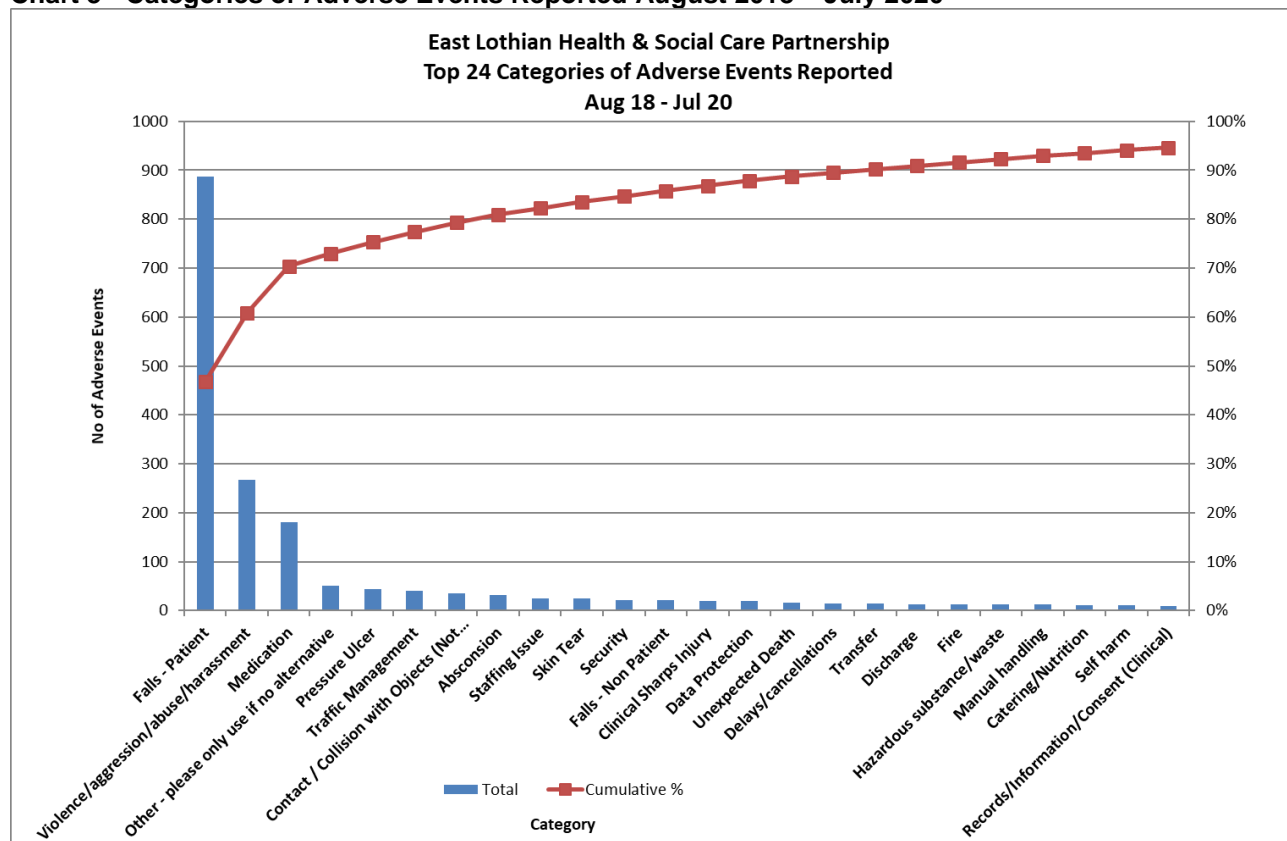
3.4.2 The monthly Joint Senior Management Team reviews adverse events and supports shared learning across Health and Social Care services. The group has initiated improvement actions to manage the review of significant adverse events, bolstered by additional training and support for relevant managers. The data to July 2020 is set out in charts 2 and 3 below.

Chart 2 – Number of Reported Adverse events – August 2018 – June 2020



3.4.3 The median number of adverse events has remained stable over the past 23 months at 81 per month. There have been periods of above average numbers in that period, each followed by a reduction. An increase in adverse events is shown from April 2020, peaking in June 2020.

Chart 3 - Categories of Adverse Events Reported August 2018 – July 2020



3.4.4 Chart 3 shows the top 24 categories of adverse events reported for a 23 month period up to 31st July 2020. Falls, violence/abuse/aggression and medication remain the most common issues. This is the same as in the previous year’s report. For falls, pressure ulcers and for violence and aggression the following standing actions seek to prevent harm and to reduce frequency of events:

- Falls: - risk assessments are undertaken for all admissions and measure put in place to reduce likelihood of falls. Aⁱ sub group of the Technology enabled care programme board has been formed which will specifically aim to reduce falls both in hospital and in community by developing appropriate pathways for those most at risk. Pressure ulcers: - additional information is obtained on admission in regards to providing pressure releasing equipment in use. In the Step-Down Unit, staff are trained by the Tissue Viability Nurse and are supported to maintain skills through compliance with learning modules.
- Violence & Aggression: This is reported through the ELHSCP Health & Safety Committee. Violence and aggression training is provided across teams.

3.4.5 Significant adverse events with serious harm (chart 4 and tables 3) have fluctuated over the August 2018 to July 2020 period, with major harm/death averaging 1 per month and moderate harm at 2 per month. The procedure for East Lothian HSCP's management of significant adverse events is set out in diagram 1 and diagram 2.

