MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 February 2019

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, 28 February 2019** at **13:00** to consider the business noted below.

AGENDA

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
Mr Tony Donaghey	UNISON, Moray Council
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
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 Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Dr Ann Hodges	Consultant Psychiatrist
Ms Pauline Merchant	Clinical GovernanceCoordinator, Moray Health and Social Care Partnership
Ms Jeanette Netherwood	Corporate Manager, Health and Social Care, Moray
Mrs Liz Tait	Professional Lead for Clinil 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 INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 30 August 2018

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

PRESENT

Councillor Tim Eagle, Ms Pam Gowans, Mrs Linda Harper, Ms Jane Mackie, Dr Graham Taylor, Mrs Val Thatcher, Mrs Susan Webb

APOLOGIES

Mr Ivan Augustus, Dr Malcolm Metcalfe

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager, Health and Social Care Moray and Mrs Caroline Howie, Committee Services Officer as Clerk to the Meeting.

1 Declaration of Member's Interests

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

2 Minute of Meeting dated 31 May 2018

The minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 31 May 2018 was submitted and approved.

3 Action Log of Meeting dated 31 May 2018

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee date 31 May 2018 was discussed and it was noted that all items due, other than the following, had been completed.

Item 1 – Action log – Updated Clinical and Care Governance Operational

Arrangements – not yet completed, to be presented to the next meeting in November.

Item 2 – Health and Social Care Standards – bespoke sessions to be held in September to develop and implement ways of working. Further report to be presented in February 2019.

Item 3 – Large Scale Investigation – not yet completed, report to be presented in February 2019, including lessons learned.

4 Mental Welfare Commission for Scotland

A report by the Chief Officer informed the Committee of the Mental Welfare Commission for Scotland Visit and Monitoring Report - Themed Visit to People with Dementia in Community Hospitals.

Discussion took place on the suitability of community hospitals for those with dementia. It was advised that not all community hospitals are dementia friendly and work is on going to understand requirements and thereafter make recommendations for change.

Following further discussion it was agreed to seek an update report to Committee in February 2019 to identify good practice in addition to areas for improvement. It was further agreed the management team would review the proposed action plan and prioritise actions within the context of the Integration Joint Board (IJB) priorities and identify lessons learned applicable to the system.

Thereafter the Committee agreed to:

i. note the content of the report;

ii. note the content of the Mental Welfare Commission for Scotland visiting and monitoring report and the recommendations made on page 10 of appendix 1 of the report;

iii. note the table of actions to address the recommendations of the Commission's report attached as appendix 2 to the report;

iv. seek an update report in February 2019, which identifies good practice in addition to areas for improvement; and

v. task the management team with reviewing the proposed action plan and prioritise actions within the context of the IJB priorities and identify lessons learned applicable to the system.

5 Progress Review of Services for Children and Young People in Moray by Care Insptectorate

Under reference to paragraph 6 of the Minute of the meeting dated 10 February 2017 a report by the Chief Officer informed the Committee of the forthcoming progress review for Children and Young People services in Moray due to commence in November 2018.

During discussion it was advised there had been changes made since the previous inspection with a three to five year improvement programme being put in place.

Thereafter, following further discussion the Committee agree to note:

i. the scope and timing of the forthcoming progress review; and

ii. action being taken to prepare for the review.

6 Complaints and Adverse Events - Quarter 1

A report by the Chief Officer informed the Committee of Health and Social Care complaints and incidents reported in quarter 1 (April - June 2018).

Following discussion the Committee agreed to note the :

i. Quarter 1 (April - June 2018) Health and Social Care complaints and adverse events summary; and

ii. intention to provide contextual information in future reports.

MEETING OF MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 30 AUGUST 2018

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log dated 31 May 2018	Item 1 – Action log – Updated Clinical and Care Governance Operational Arrangements – not yet completed, to be presented to the next meeting in November. Item 2 – Health and Social Care Standards – bespoke sessions to be held in September to develop and implement ways of working. Further report to be presented in February 2019. Item 3 – Large Scale Investigation – not yet completed, report to be presented in February 2019, including lessons learned.	Nov 2018 Feb 2019 Feb 2019	Jane Mackie Liz Tait Jane Mackie
2.	Mental Welfare Commission for Scotland	Update report to be provided in February 2019.	Feb 2019	Pam Gowans
3.	Progress Review of Services for Children and Young People in Moray by Care Inspectorate	Update report to be provided in February 2019.	Feb 2019	Pam Gowans

REPORT TO: **CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **HEALTH CARE STANDARDS – IMPLEMENTATION**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of progress in implementing the Health & Social Care Standards (H&SC).

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:-

i) consider and note progress made in implementing the Health and Social Care Standards since August 2017 across Health and Social Care Moray;

ii) support the completion of a self-reflection resource from the Scottish Government which should enable Health & Social Care Moray to share good practice and demonstrate how the H&SC Standards are making a real difference in personal experience and outcomes to those receiving services in Moray; and

iii) note that further work will be undertaken to develop exception reporting on this matter from governance groups to this committee.

3. BACKGROUND

3.1 The Health and Social Care (H&SC) Standards– "My support, my life" were published in June 2017 and introduced on 1st April 2018. These standards set out what should be expected when people use Health, Social Care or Social Work services in Scotland. A report presenting the standards was submitted to this Committee on 31 May 2018 (para 4 of the minute refers).

3.2 These H&SC Standards are built upon five principles; dignity and respect, compassion, being included, responsive care and support, and wellbeing and

are taken into account by the Care Inspectorate, Healthcare Improvement Scotland and other scrutiny bodies in relation to inspections, and registration, of health and social care services.

3.3 It is proposed by the Scottish ministers that the H&SC standards will not be monitored as stand-alone but evidence of their implementation will be sought in all types of external reviews and inspections. Furthermore consideration during internal commissioning processes and annual reviews by Moray Council and NHS Grampian is expected

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Progress in implementation of standards has been made in the following areas:-

4.1.1. Since August 2017 10 workshops supported by Healthcare Improvement Scotland were held in Moray. These were well attended by representation from across the Moray Clinical and Care multidisciplinary teams.

4.1.2. The Team from Healthcare Improvement Scotland spent a day in the clinical environment within Dr Gray's Hospital discussing with multidisciplinary staff how these standards could be embedded in service provision and evidenced through good record keeping.

4.1.3. Video footage capturing multidisciplinary staff experience of using the standards to improve patient care was developed in Moray in conjunction with the Care Inspectorate. This film will be used as a teaching resource across Scotland.

4.1.4. Currently, evidence of implementation with the internal providers services is sought through a quality assurance process of reporting, auditing and key performance indicators. This evidence and assurance is currently reported to the Practice Governance Board. Processes will be further developed to provide exception reporting to this Committee.

4.2 The self-reflection tool proposed by the Scottish Ministers has suggested identifying an accountable role or department for successfully implementing the standards. Although there is currently some evidence of implementation there is not currently a resource identified to capture and collate evidence across Moray's Health and Care services at the level which may be expected.

4.3 Consideration of how the standards can be reflected in strategic planning and commissioning plans, and identification of opportunities for shared learning across Integration Joint Boards and partners has yet to be explored.

4.4 The outstanding actions identified are included in the action plan attached in **APPENDIX 1** and progress will be reported to future meetings of this committee.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in accordance with Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b) Policy and Legal

These Standards have been developed by the Scottish Ministers using powers given to them under two acts:

Section 50 of the Public Services Reform (Scotland) Act 2010 and Section 10H of the National Health Service (Scotland) Act 1978

(c) Financial implications

Whilst there are no direct financial implications in this report, to fully integrate these standards into everyday practice a significant programme of training and support should be available for staff, to develop skills in outcomes focussed practice, human rights based approaches, and to develop more meaningful relationships with people experiencing care. This has budgetary and resource implications which may be difficult to meet in the current financial climate.

(d) Risk Implications and Mitigation

There is a risk that the implementation and monitoring of the H&SC Standards becomes an industry in itself. The existing evidence of implementation is not collated in a format that maybe expected and there is no resource currently identified to do this. Senior Management Team will consider the allocation of available staff resource to this aspect of service delivery whilst balancing the competing priorities.

Although the registered manager of each service had the responsibility of ensuring the H&SC Standards are implemented, the Service Managers also have responsibility to ensure that feedback and evidence of implementation directly from the Care Inspectorate, Health Improvement Service reviews and other inspections are gathered timeously. There is a level of risk of resource capacity to do this and of ongoing reputational damage to H&SC Moray if the standards are not being met.

(e) Staffing Implications

None directly arising from this report.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as the report is for the Committee to note.
Addressing health and social inequalities through the delivery of safe, effective and person centred health and social care services is of high importance within H&SC Moray.

(h) Consultations

The Chief Officer, Heads of Service, and Chief Financial officer have been consulted on this report and their comments incorporated in this report.

6. CONCLUSION

6.1. This report is intended to provide the Committee with a level of assurance that due care and attention is currently being committed to support the implementation and embedding of the H&SC standards across Health and Care settings within HSC Moray

6.2. The Clinical and Care Governance Committee will recognise that although progress is being made in implementing and embedding the standards, cognisance should be taken of the risks described.

Author of Report: Liz Tait, Head of Clinical and Care Governance
Background Papers: Held by author
Ref:

HEALTH AND SOCIAL CARE MORAY

HEALTH CARE STANDARDS IMPLEMENTATION – ACTION PLAN

Ref	Action	Target	Lead	Comment
	Make video of multi-disciplinary staff experience of using standards available to all staff	June 2019	Head of Clinical and Care Governance	
	Develop exception reporting to Clinical Care and Governance Committee from Practice Governance	August 2019	Head of Service	
	Use the self-reflection tool from Scottish Government for HSCM	April 2019	Clinical Governance co-ordinator	Will be completed and assessment reported to C&CG Committee in May 2019
	Consider how standards are reflected in strategic planning and commissioning plans	ongoing	Strategic Planning & Commissioning Group	

REPORT TO: **CLINICAL CARE AND GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **PROGRESS UPDATE FOLLOWING MENTAL WELFARE COMMISSION FOR SCOTLAND VISIT TO COMMUNITY HOSPITALS**

BY: **SERVICE MANAGER, COMMUNITY HOSPITALS**

1. REASON FOR REPORT

1.1 To update on progress following The Mental Welfare Commission for Scotland themed visit to people with dementia in community hospitals for Clinical and Care Governance Group.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:

i) consider and note the progress made in implementing the actions identified by the Mental Welfare Commission for Scotland; and

ii) note the actions outlined to manage the completion of the actions and incorporation into working practices.

