MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 27 February 2020

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board Clinical and Care Governance Committee** is to be held in **Inkwell Main, Elgin Youth Café**, **Francis Place, Elgin, IV30 1LQ** on **Thursday, 27 February 2020** at **13:00** to consider the business noted below.

AGENDA

1	**Welcome and Apologies**	
2	**Declaration of Member's Interests**	
3	**Minute of Meeting dated 28 November 2019**	**5 - 8**
4	**Action Log of Meeting dated 28 November 2019**	**9 - 10**
5	**Clinical Governance Group - Update and Exception Report** Report by Sean Coady, Head of Service	**11 - 18**
6	**Adult Support and Protection** Report by the Chief Social Work Officer	**19 - 32**

7	**Review of Clincial and Care Governance - Output from Workshop** Report by the Chief Officer	**33 - 46**

Item which the Committee will consider with the Press and Public excluded

8 **Care Home Monitoring**

- Information relating to the financial or business affairs of any particular person(s) for any matters referred to in section 27(1) of the Social Work (Scotland) Act 1968;

MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

MEMBERSHIP

VOTING MEMBERS

Mr Sandy Riddell (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Tim Eagle	Moray Council

NON-VOTING MEMBERS

Mr Ivan Augustus	Carer Representative
Ms Pam Dudek	Chief Officer, Moray Integration Joint Board
Ms Karen Donaldson	UNISON, Moray Council
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Secondary Care Advisor, Moray Integration Joint Board
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	Public Partnership Forum Representative

ADVISORS

Mr Sean Coady	Head of Services and IJB Hosted Services
Dr Ann Hodges	Consultant Psychiatrist
Ms Pauline Merchant	Clinical Governance Coordinator, Moray Health and Social Care Partnership
Ms Jeanette Netherwood	Corporate Manager, Health and Social Care, Moray
Mrs Liz Tait	Professional Lead for Clinical Governance and Interim Head of Quality Governance and Risk Unit

Clerk Name: Caroline Howie
Clerk Telephone: 01343 563302
Clerk Email: caroline.howie@moray.gov.uk

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 November 2019

Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

PRESENT

Mr Ivan Augustus, Mrs Pam Dudek, Councillor Tim Eagle, Mrs Linda Harper, Dr Malcolm Metcalfe, Jeanette Netherwood, Mr Sandy Riddell, Mrs Val Thatcher

APOLOGIES

Mr Sean Coady (NHS), Mr Tony Donaghey, Dr Ann Hodges, Ms Jane Mackie, Ms Pauline Merchant, Mrs Liz Tait, Dr Graham Taylor

IN ATTENDANCE

Mr R Patterson, Senior Project Officer, Ms M Fleming, Self Directed Support and Carers Officer, Ms T Gervaise, Service Manager (Children and Families) on behalf of Sean Coady (NHS) and Mrs L Rowan, Committee Services Officer as Clerk to the Meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

There were no declarations of Members Interests in respect of any item on the agenda.

3 Minute of Meeting dated 29 August 2019

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care

Governance Committee dated 29 August 2019 was submitted and approved.

4 Action Log of Meeting dated 29 August 2019

The Moray Integration Joint Board Clinical and Care Governance Committee were provided with the Action Log dated 30 May 2019 and noted that the only item detailed on the Action Log was on the agenda for discussion today.

5 Clinical Governance Group - Update and Exception Report

Under reference to paragraph 7 of the Minute of the meeting of this Committee dated 28 February 2019, a report by the Chief Officer informed the Committee of progress and exceptions reported to Clinical Governance Group (CGG) in September, October and November 2019.

During her introduction, the Chief Officer advised that the Clinical Risk Management Group met weekly to ensure that any potential issues are addressed as soon as possible.

The Chair was reassured by this however queried whether it would be possible to provide a flow chart to demonstrate how the Clinical Governance Group and the Clinical Risk Management Group relate to each other.

In response, Ms Harper, Lead Nurse (MIJB) agreed to provide this information to the Committee.

During discussion surrounding recording of complaints, concern was raised that the way in which the figures were displayed did not accurately reflect cases that had been passed to the Scottish Public Services Ombudsman (SPSO) and it was queried whether future reporting could clearly reflect which cases had been passed to the SPSO. It was further noted that the report only included NHS complaints with no mention of Council complaints and it was queried whether consideration could be given to reporting both together.

In response, the Chief Officer accepted the comments from the Committee and agreed to review the method by which complaints are recorded so that future reports include the number of complaints passed to the SPSO and joint reporting with the Council in terms of complaints.

During further discussion surrounding the 2 issues that had been escalated to the Clinical and Care Governance Committee in relation to Health and Social Care Standards Self Evaluation and the quality of nursing care in care homes it was queried whether an update could be provided in this regard.

In response, the Chief Officer advised that work is ongoing in conjunction with the Care Inspectorate to ensure quality nursing care in care homes. It was also noted that consideration had been given to Adult Support and Protection (ASP) concerns under close scrutiny in the ASP Committee and considered regularly at the Public Protection Chief Officers Group.

The Chair noted the national meeting to discuss the national Health and Social Care Standards draft report on 4 December 2019 and asked that an update be provided to

the Committee following this meeting.

In response, the Chief Officer advised that Ms L Tait, Professional Lead for Clinical Governance would attend this meeting and provide an update to the Committee.

Thereafter, the Committee agreed:

i. to note the progress and exceptions highlighted in the report for the period September to November 2019;

ii. that the Chief Officer would review the method by which complaints are recorded so that future reports include the number of complaints passed to the SPSO and joint reporting with the Council in terms of complaints;

iii. to note the update provided in relation to the 2 issues that had been escalated to the Committee in relation to Health and Social Care Standards Self Evaluation and the quality of nursing care in care homes; and

iv. an update be provided to a future meeting of this Committee following the national meeting to discuss the national Health and Social Care Standards draft report.

6 Healthcare Improvement Scotland Moray Community Hospital Inspections

A report by the Head of Services and IJB Hosted Services informed the Committee of the report findings from Healthcare Improvement Scotland (HIS) following the announced inspection of Moray Community Hospitals in August 2019 for safety and cleanliness.

The Committee welcomed the positive feedback received for the Community Hospitals in Moray however the Chair sought assurance that any exception reporting would be brought to the Committee for consideration.

In response, the Chief Officer agreed that the Committee should have oversight of exception reports and advised that she would ensure that any such reports would be brought to the Committee for consideration.

Thereafter, the Committee agreed:

i. to note the positive feedback received for Community Hospitals in Moray, and the general requirements and recommendations of the report for NHS Grampian; and
ii. to note the arrangements put in place by NHS Grampian to address the requirements and recommendations;
iii. that any exception reports would be brought before the Committee for consideration.

7 Care Inspectorate Thematic Review on Self-Directed Support

A report by the Chief Social Work Officer/Head of Service Strategy and Commissioning informed the Committee of the outcome relating to the recent Care Inspectorate Thematic Review on Self-Directed Support.

The Committee noted that this was a voluntary inspection by the Care Inspectorate, the result of which was positive with the report highlighting that the partnership had made significant progress in implementing SDS, with most people experiencing choice and control in how their personalised budgets were utilised. The Care Inspectorate made several key recommendations which had formed a local implementation action plan.

Following consideration, the Committee agreed to:

i. note the outcome of the recent thematic review; and
ii. approve the associated implementation action plan as set out in Appendix 3 of the report.

8 Update on Recent Adverse Event

A report by the Chief Officer informed the Committee of the review process currently being undertaken into a recent Adverse Event.

Following consideration, the Committee agreed to note the ongoing review of a recent adverse event in Moray.