Chart 4 - Adverse Events Reported with Serious Harm

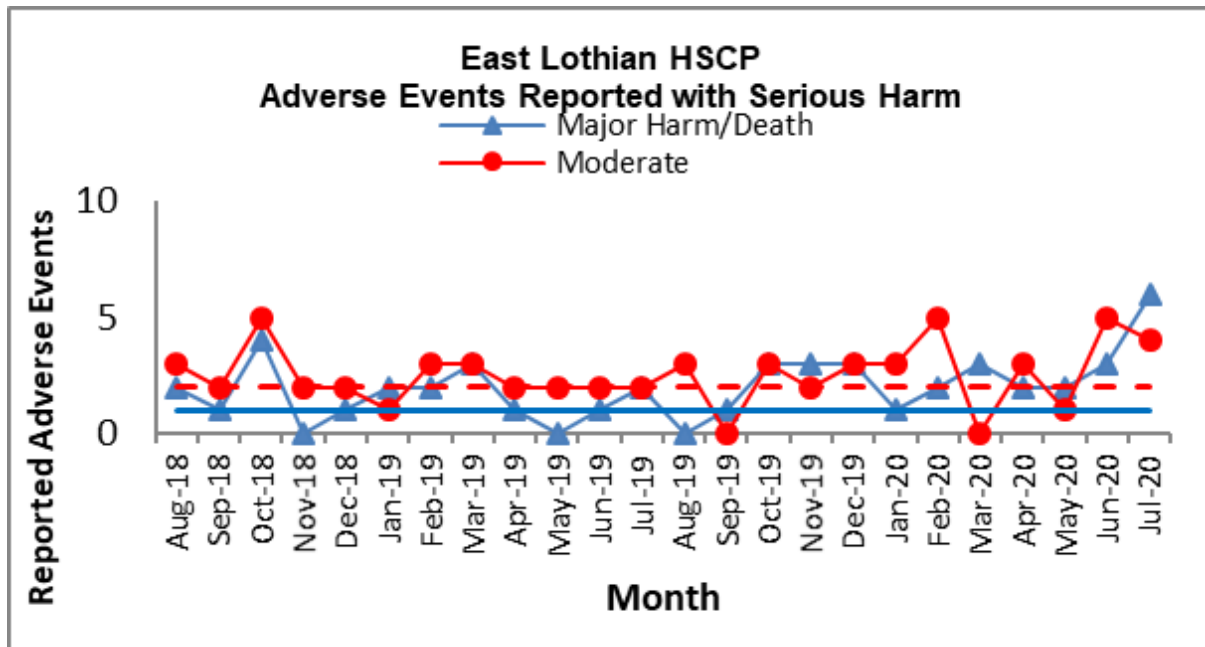


Diagram 1 – Management of Significant Adverse Events