3. BACKGROUND

3.1 During 2017 the Mental Welfare Commission conducted a review of community hospitals to consider the care and treatment of people with dementia. They visited 11 Health Board areas in Scotland between June and September and visited 287 people with dementia, or who were in the process of being assessed for dementia. The review included visits to 78 wards in 56 community hospitals across Scotland, which included 3 in Moray. These were Turner Hospital, Keith; Seafield Hospital, Buckie and Leanchoil Hospital in Forres. The report details the experience of patients and carers in these community hospitals.

3.2 An action plan was submitted to the Commission ahead of the deadline of 31 August 2018. The Interim Service Manager for Community Hospitals

monitored the action plan alongside members of the Managing Dementia in Community Hospitals Group. Progress was regularly reported to Health and Social Care Moray Operational Management Team (OMT).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. It has been five months since an Action Plan detailing Moray's improvement work around the Mental Welfare Commission Report Recommendations was submitted to the Commission and progress has been good, with a few areas outstanding. Details of progress are shown in **Appendix 1** to this report.

4.2. The actions relating to dissemination of information have been completed and training has been completed, or is in progress and being monitored on a regular basis.

4.3. The main outstanding actions are:-

4.3.1. Kings Fund Audit tool – delayed due to long term sick leave. Intention is for support to be provided by Mental Health Liaison Nurse and Occupational Therapist.
4.3.2. Review of Nursing Staff knowledge and skills in relation to Bed Rails assessment, policies and procedures
4.3.3. Evaluation of the "Yellow Dot" system
4.3.4. Consideration of findings of the "end PJ Paralysis challenge" and implementation of information card.

4.4 The Action Plan will be tabled at the Community Hospital Managers meeting in March and will remain as an item on the agenda until all recommendations are satisfactorily implemented. Once this has occurred, progress and updates will continue to be monitored via the Community Hospital Managers Group.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The commitment to address the recommendations as set out by the Mental Welfare Commission remains consistent with the strategic objectives set out in the Moray Integration Joint Board Strategic Plan 2016-19.

(b) Policy and Legal

The work being undertaken in addressing the recommendations through the action plan will help ensure understanding of and compliance with legal requirements and may bring rise to an amendment to policies and procedures at some point in the future.

(c) Financial implications

None arising directly from this report

(d) Risk Implications and Mitigation

There is a risk if the recommendations made by the Commission are not addressed that Health and Social Care Moray (HSCM) may not be providing the most appropriate pathways for individuals, which will impact on quality and effectiveness of service. Progression with actions identified will provide assurance that HSCM are addressing the issues raised in a consistent and sustainable manner.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as the report is for the Committee to note.

(h) Consultations

Consultations have taken place with Head of Service, Managing Dementia in Community Hospitals group and the Senior Charge Nurses within community hospitals and comments incorporated in this report.

6. CONCLUSION

6.1 Good progress in being made in addressing the areas identified by the Mental Welfare Commission and staff are fully committed to undertaking the work necessary to deliver all the recommendations made, to improve service to patients with dementia.

Author of Report: Alison Smart - Service Manager
Background Papers:
Ref:

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
1	Wards use a dementia design audit tool every two years, and take appropriate actions to make ward environments as dementia – friendly as possible	Kings Fund Audit tool to be carried out every two years and findings discussed with Senior Charge Nurse	Mental Health Liaison Nurse carried out environmental audit of each Community Hospital (early 2018). Senior Charge Nurse has action plan. Mental Health Liaison Nurse and OT planned to support the use of the Kings Fund Audit Tool but due to long term sick leave have not yet been able to support due to long term sick leave.	Service Manager
2	Staff use the Equal Partners in Care (EPiC) framework, and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission	Senior Charge Nurses to attend training and development in the use of the (EPiC) framework on a yearly basis Dementia Champions, AHP and Social Worker to also attend training in the Royal College of Nursing Triangle of Care alongside completing the Triangle of Care Self-Assessment tool to enhance staff knowledge of the Carer's (Scotland) Act 2016 and the Carer's Charter 2018 Senior Charge Nurse to implement initial meeting between Senior Nurse and	Training is ongoing for Senior Charge Nurses Senior Charge Nurses received training in relation to the Carers Act and this training has been cascaded to all areas and plans in place to capture new staff. Carers assessment information is available in all Community Hospitals. Knowledge and skills are improving. Improvement trees in Stephen, Turner and Seafield Hospitals (To be initiated in Fleming Hospital)	Service Manager Social Care Manager AHP Manager

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
		relative/carer to provide appropriate information and follow up with written confirmation of meeting	show positive comments in relation to carer/family involvement in care. There have also been fewer complaints.	
3	Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information	To discuss the use of the Newcastle Model in line with the NHS Grampian Plan	**Completed** - Senior Charge Nurse in Stephen Hospital has had discussions supported by Quarriers in relation to Cue cards and personal life stories information. World Cafe Style event held in 2017/18 to commence discussions. Working closely with Day care services. Work to be cascaded to other Community Hospitals.	Service Manager Senior Charge Nurses
4	Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours: There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists when	To promote the use of the NHS Guidance on meeting needs and reducing distress: Roles and Responsibilities: Doctors Nurses and AHP's Senior Charge Nurses/Social Work Colleagues/AHP's to discuss activity planning.	**Completed** - Input and close links with named mental health liaison nurse in each hospital to discuss individual patients. Input and close links developed with Dementia Nurse Consultant in Cornhill for discussion regarding	Service Manager AHP Managers Senior Charge Nurse

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
	required) When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed. People with dementia on multiple psychotropic medications should be prioritised for multi-agency review, including pharmacy, to ensure that continued use is appropriate.	To discuss the use of the 'Yellow Dot' system in one Community Hospital and evaluate its effectiveness	individual patients. Evaluation still to be undertaken.	Service Manager Senior Charge Nurses
5	Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, Decisions about technology.	To improve communication between health and social care staff in relation to those clients with location devices at point of admission to Community Hospital	**Completed** - Improved communication through MTD's around patients with location devices at point of admission to Community Hospitals	Service Manager Senior Charge Nurse Social care staff
6	Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, Rights, risks and limits to	To review Nursing Staff knowledge and skills in relation to Bed rails assessment, policies and procedures To highlight the Mental Welfare Commissions good practice guidance, rights, risks and limits	To be scheduled **Completed** - Information has been disseminated	Service Manager Senior Charge Nurses

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
	freedom, are applied.	to freedom information		
7	The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.	To encourage the development of input from local communities	On going Turner Hospital day room activities involving local schools/activities by visiting pupils. Volunteers visiting/Therapist/entertainment afternoons. Examples shared within Speyside and Buckie. All patients in Dufftown have the opportunity to join day centre services whilst in-patient with option to request a place on discharge if local. Discussions with J Brown in relation to accommodation for Day centre Services within Seafield (previously accommodated there) with the option for in-patient use. Building on existing local involvement in Turner Hospital and Day Centre access for clients whilst in Stephen and Seafield	Service Manager Senior Charge Nurses

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
			Hospitals	
8	Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.	To look at the findings of the 'end PJ Paralysis challenge' bed space and implement the information card (what's happening today/tomorrow information card)	Outstanding - To be scheduled Awaiting findings from the end PJ Paralysis Challenge. Discussed at 6 Essential Actions/Unscheduled Care meeting (monthly)	Service Manager Senior Charge Nurses
9	Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.	To access information leaflets for staff to distribute To promote discussions with patients and relatives	**Completed** - Leaflets obtained and distributed	Service Manager Social Care Manager Senior Charge Nurses
10	Health Service managers give priority to ensuring: that all non-clinical staff attain the knowledge and skills at the informed level of the Promoting Excellence framework that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled – Improving Practice' resource that all wards in community	To ensure all newly appointed staff have access to DVD To run report on AT Learning to establish numbers of staff completing online resource consisting of 5 modules To identify staff from AHP and Social Care to work with	**Completed** - NES DVD is made available to all newly appointed staff. Dedicated Toolbox talk implemented Monitoring of AT learning for promoting excellence is undertaken on a regular basis	Senior Charge Nurses Social Care Manager Senior Charge Nurses

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
	hospitals are able to access support from staff at the Enhanced Level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003	Dementia Champions in place in Seafield, Turner and Fleming Hospital. To join the Managing Dementia In Community Hospitals Group Meetings Training sessions for all staff to be arranged with Consultant Practitioner, Health and Social Care Rights, Risk & Limits to Freedom document to be shared with Senior Charge Nurses/Staff		AHP Managers Social Care Manager Social Care Manager Service Manager
11	There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy, into community hospitals	Pharmacist/technician to be invited to join Community Hospitals Group	**Completed**- Pharmacists invited to Community Hospitals Group	Senior Charge Nurses
12	Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patients' likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly		**Completed** - This is in place with good communication and strong links between carers/ nurses and social work colleagues. Also discussed and noted at whole system huddle each	Service Manager Adults/AHP

Table of Actions – Mental Welfare Commission Report Recommendations

	Action	Improvement Work	Progress	Responsibility
	when they are ready to return home		week.	

REPORT TO: **CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **CLINICAL GOVERNANCE GROUP**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of progress in developing the Clinical Care Governance Framework in Health and Social Care Moray, with the establishment of a Clinical Governance Group.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:-

i) consider and note progress made in establishing the Clinical Governance Group (CCG);

ii) agree exception reporting from CCG to this committee on a quarterly basis; and

iii) note the actions identified in 4.1 for future reporting on progress to this committee.

3. BACKGROUND

3.1. The Clinical and Care Governance Committee have acknowledged over the past 18 months that further work at an operational level was required to provide it with assurance that appropriate governance frameworks were in place to maintain safe, effective and person centred care.

3.2. Terms of reference (**APPENDIX 1**) and a meeting structure were developed for a clinical governance group. A reporting schedule (**APPENDIX 2**) and a reporting template (**APPENDIX 3**) will ensure that every service will provide assurance and the information collated will be used to produce a quarterly exception report for the Clinical and Care Governance Committee. A standard agenda has been established that will ensure all areas of activity are covered

(**APPENDIX 4**). A diagram is being developed (**APPENDIX 5**) that shows the groups concerned with clinical safety and assurance for HSCM.