MEETING OF MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 28 NOVEMBER 2019

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Clinical Care Group – Update and Exception Report	i. Chief Officer to review the method by which complaints are recorded so that future reports include the number of complaints passed to the SPSO and joint reporting with the Council in terms of complaints; and ii. Update to be provided to a future meeting of this Committee following the national meeting to discuss the national Health and Social Care Standards draft report.	28 May 2020 28 May 2020	Chief Officer Liz Tait
2.	Healthcare Improvement Scotland Moray Community Hospital Inspections	Any exception reports to be brought before the Committee for consideration.	ongoing	Chief Officer

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 FEBRUARY 2020**

SUBJECT: **CLINICAL GOVERNANCE GROUP – UPDATE AND EXCEPTION REPORT**

BY: **SEAN COADY, HEAD OF SERVICE**

1. REASON FOR REPORT

1.1 To inform the Moray Integration Joint Board Clinical and Care Governance Committee of progress and exceptions reported in December 2019 and January 2020.

2. RECOMMENDATION

2.1 It is recommended that the Clinical and Care Governance Committee consider and note the update and exception report for Health and Social Care Moray (HSCM) Clinical Governance Group for December 2019 and January 2020.

3. BACKGROUND

3.1 The HSCM Clinical Governance Group was established as described in a report to this committee on 28 February 2019 (para 7 of the minute refers).

3.2 The assurance framework for clinical governance was further developed with the establishment of the Clinical Risk Management Group (CRM) as described in a report to this committee on 30 May 2019 (para 7 of the minute refers).

3.3 A reporting schedule for Quality Assurance Reports from Clinical Service Groups/ Departments is in place. This report contains information from these reports and further information relating to complaints and incidents/ adverse events reported via Datix; and areas of concern/risk and good practice shared at two Clinical Governance meetings held since December 2019.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 **Audit, Guidelines, Reviews and Reports**
Relevant Audits, Guidelines Reviews and Reports are tabled and discussed. These include local and national information that is relevant to HSCM, for example recommendations from Health Improvement Scotland (HIS) reports from other areas which require to be discussed and assurance given that

services in Moray are aware of these and have processes in place to meet/ mitigate these recommendations.

Some of the Reports/ Guidelines shared and discussed include:

- HIS report of NHS Grampian Community Hospitals, safety and cleanliness announced inspection.
- HIS Initial Action Plan from NHS Grampian re safety and cleanliness announced inspection.
- Scottish Ombudsman reports and recommendations relevant to NHS Grampian
- Care Inspectorate report on Health and Social Care Standards implementation.
- National Day of Care Survey
- Mental Welfare Commission for Scotland (MWC) : Seclusion- Good Practice Guide
- The Charter of Patient Rights and Responsibilities
- Home and Mobility Evaluation Team (HAME), Emergency Department Staff Feedback.
- Mental Welfare Commission for Scotland: Report on announced visit to Ward 4, Dr Gray's Hospital.
- Ward 4, Dr Gray's Draft Action Plan following MWC report.
- Health and Social Care Standards – My support, my life. Review of Activity Summary Report.
- Re-audit of Moray Adult Community Mental Health Occupational Therapy Service
- NHSG AHP (Allied Health Professionals) Record Keeping Audit 2019
- Independent National Whistleblowing Officer
- Medical Appraisal and Revalidation Quality Assurance Annual Report

4.2 **Clinical Risk Management (CRM)**

The Clinical Risk Management (CRM) group meet weekly to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 (requiring significant adverse event analysis and review) and Level 2 (requiring local management review) investigations, Duty of Candour and Major and Extreme Adverse events. An Action Log outlining issues for escalation and tasks is updated at each meeting.

The CRM is open to service managers and team leaders to attend, and currently there is a core group of 4 staff who attend regularly. An invitation to attend the group is extended at each Clinical Governance Group meeting and staff have been advised that attendance can be on a rotational basis. Despite this there is a requirement for a wider representation of staff at this meeting to ensure sufficient attendance and cover for annual leave etc. This matter will be raised and discussed at the next System Leadership Group.

4.3 **Internal Assurance Information**

Incidents, Occurrences, Adverse Events, Feedback (including complaints) and Learning are discussed at each meeting. Information is extracted from Datix. (See paragraph 4.5 and 4.6). Cases that have been referred to the Scottish Public Service Ombudsman (SPSO) are highlighted, and decisions and recommendations made by the SPSO to other health boards that are

relevant to HSCM are shared, and methods of dissemination and assurance are considered.
The group is assured that there are adequate processes in place

4.4 **Areas of Achievement and Good Practice**

i. The Eye Health Network hold regular Evening Meetings (approximately quarterly). These offer training lectures and guidance on new protocols for Optometrists. However, most recently the lectures have been extended to include training for front of house staff on triaging an ocular emergency. Lectures take place at the Suttie Lecture Theatre at Aberdeen Royal Infirmary however Moray and Shetland Optometrists view the lectures via a live webinar link.

ii. Within the NHSG Public Dental service, there is increased quality assurance and improvement activity:
   a) Introduction of regular peer review sessions to allow clinicians to share learning from complicated cases whilst utilising an evidence based approach.
   b) Clinicians have completed Quality Improvement cycle (audit, shared learning event, peer review) and all were in excess of hours required.
   c) Commencing Safety Climate Survey for entire team.
   d) Very positive results and comments from Patient Satisfaction Survey conducted in Spring 2019. In answer to question: Overall, how satisfied were you with your visit today? 86% Excellent, 14% Good.
   e) Learning from external courses has been shared with all staff at a PLT (Protected Learning Time) event.
   f) All learning outcomes from Adverse Events/Datix are discussed at monthly clinic meetings and weekly management meetings as an agenda item.

4.5 **Complaints and Feedback**

From 01/12/2019 - 31/01/2020 a total of 13 complaints were recorded within Datix. 2 were resolved through Early Resolution (within 5 days), 1 was resolved within 20 days. 1 within 25 days and 1 within more than 26 days. Of the 13 complaints received, 7 are currently active and are within the 20 day response period. 1 complaint is overdue, this is due to the complaint involving multiple agencies, and information is awaited from a service out with NHS Grampian.
On review of those taking longer than 20 days, in one incidence, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. The second overdue complaint has not received consent to investigate as the complaint was received by a third party.
2 compliments and 1 concern were also recorded for this time period.
It is recognised that there is low compliance rate for responding to complaints within the allocated timescales. This has been escalated and a proposal is currently being developed to support this. This will be monitored by the CRM and the Clinical Governance Group.

The table below outlines the outcome of complaints in the last 2 months.

HSCM Outcome of Complaints

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Being Investi-gated	**Total**
DATIX n=13	GMED	0	0	1	2	**3**
	Mental Health – Adult Health	0	0	0	3	**3**
	Allied Health Professionals	0	1	1	0	**2**
	Community Nursing	0	0	0	1	**1**
	Community Hospital	0	0	0	1	**1**
	Unscheduled Care	3	0	0	0	**3**
Total		**3**	**1**	**2**	**7**	**13**

At the Clinical and Care Governance Committee on 28 November 2019, a query was raised regarding decision making for complaints (para 5 of the draft Minute refers): When a complaint is received the manager for that service is notified and will commence an investigation. It is best practice for the manager to contact the complainant and discuss, identify and agree the points of the complaint. Where possible early verbal resolution is preferred over formal responses.
If this is not possible, the manager will still identify the points of the complaint and use this to support and direct the investigation and response. A response will be collated for each point included in the complaint. During the course of investigating each point, it will become clear to the manager whether processes and /or procedures have been followed, if good and/or weak practice has been provided and if there are any improvements that can be made. Investigators also utilise their professional knowledge and judgement to assist in formulating a decision. This evidence will then direct and support the manager to uphold/ partly uphold or not uphold the complaint.
All complaints are logged on Datix, and are discussed at CRM and with other relevant managers. Before each response letter is sent to the complainant they are all currently scrutinised by the NHSG Senior Management Team, and the majority are signed by the same.

4.6 **Incidents/Adverse Events**

4.6.1 **Incidents recorded on Datix -** During December 2019 and January 2020 there were a total of **380** incidents recorded on Datix. Incidents are recorded by NHS Grampian and some HSCM staff on the Datix system. Each incident is reviewed by the appropriate line manager, with the relevant level of investigation applied. Analysis of the data shows that the majority of incidents (320) were resolved following a local review by the line manager. **1** incidents is undergoing a Level 1 review (full review team), **2** with a Level 2 review

(local management review team). There are currently **57** incidents awaiting review. **7 incidents** were considered for Duty of Candour, following investigation **5** did not meet the threshold of the Organisational Duty of Candour Procedure and **2** of these remain unsure as investigations are not yet completed. Of the **380** incidents reported on Datix there were **295** rated as negligible; **75** as minor; **9 as** Moderate. **1** incident is rated as extreme and is undergoing a level 1 review.