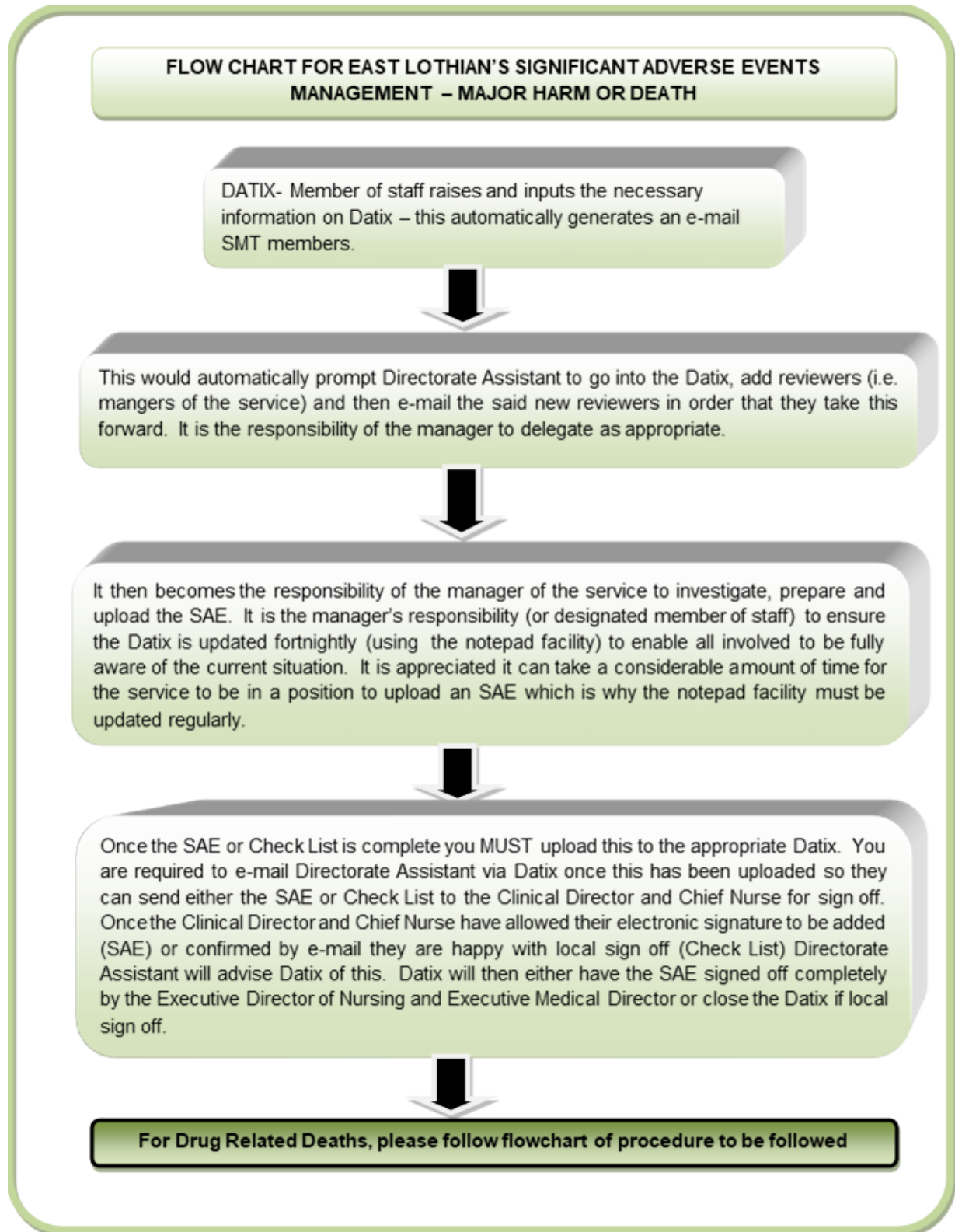


Diagram 2 – Management of Drug-Related Deaths

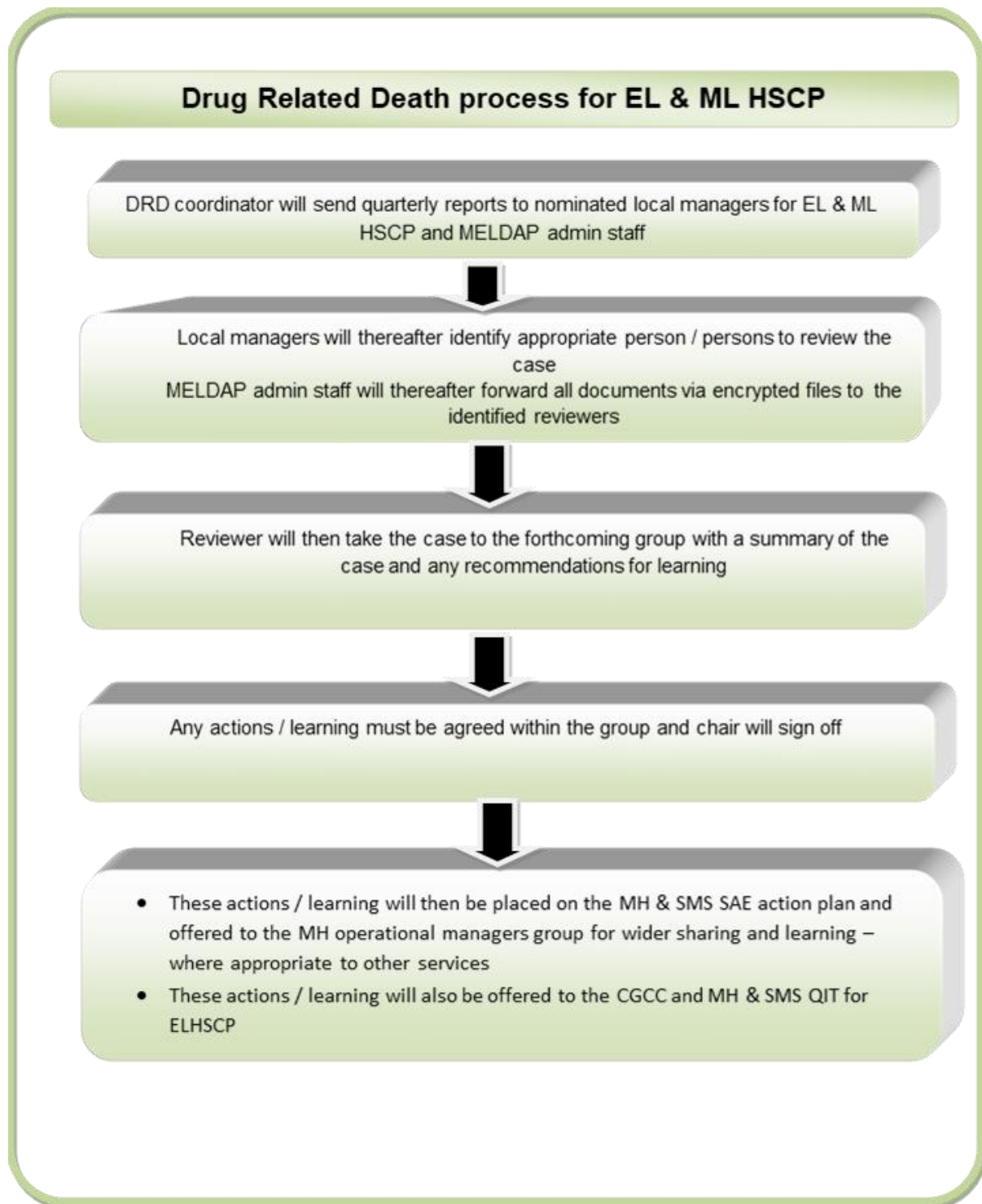
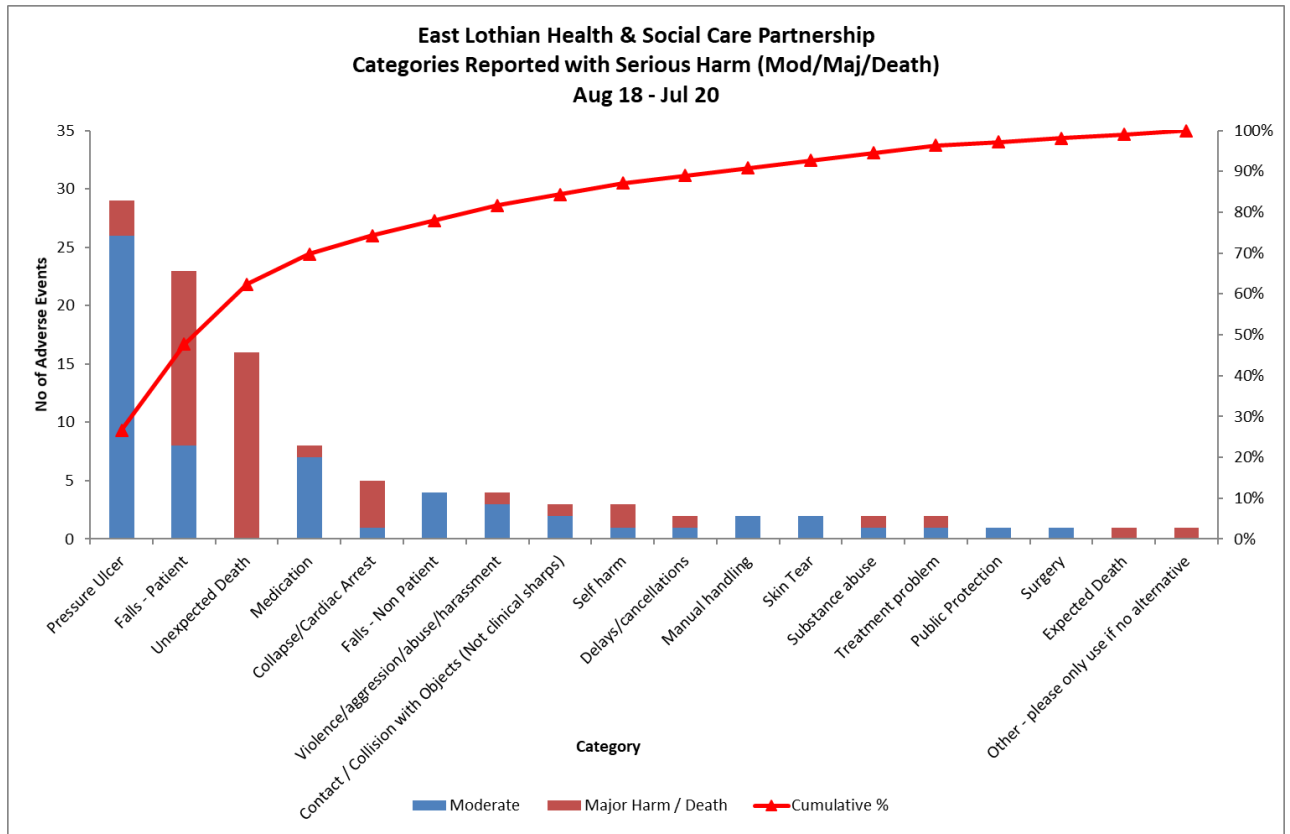