3.3. This group will be chaired by the medical lead (Dr Graham Taylor) and will meet monthly.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. An initial meeting of this group was held on 7 February and it was identified that the following areas required further engagement and review :-

4.1.1. Process for engagement and communication with Independent Contractors that will provide assurance around safe, effective and person centred care.

4.1.2. Ligature reduction programme – The clinical governance group was assured that this matter was being discussed with the Asset management team and NHSG estates to identify alternative accommodation for Ward 4 in order to undertake ligature compliance work. Moray Mental Health Services participating with the NHSG ligature reduction programme board. Moray Senior Management Team being appraised. Option appraisal underway and reporting to this group in February.

4.1.3. Develop a process for embedding all learning from adverse event reviews across Health and Social Care Moray.

4.2 The CCG Group will monitor progress and continue to report exceptions and evidence of good practice in the quarterly report to this committee with a summary report being submitted annually.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in accordance with Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(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. By the development of this group the risk to the organisation will be identified and mitigations and controls managed appropriately. Exception reports will be shared with this committee

(e) Staffing Implications

This activity is core to all practitioners at point of care. The formation of this group allows services to bring areas of clinical governance concerns and good practice for a multi-disciplinary discussion and action.

(f) Property

None directly arising from this report

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as there is no change in policy.

(h) Consultations

The Chief Officer, Heads of service and Corporate Manager have been consulted on this report and comments incorporated.

6. CONCLUSION

6.1. The attached appendices and exception report provide assurance to the Committee that progress is being made in setting up a Clinical Governance group which will report quarterly to Committee.

6.2. This in turn will provide a level of assurance that Governance Frameworks incorporating safe, effective and patient centred care are in place at service level.

Author of Report: Liz Tait, Head of Clinical and Care Governance
Background Papers: Held by author
Ref:

Role, Remit and Framework of Health and Social Care Moray Clinical Governance Group

Date of Issue:	Date of Review:
January 2019	December 2019

UNCONTROLLED WHEN PRINTED

Version 1.1

Health and Social Care Moray, Remit and Framework of the Clinical Governance Group Version 1.1

Introduction:
"Clinical governance is the system through which NHS organisations are accountable for continuously monitoring and improving the quality of their care and services and safeguarding high standards of care and services".

Healthcare Improvement Scotland (2005)

Aim:
The Health and Social Care Moray (HSCM) Clinical Governance Group is responsible for ensuring that systems and processes are in place across all service areas within HSCM to support clinical governance; providing assurance to the HSCM Operational Management Team (OMT),and HSCM Clinical and Care Governance Committee, that these systems are in place and performing effectively.

Moray Council, NHS Grampian and the MIJB are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. As such there is a requirement to consider existing processes in place to assure clinical and care governance and develop an integrated process and structure capable of a whole system approach.

Objectives:
- To provide support and assurance to HSCM Clinical and Care Governance Committee at an operational level and inform decision making.
- To support and assist HSCM in achieving its clinical governance responsibilities.
- To provide a coordinated and integrated approach to clinical governance across all services.
- To inform, support and advise HSCM staff on clinical governance issues, ensuring and enabling best practice and high quality safe patient care.
- To encourage ownership and collaboration with staff informing the working of the group, highlighting issues of concern and good practice.
- To reflect single system working through collaboration with all partners.

Purpose of the Group:
The role of the HSCM Clinical Governance Group (CGG) is to oversee and provide a coordinated approach to clinical governance issues within HSCM

The CGG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance issues and for providing onward communication to the HSCM Clinical and Care Governance Committee, HSCM Operational Management Team (OMT)

An annual report will be submitted to the HSCM Clinical and Care Governance Committee.

Membership:
Membership of the CGG is representative of HSCM, which incorporates a diverse range of services. Representatives of each discipline are invited into the group allowing them a platform from which to share their knowledge, experience and opinions. As part of their role as a member of the CG Group, members are expected to feedback on work of the group to their individual Profession/ Service.

The group will extend invitations to other groups or representatives as required to address set agenda items or give further insight into a set issue.

January 2019 - Membership of Health and Social Care Moray Clinical Governance Group includes:

Membership*

Health and Social Care Moray Operational Representation

- HSCM Clinical Lead (Chair)
- HSCM Head of Primary Care, Prevention and Child Health
- HSCM Interim Acting Health & Wellbeing Lead
- HSCM Service Manager Adults and AHPs
- HSCM Service Manager Children and Young People
- Head of Clinical and Care Governance, Moray Alliance
- Associate Director of Nursing
- AHP Professional Lead

In Attendance

Specialist/ Professional Advisors*

- Clinical Governance Coordinator
- Patient / Public Representative
- Sector Lead Pharmacist
- Sector Lead Primary Care
- Quality Improvement Leads
- HSCM AHP Representative
- HSCM Service Manager Dental Services
- HSCM Dental Clinical Lead
- HSCM Out of Hours Service Manager
- HSCM Corporate Manager
- PCCT Manager
- Chair Practice Managers
- HSCM Integrated Service Manager, Mental Health
- Staff side representative

Members are expected to have a deputy, where possible, to ensure attendance is maintained from all representative areas.
See **Appendix B** for Agreed Membership Operational Representation
* *Membership may be extended as appropriate.*

Quorate: The group will be quorate with the following representation;

- One member of HSCM Management

- Two Service Managers (one of which must be clinical)
- A member of staff side
- Four Specialist/ Professional Advisors or their deputies

Frequency of Meetings:
Meetings will be held monthly, and the Group will continue to provide a quarterly report to the HSCM Clinical and Care Governance Committee.

Running of Meeting:
The meeting will be structured as follows;

- Service Reports (these will mirror the sector report model) - each Service will provide a report on a rolling basis. Likely to be quarterly in the first instance
- Quality Reports - these will presented by work stream leads

Agenda items and papers are invited from each of the above representatives and are submitted to the Clinical Governance Facilitator for distribution. The agenda is set four weeks prior to the meeting by the Clinical Governance Lead and the Head of Clinical Governance for Moray Alliance. The agenda items and papers are sent out to the group one week in advance in preparation for the meeting.

The patient / public representative is given full access to the meetings and written documentation pertaining to that; however, the group maintains the right to hold closed sessions in instances where there may be a risk of breaching patient confidentiality, in accordance with the Data Protection Act or where clinically sensitive issues are to be discussed. (**Appendix A**)

Reporting Structure:
Issues raised within the CG Group are recorded in the within a formal exception report prepared for Operational Management Team

The Framework outlining the CG Groups' reporting structure can be viewed in **Appendix C**.

- Overall accountability is held by the Chief Officer who delegates responsibility to the Clinical Lead, HSCM Head of Primary Care, Prevention and Child Health
- Accountability is escalated to the HSCM Clinical and Care Governance Committee.

Resources and Budget:
Business of the meeting is recorded in formal minutes, taken by the secretary to the HSCM Management Team.

Appendix A:

Health and Social Care Moray Clinical Governance Group – Closed Session Agreement.

The closed session will be attended by a core group of individuals. Those requested to attend will be contacted prior to the meeting, with details of an agreed agenda.

The core group of individuals attending these sessions may include:

- Sector Lead
- Clinical Lead
- General Manager
- Chief Nurse / Nurse Manager
- Clinical Governance Coordinator

Others may be requested to attend, depending on the nature of the issue.

Closed sessions will be held in instances where patient / staff confidentiality is at risk of being breached or where highly sensitive issues are being discussed. These instances may include:

- The review and monitoring of information pertaining to significant event analysis / critical incident review / near miss or untoward incident and is patient or staff sensitive which may be at risk of breaching the Data Protection Act.

- To protect confidentiality in relation to highly sensitive or potentially controversial issues.

- To monitor and review the outcome(s) of investigations into serious service failure or issues relating to underperformance.

Appendix B:

Health and Social Care Moray Clinical Governance Group – Agreed Membership Operational Representation

- Clinical Lead (Clinical Governance Lead)
- Head of Primary Care
- Clinical Governance Coordinator
- Chief Nurse / Nurse Manager
- Operational Leads
- Sector Staff Side Representatives

Appendix C – MHSC Clinical Governance Group Reporting Structure.

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Appendix D – Quality Report template

Health and Social Care Moray

Quality Assurance Reporting Template

Summary Page (complete this page last)

Service:	**Speciality:**
Date of meeting:	
Main items for discussion:	
1. 2. 3.	
Please highlight an Item of good practice:	
Report compiled by:	
Name:	**Designation:**

Section 1: New Risks

Please complete one form for each new risk identified

Risk: New	
Risk Register ID:	
Level of Risk:	
Clinical Implications:	
How is the risk currently being monitored:	
What plans are in place to reduce the risk:	

Section 2: Risk Updates

Please complete one form for each risk being updated

Risk: Update	
Risk Register ID:	
Level of Risk:	
Clinical Implications:	
How is the risk currently being monitored:	

Section 3	Morbidity and Mortality Meetings
	Frequency of meetings: **Date of last meeting:** **For each case discussed:** • **Learning points to be addressed** • **Contributing factors (identification and prioritisation of system wide issues** • **Patient and family experience** • **Lessons learned and action points to mitigate against future occurrence** • **Measures taken to disseminate learning** • **Duty of Candour**

Section 4	**ADVERSE EVENTS *(please report on the lessons identified from major and extreme incidents)***
	Any major or extremes are either deaths associated with M&M cases or are currently being investigated as Level 1's

Section 5	**PROGRESS ON IMPLEMENTING RECOMMENDATIONS FROM OMBUDSMAN CASES**

Section 6	**AREAS OF ACHIEVEMENT AND GOOD PRACTICE**

Section 7	Complaint Overview
a)	**Complaints Closed by Early Resolution (ER) or by written response (Investigation) in previous year:**
b)	**Complaints workload - how many complaints are open and how many of these are overdue in previous year:**
c)	**The severity of complaints closed in previous year:** Graph required
d)	**Outcome of complaints closed in previous year:** Graph required

e)	**The issues complained about in complaints closed in previous year:** Graph required
f)	**Action taken within service as a result of complaints closed since last report:** Graph required

Section 8	**Care Opinion**

	Number
Critical Stories	
Non-critical Stories	
Total Stories	

Section 9	**Adverse Events**

Section 10	**Duty of Candour Report**
	Please report here if the Duty of Candour has been triggered by an event, giving outline of event and actions to date and planned (if not already covered in M and M section)

Section 11	**Peer Reviews**
	New or on-going actions as a result of peer reviews.