4.6.2 **Learning from incidents and reviews**

Following and Adverse Event Review of a pharmacy dispensing error, learning implemented includes:

- Slow release preparations are now kept separately from standard release preparations.
- The pharmacy has created a document containing the identifiable signatures of pharmacy staff which supports accountability and governance.
- Learning shared with the team to facilitate improved practice.

Following a security incident at an NHS property, which entailed a delay in the appropriate staff being contacted, Information was shared with Police Scotland and advised of the correct procedure to contact the Senior Manager on call for HSCM. It was requested that this information be communicated to all local policing units/teams so to prevent future delays to checking and confirming security status of NHSG/HSCM premises.

4.7 **Risks**

New risks identified are discussed at each Clinical Governance Group. There have been **no new** risks graded as “High” or “Very High” during the reporting period. Each Clinical Service Group/Department will highlight risks associated with services, which are discussed during a reporting session to the HSCM Clinical Governance Group. Any identified as increasing in risk are escalated through the reporting structure.

All risks held on the HSCM Risk Register are currently being reviewed and risk handlers have been asked to update these on Datix. High and Very High Risks are now being discussed at the HSCM Senior Leadership Group on a monthly basis.

4.8 Issues for escalation to the Clinical and Care Governance Committee

4.8.1 Following the recent NHS Grampian Community Hospitals, safety and cleanliness announced Inspection, Moray has been fully engaged in the development of the Action plan to respond to the recommendations made. Actions allocated to Moray have been completed.

4.8.2 The HSCM Clinical Governance Group will write to NHS Grampian to:

- Ask for assurance from the Medical Director that all Medical staff within HSCM have received an Appraisal and are engaged in and have completed the revalidation process.
- Ask for assurance from the Director of Nursing for Primary Care that Senior Charge Nurses have the capacity to complete recent additions to their workload such as QIMPLE (Quality Management of Practice Learning Environment) and Job Train which is impacting on the submission of quality assurance tools. The group are assured that there are processes in place, but are not assured that there is sufficient staff resource to complete these tasks.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan "Moray Partners in Care" 2019 – 2029

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in the delivery of high quality care and treatment.

The local Clinical Risk Management (CRM) group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications

This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

(h) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Head of Clinical Governance, Moray Alliance
- Chief Financial Officer, MIJB
- Caroline Howie, Committee Services Officer
- Corporate Manager

6. CONCLUSION

6.1 The HSCM Clinical Governance Group are assured that issues and risks identified from complaints, clinical risk management, internal and external reporting, are identified and escalated appropriately. The group continues to develop lines of communication to support the dissemination of information for sharing and action throughout the whole clinical system in Moray. This report aims to provide assurance to the Moray Integration Joint Board Clinical and Care Governance Committee that there are effective systems in place to reassure, challenge and share learning.

Author of Report: Pauline Merchant, Clinical Governance Coordinator
Background Papers: held by author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 FEBRUARY 2020**

SUBJECT: **ADULT SUPPORT AND PROTECTION**

BY: **CHIEF SOCIAL WORK OFFICER (CSWO)**

1. REASON FOR REPORT

1.1. To inform the Committee of progress in relation to the Moray Improvement Action Plan for Adult Support and Protection (ASP) and actions taken to date.

2. RECOMMENDATION

2.1. It is recommended that Committee considers and notes the progress in relation to ASP.

3. BACKGROUND

3.1. The Improvement Action Plan for Adult Support and Protection in Moray together with the Risk Register for the project were presented to the Adult Protection Committee on Friday 17 January 2020.

3.2. The Moray Improvement Action Plan is a project which is intended to improve the policy, systems and processes relating to ASP in Moray. It brings together the improvement actions which were identified by Moray Adult Support Partners in self-evaluation workshops in April and May 2019. The work streams of the project cover the following:

- Policy, Process and Procedure
- Training and Development
- Audit and Lived Experience
- Performance Management
- Service Redesign and Review
- ICT and Recording
- Professional Practice (provision of ongoing support for Social Work Council Officers)

3.3. The completion of all of the tasks identified under each work stream is necessary in order to meet the objectives of the project. While many tasks have been completed so far, there is an increasing number of delays to the completion of the tasks, requiring timescales to be revised.

3.4. The timescales of the project are intended to enable the new core processes to have been fully developed by the time Moray is inspected. However, the 2 year period within which inspections will take place has now commenced. This means that Moray could, at any time, be given 12 weeks advance notice of the inspection date for Moray.

3.5. The Risk Register for the project has identified risks and issues that could impact the project. A risk matrix has been used to establish the impact and probability of each risk. Where there are counter measures to manage the risk, these have been stated.

3.6. The Operational Working Group meet every two weeks to update the plan and the most recent version is attached at **APPENDIX 1.**

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Moray Adult Protection Committee next meets on 6 March 2020 and will be considering further actions to progress the Improvement Plan, this is likely to relate to capacity and resource..

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan "partners in care" 2019-2029

This links to Outcome 7 of the Strategic Commissioning Plan "Partners in Care" – People using health and social care services are safe from harm.

(b) Policy and Legal

This procedure applies to all adults at risk of harm, as defined by the Adult Support and Protection (Scotland) Act 2007.

(c) Financial implications

Consideration of the prospect of further investment in posts to address the risks associated with the content of this report is being undertaken by the Chief Officer (CO) and Senior Management Team (SMT), Health and Social Care Moray.

(d) Risk Implications and Mitigation

The risk of ASP service delivery not meeting an acceptable standard are being managed and mitigated by the ASP group with any high or very

high risks being escalated to System Leadership Group for assistance and support.

(e) Staffing Implications

Additional staffing resource has been agreed by the CO and SMT of HSCM. This resource will allow capacity to expedite the key risks noted within the ASP committee and the Public Protection Chief Officer Group(PPCOG).

The PPCOG partners are also looking at supporting resources to expedite the improvement plan.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the members of the ASP Operational Working Group who are in agreement with the content of this report.

6. CONCLUSION

6.1. The Adult Protection Committee is concerned that, whilst measures have been put in place and improvements have been noted in implementing elements of the action plan, the tasks in the Moray Improvement Action Plan are not going to be fully completed in line with the timescales identified.

6.2. The Adult Protection Committee and Chief Officers Group both agreed that additional resources be deployed to assess the risks if this is required and that this will be managed by Health and Social Care Moray.

Author of Report: Jane Mackie, CSWO
Background Papers: with author
Ref:

Adult Support & Protection: Moray Improvement Action Plan 10.02.2020

The Project Plan

Key

ZS=Zandra Smith, **IM**=Iain McGregor, **AM**=Alex Morrison **RP**=Robin Paterson, **MC**=Michelle Cumming, **RH**=Roddy Huggan, **TA**=Tracey Abdy, **SG**=Suzy Gentle **YW**=Yvonne Wright, **VL**=Vicky Logan, **OWG**=The Operational Working Group, **JM**=Jane Mackie, **SC**=Sean Coady, **BS**=Bridget Stone, **CM**=Charles McKerron, **GM**=Garry MacDonald, **TW**=Tracie Wills, **SG**=Suzy Gentle ,**YW**=Yvonne Wright, **BW**=Bruce Woodward, **CP**=Consultant Practitioners, **ASPC**=Adult Support & Protection Committee, **ASPSG**=Improvement Action Plan Adult Support & Protection Committee Sub Group