Chart 5 – Categories of Adverse Events Reported with Serious Harm – August 18 to July 20



3.4.6 Categories of adverse events with serious harm from August 2018 to July 2020 are shown in chart 5 above. Since August 2019 adverse events resulting in serious harm/death have totalled 51 as detailed in table 3 below.

Table 3 - Adverse events resulting in serious harm/death August 2019 to July 2020.

Major Harm/Death Events	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Tot
Collapse/ Cardiac Arrest	0	0	0	0	0	0	0	0	0	0	0	1	1
Contact / Collision with Objects (Not clinical sharps)	0	0	0	0	1	0	0	0	0	0	1	0	2
Delays/ Cancel'n	0	0	0	1	0	0	0	0	0	1	0	0	2
Falls - Non Patient	0	0	0	0	0	1	0	0	1	0	0	0	2
Falls - Patient	0	1	2	1	2	0	1	1	0	1	2	2	13
Manual handling	0	0	0	0	0	0	0	0	0	0	1	1	2
Meds	1	0	0	0	0	0	0	0	1	0	1	0	3
Pressure Ulcer	1	0	2	1	3	3	4	0	1	1	3	0	19
Self harm	0	0	0	0	0	0	0	0	0	0	1	1	2
Skin Tear	1	0	0	0	0	0	0	0	1	0	0	0	2
Substance abuse	0	0	0	0	0	0	0	0	0	0	0	1	1
Treatment problem	0	0	0	0	0	0	1	0	0	0	0	0	1
Violence/ Aggression / abuse/ harassment	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	3	1	5	3	6	4	6	1	4	3	9	6	51

3.5 Drug-Related Deaths

3.5.1 The NRS data for drug-related deaths (DRD) is not yet available for 2019. This is due to an ongoing challenge for toxicology labs to provide reports on suspected DRD's for Scotland, Health Board's and IJB areas. Our understanding is that toxicology is many months behind and this has created a significant delay in final publication in DRD data by NRS.

3.5.2 Drug Service Actions Implemented in East Lothian

- In recent months, there has been an increase in availability of Etizolam ('street Valium') Xanax and other forms of illicit benzodiazepine in East Lothian. MELDAP and its partners have shared intelligence about

availability and issued harm reduction advice and information through service staff to the client group (including through preparation and wide distribution of a Xanax leaflet). In relation to patients/client use of a number of drugs at the same time [poly drug use] Service Managers ensure that staff provide harm reduction information and discuss interventions including strategies to minimise risks.

