



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	24 June 2020
Agenda Item	6
Title	Clinical and Care Governance Update
<p>Summary</p> <p>This report provides an overview of how the Health and Social Care Partnership is maintaining responsibility for monitoring and improving the quality of health and social care during its response to the COVID-19 emergency.</p>	
Presented by	Dr Deirdre McCormick, Chief Nurse
<p>Action Required</p> <p>The Integration Joint Board is asked to:-</p> <ol style="list-style-type: none"> note the contents of the report identify any areas where further action may be required to ensure the Integration Joint Board is assured the duty of quality continues to be met note that the Clinical and Care Governance Annual Report will be presented to the August IJB meeting. 	
<p>Directions</p> <p><input checked="" type="checkbox"/> No Directions Required</p> <p><input type="checkbox"/> Directions to East Renfrewshire Council (ERC)</p> <p><input type="checkbox"/> Directions to NHS Greater Glasgow and Clyde (NHSGGC)</p> <p><input type="checkbox"/> Directions to both ERC and NHSGGC</p>	<p>Implications</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Policy</p> <p><input type="checkbox"/> Workforce</p> <p><input type="checkbox"/> Equalities</p> <p><input type="checkbox"/> Risk</p> <p><input type="checkbox"/> Legal</p> <p><input type="checkbox"/> Infrastructure</p> <p><input type="checkbox"/> Fairer Scotland Duty</p>

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

24 JUNE 2020

Report by Chief Nurse

CLINICAL AND CARE GOVERNANCE UPDATE

PURPOSE OF REPORT

1. The purpose of this report is to provide East Renfrewshire Integration Joint Board with an overview of how the Health and Social Care Partnership is maintaining responsibility for monitoring and improving the quality of health and social care during its response to the COVID-19 emergency.
2. The report provides information that describes continued monitoring and the Integration Joint Board is asked to identify any areas where further action may be required to ensure the Integration Joint Board is assured the duty of quality continues to be met.

RECOMMENDATION

3. The Integration Joint Board is asked to:-
 - (a) note the contents of the report;
 - (b) identify any areas where further action may be required to ensure the Integration Joint Board is assured the duty of quality continues to be met; and
 - (c) note that the Clinical and Care Governance Annual Report will be presented to the August IJB meeting.

BACKGROUND

4. The report sets out the impact of COVID-19 resulting in the temporary suspension of our clinical and care governance meetings and the mechanisms which have been put in place to ensure operational oversight of healthcare quality and clinical and care governance.
5. The HSCP is currently developing its COVID-19 Recovery Strategy and Action Plan and progress on this will be discussed at the IJB on 24 June 2020. Plans are now in place to re-establish our governance arrangements.
6. A draft of the East Renfrewshire HSCP Clinical and Care Governance Annual Report 2019-2020 has been prepared for circulation to relevant colleagues for comment and contribution.

REPORT

7. The World Health Organisation (WHO) was notified of the first case of a new disease; Coronavirus (COVID – 19) in December 2019 and declared it as global pandemic on 11th March 2020. The first cases in Scotland were notified on 1st March 2020.
8. The steps taken across Scotland to contain the virus are unprecedented. The manner in which everyone has responded by working together to ensure we protect ourselves, our families, our communities and our nation from the threat presented by COVID-19 has been remarkable.

9. The HSCP initiated its Business Continuity Plan to ensure core service delivery has continued as we navigate our way through the uncertainty with a number of extensive measures put in place as part of our specific response to COVID-19.

10. Given the ongoing pressures presented in managing the challenge of COVID-19, it has therefore not been possible to maintain the normal range of clinical and care governance functions. The NHS Strategic Executive Group approved adaptations to the arrangements for governance of healthcare quality. This includes suspension of the strategically supported Quality Improvement programmes, revisions to processes for clinical guidelines, audit and clinical incident management. NHS Acute, Partnership and Board Clinical Governance Forums which had been suspended are now being reconvened. The Acute Clinical Governance Forum met virtually on Monday 8th June and the Primary Care and Community Clinical Forum is due to meet virtually on 17th June. There are also plans for the Board Clinical Governance Forum to meet virtually. The Clinical Incident Quality Assurance process for both Mental Health and Primary Care are continuing to meet.

11. Within East Renfrewshire HSCP there has been a temporary suspension of some of our clinical and care governance meetings. However it is important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has been maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for the COVID-19 pandemic emergency
- Responding to any significant concerns about clinical quality

12. Mechanisms currently in place to support the operational oversight at service level include:

- Corporate Resilience Management Team meetings with East Renfrewshire Council;
- participation in NHS Board COVID-19 governance;
- weekly HSCP Management Team (DMT) meetings;
- daily SMT communication re COVID-19 risk issues;
- development of dynamic risk assessments for all services with an overarching HSCP COVID-19 risk register which is reviewed weekly and is submitted to the Local Resilience Management Team (LRMT) and DMT
- maintenance of communication with individual staff and teams. The latter has been an essential element in the provision of operational and professional supervision and caseload management to identify areas of exception with escalation as appropriate to the LRMT and the DMT
- Chief Officer's Public Protection Group every 3/4 weeks.