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
1.0 Workstream: Policy, Process & Procedure				**Lead:** Zandra Smith			**From**: July to April 2020	
1.1.	**Objective:** Develop a 'Vision for Moray Policy' that highlights not only the importance of *protection* but also *support*, *positive risk taking* (from a social and health care perspective) and *protecting life* (Police Scotland perspective).							
1.1.1	**G**	100%	**Task:** Based on the self-evaluation insights develop a draft Moray Vision Policy**.**	N/A	ZS	July	July	Preparation work for the workshop to be held on 9 September. Task complete.
1.1.2	**G**	100%	**Task:** Host a multi-agency workshop to further develop proposed draft of the Moray Vision Policy	1.1.1	ZS	Aug	Sept	Multi-Agency Workshop held on 9 Sept. Following the self-evaluation exercise, 3 option developed for further consideration.
1.1.3	**G**	100%	**Task:** Circulated amended draft for further comment by the participants who attended the workshop	1.1.2	ZS	Sept	Sept	Draft Statements presented to the ASP Committee on 20 9 19. Consensus reached on draft statement
1.1.4	**A**	tbc	**Task**: The Operational Working Group agree to circulate the draft Vision document for wider consultation	1.1.3	OWG	~~Sept~~ Oct	Complete	To be added to next MAPC agenda. Agree when this should be circulated. Proposed as part of the revised policy and manual. Previously noted. Agreed that statement will be circulated for wider circulation once underpinning

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
								principles are added. See task below.
1.1.5	**A**	90%	**Task:** The Operational Working Group agree amendments to Vision Statement	1.1.4	OWG/ ASPSG	Oct	Oct	To be added to next MAPC agenda Vision statement and underpinning principles agreed by the Operational Working Group Meeting on 7 10 19. Previously noted that at the Operational Working Group meeting held on 25 September, agreed that under principles will be added by BS. To be presented for further considerate at the October Operational Working Group Meeting.
1.1.6	**G**	100%	**Task:** Vision for Moray Policy Statement endorsed by The Moray Adult Protection Committee	1.1.5	JM/ZS	Oct	Nov	To be added to next MAPC agenda. Draft vision endorsed by AP Committee. However this will be re-presented to the Group as part of the revised ASP Policy. Need to confirm the date for this meeting and that this is an agenda item (along with Project Plan Update, Risk Log, Proposal for Engaging with Lived Experience and revised ASP remit-see below 1.2.1)
1.2.	**Objective:** In the context of developing a vision for Moray, review the remit and membership of the Adult Support Protection Committee.							
1.2.1	**G**	100%	**Task:** Based on the insights from the self-evaluation exercise and other Partnership Committees, develop a revised draft remit for Moray P Committee	N/A	SC/ZS	Sept	Sept	The draft is an agenda item for the Operational Working Group Meeting on 6 2 20. Proposed that it will then be submitted as an agenda item for the February Meeting of the Adult Protection Committee.
1.2.2	**G**	0%	**Task:** Revised remit considered by the Operational Working Group	1.2.1	OWG	Oct	complete	As above. To be submitted to the Adult Protection Meeting in February.
1.2.3	**Not due**	0%	**Task:** The Adult Protection Committee consider and agree the revised remit	1.2.2	JM	Oct	Feb	Subject to the above, timeline revised.
1.2.4	**A**		**Task:** Along with the agreed Moray Vision Policy, the agreed remit of the Committee is circulated to partner agencies	1.2.3	IG/MC	Nov	April	To be added to agenda for next MAPC.
1.3	**Objective**: Review the Core ASP Process (flow chart) with the aim of ensuring that it adequately reflects multi-agency input (including SAS) and covers the whole ASP process including monitoring and review.							
1.3.1	**G**	100%	**Task:** Host multi-agency Workshop to consider 'As Is' and 'To be' Core Process (take account of self-evaluation insights)	N/A	tbc	Sept	Sept	Workshop held on 18 9 19. Good representation from partner organisation. Initial feedback indicates constructive and helpful comments received.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
1.3.2	**G**	100%	**Task:** Circulate revised 'To be' Core Process for further comment by workshop participants	1.3.1	EG	Sept	Jan	Draft Core Process circulated to colleagues attending the Resource Workshop on 6 January. Further refinements currently being finalised by Emma Gormley (interim Access Team Manager).
1.3.3	**A**		**Task:** Amended 'To be' Core Process is considered for wider circulation by the Operational Working Group	1.3.2	EG	Dec	tbc	To be finalised at meeting on 10th February 2020.
1.3.4	**Not Due**		**Task:** Following consultation, 'To be' Core Process is agreed by the Operational Working Group and the AP Committee.	1.3.3	EG	Dec	March (tbc)	Timescale to be determined following the completion of the above task.
1.3.5	**Not Due**		**Task:** Final Core Process circulated to multi-agency partners for information	1.3.4	IG/MC	Feb	March (tbc)	This may now be March for circulation.
1.4	**Objective:** Review the Out of Hours (OOH's) process to ensure that it is aligned with the Moray Policy and the Core ASP Process (NB This output has now been incorporated as part of the development of an arching ASP process)							
1.4.1	**G**	100%	**Task:** Draft 'As Is' Core Process (including OOH's) In preparation of next workshop (This is now the Core Process Part 2 Workshop)	N/A	Tbc	Sept	Oct	First iteration of the draft core process developed at the Operational Working Group Meeting 1 November.
1.4.2	**G**	100%	**Task:** Host workshop with OOH's SW's with the aim of generating a 'To be' OOH's Process in line with Core Process (This is now the Core Process Part 2 Workshop)	1.4.1	tbc	Sept	Nov	Workshop held on 1 November. OOH process map will be incorporated into the work to determine the core ASP process.
1.4.3	**A**	tbc	**Task:** Circulated draft 'To be' OOH's/Core Process for further comment	1.4.2	IG/MC	Nov	Tbc	This task is now incorporated as part of the development of the core process (as above).
1.4.4			**Task:** The Operational Working Group endorse the To be OOH's /Core Process	1.4.3	OWG	Jan	tbc	This task is now incorporated as part of the development of the core process (as above).
1.4.5			**Task:** Final OOH's process circulated to colleagues.	1.4.4	MC/IG	~~Nov~~ Jan	~~Nov~~ Feb	
1.5	**Objective:** In supporting a Moray Policy, develop a written procedure that includes and agrees the multi-agency input required for applying the 3 point test.							
1.5.1	**G**	30%	**Task:** Informed by the Moray Vision Policy Statement, develop a draft written procedure for discussion	1.1.6	GM	Oct	Oct	Underpinning principles and vision statement sent to GM on 8 10 19 and now undertaking preparatory work.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
								GM attended the Core ASP process on 18 September. Now progressing on initial draft procedure based on information gathered.
1.5.2	**Not due**		**Task:** Host a multi-agency Workshop to consider draft procedure	1.5.1	GM	Nov	Mar	This timescale has been revised.
1.5.3	**Not due**		**Task:** Circulate draft procedure to workshop participants for further comment	1.5.2	GM/MS	Feb	Mar	
1.5.4	**Not due**		**Task:** The Operational Working Group agree that the draft procedure can be circulated for further comment	1.5.3	OWG	Feb	Mar	
1.5.6	**Not due**		**Task:** The Operational Working Group and the Adult Support & Protection Committee Sub Group endorse the procedure	1.5.4	OWG/ ASPSG	Mar	Apr	
1.6	**Objective:** Based on this procedure (1.5), develop a manual that can be share between all partners							
1.6.1	**Not due**		**Task:** Informed by the Moray Policy Vision Statement, Core Process and Procedure develop an easy read manual for all partner agency colleagues	1.1.6 1.3.4 1.4.5 1.5.6	EM	Apr	Apr	This timescale has been revised.
1.6.2			**Task:** The Operational Working Group and Adult Support & Protection Committee Sub Group agrees that the draft manual can be circulated for comment	1.6.1	OWG/ ASPSG	Apr	Apr	
1.6.3			**Task:** The Operational Working Group endorse the final version of the manual	1.6.2	EM	Apr	Apr	
1.6.4			**Task:** The manual is circulated to all partner agencies for information	1.6.3	IG/MC	Apr	Apr	
1.7	**Objective:** Following the review of the core process, all forms are reviewed to ensure that they support information sharing between partners and are consistent with the revised Moray policy and procedures							
1.7.1	**Not due**		**Task:** A list of all ASP related forms in scope is collated	N/A	IG	Mar	Mar	Timescale has been revised.
1.7.2			**Task:** Draft amendments made to forms in line with revised ASP procedures	1.7.1 1.5.6	ZS/IG	Mar	Mar	
1.7.3			**Task:** Workshop hosted to consider proposed amendments to forms	1.7.2	ZS/IG	Mar	Mar	