- MELDAP has worked with partners and colleagues in Public Health to finalise a draft Health Needs Assessment. Its recommendations are being implemented or are included in the MELDAP Delivery Plan (2020-23).
- MELDAP has set up a Short Life Working Group on Benzodiazepines. This will consider current treatment and support to this client group and potential actions by MELDAP services to impact on this trend, wider service provision and work by enforcement agencies.
- In East Lothian, assertive outreach continues in Primary Care, providing access to specialist consultant time, Band 6 nurses and peer workers. This arrangement provides direct access through the three Dunbar Practices as well as North Berwick, Musselburgh and Prestonpans Health Centres. Dunbar is also in receipt of harm reduction outreach to meet a specific need to bolster injecting equipment provision and information, advice and support. Specialist nursing staff also provide support, information and advice to primary care colleagues to improve prescribing practice.
- East Lothian Substance Misuse Service (SMS) has, since end of August 2019, consistently met and exceeded the Waiting Times Local Delivery Plan Standard
- A 'Low Threshold' clinic targets those 'hardly reached' individuals who are at higher risk. It uses nurses and peer workers to engage and actively support clients into treatment and psychosocial support.
- ELHSCP SMS have worked closely with colleagues in homelessness to successfully engage with this small but significant group of individuals.
- The Substance Misuse Directorate reviews DRDs. It is implementing an improved local model using processes from other areas to improve the local group's impact.
- The Lothian Death and Harm Reduction Oversight Group provides strategic and multiagency responses, through a range of actions to mitigate and minimise risk.
- Specialist support is offered to people who have had a non-fatal overdose.
- Take home naloxone (THN) continues to roll-out. Overdose awareness training to at risk populations accompanies this work.
- East Lothian SMS have introduced a new prescribing process to deliver rapid access to Opiate Substitute Therapy based on a model developed in the north east of England.
- Information has been developed for targeted local gyms, reflecting the potential use of image/performance enhancing substances including steroids, as these may act as a 'gateway' to use of amphetamine and cocaine and potential multi drug overdose risk.
- The new MYPAS Young Person's Support Service in East Lothian began taking referrals in January 2020

- Leaflets on safe use of methadone are included within locked medication boxes for adults with children. Each box also contains a THN kit and measuring cups.
- ELHSCP is instigating a Multi-Agency Risk Management Working Group to deliver the required service response to those that do not meet the criteria of Adults at Risk of Harm legislation but for various reasons are at risk. This includes those who have problem drug and alcohol use.
- MELDAP in partnership with MELD received funding to develop a stimulant/poly-drug use service. While operating initially in East Lothian learning from this project will be used to shape a Midlothian service.
- As a response to COVID-19, MELDAP established home delivery outreach networks using staff from SMS services, third sector and volunteers.
- East Lothian SMS has introduced a “Flash Thursday” Group for women. This support group offers advice, support and assistance in relation to substance use, sexual health and family planning. Each week there are inputs on, for example, anxiety management and management of depression as well as other topics of interest to the participants.
- MELDAP have made additional resources available for local organisations to provide service users with the means to maintain communication through COVID, e.g. mobile phones with credit/data packages to ensure users can still receive a consistent level of support.

Service Summary

3.6 Primary Care

3.6.1 The HSCP Primary Care team continues to develop its service arrangements to deliver all elements of the new GP (GMS) contract, while addressing the pressures that continue to face the primary care team: growing and ever more complex workload; staff recruitment and retention difficulties and the need for major premises and infrastructure improvements. The HSCP continued to support individual practices across the county in a number of ways to address short-term pressures

3.6.2 As COVID-19 took hold from end March 2020 the HSCP supported practices to change access arrangements for patients, to obtain sufficient and suitable PPE and to reach agreement on ‘buddying’ arrangements for neighbouring practices to support each other in the event of staff absence or greatly increased patient demand. Work is underway to fully remobilise primary care services, while taking opportunities to embed new ways of working which proved of merit during lockdown.

Primary Care Improvement Work

3.6.3 All planned primary care work is directed by the East Lothian Primary Care Improvement Plan (PCIP). Originally produced in June 2018, and updated in April 2019 the plan and its revisions were approved by the East Lothian

IJB and the GP sub-committee. A current review is considering what actions need to be initiated to remobilise primary care services post-COVID

- 3.6.4 ELHSCP continues to pursue a 'whole county' approach to primary care development, with decisions on the prioritisation of work based on objective assessment of need across the county and in line with the extant IJB strategic plan. This is in line with the Memorandum of Understanding (between Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, IJBs and NHS Boards).
- 3.6.5 The ELHSCP commitment to support and directly deliver training to those nursing, physiotherapy and other colleagues taking on some duties of GPs, rather than expecting independent General Practice to deliver this function, continues to bear fruit.

GP Sustainability

- 3.6.6 It remains the case that there are no closed GP practice lists in East Lothian or directly managed (section 2c) practices. GPs are active members of several working groups in the HSCP and the Primary Care Change Board, which links directly with the East Lothian Strategic Planning Group. This ensures overall strategy, policy and service development takes GP sustainability into account.

