

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on	17th February 2021	
Agenda Item:	9	
Title:	Health & Care Governance Annual Assurance Update	
Summary:		
<p>The purpose of the report is to provide the IJB with assurance that systems and procedures are in place to monitor health and care governance in line with the Board's statutory duty for quality of care. The report will be submitted to the Health and Care Governance Group on 2 March 2021 for homologation.</p>		
Author:	Tim Eltringham, Director of Health & Social Care	
Recommendations:		
It is recommended that the Integration Joint Board		
i. Approve the report		
Route to meeting:		
<p>This report has been drafted by the Director of Health and Social Care (Chair of the Health and Care Governance Group) with a view to homologation at the next meeting of the Health and Care Governance Group on 2 March 2021.</p>		
Directions:		Implications:
1. No Directions Required	<input checked="" type="checkbox"/>	Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran	<input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council	<input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS	<input type="checkbox"/>	Equalities <input type="checkbox"/>
		Sustainability <input type="checkbox"/>
		Policy <input type="checkbox"/>
		ICT <input type="checkbox"/>

HEALTH & CARE GOVERNANCE ANNUAL ASSURANCE UPDATE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the IJB with assurance that systems and procedures are in place to monitor health and care governance in line with the Board's statutory duty for quality of care. The report will be submitted to the Health and Care Governance Group on 2 March 2021 for homologation.

2. RECOMMENDATION

2.1 **It is recommended that the Integration Joint Board**

- i. **Approve the Report.**

3. BACKGROUND INFORMATION

- 3.1 In February 2020 the IJB approved changes to the arrangements for the monitoring and oversight of Health and Care Governance for South Ayrshire HSCP. The new arrangements were to be congruent with those proposed by the Director of Nursing following her pan-Ayrshire Review and agreed by the NHS Board in October 2019. Within South Ayrshire the key change was to discontinue the Health and Care Governance Committee and the establishment of a Health and Care Group to be chaired by the Director of Health and Social Care.
- 3.2. The formal establishment of the Health and Care Group was delayed as a consequence of the Covid 19 crisis with the first meeting not taking place until May 2020. Since, then, however, the meeting has settled into a quarterly cycle. The Terms of Reference for the group are attached as [Appendix 1](#).

4. REPORT

- 4.1 The report is structured around the key functions of the Health and Care Governance Group.

a. Support the governance of public protection within the HSCP including child protection, adult support and protection, MAPPA and GBV.

- 4.2 The Public Protection Chief Officers Group (COG) in South Ayrshire has been established for many years. Since the outset of the pandemic the group which normally meets quarterly has been meeting monthly. The COG has a critical oversight role in relation to public protection working in conjunction with the Independent Chair of the Adult and Child Protection Committees. The COG considers a range of performance data, commission and review the outcomes and learning from Significant Case Reviews and oversee improvement action in relation to practise across health and social work.

- 4.3 Adult services have established a Health and Care Governance Meeting chaired by the Head of Service. The agenda of the meeting includes consideration of learning from Initial Case Reviews, Significant Case Reviews, Large Scale Investigations (Adult Protection), and complaints. Process in place for Safety Action Notices. It is noted that improvement work is ongoing to enhance oversight and management of the complaints process led by the CSWO.
- b. Oversee the processes within the HSCP to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, patient/service user feedback, complaints and litigation; and that examples of good practice and lessons learned are disseminated within and across the HSCP, PAN-Ayrshire and beyond as appropriate.**
- 4.4 The HSCP has an established AERG Meeting which is chaired by the Associate Director of Nursing which meets fortnightly. The AERG meets monthly to review adverse incidents and identify areas of learning.
- 4.5 The Adverse Event Review Group is committed to creating a culture that promotes the delivery of the highest possible standard of care to all patients/service users in the Partnership.
- 4.6 The group has been formed as a Multidisciplinary Team, who review and decide on the progress of the Datix Reports. The group has oversight of these reports on a weekly basis, sent from the Risk Management Team in Ayrshire and Arran Health Board. They are discussed and reported twice a month and outcomes sent to the Risk Management Team.
- 4.7 The group ensures there is an effective and robust review of adverse events which identifies any contributory factors, themes and/or root causes that support further review. The group take cognisance of findings from previous adverse events to identify gaps and weaknesses in services in the agreed actions.
- 4.8 The group, review, manage and request further information in the form of an AE Review Form (SBAR) report for further information to support decision making and escalates to the Medical and Nursing Directors for those incidents that the group agree are events out with their scope of decision making. For example, this could be a sudden death or a review of services that could prevent the same occurring again.
- 4.9 The following assist in determining compliance with the Adverse Event Policy: Identification, Reporting, Review and Learning, along with providing assurances to the Healthcare Governance Group.
- 4.10 The Health and Care Governance Meeting has as a standing item the scrutiny of the work of the AERG. In addition, departmental heads and clinical leads