13. In addition to these groups there has been an increased attention in relation to our care homes resulting in further enhanced communication. Prior to COVID-19 the HSCP and local care homes had a joint Care Home Improvement network which met on a monthly basis. During COVID-19 this has moved to a weekly virtual meeting between care home managers, commissioning and HSCP Localities to offer mutual support and assistance. Commissioning staff have undertaken a daily situation update call to care homes to ascertain if support is required for staffing, PPE, or residents affected by COVID-19. This information has been fed into the HSCP daily COVID-19 monitoring and response. In line with national direction we have established a Care Home Clinical and Care Professional Oversight team which includes the Chief Officer, Chief Nurse, Clinical Director, colleagues from Public Health Directorate and the Care Inspectorate who join members of the safety huddle group on a weekly basis.

14. The Alcohol and Drug Partnership met on the 19th May 2020 with future meetings planned on 25th June and 13th August 2020.

15. The Chief Officers Public Protection meeting took place on 12th May 2020 with the next scheduled meeting on the 10th November 2020. There are extraordinary meetings planned in June and July 2020. The focus is for each service to highlight risks and advice on what has been put in place in relation to COVID-19. The Chief Officers Public Protection meeting will cover the current position with regards to Adult Support and Protection, Child Protection, MAPPA and Violence against Women and Girls.

16. The Child Protection Committee met on the 5th May 2020 and the next scheduled meeting is the 18th June 2020.

17. The Adult Protection Committee met on the 27th April 2020 and the next scheduled meeting is the 22nd June 2020.

18. Plans are now in place to re-establish all clinical and care governance groups. Due to the sequencing of our meeting schedule, the East Renfrewshire Clinical and Care Governance Group did not require to be suspended and met on 10th June as planned. Discussion majored on the following: COVID-19 current position; Care at Home; Support to Care Homes; Bonnyton House Inspection and COVID-19 update; Adult Support and Protection; Risk management with verbal reports from all professional leads and clinical incident reports.

19. Governance arrangements for Significant Case Reviews (SCRs) and MAPPA remain in place albeit via teleconference. This also applies to Significant Clinical Incident (SCIs) in accordance with issued guidance. At the time of completion of this report there has been one Initial Case Review (ICR) and no Significant Case Reviews (SCR).

20. Complaints continue to be responded to during the crisis. Since the pandemic was declared on 11th March until 11th June, a total of 16 complaints have been received. On average frontline complaints were responded to within 3 days, and investigation complaints within 14 days. 3 investigation complaints remain ongoing. A full report will be prepared for the Clinical and Care Governance Committee in September 2020.

21. Core data regarding child protection/adult protection/MAPPA and corresponding assurance statements are provided to Chief Officers group weekly. MAPPA continues to be governed by management oversight group and strategic oversight group. Both of these meetings continue to take place at the usual frequency via teleconference. In addition to 6 monthly reports, new quarterly reports are prepared for the Adult Protection Committee. In response to the pandemic there will also be weekly reporting to the Chief Officer for Public Protection and the Scottish Government.

22. As part of recovery arrangements the NHSGGC Strategic Executive Group, which acting as the de facto Acute, Partnership and Board Clinical Governance Forums during the COVID-19 outbreak introduced a template on 13th May to be completed by all areas including HSCPs on a monthly basis. The template is structured under four key headings; maintenance of key governance functions, risks to clinical quality, any other headlines, and key successes. To date two submission have been made with the next return due on 17th June.

23. The Annual Report for Clinical and Care Governance reflects the work of the Clinical and Care Governance Group and preparations to develop and submit the report to the NHSGGC Clinical and Care Governance Forum have been paused due to the current crisis. We anticipate that the annual report will continue to be required and a draft report has been prepared for circulation to relevant colleagues for their contribution. The annual report will be presented to the Integration Joint Board in August 2020.

CONSULTATION AND PARTNERSHIP WORKING

24. This report has been prepared by the Chief Nurse after due consideration with relevant senior officers in the HSCP.

IMPLICATIONS OF THE PROPOSALS

25. There are no implications arising from this report.

DIRECTIONS

26. There is no requirement for directions as a result of this report.

CONCLUSIONS

27. The Health and Social Care Partnership has maintained responsibility for monitoring and improving the quality of health and social care during its response to the COVID-19 emergency. Continued monitoring is ongoing to ensure the duty of quality continues to be met.

RECOMMENDATIONS

28. The Integration Joint Board is asked to:-

- (a) note the contents of the report;
- (b) identify any areas where further action may be required to ensure the Integration Joint Board is assured the duty of quality continues to be met; and
- (c) note that the Clinical and Care Governance Annual Report will be presented to the August IJB meeting.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None