Collaborative Working for Immediate Care/Care When it Counts (CWIC)

- 3.6.7 CWIC was renamed 'Care When it Counts' early in 2020 to assist in the public understanding of the service it provides. Up to the beginning of March it delivered rapid access for patients to primary care services provided by the multi-disciplinary team (MDT) in Primary Care. A plan to extend the approach to a group of practices had to be suspended in light of COVID-19, when the HSCP's delivery partner - NHS 24 had to focus on national priorities.
- 3.6.8 CWIC repurposed itself as a COVID Assessment Centre during the initial pandemic phase, but began re-mobilising in support of same-day unscheduled care service delivery in East Lothian as case numbers began to reduce. The service is now accessible again to the 20,000 patients of Riverside Medical Practice in Musselburgh. The service plans to expand to serve around 50,000 patients (nearly half of East Lothian's population) registered across four GP practices.
- 3.6.9 A lasting legacy of changed service delivery arrangements forced by COVID-19 is that most CWIC patients are now assessed by telephone, with face-to-face appointment provided only where clinically necessary. The service continues its function of delivering staff training to ensure a growth model of unscheduled care provision. It is intended to offer the community direct access to CWIC (without recourse to GP referral) within 2020-21.
- 3.6.10 CARE measures show a very high level of patient satisfaction amongst those accessing CWIC. Clinical outcome measures of the model (delivered in

collaboration with independent GP practice, NHS24 and Scottish Ambulance Service) show: reduced referrals to secondary care services, reduced prescribing (e.g. 40% reduction in antibiotic prescribing) and a redistribution of patient access across the whole spectrum of primary care MDT members. CWIC continues to function as a base to train clinical staff and so further increases sustainability and growth of primary care services.

Community Treatment and Care Service (CTACS)

- 3.6.11 CTACS successfully launched in East Lothian during the initial pandemic phase. Currently the service provides access to patients registered at three GP Practices. The service will roll-out to patients from a further five GP practices by the end of December 2020. Another two GP Practices will have some limited access, pending development of the service through 2020-21. Some service improvements during remobilisation will require progress in providing access for the multidisciplinary Primary Care clinical team to GP held records, e.g. via 'Vision Anywhere'

New Ways of Working

- 3.6.12 Due to COVID-19 GPs have rapidly adapted to provide new access routes for patients. Telephone assessment of needs in Primary Care is now the norm. Video consultations are augmenting assessment of patients and will be utilised further during 2020-21. Internet-based access models are due to begin testing in East Lothian in August 2020. If successful, ELHSCP managed primary care services will roll-out its use to improve patient pathways, particularly for mental health and musculoskeletal (MSK) presentations.

The HSCP Primary Care team will continue to support buddying arrangements developed by GP Practices to ensure business continuity during remobilisation.

Further review of ways of working will be carried out with reference to remobilisation and winter planning requirements.

AHP services in Primary Care

- 3.6.13 ELHSCP has successfully launched a direct access service for patients experiencing musculoskeletal (MSK) symptoms. This does not require GP referral, thus directing a large amount of activity away from practices. Patients can contact the service by phone and be assessed remotely, with face to face assessment only used where necessary. The service launched during the first phase of remobilisation and is now accessible to all patients registered in East Lothian. It is proving popular with patients and is being assessed for its impact on clinical outcomes, which appear good. During the remainder of 2020-21 the service is likely to expand its capacity to meet demand.

3.7 Older Adults and Access

- 3.7.1 Work continues to further develop the use of Technology Enabled Care (TEC) and Telecare to support individuals to maintain independence. The use of technology proved to be invaluable in terms of providing ongoing care and support and in maintaining communication during the COVID-19 response.
- 3.7.2 The team has strengthened communication with provider organisations during COVID, further cementing relationships and ensuring that any emergent issues were quickly identified and support provided to help address these.

3.8 Care Homes

- 3.8.1 Prior to the arrival of COVID-19 the established and nurse-led East Lothian Care Home Team supported a number of care homes within the county through education input, Nurse Practitioner support to anticipatory care and long-term conditions support and by responding to acute illness presentations in residents. The team links with the GP practices covering each Care Home as set out under local Service Level Agreements and in support of GMS Local Enhanced Service requirements and the new GP contract.
- 3.8.2 The Care Home Team expanded its reach during the COVID lockdown and will continue to extend and restructure its support to all care homes, with governance arrangements continuing under the oversight of the Chief Nurse as per Scottish Government instruction of 17 May 2020. Care Home occupancy, staffing, infection control and outbreak status are managed through the Care Home Operational Group. The current position is summarised in table 4 below.
- 3.8.3 There are plans to increase use of telephone assessment (rather than face-to-face) by the care homes, to reduce time delays to assessment and delays to discharge, and ultimately occupied bed days.

Table 4 – Summary of Care Home Position Regarding COVID-19

Numbers – private and council run	Council: 4 Private: 15 (one of which, Foresight, 19 Linkfield Road is for under 60's)
Level of Covid-19 infection in homes	As at 14/8/20 no COVID +ve patients. Regular swabbing is underway, but no +ve residents from around beginning of June. Some staff testing has come back as false positives through the Lighthouse Testing Centre but when re-tested by NHSL these have been negative.
Current level of engagement with homes	<ul style="list-style-type: none"> • Support visits to all homes were completed by 31/7/20. Meetings will be arranged by end August to arrange next steps. • 3 NHS bank staff are employed until end Aug to assist in Crookston. This will continue if needed, after reviewed. • Care Homes provide information to daily safety huddles to provide COVID updates on patients and staff, staff testing and absences. Information is passed to Lothian Analytical Services on a daily basis. • Reporting will transfer to a digital portal from around 24/08/20. Still working with NES on transitioning care homes onto the new portal. This will replace the need for a daily spreadsheet submission. • The Care Home Education Team will ensure staff returning to work from shielding receive PPE training. • Train the Trainer approaches are being organised within homes. • The Care Home Working Group is liaising with Care Home Mangers to consider the challenges that winter will bring and to update plans to respond to any second spike.
Commentary on experience of staff, patients and visitors	No specific feedback is available. Homes are moving to stage 3 visiting. Work is underway with Care Homes to ensure visiting protocols and risk assessments are in place. These require approval by Health Protection Scotland prior to each Care Home opening to visitors.
Any outstanding risk – workforce/ staffing?	No particular risks noted except Crookston using NHS bank staff.