report to the HCGG on issues associated with SANs, complaints and lessons learned.

c. Monitor the HSCP Risk Register from a health and care governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant risk to patient care, service provision or the reputation of the IJB.

4.11 The agenda for the HCGG includes regular reporting by departmental and clinical leads on issues of clinical risk. In addition, throughout the Covid 19 crisis the Departmental Management Team has been meeting three times per week in order to ensure an appropriate response to the ever-changing risks associated with the pandemic.

4.12 In the course of 2020/21 the HSCP has established a Risk and Resilience Group chaired by the Director. The group comprised the Directorate Management Team and key relevant officers from both the NHS and South Ayrshire Council.

4.13 A copy of the risk register being used within Adult Services is attached as [Appendix 2](#) as an example.

d. Ensure that mechanisms are in place for services to routinely listen, learn and develop from patient, service user and carer experience.

4.14 The HSCP has a wide set of arrangements designed to enable engagement with service users, carers and citizens more generally.

4.15 Locality Planning Groups (LPGs) across 6 localities are a key engagement mechanism. The LPGs include a range of community representatives, together with those from third/independent sectors, carers, health and care professionals and partners.

4.16 The LPGs have played a significant role in engagement/consultation in relation to all of the HSCP strategies and plans (for example, Mental Health, Carers and Dementia). They have also been actively involved in developing our Strategic Plans.

4.17 Along with ongoing support from our Community Engagement Officers, they have been provided with regular HSCP activity updates together with updated locality profiling information.

4.18 In addition, there are other thematic mechanisms for engagement and consultation, for example:

- Carers Reference Group supported by South Ayrshire Carers Centre and providing representation for the IJB and SPAG
- Older People's Action Group supported by VASA (our Third Sector Interface)

- Champions Board work for care experienced young people
- Providers Forums for third sector facilitated by VASA
- Communities Reference Group that links to wider Community Planning based work

4.19 In addition, there are a range of examples of service user engagement which have been a feature of the HSCPs activity over the last year. These include:

- Engagement activity in relation to young people with care experience in relation led by the Champions Board ([Appendix 3](#)). Young people in South Ayrshire have had a particularly prominent role in contributing at a national level, to the development of the Promise.
- Engagement with service users with a learning disability who have moved into the North Park Court supported accommodation project in Girvan. The project has been enormously successful in helping a number of adults with a learning disability achieve greater levels of independence and social interaction.
- Feedback on the Walking Group for people with learning disabilities shows the value of the project for people in achieving their outcomes.
- During the Covid Crisis, Justice Services have undertaken a service user survey in order to understand the views of service users and tailor service responses appropriately.

4.20 During the Covid crisis the need for highly developed arrangements for communication and engagement with communities, staff and other stakeholders have become even more evident. Resources have been made available to recruit an Engagement Officer who will have a key role in further developing communication and engagement activity.

e. Ensure that quality and self-evaluation mechanisms are in place to inform a culture of continuous improvement.

4.21 Self evaluation and continuous improvement are at the core of the HSCP purpose. During the course of 2020/21 the management team have sought to deliver a range of service improvement while at the same time further developing the infrastructure to enhance improvement work into the future.