Section 12	**External Visits and Inspections by HIS etc.**

	New or on-going actions as a result of External Visits or inspections.

Section 13	**Safety**
a)	**Falls** Data and narrative required
b)	**SABS and relevant Health Care Acquired Infections.** Data and narrative required
d)	**Total Incidents Reported** Graph required (incidents by month, year and severity)

APPENDIX 2

2019	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adverse Events and DOC												
AHP												
Childrens Services												
Community Hospitals												
Dental												
District Nursing												
Feedback Reports												
GMED												
Health Visiting												
Mental Health												
Morbitiy & Mortality												
Optometry												
Pharmacy												
Primary Care/ GP												
Primary Care Contracts Team												
Public Health												
Risk Management												

Actions Identifed Q1	Actions Identified Q2	Actions Idnetifed Q3	Actions Identified Q4

Health and Social Care Moray

Quality Assurance Reporting Template

Summary Page (complete this page last)

Service:	**Speciality:**
Date of meeting:	
Main items for discussion:	
1. 2. 3.	
Please highlight an Item of good practice:	
Report compiled by:	
Name:	**Designation:**

Section 1: New Risks

Please complete one form for each new risk identified

Risk: New	
Risk Register ID:	
Level of Risk:	
Clinical Implications:	
How is the risk currently being monitored:	
What plans are in place to reduce the risk:	

Section 2: Risk Updates

Please complete one form for each risk being updated

Risk: Update	
Risk Register ID:	
Level of Risk:	
Clinical Implications:	
How is the risk currently being monitored:	

Section 3	Morbidity and Mortality Meetings
	Frequency of meetings: **Date of last meeting:** **For each case discussed:** • **Learning points to be addressed** • **Contributing factors (identification and prioritisation of system wide issues** • **Patient and family experience** • **Lessons learned and action points to mitigate against future occurrence** • **Measures taken to disseminate learning** • **Duty of Candour**

Section 4	ADVERSE EVENTS *(please report on the lessons identified from major and extreme incidents)*
	Any major or extremes are either deaths associated with M&M cases or are currently being investigated as Level 1's

Section 5	PROGRESS ON IMPLEMENTING RECOMMENDATIONS FROM OMBUDSMAN CASES

Section 6	AREAS OF ACHIEVEMENT AND GOOD PRACTICE

Section 7	Complaint Overview
a)	**Complaints Closed by Early Resolution (ER) or by written response (Investigation) in previous year:**
b)	**Complaints workload - how many complaints are open and how many of these are overdue in previous year:**
c)	**The severity of complaints closed in previous year:** Graph required
d)	**Outcome of complaints closed in previous year:** Graph required
e)	**The issues complained about in complaints closed in previous year:** Graph required

f)	**Action taken within service as a result of complaints closed since last report:** Graph required

Section 8	**Care Opinion**

	Number
Critical Stories	
Non-critical Stories	
Total Stories	

Section 9	**Adverse Events**

Section 10	**Duty of Candour Report**
	Please report here if the Duty of Candour has been triggered by an event, giving outline of event and actions to date and planned (if not already covered in M and M section)

Section 11	**Peer Reviews**
	New or on-going actions as a result of peer reviews.

Section 12	**External Visits and Inspections by HIS etc.**
	New or on-going actions as a result of External Visits or inspections.

Section 13	Safety
a)	**Falls** Data and narrative required
b)	**SABS** Data and narrative required
d)	**Total Incidents Reported** Graph required (incidents by month, year and severity)

An Initial meeting of the Health and Social Care Moray Clinical Governance Group
To be held on
Thursday 7th February 2019.
1300 - 1500
Room1, Unit 9c Southfield Drive
V/C available

AGENDA

Strategic Risks to be identified

Approx Timing	Item		Lead	Ref
		Closed Session by invitation		
	1.	Welcome & apologies		
		a) Role and Remit	GT	*
		b) Membership (including distribution)	GT	*
		c) Approval of reporting format/structure/template/schedule/standing agenda items	ALL	*
	2.	Minute of previous meeting		
	3.	a) Matters arising		
		b) Action Tracker		
	4.	Summary report of developments in Clinical Governance		
		a) Update from Quality and Safety Forum, Grampian Area	GT/ LH	
	5.	Summary of Health and Social Care Morays' Quality Assurance Reports from Clinical Service Group/Departments. The following reports have been received: (proposed format		
		a) Reporting Calendar	PM	*
		b)		
	6.	Quarterly summary report on External Reports, Audits and Reviews of Health and Social Care Moray services		
		a) Audit / Guidelines	LT	
		b) HEI visits and Action Plans - update		
		c) HSE Action Plan – update		
	7.	Summary of External Reports/Guidelines/Reviews relevant to Health and Social Care Moray but not specifically about Health and Social Care Moray		
		a) OPAH Inspection Report St John's Hospital Oct18	LT	
	8.	Summary of Internal Assurance Information		

KEY
*Attached #Verbal Report ~ To follow

	a)	Incidents, Occurrences and Adverse Events, Sharing Success	PM
	b)	Duty of Candour	LT/ PM
	c)	Feedback, (including complaints & compliments)	PM
	d)	Dental Level 1 Report	LS
9.		Feedback from Clinical &Care Governance Committee (Nov 2018)	
	a)	Agreed items for escalation to C&CGC (DONM 28th Feb)	ALL
	b)	Successes/ Good Practice	ALL
10.		Key Messages	
11.		Date and Time of Next Meeting; **7th March 2019. 13:00 – 15:00**	
	a)	Reports required from:	
		Children's Services	
		District Nursing	
		Mental Health	
		Podiatry	
	b)	Standing item reports:	
		Adverse Events and DoC	
		Feedback	
		Morbidity and Mortality	
		Risk Management	

KEY
*Attached #Verbal Report ~ To follow

Reporting routes
Feedback from attendees

IJB
Clinical and Care Governance Committee

NHSG Clinical Care Governance Committee

SMT
High level escalation

OMT
Operational matters

SLT & NHS Board

new

Clinical Governance Group (monthly)

Chair – Dr G Taylor / Liz Tait

NHS Clinical Care Quality Safety

Chair – Caroline Hiscox
Jane Mackie
Dr G Taylor
Linda Harper

new

Morbidity & Mortality

Acute Focussed

Clinical Risk Management Group (CRM) (weekly moving to monthly)

New

Adverse events/Duty of candour (incidents/trends/issues)

John Black? (MC), Julie Laing?, Claire Power / Alison Smart, Pauline Merchant, Liz Tait

Moray Infection Control Group
- SABS
- CDiff
- Wound infection, HEI Reports
- Hand hygiene

Dr Louise Millar
Debbie Barron

Clinical and AHP services reporting directly, including Mental Health, Learning Disabilities (Health aspect only) and Independent Contractors

NHS Adverse Events Sub group

Claire Power(JN sub)
Pauline Merchant
Linda Lever (NHSG)

Duty of Candour

Liz Tait
(Sean / Dr G Taylor)

Acute Clinical Governance committee (NHSG)

- ED/Unscheduled Care
- Childrens services -
- Obstetrics –
- Radiology Etc

(A Pattinson / Liz Tait)

Complaints & Feedback

Louise Ballantyne
Pauline Merchant??
Angie McColl, DGH Support Manager

Dr Grays Clinical Governance Group

Clinical Service groups Adverse Events feedback etc
Dr Jamie Hogg / Dr Doug McKendrick
Liz Tait
Pauline Merchant
Debbie Barron

Opthmology

GP Practices Quality Forum meeting (educational focus)

Dentistry

Pharmacy

REPORT TO: **CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **COMPLAINTS AND ADVERSE EVENTS – QUARTER 3**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To inform the Clinical and Care Governance Committee of Health and Social Care Moray complaints and incidents reported in quarter 3 (October - December 2018).

2. RECOMMENDATION

2.1 It is recommended that this Committee consider and note:

i) quarter 3 (October - December 2018) complaints and adverse events summary; and

ii) further work is underway to develop the processes and systems for collation and analysis of information to provide assurance across all services.

3. BACKGROUND

3.1 This report combines the complaints information from both H&SCM and Moray Council systems for Quarter 3 for October – December 2018. The appended data is the beginning of collation of trend data and will be further enhanced and analysed as reporting continues.

3.2 Adverse events provided in this report only relate to those recorded on DATIX by H&SCM staff for which there are reports collated. Systems in place for Council staff do not facilitate easy collation and analysis of these types of events, this requires further development. A system is required to be developed to allow the collation and reporting of all relevant adverse events within the local authority pertinent to Health and Social Care Moray in one report.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Complaints

4.1.1 Overall, a total of 25 complaints were received/closed for H&SCM during Quarter 3 of 2018. **7** from the Council and **18** from H&SCM. These are outlined below.
A total of **25** complaints were processed and completed by H&SCM during Quarter 3. Further detail is included in **APPENDIX 1** to this report.
A total of **7** complaints were received and **6** were closed by the Council Outcomes from completed investigations are shown in the table below.