3.9 Ongoing and Acute Care

East Lothian Community Hospital

- 3.9.1 The new East Lothian Community Hospital (ELCH) in Haddington is complete (with the exception of some car parking and site work). The facility provides service previously delivered out of Roodlands hospital as well as some transferred from Edinburgh hospitals, with future service transfers planned.
- 3.9.2 Services available cover urology, orthopaedics, muskuloskeletal, rheumatology, gynaecology, adult ENT, audiology services, plastic surgery, adult psychiatry, antenatal, dietetics, phototherapy and palliative care. Other clinics are under consideration. These changes have reduced travel for patients who otherwise would need to travel into Edinburgh.

Delayed Discharges

- 3.9.3 The partnership has achieved and maintained amongst the best Delayed Discharge performance in Scotland. This is the result of close working between the Hospital to Home, Discharge to Assess, Hospital at Home, Care Home and other community teams.
- 3.9.4 Staff continue to focus on maintaining an improved performance in relation to delayed discharge and admission avoidance. This is supported further following the introduction of capacity in East Lothian Community Hospital to maximise patient flow and movement. The expansion of the daily safety huddle to include all disciplines is ensuring good communication and MDT working to reduce delays.
- 3.9.5 A shift of focus from MDT meetings to coordinated discharge planning on ward rounds and continuing conversations with patients and relatives is helping to embed the 'Home First' philosophy. This includes working towards fully implemented nurse-led discharge. Through time, this will reduce the need for additional inpatient capacity.

3.10 Rehabilitation Services

- 3.10.1 Rehabilitation support to patients is as essential part of maintaining independence, keeping people out of hospital, freeing up beds and creating capacity to treat more critically ill patients while reducing pressures and costs on all parts of the Health and Social Care system. East Lothian has expanded its rehabilitation capacity over recent years to meet growing and increasingly complex needs.
- 3.10.2 There is recognition within the rehabilitation team of a need for community rehabilitation post-COVID and increasing evidence of the key role of AHPs. As COVID has disrupted normal service delivery, there are many people with long-term conditions, musculoskeletal problems, falls, and reduced mobility who have not had their physical needs addressed in recent months and who may have unmet mental health needs arising from isolation.
- 3.10.3 East Lothian Integrated Rehabilitation Service (ELIRS) is developing a variety of interventions to ensure it can respond appropriately to patients with post-COVID issues. This will include further development of service plans to embed Technology Enabled Care (TEC) in all AHP services and provide access for patients to remote working.

3.11 Patient and Staff Experience Data

- 3.11.1 The ELHSCP regularly obtains the views of patients and service users of established services and in the planning of services. The approaches used include patient stories, survey feedback and discharge questionnaires.
- 3.11.2 Patient Participation Groups (PPGs) are in place in 8 of the 15 East Lothian primary care practices. Plans have not progressed for the establishment of PPGs in the remaining 7 practices, in part because of COVID. As all practices have altered their surgery access arrangements and as primary

care services are increasingly provided through new teams including CWIC and CTACS feedback from patients is essential to service planning and delivery.

- 3.11.3 The views of staff are gathered through the annual staff survey and through iMatter. The outcomes are reviewed along with any other pertinent information at the East Lothian Partnership Forum and the Core Management team. Any action required is agreed through these groups.

4 **Key Risks**

- 4.1 As previously noted, East Lothian HSCP continues to face some challenges in recruitment of sufficient and suitably skilled staff to meet increasing demand arising from population growth and increasing care needs of an ageing population. The HSCP has had some success in appointing staff attracted by the continuing development of MDTs across its services. Despite this, recruitment challenges will continue as older staff retire.

- 4.2 There may be increased demand on adult protection and mental health, including as a result of Covid-19 related anxiety; increased acute demand due to reduced access to routine care; deterioration in some long-term conditions due to reduced engagement with primary care and specialist clinics; and financial pressures from additional costs to services as a result of lower patient throughput.

- 4.3 The establishment of the East Lothian Clinical and Care Governance Committee, the existing management, strategic and Quality Improvement groups (across HSCP directly managed and delivered services and in Primary Care) and their reporting lines to the HSCP Core Management Team and the IJB ensure all services are robustly identifying, managing and reducing risks as they arise.

- 4.4 Operational management colleagues are accountable for the delivery, monitoring and reporting of improvement against all actions seeking to remove risk identified in their areas of responsibility. All actions to address issues seek to maintain person-centred, safe and effective care.

- 4.5 The uncertainty regarding the UK's relationship with Europe continues and brings risks for the availability of staff and the supply of medicines, health and care consumables and food. The HSCP suspended work to respond to these risks as the impacts of COVID-19 took hold. The HSCP will reconvene the East Lothian Brexit Impact Assessment Group at the earliest opportunity and will re-engage with the NHS Lothian and East Lothian Council Brexit groups to reconsider risks as they meet again in coming months.