4.22 There are a wide range of examples of activity from across all services within the HSCP. Examples include:

- An Adult Support and Protection Multiagency Subgroup has been established with self-evaluation work almost complete and action plan in progress.
- Self- evaluation methodologies embedded in adult services are now being implemented across children, AHP and administration services. The Head of Service for Adult Services is leading this piece work for the HSCP. A framework has been developed ([Appendix 4](#)) which it is intended will be adopted across the HSCP.
- Within Social Work Services a range of auditing activity has occurred over the reporting period. This activity has covered adult services in relation to

assessment and closure of cases and within children's services in relation to the initial referral discussion process in child protection. Enhancing this auditing activity self-evaluation within adult services has continued over the winter in relation to adult support and protection. This is in preparation for a forthcoming inspection of these services when inspection activity is able to resume.

- For Child Protection Interagency Referral Discussions (IRD) there is a process of analysis of those who go through the process and those who don't which is reported to the Child Protection Committee.
- A range of audits activity is ongoing as part of a base rate audit for the Signs of Safety programme in Children's Services. This includes, an audit and self-evaluation of 120 case files across the service; about 10% of the case load. Staff and leadership questionnaires are being used to give a fuller understanding of how the staff feel about the leadership and culture.

4.23 Additional Developments

4.23.1 Chief Social Work Officer

In early 2020, South Ayrshire became the first local authority to appoint a "stand-alone" CSWO. Previously the role had been held by a Head of Service with managerial responsibilities in either adult or children and Families services. The experience to date is that the new arrangements have been highly effective. The post-holder has had a key role in supporting and advising on professional issues for social work and social care at a time of particular challenge.

Following a review of existing arrangements for the oversight of professional and service standards for social work the CSWO developed proposals for additional leadership capacity which is intended to improve social work practice. Recruitment is underway for a number of new or redesignated posts

4.23.2 Care Homes Oversight Group

In response to a Scottish Government policy decision in May 2020 South Ayrshire established a CHOG. The aim of the CHOG is to provide support to care homes at a time of extreme challenge while also providing assurance that best practice in relation to matters such as Infection Prevention and Control is being observed. The CHOG in South Ayrshire is chaired by the Head of Service for Adult Services.

4.23.3 Digital Strategy

The importance of a clear strategy in relation to digital has been evidenced by the covid experience. The HSCP undertook preparatory work to develop a Strategy in the autumn of 2019 with the intention of presenting a strategy to the IJB. This work was delayed but a strategy was presented in December 2020 and well received. The management team are now working at pace to implement those elements of the strategy which are amenable to local solutions.

During 2020/21 the final elements of the roll out of Carefirst across all social work services will be concluded. The client database for adults went live in November

2020. This roll out will conclude a programme of work which significantly enhances the social work record-keeping and reduces risks with a legacy system which have been evident for many years.

The HSCP has also implemented CM2000 within “in-house” care at home services. This important tool is now contributing to improvement in service quality and responsiveness.

5. STRATEGIC CONTEXT

5.1 The IJB has a key role in working alongside the NHS and South Ayrshire Council in ensuring high standards of care and clinical governance within the HSCP.

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no financial implications associated with this report.

6.2 Human Resource Implications

6.2.1 There are no Human Resources implications associated with this report.

6.3 Legal Implications

6.3.1 There are no legal implications arising from this report.

6.4 Equalities implications

6.4.1 There are no equalities implications emerging from this report.

6.5 Sustainability implications

6.5.1 There are no sustainability implications arising from this report.

6.6 Clinical/professional assessment

6.6.1 There has been significant clinical input to the contents of this report.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 This report has been drafted by the Chair of the HSCP Health and Care Governance Group in response to a request for a paper at the next NHS Health and Care Governance Committee on 1 March. The schedule of HSCP HCG meetings has not allowed consideration by that group in the timescale available. It is intended that the report will be presented at the HSCP HCG on 2 March for consideration and proposed homologation.

7.2 There has been no partnership engagement associated with the writing of this report.

8. RISK ASSESSMENT

8.1. There are no risks highlighted for consideration in relation to this report.



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8 February 2021

BACKGROUND PAPERS

None