Council

Directorate	Department	Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Education and Social Care n= 6	Community Care	Access Team	0	0	1	0
		Community Care Finance	0	1	1	2
		Head of Service	0	1	1	2
		Occupational Therapy	0	0	1	1
		MC Specialist Units	0	1	0	1
Total			**0**	**3**	**4**	**6**

H&SCM

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded *	Total
H&SCM DATIX n= 18	GMED	3	1	3	3	10
	Mental Health – Adult Health	0	0	2	0	2
	Mental Health – Learning Disabilities	0	0	0	0	0
	Mental Health – specialisms	0	0	0	0	0
	Community Hospital Nursing	0	0	1	2	3
	Allied Health Professionals	0	0	0	2	2
	Public Dental Services	0	0	0	1	1
Total		**3**	**1**	**6**	**8**	**18**

Type of Complaint	NHS Complaints *	Council Complaints
Complaint against service	5	0
Clinical Care and treatment	8	0
Complaint against staff	2	2
Waiting times	1	0
Process/Procedure	3	1
Other		
Totals	19	3

*One complaint was relevant to more than one type
2 of the complaints received to DATIX were from MP/MSP

4.2 **Adverse Events**

4.2.1 Incidents are recorded by NHS staff on the DATIX system. Each incident is reviewed by the appropriate line manager and investigated where required, with the relevant level of investigation applied. Analysis of this quarter's data shows that the majority of incidents were resolved following a local review by the line manager. **4** incidents were investigated with a Level 1 review (full review team), and **2** with a Level 2 review (local management review team). The remaining incidents had a Level 3 review (local review by line manager)

During Quarter 3 there were a total of **396** incidents recorded on DATIX. The highest prevalence were:-

121 incidents related to Slips Trips and Falls
107 incidents related to Abuse/ Disruptive Behaviour
38 incidents categorised as "Other"

4.2.2 **Slips, Trips and Falls**

The majority of these incidences occurred within the community hospital setting, with a relatively even spread across all locations, and can be attributed to known associated contributory factors, co-morbidities and mobility difficulties. Further analysis of the data is required to review trends, and a plan is being developed to review these incidents with Senior Charge Nurses and Service Managers on a more frequent basis.

4.2.3 **Abuse/ Disruptive Behaviour**

The majority of Abuse/Disruptive behaviour occurred within a Mental Health Setting. 13 patients had multiple episodes of abusive/disruptive behaviour reported, ranging from 1 to 28. This is concurrent with illness and behaviours relevant to this speciality. Those with a high number of reports will be further investigated.
Further analysis of the data is required to review trends.

4.2.4 **Other**

Having reviewed the incidents that were coded as “Other”, it appears that the majority of these could be allocated a specific category rather than ‘other’. Review indicates that these incidents included Abuse/ Disruptive Behaviour; Access/Appointments/Discharge; Infrastructure Resource and Medical Equipment.
This will be included in the regular review of incidents as mentioned above.

4.2.5 **Severity Rating**

Of the 396 incidents reported there were 310 rated as negligible; 79 as minor; 3 as Moderate; and 2 as Extreme.

There were 2 incidents rated Extreme (death or major permanent incapacity, permanent loss of service, severe financial loss) which are currently being reviewed and investigated following appropriate investigative methodology.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

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 our delivery of high quality care and treatment.

(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

An Equality Impact Assessment is not required because there are no changes to policy or practice arising from 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:

- Chief Officer, MIJB
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB

6 CONCLUSION

6.1 This report provides a summary and analysis of Health and Social Care Moray complaints handling, performance and adverse events during Quarter 3 (October - December 2018) and outlines the intention to develop the contextual information across all services for future reports.

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

Complaints Summary - Quarter 3

Complaints recorded on NHS System Q3 2018

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded*	Total
NHS	GMED	3	1	3	3	10
	Mental Health – Adult Health	0	0	2	0	2
	Mental Health – Learning Disabilities	0	0	0	0	0
	Mental Health – specialisms	0	0	0	0	0
	Community Hospital Nursing	0	0	1	2	3
	Allied Health Professionals	0	0	0	2	2
	Public Dental Services	0	0	0	1	1
	Total	**3**	**1**	**6**	**8**	**18**

Upheld

Quarter	Type of complaint	Number received	Outcome
3	Clinical care and treatment	3	• Apology and learning regarding referral letter language. • Apology, and handling of admissions reviewed • Apology and review of guidelines and practitioner learning.

Partially Upheld

Quarter	Type of complaint	Number received	Outcome
3	Communication	1	• Apology and discussion with staff regarding process and attitude to patients.

Complaints recorded on Moray Council System

	Total
Complaints Received	7
Complaints Closed	6

Directorate	Department	Service	Upheld	Partially Upheld	Not Upheld	Grand Total
Education and Social Care	Community Care	Access Team	0	0	1	0
		Head of Service	0	1	1	2
		Community Care Finance	0	1	1	2
		Occupational Therapy	0	0	1	1
		TMC Specialist Units	0	1	0	1
TOTALS			0	3	4	6

Upheld

Complaint ID	Complaint Type	Resolution	Decision Note	Learning Outcome
101001917331	Complaint Against Staff	Partially Upheld	Apology given that family felt they were ignored	None noted
101001989419	Process/ Procedure	Partially Upheld	Wait for allocation of social worker	Allocate cases in more timely manner
101001897042	Complaint Against Staff	Partially Upheld	One part of the 4 point complaint was upheld	Staff asked to respect private conversations

DATIX – ADVERSE EVENTS – NHS Q1, Q2 and Q3

This is the beginnings of trend data, and further data will be reviewed and analysis carried out to provide robust trend data for the committee.

Q1 - 365 incidents in total. Q2 - 416 incidents in total Q£ - 396 incidents in total

Overall severity Grading

	Q1 n=365	**Q2** n=416	**Q3** n=396
Negligible	283	319	310
Minor	70	80	79
Moderate	11	17	3
Extreme	1	1	2

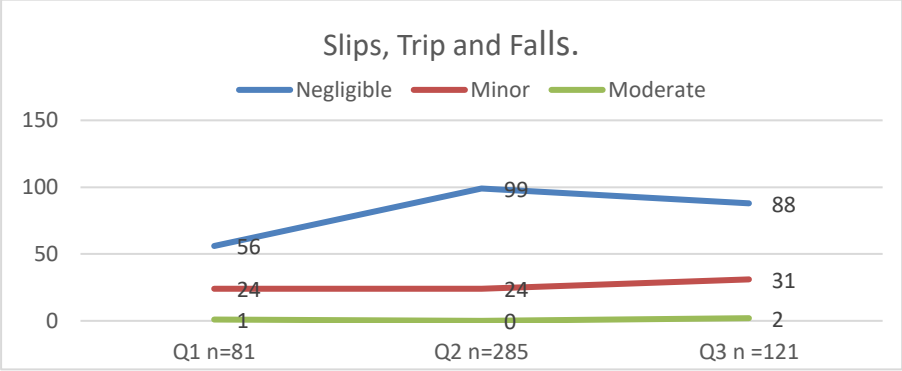
Top 3 Highest Prevalence

		Q1 n=183	**Q2** n= 285	**Q3** n=260
	Type	**Number of Incidents**	**Number of Incidents**	**Number of Incidents**
A	Slips, Trips and Falls	81	124	121
B	Abuse/ Disruptive Behaviours	77	124	107
C	Other	25	37	38

A) Slips Trips and Falls analysis

By Severity

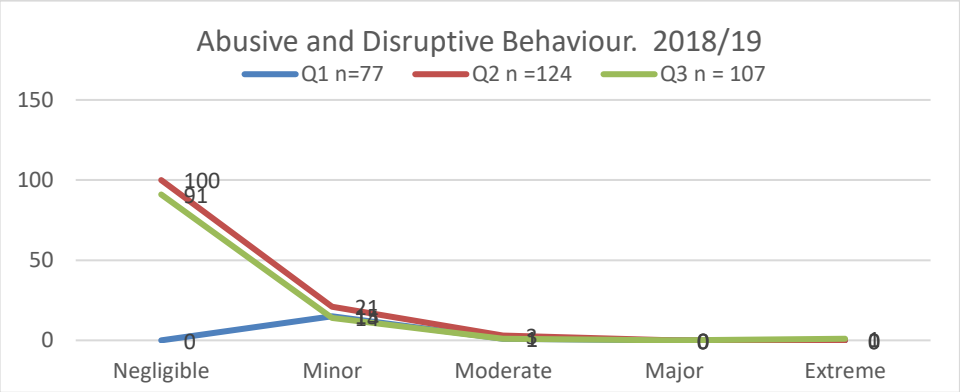
	Q1 n=81	**Q2** n=124	**Q3** n=121
Negligible	56	99	88
Minor	24	25	31
Moderate	1	0	2



B) Abuse/ Disruptive Behaviour analysis

By Severity

	Q1 n= 77	Q2 n= 124	Q3 n=107
Negligible	60	100	91
Minor	15	21	14
Moderate	1	3	1
Major	0	0	0
Extreme	0	0	1



B) Abuse/ Disruptive Behaviour analysis continued.

Sub Category	Q1	Q2	Q3
Patient Abuse - Other	11	19	9
Patient by Staff	1	0	0
Patient to Patient	5	7	7
Patient to Staff	48	83	70
Patient Self harm in Primary Care	2	2	2
Patient Self harm in 24 hour care	9	12	19
Staff Abuse – Other	1	1	0
Staff to Staff	1	1	0
	86	**126**	**107**

C) Access/Appointments/Discharge

By Severity

	Q1	Q2	Q3
Negligible	24	9	21
Minor	1	1	0
	26	**10**	**21**

Type	Q1	Q2	Q3	
Appointment	1	0	3	3 = Negligible
Discharge	3	1	0	
Absconded	18	7	15	15 = Negligible
Transfer	3	0	3	3 = Negligible
Delay in Admission	-	1	0	
	25	**9**	**21**	

Other

By Severity n = 37 (no data for Q1 at present)