4.6 **Risk Register**

- 4.6.1 There are no new risks to bring to the committee's attention. 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 As with previous papers, this update provides factual information and accompanying commentary. It does not contain any proposals for action or change which might impact on services, patients or service users.

7 Resource Implications

- 7.1 There are no new resource implications arising from this report. All aspects of the monitoring and reporting mechanisms for the governance of the East Lothian HSCP's services are included in the routine work of local services and in appropriate committees.

AUTHOR'S NAME	Alison Macdonald
DESIGNATION	Director, East Lothian HSCP
CONTACT INFO	alison.x.macdonald@nhslothian.scot.nhs.uk
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List of Appendices

- Appendix 1: East Lothian Clinical and Care Governance Committee:
Terms of Reference

Appendix 1

East Lothian Health and Social Care Partnership Clinical and Care Governance Committee Terms of Reference

The following terms of reference sets out the membership, remit, responsibilities and reporting arrangements for this subcommittee of the Integration Joint Board (IJB).

Purpose / Role of Committee

The Committee will act to review and assure the East Lothian IJB, NHS Lothian East Lothian Council, Public and Service Users in relation to the quality of care service delivery and user experience, demonstrating that those systems in place provide early recognition of issues which ensures that appropriate action is taken.

1. Membership

- IJB representative (Chair)
- IJB representation x 2 to include Public / Carer
- Chief Nurse (depute chair)
- Clinical Director
- Chief Social Work Officer
- Lead AHP
- Manager East and Midlothian Public Protection Team
- Deputy Chief Nurse
- Heads of Service
- Strategic Group Manager.

In attendance as required

- Administrative support
- Service group representatives
- GP quality cluster representation
- Service Quality & Scrutiny Groups (Chair) e.g. Health and Safety
- Partnership
- Others as determined by agenda.

Quorum

The Committee will be considered quorate if the Chair and / or deputy plus 4 members are in attendance.

2. Remit and Responsibilities

Clinical Effectiveness

The Committee is responsible for overseeing clinical & care governance and quality assurance processes across the Partnership including Professional regulation. The committee will assure the IJB, NHS Lothian and East Lothian Council that all activity

relating to health and social care provision meets requirements, inclusive of pre determined standards and legislation. The Committee will develop, implement and maintain an organisation-wide process for clinical and care governance.

The Committee will receive and review data / information relating to:

- Significant Adverse events (SAE) and Large Scale Inquiries (LSI)
- Complaints and concerns
- Public protection
- Medication and other care / service related incidents
- Whistle-blowing as it relates to clinical and care issues.

Inclusive of trends themes and outcomes from:

- Investigations of Unexpected deaths (adult and children)
- Independent and local audit and Inspection e.g. Quality of Care
- Other clinical and care governance issues (inclusive of external scrutiny).

In addition the Committee members will:

- Review the impact and lessons learned from adverse events and implement improvement across the organisation and follow up on outstanding action plans
- Ensure that robust public protection / Adults and Children at Risk from Harm arrangements are in place and in use
- Ensure that robust systems are in place for the implementation of all aspects of 'Duty of Candour' and any reporting requirements
- Review any circumstance / situation that places the integrity of the Partnership / IJB / service users at risk
- Ensure that governance systems are robust and that policies and procedures applied to service activities are regularly reviewed and updated as required and in response to concerns and or new legislation
- Consider issues of concern raised by staff where they believe that patients / service users care or staff well being is compromised.

Patient / Service User Safety

- Receive and review regular reports from all related governance groups confirming that actions have been taken and lessons have been learned
- Consider the impact of strategic plans on patient / service user safety and care delivery ensuring concerns are addressed
- Consider the risk / implications of proposed new innovations and ensure any concerns are addressed.

Service User Experience and Engagement

The Committee will seek to ensure that wherever possible the views of the public are taken in to account in the planning and delivery of service. This will include the perspective of patients, carers, relatives and wider service users and will include:

- Review and approval of planned public / stakeholder related events
- Receiving and reviewing outcome feedback from engagement / stakeholder events

- Ensuring that lessons are being learned from service user feedback / intelligence.

3. Responsibilities of Committee Members

Members of the Committee have a responsibility to:

- Attend meetings having read all circulated papers in advance
- Identify any additional agenda items at least 15 days in advance of meeting
- Submit papers and prepared questions for circulation at least 10 days in advance of meeting
- Act as champions and disseminate information and good practice as appropriate
- Uphold the principles of the NHS & Social Service codes and other Professional Bodies
- Identify a named representative to attend during any absence in attendance.

4. Frequency of Meetings

Monthly

5. Reporting

The Committee will provide regular reports (quarterly) to the IJB and as required to NHS Lothian and East Lothian Council and in addition will provide an Annual report to all parties.

6. Administrative Arrangements

The Committee will be supported by an appropriate individual who will be responsible for supporting the Chair and Deputy in the management of the Committee business.

Responsibilities will include:

- Ensuring an accurate note of the meeting is recorded and disseminated
- Keeping an action log of required outcomes, sharing and monitoring as required
- Circulating agenda and accompanying papers 5 working days before of the meeting
- Filing all related papers in accordance with policy and procedure.

In addition, there may be occasion where information requires to be discussed in a private session due to its sensitive nature. Where this is a requirement, any recorded detail may be subject to redaction.

7. Date and review

These terms of reference have been approved by the East Lothian IJB and will be reviewed 6 months after the first full meeting of the Clinical and Care Governance Committee and annually thereafter.

July 2018

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