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
1.7.4			**Task:** The Operational Working Group agrees that amended forms are circulated to appropriate colleagues for comment	1.7.3	OWG	Mar	Mar	
1.7.5			**Task:** The Operational Working Group agrees revised forms	1.7.4	OWG	Mar	Mar	
1.7.6			**Task:** Revised forms are circulated to relevant colleagues	1.7.5	IG	Mar	Mar	
1.7.7			**Task:** Snagging Log form developed and circulated	N/A	IG/RP	Mar	Mar	
1.7.8			**Task:** The Operational Working Group Review Snagging Log. Any necessary changes to be made to forms (3 months after	1.7.7	IG/OWG	Tbc	tbc	
1.8	**Objective:** The H&SCM Commissioning Team will review the contract to help ensure that formal advocacy services are as accessible as possible to people involved in the adult support and protection process (RP to confirm when the contract is resubmitted for tender)							
1.8.1	**A**	30%	**Task:** Commissioning colleagues confirm proposed tender specification in relation to ASP support	N/A	PK	Oct	Dec	Referral data received from Circle Advocacy. Agenda item for the Operational Working Group Meeting on 6 February. Previously noted, task being progressed by PK and overseen by RH. Following the ASP Operational Meeting held on 6 November, it was agreed that contact would be made with Circle Advocacy to determine volume of ASP referrals/requests for support received.
1.8.2	**R**		**Task** The Operational Working Group endorse proposed specifications	1.8.1	OWG	Dec	Dec	This will be an agenda item at the Operational Working Group Meeting to be held on 6 February.
1.9	**Objective:** Develop revised guidance for the completion of risk assessments. The guidance will note that risk assessment require to be created with multi-agency input.							
1.9.1	**A**	50%	**Task:** Draft guidance developed informed by Case File Audits and insights from the self-evaluation workshops	N/A	BS	Dec	Feb	Confirm status. Timeline revised.
1.9.2	**A**	20%	**Task:** Multi-agency workshop hosted to consider revised guidance for risk assessments	1.9.1	BS	Jan	Feb	Confirmation of the date and arrangements for the workshop currently being undertaken.
1.9.3	**Not due**		**Task:** Following workshop, participants provide further comment on the draft	1.9.2	BS	Jan	Feb	Timescale revised.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
			guidance					
1.9.4	**Not due**		**Task**: The Operational Working Group endorse the revised risk guidance	1.9.3	BS	Jan	Feb	Timescale revised.
1.9.5	**Not due**		**Task**: Revised guidance circulated to agency partners	1.9.4	IG	Jan	Feb	Timescale revised.
2.0 Workstream: Training & Development **Lead**: Suzy Gentle & Yvonne Wright From: February to April								
2.1	**Objective:** Undertake a training audit that identifies the gaps in ASP training for all partners (including providers).							
2.1.1			**Task:** Present a proposal to the OWG concerning the scope (e.g. range of partners) and implementation of the Audit	N/A	SG/YW	Feb	Feb	
2.1.2			**Task:** Implement Audit	2.1.1	SG/YW	Mar	Mar	
2.1.3			**Task:** Present findings of the Audit to the OWG and to the Improvement Action Plan ASP Committee for endorsement	2.1.2	OWG/ ASG	Apr	Apr	.
2.1.4			**Task:** Expand on process for 16 and 17 year olds to capture Throughcare and Aftercare		tbc		tbc	
2.2	**Objective:** Based on the findings of this audit, develop a revised ASP Training and Development Programme for 2020 & central register for training (see objectives table for content of the programme)							
2.2.1		0%	**Task:** Draft ASP Training and Development Plan presented to the Operational Working Group Improvement Action Plan ASP Committee for endorsement and to prior to consultation	2.1.3	SG/YW	Jan	Feb	Timescale revised. Still to be progressed.
2.2.2			**Task:** Draft ASP Training and Development Plan submitted to partner agencies for consultation	2.2.1	IG	Feb	Feb	Timescale revised.
2.2.3			**Task:** Following consultation amendments, ASP Training and Development Plan is endorsed by the Operational Working Group and the Improvement Action Plan ASP Committee for endorsement	2.2.2	OWG/ ASSG	Feb	Feb	Timescale revised.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
2.2.4			**Task:** ASP Training & Development Plan is implemented	2.2.3	SG/YW	Feb	Ongoing	Timescale revised.
2.3	**Objective**: The CSWO will provide briefings to existing and new members (on induction) in relation to their roles and responsibilities on the Adult Support & Protection Committee							
2.3.1	**A**	0%	**Task:** Develop a schedule of briefings	N/A	IG	Jan	Jan	Still to be progressed.
2.2.2	**A**	0%	**Task:** The Operational Working Group and the ASP Committee endorse and the agree schedule	2.3.1	OWG/ ASPSG	Jan	Feb	Propose that this is an item submitted to AP Committee in February.
2.3.3	**Not due**		**Task:** Implement the schedule of briefings	2.3.2	JM	Feb	Ongoing	
3.0 Workstream: Audit and Lived Experience			**Lead:** Bridget Stone				**From:** July to October	
3.1	**Objective**: Agree a rationale for undertaking case file audits which are conducted on a multi-agency basis							
3.1.1	**G**	100%	**Task:** Review and agree audit template (informed by self-evaluation)	N/A	BS	July	July	Complete. Based on the audit tool used to inform the ASP Improvement Plan.
3.1.2	**G**	100%	**Task:** Develop a 12 month proposal for undertaking case file audits. This should include the rationale for selection across all service areas, including Police files and the mechanism for providing feedback	3.1.1	BS	Aug	Aug	Complete
3.1.3	**G**	100%	**Task:** Proposal submitted and agreed by the Operational Working Group.	3.1.2	OWG	Sept	Sept	Complete. BS presented proposal to the Operational Working Group on 9 December. Schedule to be made available to AP Committee if requested.
3.2	**Objective:** Implement the case file audit schedule that includes ensuring that ASP related issues are consistently captured on Support Plans and Reviews, undertaking a multi-agency learning review of all banning orders & LSI's when completed and DATIX recorded ASP issues follow the agreed procedure and are referred to the Access Team.							
3.2.1	**G**	100%	**Task:** Case File Audit Finding Summary Reports Provided to the Operational Working Group, P.Gov and Clinical Gov Board on a quarterly basis.	3.1.1	BS	~~Oct~~	Ongoing	This will be submitted in line with the frequency of undertaking audits as per the schedule. Subject to confirmation, the first audit will be initiated in April.
3.3	**Objective:** The results of audit are shared with the Adult Protection Committee							
3.3.1	**Not due**		**Task:** Quarterly Case File Audit Reports submitted to AP Committee. Reports should note improvement actions subsequently implemented	3.2.1	BS	April	Ongoing	Not due.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
3.4	**Objective:** Agree and implement a systematic approach to capturing the lived experience (qualitative) of people who have been in contact with the ASP process							
3.4.1	**G**	100%	**Task:** Develop a proposal for capturing the lived experience of people who have been in contact with the ASP process	N/A	BS	Sept	Sept	Complete. Previously noted. Options appraisal undertaken. At the Operational Working Group Meeting on 25 September, it was agreed that the preferred option would be further developed. This will submitted for approval at the October meeting of the Operational Working Group and will then be submitted for information to the ASP Committee.
3.4.2	**G**	100%	**Task:** The Operational Working Group agree the proposal	3.4.1	OWG/ ASPSG	Oct	Oct	Complete.
3.4.3	**Not due**		**Task:** Proposal implemented and quarterly reports provided to the Operational Working Group and Adult Protection Committee (standing agenda item)	3.4.2	BS	Oct	Ongoing	Audit to be provided to AP Committee on request.
4.0 Workstream: Performance Management **Lead:** Tracey Abdy **From** : ~~November to December~~								
4.1	**Objective:** To support the development of a revised ASP core process by developing a suite of time based service standards which include the time from receiving the initial referral to the application of the 3 point test.							
4.1.2	**Not due**		**Task:** Based on the revised ASP core process and procedure, develop a performance management proposal outlining the service standards for each element of the proposal. This should also include indicators for Formal Advocacy.	1.3.5 1.4.5 1.5.6	BW	Feb	Mar	Timeline revised. Proposed that the Information SystemsIOfficer will be able to facilitate this work. RP to contact RH.
4.1.3	**Not due**		**Task:** The Operational Working Group endorses proposal	4.1.2	OWG	Mar	Mar	
4.1.4	**Not due**		**Task:** Service Standards are circulated through the ASP Manual	4.1.3	BW/EM	Apr	Apr	
4.2	**Objective**: As part of the performance management arrangements for the ASP Committee, develop a quarterly performance report that not only includes service standards, output measures but also reports on personal outcomes relating to both health & social care support.							
4.2.1	**Not due**		**Task:** Submit AP performance management reports to the OWG and Adult Protection Committee on a quarterly basis	4.1.3	BW	~~Dec~~ Apr	~~Dec~~ Apr	Timeline revised.