	Q2	Q3
Negligible	31	31
Minor	5	6
Moderate	1	0
Extreme	1	1

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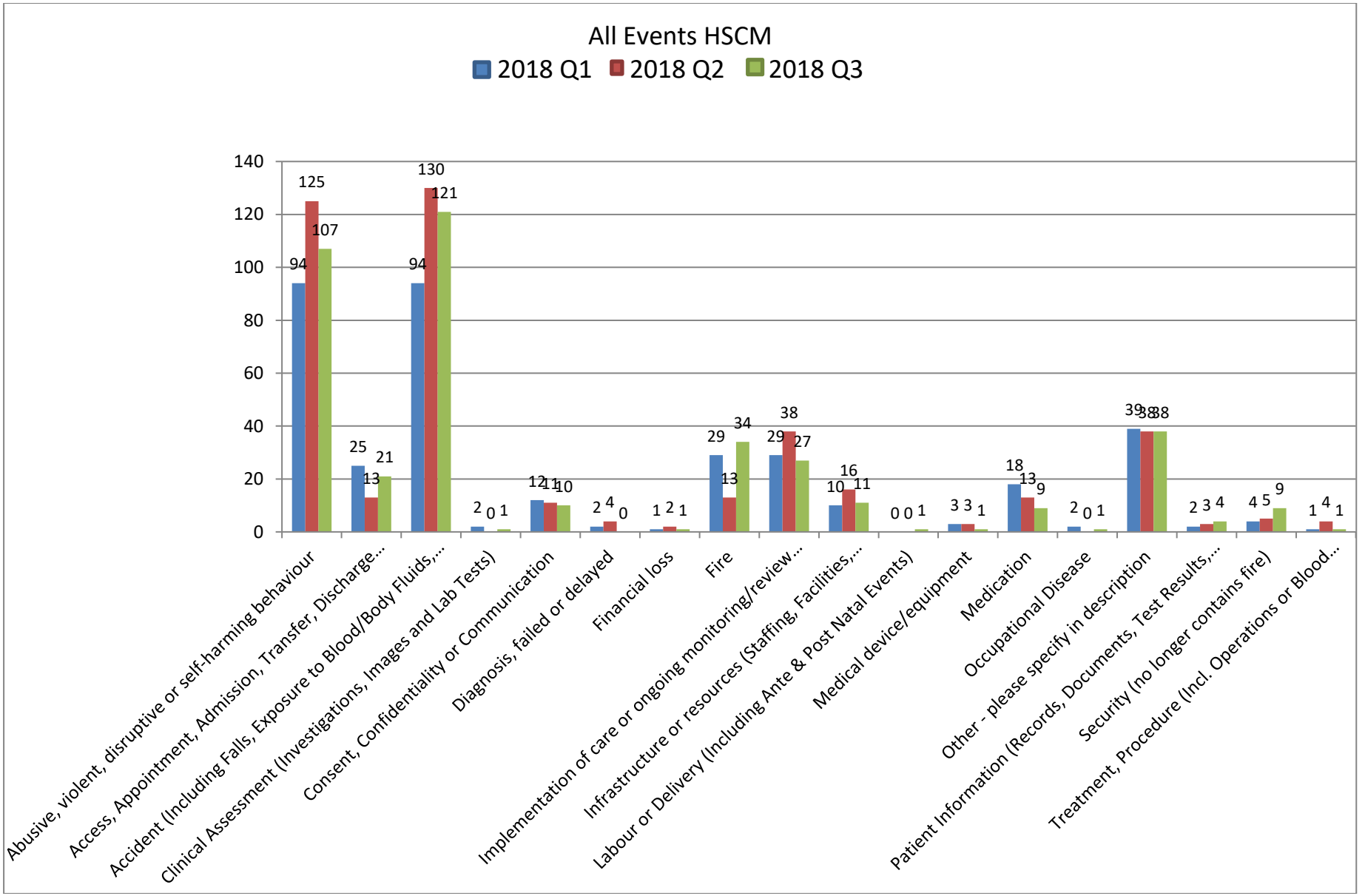
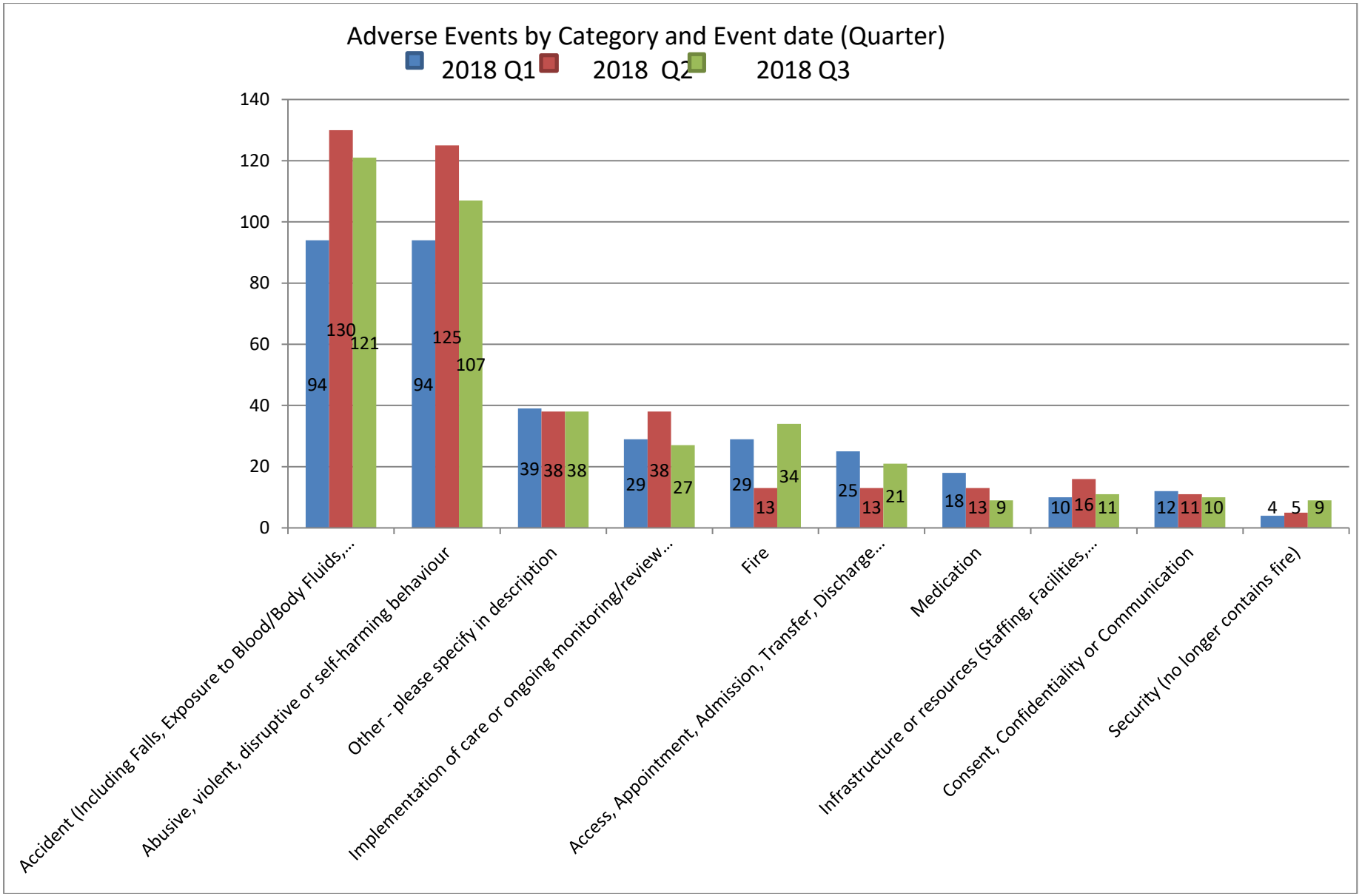

All Events HSCM
2018 Q1
2018 Q2
2018 Q3
140
120
100
80
60
40
20
0
94 125 107
25 13 21
94 130 121
2 0 1
12 11 10
2 4 0
1 2 1
29 13 34
29 38 27
10 16 11
0 0 1
3 3 1
18 13 9
2 0 1
39 38 38
2 3 4
4 5 9
1 4 1
Abusive, violent, disruptive or self-harming behaviour
Access, Appointment, Admission, Transfer, Discharge...
Accident (Including Falls, Exposure to Blood/Body Fluids,...
Clinical Assessment (Investigations, Images and Lab Tests)
Consent, Confidentiality or Communication
Diagnosis, failed or delayed
Financial loss
Fire
Implementation of care or ongoing monitoring/review...
Infrastructure or resources (Staffing, Facilities,...
Labour or Delivery (Including Ante & Post Natal Events)
Medical device/equipment
Medication
Occupational Disease
Other - please specify in description
Patient Information (Records, Documents, Test Results,...
Security (no longer contains fire)
Treatment, Procedure (Incl. Operations or Blood...


Adverse Events by Category and Event date (Quarter)
2018 Q1
2018 Q2
2018 Q3
140
120
100
80
60
40
20
0
94
130
121
94
125
107
39
38
38
29
38
27
29
13
34
25
13
21
18
13
9
10
16
11
12
11
10
4
5
9
Accident (Including Falls, Exposure to Blood/Body Fluids,...
Abusive, violent, disruptive or self-harming behaviour
Other - please specify in description
Implementation of care or ongoing monitoring/review...
Fire
Access, Appointment, Admission, Transfer, Discharge...
Medication
Infrastructure or resources (Staffing, Facilities,...
Consent, Confidentiality or Communication
Security (no longer contains fire)

REPORT TO: **CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **SOCIAL WORK DEVELOPMENT PLAN**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. To present Committee with the draft Social Work Development plan.

2. RECOMMENDATION

2.1. It is recommended that Committee considers and notes the content of the Social Work Development Plan (SEE APPENDIX 1).

3. BACKGROUND

3.1. The Chief Social Work Officer (CSWO) role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions. The role also has a place set out in integrated arrangements brought in through the 2014 Act. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions.

3.2. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

3.3. Throughout Moray Council, Social Workers operate in a diverse range of different settings which include working with children, the elderly and people experiencing particular challenges in life such as mental health and/or substance misuse or who have a disability.

3.4. While it is an organisational necessity that Social Workers are firmly embedded in multi-disciplinary teams and are confident working across a wide range of different professional boundaries, it is also right and proper that they collectively identify themselves as part of one single profession; social work.

3.5. Affirming this collective professional identity, which entails sharing a set of underpinning values and theoretical propositions, is important at a time when all local authorities are facing some of the most significant fiscal challenges and upheavals in a generation.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The aim of this development plan is to affirm the identity of social work as a single profession across all Council Departments and Sections through a continuous professional development approach, practice care governance and peer professional support. This aim will be achieved through the delivery of a project plan.

4.2. The project milestones have been informed by the feedback from participants who took part in the first two workshops in a series of Social Work Practitioner Forums. The workshops were facilitated by the Social Work Training Team and held in December 2018.

4.3. The themes identified are:

- Governance
- Self-evaluation
- Communication
- Continuing professional development
- Supporting the broader role of social work
- Develop a social work training plan
- Personal outcomes
- Social work leadership

4.4 To achieve this aim it is anticipated that this will be a five year initiative with each year representing a project phase.

4.5 At the end of each phase, the Social Work Development Project Management Group will also consider the outcome of the end of phase learning review. This activity will help to inform the project plan for the next phase of this initiative.

4.6 The timescales and milestones are to be further discussed at the next Social Work Leaders Group meeting (SWLG).

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in line with Moray 2026 Plan – healthier citizens, ambitious and confident young people, adults living healthier, sustainable

independent lives safeguarded from harm and Council priority 4 – More of our children have a better start in life and are ready to succeed

(b) Policy and Legal

The services referred to in this report fall within the scope of a number of important pieces of legislation including:

- Social Work (Scotland) Act 1968
- The Adult Support & Protection (Scotland) Act 2007
- The Community Care & Health (Scotland) Act 2002
- The Children (Scotland) Act 1995
- The Joint Inspection of Children's Services & Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Looked After Children (Scotland) Regulations 2009
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children & Young People (Scotland) Act 2014

Significant policies and white papers that relate to these services include:

- Changing Lives, the Future of Unpaid Care in Scotland (2006)
- Delivery for Health (2005)
- All our Futures: Planning for a Scotland with an Ageing Population (2007)
- Better Health, Better Care: Action Plan for a Healthier Scotland (2007)
- Better Outcomes for Older People: Framework for Joint Services (2005)
- National Guidance for Child Protection in Scotland, The Scottish Government 2014

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There would be reputational risks to Moray Integration Joint Board should the standard of Social Work be poor, the Social Work Development plan mitigates those risks by seeking to improve professional standards.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as the report is for the Committee to note.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-
Social Work Leaders Group; Chief Officer; Chief Finance Officer, Head of Legal Services, Corporate Manager.

6. CONCLUSION

6.1. The Social Work Development Plan seeks to strengthen and improve Social Work practice across Moray, leading to improved outcomes for vulnerable people and enhanced professional confidence.

6.2. The plan takes a project approach and will be monitored regularly by SWLG.

Author of Report: Jane Mackie, Chief Social Work Officer
Background Papers: attached
Ref:

Social Work Development Plan 06.02.2019

1.0 Purpose

To implement the first year of a 5 year project plan that will affirm the identity of social work as a single profession across all Council Departments and Sections as well as Health & Social Care Moray.

2.0 Background

Throughout Moray Council, Social Workers operate in a diverse range of different settings which include working with children, the elderly and people experiencing particular challenges in life such as mental health and/or substance misuse or who have a disability.

While it is an organisational necessity that Social Workers are firmly embedded in multi-disciplinary teams and are confident working across a wide range of different professional boundaries, it is also right and proper that we collectively identify ourselves as part of one single profession; social work.

3.0 Underpinning Ethos

Affirming this collective professional identity, which entails sharing a set of underpinning values and theoretical propositions, is important at a time when all local authorities are facing some of the most significant fiscal challenges and upheavals in a generation.

In light of the high levels of inequality and poverty that social workers have to contend with on a daily basis, it is more important than ever that social workers challenge themselves and ask what does it mean to be part of a profession which the International Federation of Social Workers defines as:-

“a practice based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people.”

This definition is also consistent with the British Association of Social Workers (BASW), which since 1975 have adopted a code of practice based on human rights, social justice and professional integrity. At a more focused operational level, the underpinning humanitarian values of BASW are reflected in the Scottish Social Services Council (SSSC) code of conduct.

These 6 SSSC standards state “As a social service worker, I must… protect and promote the rights and interests of people who use services and carers; create and maintain the trust and confidence of people who use services and carers; promote the independence of people who use services while protecting them, as far as possible, from danger and harm; respect the rights of people who use services, whilst striving to make sure that their behaviour does not harm themselves or other people; uphold public trust and confidence in social services; and be accountable for the quality of my work and will take responsibility for maintaining and improving my knowledge and skills.”

If we are to uphold the International Federation of Social Workers definition of social work practice and the BASW and SSSC codes of conduct, what does this mean for our professional practice in Moray?

Moreover, if all Social Workers are leaders, how can we collectively go about shaping our own profession In Moray? To this end, the underpinning premise of this project plan is an invitation for all social workers to consider this question.

4.0 Aim

Consequently, the aim of this project plan is to reflect on this international definition of social work and codes of practice with the intention to:-

- affirm the identity of social work as a single profession across all Council Departments and Sections through a continuous professional development approach, practice care governance and peer professional support.

This aim will be achieved through the delivery of a project plan.

5.0 Milestones

Aligned to this aim, the project plan will outline a range of tasks that will achieve the following project milestones.

The project milestones have been informed by the feedback from participants who took part in the first two workshops in a series of Social Work Practitioner Forums. The workshops were facilitated by the Social Work Training Team and held in December 2018. These milestones are as follows:-

	Theme	Milestone	Description
1.	Governance	Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work. This will also include agreeing quality measures for social work in both Integrated Children's Services & Adult Services & a related risk register.	Social Workers/Social Care staff are aware of and are involved in the Governance Board. Improve governance structures across all Social Work Service areas. The Governance Board takes responsibility for the quality of Social Work/Social Care in Moray. The Practitioner Workshops highlighted the importance of creating structures that would give social workers the opportunity to be informed in decisions and to be involved in the solutions.
2.	Self-Evaluation	Implement a structured approach to self-evaluation for all Council Social Workers	Self-evaluation at individual, team, service levels is conducted managerially but not professionally. The approach will consider how to utilise the 'Continuous Learning Framework' and SSSC standards. The feedback from the Practitioner Forums was that social workers also wanted the time to reflect on the continuous improvement process. A self-evaluation approach would assist with this. The workshop participants also noted the importance of establishing a baseline understanding of practitioner knowledge. This activity will also underpin the 'continuous professional development', 'supporting the broader role of Social Work' and 'developing a Social Work Training Plan' milestones.
3.	Communication	Support the professional development of social workers through regular communication and engagement.	Develop a communication strategy that will support the professional development of social work staff through a range of communication activities (e.g. newsletter and journals).

			Ensure that this approach is congruent with professional values and practice (i.e. inclusive and empowering). Participants at the Practitioner Forum also identified the need to find ways of improving the trust in professional decision making, enhancing the corporate reputation and improving communication links with senior management. Delivering this milestone will mean that the project plan will need to consider how resources (people, time, budget) is fully utilised.
4.	Continuing Professional Development	To deliver a range of activities that will support the learning and development of social workers.	Facilitated by the Social Work Training Team and linking in with the above milestone, Social Workers/Social Care staff in Moray are supported to develop their professional skills and knowledge to progress in their career. There are mechanisms in place to support professional development such as Practitioner Forums and learning opportunities. Professional debate and discussion is promoted in specific Social work approaches and techniques. CPD – Continuing Professional Development/of Social Work/of Social Care skills is embedded in the organisational structure where Social Work/Social Care staff work in Moray. As part of the Practitioner Workshop Forums, social workers also saw stronger links with the NHS Training Team as an opportunity to breakdown professional barriers and further enhance integrated working.
5.	Supporting the broader role of Social Work	To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking.	To operate effectively, Social Workers need to have a thorough understanding of the evolving social policy context – at both national and a local government levels- and how this impacts on their professional practice. Social policy is about causes of social problems and the underpinning theoretical

			and the ideological perspectives adopted as a means to address these issues. Consequently knowledge of the policy context is essential for all social workers if they are to operate effectively. The feedback from the social work practitioner forums was that there was a need to provide more support in relation to positive risk taking and recording positive risk.
6.	Develop a Social Work Training Plan	To further develop social work professional practice through training and personal development. There are legislative requirements that are specific only to social work (e.g. SDS). This would be reflected in a training plan that would focus on a range of social work development professional issues.	A formal Social Work Training Plan will help support the key themes identified as part of this initiative. It will also be informed by the Care Inspectorate's SDS thematic for adult services and Care Inspectorate's Children's Services Inspection. The Training Plan links well with many of the comments made at the Practitioner Forum in that it will identify the resources needed to deliver training and how this can be undertaken in a co-ordinated way.
7.	Personal Outcomes	To further embed a personal outcomes approach in terms of professional practice.	A personal outcomes approach is a key part of social work professional practice. This milestone will focus on how qualitative data can be used in a meaningful way to support professional social work practice. This milestone also links in with the feedback from the Practitioner Forums, in that 'investing in-house knowledge' was identified as one of the areas for future development.
8.	Social Work Leadership	To explore the impact of management and leadership styles and its impact on professional social work practice.	Social Workers who are managers need to be aware of the impact their managerial leadership and managerial style has on the delivery of services for vulnerable people and on the context in which social work is delivered.

			Practitioners also need to identify themselves as practitioner leaders, to uphold the values and standards of social work practice, especially in multi-disciplinary teams. Practitioner leaders must also take responsibility for promoting their professional values and standards, and managing the tensions between individual demand and available resources, which is inherent in the social work role.

6.0 Timeline

Ultimately, to achieve the above aim it is anticipated that this will be a 5 year initiative.

Each year will represent a project phase. The following project plan timeline is therefor for the first 12 months. A project plan will be developed for each of the following years of this initiative.

As noted below, it is proposed that the phase 1 of the project plan will run from January to December 2019.

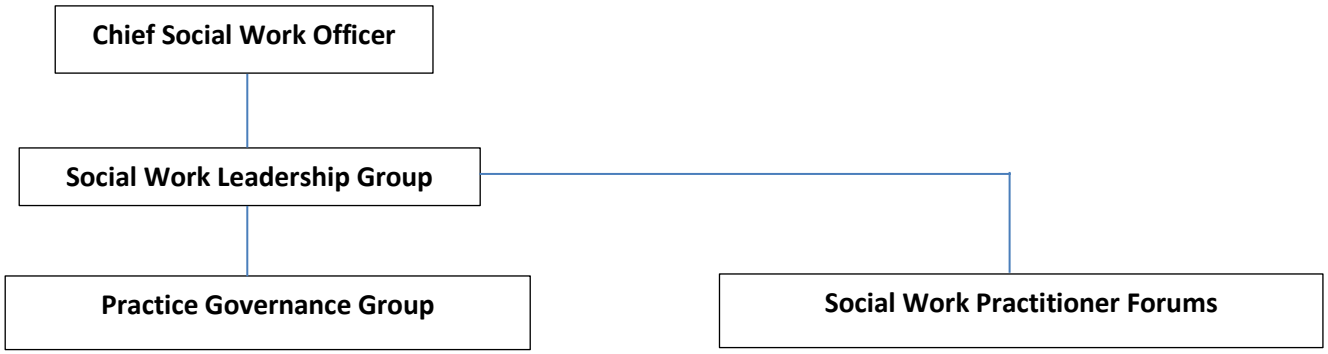
Month		**2019**											
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Milestone	**1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.**					Implement →							
	2. Implement a structured approach to self-evaluation for all Council Social Workers.							Implement →					
	3. Support the professional development of social workers through regular communication and engagement.							Implement →					
	4. To deliver a range of activities that will support the learning and development of social workers.					Implement →							

	5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking.					Implement →							
	6. Develop a Social Work Training Plan				Implement →								
	7. Personal Outcomes						Implement →						

7.0 Governance

The project sponsor for this plan will be Jane Mackie, Chief Social Work Officer, and the operational implementation of the project plan will be overseen by a Social Work Leadership Group. This Group will work closely with existing practice governance arrangements across all related council departments and sections.