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
5.0 Workstream: Service Redesign & Review				**Lead**: Sean Coady & Jane Mackie		**From**: ~~July~~ to October		
5.1	**Objective:** To ensure that the initial referrals are processed in a timely manner, the Access Team should be reviewed to consider if it is adequately resourced to complete the high volume of screening of the initial ASP referrals received.							
5.1.1	**G**	100%	**Task:** Collate baseline data in relation to the volume of referrals received by Access Team	N/A	AM/BW	July	~~Sept~~ Oct	Baseline line data submitted Agreed at the Operational Working Group on 25 9 19, that AM will collate 3 years of trend data in relation to ASP referrals to the Access Team.
5.1.2	**G**	100%	**Task:** Host workshop to review data and identify options for Access	5.1.1	SC/JM	~~Sept~~ Jan	~~Sept~~ Jan	Complete. Worskshop held on 6 January.
5.1.3	**G**	50%	**Task:** Based on the outcome workshop submit an SBAR report to the Operational Working Group for consideration and endorsement	5.1.2	OWG	Jan	Jan	SBAR submitted to COG. Comments noted. SBAR will be revised.
5.2	**Objective:** Review the impact of ASP work on the OOH's Service and on Social Worker time and other partners							
5.2.1	**G**	100%	**Task:** Collate baseline data in relation to the volume of referrals received by the OOH's Team	N/A	AM/BW	July	Sept	Data collated.
5.2.2	**G**	100%	**Task:** Host workshop to review data and identify options for OOH's	5.2.1	SC/JM	Oct	Oct	Complete. Worskshop held on 6 January.
5.2.3	**G**	50%	**Task:** Based on the outcome workshop submit an SBAR report to the Operational Working Group for consideration and endorsement	5.2.2	OWG	Sept	Oct	SBAR submitted to COG. Comments noted. SBAR will be revised.
6.0 Workstream: ICT & Recording				**Lead:** Roddy Huggan		**From**: March to April		
6.1	**Objective:** Make better use of carefirst and ICT to support the implementation of a revised ASP process by ensuring ASP referrals are coded on carefirst, vulnerable people are categorised to assist community hub meetings and informing colleagues when the 5 Trigger Point Concern Report threshold has been reached (using carefirst)							
6.1.1	**Not due**		**Task:** In light of the insights gained from the self-evaluation, prepare a brief report on the viability of undertaking the identified improvement actions in relation to carefirst	N/A	VL	Mar	Apr	Proposed that timescale should be revised in light of new appointment to System Managers post.
6.1.2	**Not due**		**Task:** Following the submission of this report, the Operational Working Group will agree the actions to be undertaken along	6.1.1	OWG	Mar	Apr	

Task	Risk Status	% Progress	Activity Name	Dependency	Who	Start	Finish	Comment
			with a timescale.					
7.0 Workstream: Professional Practice (Health, Social Care & Police Scotland) **Lead:** Lesley Attridge, Alan Milton **From:** August to October 2019								
7.1	**Objective:** To provide ongoing mentoring and support for Social Work Council Officers undertaking ASP activity.							
7.1.1	**G**	100%	**Task:** To host a Social Worker/Council Officer workshop with the primary focus of reporting back on the findings of the Council Officer Survey and Access Procedures.	N/A	BS/ZS	August	August	Complete. Workshop held on 2 September
7.1.2	**R**	Tbc	**Task:** Circulate a written report identify coach mentoring personal development needs based on the agreed actions from the above workshop	7.1.1	CP/Managers	~~Sept~~	~~Sept~~	To be further developed. Timescale to be revised
7.1.3			**Task:** Coaches/Consultants check in with staff once every 2 weeks in relation to ASP practice	7.1.3		~~October~~	~~October~~	To be further developed. Timescale to be revised

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 FEBRUARY 2020**

SUBJECT: **REVIEW OF CLINICAL AND CARE GOVERNANCE – OUTPUT FROM WORKSHOP**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Committee of progress in relation to the review of clinical and care governance arrangements.

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and notes:-

i) the progress and the future actions identified in APPENDIX 1, and

ii) a final draft of the action plan will be brought to a future meeting for approval.

3. BACKGROUND

3.1. The national Clinical and Care Governance Framework 2013 provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.

3.2. To fulfil this requirement there is a need for Moray Integration Joint Board (IJB) and Health and Social Care Moray to ensure that they provide assurance that effective arrangements are in place to ensure there is:-

- Relevant Health and Social Care professionals held accountable for standards of care provided.
- Effective engagement with communities and partners and improved health and wellbeing outcomes are being met.
- Effective scrutiny of the quality of service performance to inform improvement priorities.

- Clear learning and improvements generated from effective systems.
- Support for staff if concerns are raised relating to safe service delivery.
- Clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance.

3.3. Due to the complexities of integrating the operational systems across NHS Grampian, Health and Social Care Moray (HSCM), Moray Council and IJB it was identified there was a necessity to bring representatives of the different perspectives together to establish a collaborative approach to ensure communication of assurance using consistent language.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. A Clinical and Care Governance workshop was held in Elgin on 8 January 2020, introduced by Sandy Riddell, Chair of Moray IJB Clinical and Care Governance Committee and attended by 39 staff representing a wide range of services across the system. A list of attendees is attached at **APPENDIX 3**.

4.2. There was a regional stakeholder event hosted by Scottish Government in Aberdeen on the same day to discuss the revised guidance for clinical and care governance which will be launched in May 2020 titled “What Next?”. The Moray workshop had been scheduled first and the commitment to the Moray workshop from the Professional leads emphasised the willingness to engage and build on the good work already being undertaken.

4.3. Presentations were delivered by:-

- Iona Colvin, Chief Social Work Adviser, Scottish Government, focussing on the partnership approach to improving outcomes, quality and sustainability.
- Dr Caroline Hiscox, Executive Nurse Director, who outlined the clinical governance system and interrelationships with PAIR (Performance, Assurance, Improvement, Risk) approach being adopted by NHS Grampian Senior Leadership Team for governance across all sectors.
- Dr Nick Fluck, Medical Director, set out the professional and managerial accountability structures
- Pam Dudek presented on behalf of Susan Webb, Director of Public Health, and highlighted the need to develop a system wide focus on prevention with evidence and needs based in public health.
- Professor Susan E Carr, Director of Allied Health Professions and Public Protection, highlighted the need to encourage teams to work together to identify potential problems before they happen and the importance of supervision and its association with job satisfaction, organisational commitment and retention of staff.

4.4. Following the presentations attendees split into groups and through facilitated discussion considered the following questions:-

- What’s working well?
- What can we improve?
- What do we need to develop further?
- What do we want to ask the Scottish Government?