The Social Work Leadership Group will meet on a quarterly basis and will be chaired by the Chief Social Work Officer. The following is an outline of the governance and reporting arrangements:-



It should be noted that the Social Work Leadership Group will have representation from all social work associated service areas (names to be confirmed) and will include the following milestone leads-

Milestone	Lead
1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.	Social Work Leadership Group
2. Implement a structured approach to self-evaluation for all Council Social Workers.	Social Work Leadership Group
3. Support the professional development of social workers through regular communication and engagement.	Social Work Leadership Group
4. To deliver a range of activities that will support the learning and development of social workers.	Social Work Leadership Group
5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking.	Social Work Leadership Group
6. To further develop social work professional practice through a Social Work Training Plan.	Social Work Leadership Group
7. To further embed a personal outcomes approach in terms of professional practice.	Social Work Leadership Group

Following a project management methodology, the Social Work Development Project Management Group Meetings will have 2 standing agenda items. These are:-

- Progress Against Project Plan Up-date; and
- Risk & Issues Log

The Senior Project Officer will support the monitoring and review of these documents by this group.

Furthermore, at the end of each phase, the Social Work Development Project Management Group will also consider the outcome of the end of phase learning review. This activity will help to inform the project plan for the next phase of this initiative.

The Social Work Practitioner Forum will also be an essential part of the development approach through allowing social workers the opportunity to shape and influence how the milestones and aim will be realised.

8.0 The Project Plan

Key-add names

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.0	**Milestone:** Boards are established in both Adult and Children Services that provides quality assurance for Social Care and Social Work. **Lead:** tbc (January to April)							
1.1			**Task**: Develop remit and rationale for Boards that are aligned to existing structures					
1.2			**Task:** Consult internally on proposed rationale and remit					
1.3			**Task:** Revise original proposal					
1.4			**Task**: Submit paper to the Social Work Leadership Group for approval					
1.5			**Task** Board meetings and a schedule of meetings is agreed					
1.6			**Task:** A suite of quality measures is drafted across all service areas					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.7			**Task**: The draft quality measures are consulted internally					
1.8			**Task:** Based on the internal consultation, the draft quality measures are consideration by the Social Work Leadership Group					
1.9			**Task:** The draft quality measures are approved by the Boards and a schedule and process for reporting is confirmed.					
1.10			**Task:** Develop a Social Work specific risk register.					
1.11			**Task:** Format of risk register and the process of completion is agreed at the Board Meeting.					
2.0	**Milestone:** Implement a structured approach to self-evaluation for all Council Social Workers. **Lead**: (April to December)							
2.1			**Task:** Scope all self-evaluation and continuous improvement options.					
2.2			**Task:** Determine 'best fit' approach.					
2.3			**Task:** Interim progress report submitted to the Social Work Leadership Group (refine approach)					
2.4			**Task:** Consult internally on the proposed approach					
2.5			**Task** Revise proposal and submit to the Social Work Leadership Group for approval					
2.6			**Task:** Submit self-evaluation approach to Practice Governance Boards for approval.					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
2.7			**Task:** Implement the self-evaluation approach					
3.0	**Milestone:** Support the professional development of social workers through regular communication and engagement. **Lead**: (April to June)							
3.1			**Task**: Write a short brief for a Communication & Engagement Plan					
3.2			**Task**: Develop a Communication & Engagement Plan					
3.3			**Task:** Agree the Communication & Engagement Plan at the Social Work Leadership Group					
3.4			**Task:** Implement the Communication & Engagement Plan					
4.0	**Milestone:** To deliver a range of activities that will support the learning and development of social workers. **Lead**: (January to April)							
4.1			**Task:** Implement a programme of social work practitioner forums and determine the most effective approach to continuing professional development		30 11 18 & 3 12 18	Ongoing		
4.2			**Task:** Develop a proposal for continuing professional development based on the above workshops					
4.3			**Task**: Interim report submitted to the Social Work Leadership Group for initial consideration					
4.4			**Task:** The proposal is submitted to the Practitioner Forum for further debate and refinement					
4.5			**Task:** The final proposal is submitted to the Social Work Leadership for approval					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
4.6			**Task:** The final proposal is submitted to the Boards for approval.					
4.7			**Task:** The approach to continuing professional development is implemented					
5.0	**Milestone**: To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking. **Lead:** (January to April)							
5.1			**Task**: Through the practitioner forums consider how this milestone could be best achieved		30 11 18 & 3 12 18	Ongoing		
5.2			**Task:** Develop a proposal based on the views of the practitioner forum participants					
5.3			**Task**: Interim report submitted to the Social Work Leadership Group for initial consideration					
5.4			**Task:** The proposal is submitted to the Practitioner Forum for further debate and refinement					
5.5			**Task:** The final proposal is submitted to the Social Work Leadership for approval					
5.6			**Task:** The final proposal is submitted to the Boards for approval.					
6.0	**Milestone:** To develop a Social Work Training Plan **Lead:** (February to March)							
6.1			**Task:** The Social Work Leadership Group will reflect on the key findings of the Care Inspectorates thematic review of SDS in Adult Community Care Services					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
6.2			**Task:** Informed by this discussion, develop a brief remit for the plan including the scope					
6.3			**Task:** Draft the Social Work Training Plan					
6.4			**Task:** The Social Work Leadership Group gives initial consideration to the draft plan					
6.5			**Task:** The draft plan is submitted for internal consultation, including the Practitioner Forums					
6.6			**Task:** Based on the outcome of the internal consultation, the Social Work Training Plan is approved by the Social Work Leadership Group					
6.7			**Task:** The Social Work Training Plan is approved by the Board					
6.8			**Task:** The Social Work Training Plan is submitted for consideration and comment to the Care Inspectorate					
7.0	**Milestone:** Personal Outcomes **Lead:** (April to May)							
7.1			**Task:** Develop a proposal to establish a short-life working group that will help embed the use of qualitative data in relation to implementing a personal outcomes approach					
7.2			**Task:** Discuss and refine the proposal at the Social Work Practitioner Forum					
7.3			**Task:** Agree membership of the short-life working group					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
7.4			**Task:** Agree proposal at the Social Work Leadership Group					
7.5			**Task:** Implement proposal					
8.0	**Milestone:** Social Work Leadership **Lead:** (April to June)							
8.1			**Task:** Develop a baseline leadership questionnaire across all SW areas					
8.2			**Task:** Project Board agree questionnaire					
8.3			**Task:** Circulate questionnaire across all SW areas					
8.4			**Task:** Analyse findings and identify emerging themes					
8.5			**Task:** Conduct practitioner led focus groups that further explore the key themes identified in the questionnaire					
8.6			**Task:** Present and test the findings and key recommendations at the Social Work Practitioner Forum					
8.7			**Task:** Develop a Social Work Leadership Strategy					
8.8			**Task:** Present Draft Strategy to the Social Work Practitioner Forum and further develop					
8.9			**Task:** Consult on the further draft Social Work Leadership Strategy					
8.10			**Task:** Refine and present for final approval Social Work Leadership Strategy to the Project Board					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
8.11			**Task:** Implement Social Work Leadership Strategy					
8.12			**Task:** Implement a Strategy to facilitate Practitioners as leaders					

REPORT TO: **CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 FEBRUARY 2019**

SUBJECT: **GRAMPIAN CLINICAL PROFESSIONAL ASSURANCE FRAMEWORK: HEALTH PROFESSIONALS**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of the NHS Grampian framework surrounding professional assurance for Health Professionals.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:-

i) consider and note the Grampian Clinical Professional Assurance Framework for Health staff, that underpins service delivery throughout Health and Social Care; and

ii) note that a similar framework for Social Work staff will be submitted to this Committee in May 2019.

3. BACKGROUND

3.1 Clinical care is provided to the Moray population by many different professional groups with a variety of associated regulatory frameworks.

3.2 This framework was developed by NHS Grampian to clarify and develop the assurance systems and processes in place for clinical professional groups.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. This framework focuses on professional accountability, applying to all directly employed clinical staff and by agreement with all contracted staff, with potential scope for adoption by independent providers, charities or volunteers.

4.2. The framework is constructed around six key elements shown below :-

- Who do we have?
- What job do they do?
- External regulatory requirements
- Education and Training
- Quality outcome measures
- Fitness to practice

These questions are answered for each of the professional groups and provides a comprehensive statement of the standards that must be achieved and how they are monitored for each discipline.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in accordance with Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b) Policy and Legal

These Standards have been developed by the NHS Grampian Medical Director and the Interim Chief Executive when in her role as Director of Nursing and Allied Health Professionals

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

This framework provides information to ensure that service managers understand the professional standards and training requirements that must be attained across the clinical professional groups to ensure high quality and safe clinical care for the people of Moray. Failure to deliver services within this framework could result in harm to patients and reputational damage to Health and Social Care Moray (HSCM) and Moray Integration Joint Board.

(e) Staffing Implications

All Clinical staff who deliver services to Moray residents need to understand their personal lines of professional accountability. This becomes even more relevant when there are other lines of accountability related to employment or service management within HSCM.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

There is no requirement for an equalities impact assessment as there is no change in policy or service delivery as a result of this report.

(h) Consultations

The Chief Officer, Heads of Services and Head of Clinical and Care Governance have been consulted and their comments incorporated in this report.

6. CONCLUSION

6.1. This report is intended to provide the Committee with assurance of a robust NHS Grampian Clinical Professional Assurance Framework which allows staff to consider their own situation and identifies the specific Directors who occupy the lines of accountability that connect them to the regulators.

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