4.5. The output from the groups was collated and is attached at **APPENDIX 2.**

4.6. There were many areas where it was felt that good progress was being made in relation to communication and relationships already established, development of multi-disciplinary teams, local CRM (complaints, risks management) group providing consistency of approach and learning, regular meetings and opportunities for positive discussion with appropriate professional challenge and communications.

4.7. The key themes for areas for improvement identified by the group discussions were to:

- declutter and simplify the existing reporting mechanisms and provide clarity for accountability and responsibility
- to develop the culture of the organisation, relationships and engagement of workforce
- to connect with the PAIR process to have a consistent language across the integrated system
- investigate the potential of DATIX to assist with collation and reporting of information
- seek clarification from NHS Grampian, Moray Council and professional leads of their assurance requirements.

4.8. These key themes have formed the basis of the draft action plan that is attached at **APPENDIX 1**. This will be considered by relevant groups and this committee and once in final draft will be brought to this meeting for final approval.

4.9. The Chief Social Work Adviser undertook to take forward to Scottish Government the issues that were raised in relation to the need to resolve data sharing issues across boards and within integration boards at a National level, to share learning and good practice from other Health Board areas and for children's services include the IJB in statutory requirements.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan "partners in care" 2019-2029

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpins the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for HSCM and partners, provides a clear understanding of the contributions and responsibilities of each person and how these are integrated.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

The work that is being undertaken to improve the links between stakeholders and clarify the governance framework will further strengthen provision of assurance and reduce the likelihood of negative impacts to the system.

(e) Staffing Implications

There are no staff implications arising as a direct result of this report.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the Chief officer and Caroline Howie, Committee Services Officer, and their comments have been incorporated in the content of this report.

6. CONCLUSION

6.1. This report provides an overview of the workshop on 8 January 2020 and the progress being made in developing the assurance framework for clinical, care and governance of Moray Integration Joint Board that will be overseen by this committee.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: with author
Ref:

Clinical Care and Governance

Aim: - To design and implement a streamlined assurance framework, that embeds clinical and care risk management, improvement and assurance across our integrated system and provides safe, effective and person centred care.

This action plan intends to translate the ideas generated at the workshop on 8 January 2020 into tangible actions.

This action plan and subsequent progress will be reported to Clinical and Care Committee.

There will require to be involvement with a wide variety of stakeholders from Health and Social Care Moray staff, NHS Grampian and Aberdeenshire and City HSCP, Professional Leads and Clinical Care Governance Committee.

	Required Action	Lead	Timescale
A	**Analysis of current arrangements**		
	Examine meeting structures around clinical and care governance including purpose, attendance, links, frequency and opportunities or issues		
	Self-assessment against current standards identified by professional leads, including communication mechanism of performance information		
	Review current use of DATIX and carry out an option appraisal for development opportunities		
	Seek any identified good practice in other Boards		
B	**Planning the future model**		
	Consider the output of the analysis		
	Identify opportunities to connect to the language used in PAIR (Performance, Assurance, Information and Risk)		
	Design a revised governance structure including :- Roles - accountability, responsibility,		

	Communication - meeting structures, reports Performance – measures and dashboards, Culture - staff appraisals		
	Consult on the revised governance structure		
	Identify training requirements		
C	**Implement the model**		
	Build a culture of engaged and motivated staff:-		
	Ensure all staff are informed of the new model and their individual and team roles		
	Ensure all staff are trained to the required standards		
	Embed regular appraisal and performance management in teams		
	Develop reflective practice and shared learning opportunities within teams and across the system		
D	**Review the model**		
	Follow up workshop to review progress, any areas requiring further attention and any development opportunities		

Clinical and Care Governance - Workshop 8 January 2020

Question 1 Group 1

What's working well?

Structures that are in place – no surprises.
Engaged and governance issues eg AER.
Advantages of being smaller area – easy to build relationships; - easy navigation.
Not "fear" of raising issues in relation to governance/clinical issues/awareness – risk – comfortable to identify this.
Working closely ie CiPs as independent businesses and others eg care homes.
Working towards creation of MDTs within communities and practices.
Bring two cultures together.
Set processes which assists – consistency.
Escalation process.
Lots of ….. in Moray – feeling ahead of the "game" in relation to other areas.
Admin support – importance of this.
Innovative practice is being supported in amongst need for clinical governance and assurance.
Opportunity to imbed clinical governance since need was identified 20 years ago for Moray (previous LHCC).
Development of commissioning process in supporting CCGs.

Question 1 Group 2

What are we doing well:-

- MDT working regularly.
- Positive – two-way communication and assurance and across one system. The new reporting template for CCG group is excellent. Allows teams/services to provide …?..., development aspects, risks, mitigation, complaints and progress.
- Practice governance includes responsibility for health.
- Tie in encouraging SW teams to develop after bench-marking/plan.
- Structures commenced.
- What exactly will this professional group do going forward? May look different.
- Structures improved.
- Clear and documented.
- Regular meetings with clear roles and responsibilities.
- Right, people at tables/meetings.
- Open and honesty improving.
- Disciplines more comfortable to discuss issues/complaints/risks in more positive MDT manner.
- Hearing from experiences.
- Prevention – small problems, becoming big.
- Developing flow of communication.
- We are debating the issues around clinical and care governance.

Question 1 Group 3

What is going well?

- Moray IJB has good level of integration.
- Free discussion.
- Still feels council led in some ways (eg report structure).
- Dr Gray's Clinical Governance Group – developing and improving; links to clinical and risk management.
- HSCM Clinical Governance Group – CRM Group – feed into C&CG Committee.
- HSCM Children and Families Governance Group – developing – feed into C&CG Committee.
- HSCM Practice Governance Group – feed into C&CG Committee.
- Sharing knowledge between services.
- Professional challenge and communication.
- Less defensive – open, upfront.
- Workforce – skillset; experience, expectation, knowledge, models of working.

Integrated Governance Structure

- Confidence in clinical managers.
- Correct membership of meeting.
- Accountability for providing report – many areas not providing.
- Clear KPIs – what do we need to report on?
- Exception reporting – managed at service level and escalated when not performing or issues.

Going well in CC Governance: **PAIR**

- Governance meetings/Templates for reporting.
- CCGov.
- SW Practice Board – Professional
- DGH
- PC Gov
- SW Leadership.
- Feed into IJB – element of structure.

Question 2

What can we improve / develop further?

Take work forward in — Easier/More Challenging

- Council led formats (perceived)
- Continue to build on inclusive culture and constructed challenge.
- Single system reporting (eg complaints).
- Use of performance indicators and impact on other services.
- Increase knowledge and understanding in the role of C&CG Committee/
- IJB with feedback from groups to reporting services.
- Clarity of current Clinical Governance structures.
- Review and streamline structure.
- Avoid/reduce duplication of reporting.
- Self-evaluation of CG and existing groups/services.

Group 2

- Understanding the Health and Social Care Safe Staffing legislation – Governance, Operational implications.
- IT systems – DATIX – Adverse Events; - Tableau
- Development of performance Indicators – what is it we are measuring and why?
- Marking our own homework – open to external systems support.
- The evolving localities will give opportunity to diversify.
- Use and train different levels of the team to do investigating or improvement – sharing the load.
- Supervision in practice.
- How do we report appropriately – de-clutter – pro-active reporting?

Group 3

- Good at getting a structure and groups. Does all the info come together at SLG - CGC?
- How do we join up NHS and local authority?
- A lot of governance going on – how do we simplify?
- Local governance reporting.
- How does IJB Governance Committee receive the right info and the assurance?
- National care standards – health and social care standards need to be embedded.
- So many meetings on the same subject.
- NHSG should provide governance "guidance", "clarity" and "so what?".
- Care and Clinical Governance Group – what is it for?/what does it need?
- Eg complaints sign off; people being assured about the process.
- Need an overall process for complaints components et complain re: in-house care and community and hospital. How do we respond?; How do we assure the public?
- Moray as a test site.

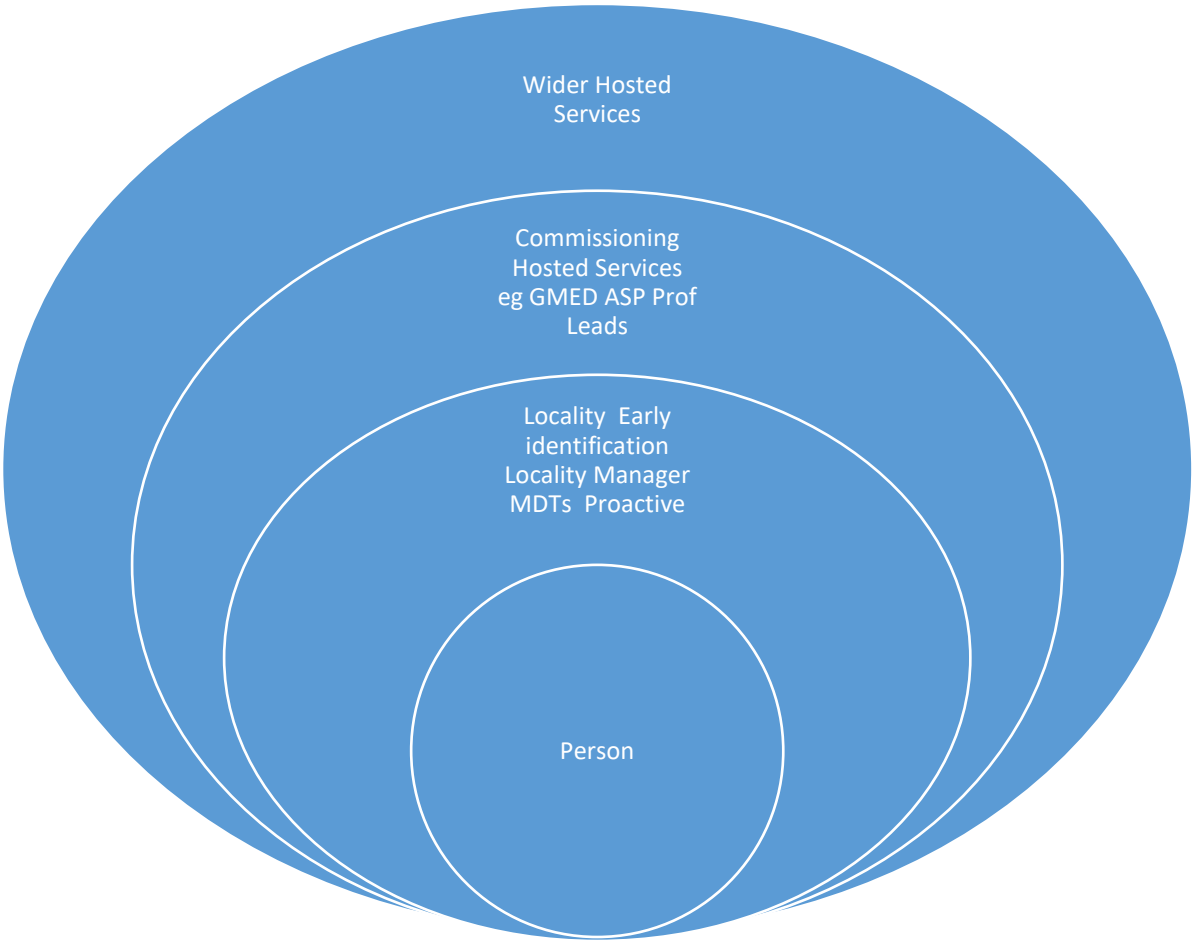
Group 4

- [Practice Governance/CRS].
- [Form vs function].

- MH side – Framework works well.
- Clinical Gov – structure and cross system approach re AEs.
- LD Gov Board – feeds local IJB – NHSG Board.
- MHOs governance feeds into local gov and NHS guide.
- [Sector independent/3rd sector].
- Datix system – complaints and feedback (although not fully integrated)
- [Cross system activity].
- [PAIR – improvement?, risk].
- Locality management/teams.

Suggestion – when we are person centred what the assurance on Clinical and Care Governance in what we are delivering and why looks like

(Unable to label local/regional/national)



Question 3

How to take forward?

- Take stock.
- Self-evaluation – development of delivery and action plan. Implementation – road map – year 1/2/3/4.
- Engagement of senior exec managers in all services (LA/MB?) – agreement of direction as IJB.
- Risk assessment of HDLs/CELs.
- Be brave and ambitious.
- Proceed until apprehended/push back.

New Structure

- One identity – single process complaints; one performance dashboard meaningful.
- Strategic performance vs statutory requirements.
- Organisational risk monitoring and management.
- Who collates data? What data? Clear KPIs.

Question 4 - What do we want to ask the Scottish Government (Iona)?

- For children's services (and others) (Girfec) include IJB in statutory requirements (Iona's GIRFEC list slide).
- One platform for adverse events/risk/complaints across IJB (eg Datix).
- Regular updates of integration progress.

SG Ask

- More shared learning.
- Easier access to information – regular updates.
- Sharing of good practice from other HB areas.
- Simple infographics to display information.
- IT needs updated – primary care/secondary care.
- Data sharing across boards.

Clinical and Care Governance Workshop

8 January 2020

Alexander Graham Bell Centre, Elgin

	Name	Designation
1	Alasdair Pattinson	Hospital Manager, Dr Gray's Hospital, NHSG
2	Alastair Palin	Medical Director, Mental Health and LD Services, NHSG
3	Alison Smart	Operations Lead Nurse, HSCM
4	Audrey Steele-Chalmers	AHP Professional Lead, HSCM
5	Bridget Stone	Consultant Practitioner, HSCM
6	Caroline Hiscox	Executive Nurse Director, NHSG
7	Charles McKerron	Acting Service Manager, Learning Disability & Consultant Practitioner, HSCM
8	Cheryl St Hilaire	Locality Manager – Keith/Speyside, HSCM
9	Claire Power	Locality Manager – Buckie/Cullen/Fochabers, HSCM
10	Corrine Lackie	Acting Nurse Manager, Moray Mental Health
11	Grace McKerron	Chief Nurse, NHSG
12	Graham Taylor	Clinical Lead, HSCM
13	Iain Macdonald	Locality Manager – Forres/Lossiemouth, HSCM
14	Iain Small	Medical Director Primary Care, NHSG
15	Iona Colvin	Chief Social Work Adviser, SG
16	Jeanette Netherwood	Corporate Manager, HSCM
17	Joanne Inkson	Moray Cluster Quality Lead, HSCM
18	John Campbell	Service Manager – Provider Services, HSCM
19	June Brown	Nurse Director, Health and Social Care Partnerships Rep MH/LD
20	Laura Stevenson	Dental Clinical Lead, Moray PDS
21	Lesley Attridge	Locality Manager – Elgin, HSCM

22	Linda Harper	Associate Nurse Director, HSCM
23	Liz Tait	Clinical Governance Lead, NHSG
24	Louise Black	System Manager, HSCM
25	Malcolm Metcalfe	Deputy Medical Director, NHSG
26	Michelle Stephen	Commissioning Co-ordinator, HSCM
27	Neil Strachan	Senior Planner, HSCM
28	Nick Fluck	Medical Director, NHSG
29	Pam Dudek	Chief Officer, HSCM
30	Pamela Cremin	Integrated Service Manager - MH, HSCM
31	Pauline Merchant	Clinical Governance Co-ordinator, HSCM
32	Rob Outram	Manager, Woodview, HSCM
33	Sandy Riddell	Chair Clinical & Care Governance Committee
34	Sandy Thomson	Lead Pharmacist, HSCM
35	Sean Coady	Service Manager, HSCM
36	Susan Carr	Director of Allied Health Professions and Public Protection, NHSG
37	Tracey Abdy	Chief Financial Officer, HSCM
38	Tracey Gervaise	Children and Families Health Services Lead, HSCM
39	Tracie Wills	Senior Commissioning Officer, HSCM