

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	15th June 2022	
Agenda Item:	7	
Title:	Health and Care Governance Annual Assurance Report 2021-2022	
Summary:		
<p>The purpose of the report is to provide 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.</p>		
Author:	Tim Eltringham, Director of Health and Social Care	
It is recommended that the Integration Joint Board:		
<p>i. Approve the report</p>		
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) and has been approved at the Health and Care Governance Group on 05 May 2022.</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 checked="" type="checkbox"/>
		ICT <input type="checkbox"/>

HEALTH AND CARE GOVERNANCE ANNUAL ASSURANCE REPORT 2021-2022

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide 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.

2. RECOMMENDATION

- 2.1 **It is recommended that the Health and Care Governance Group:**

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 Governance 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.

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 Gender-Based Violence

- 4.2 The Public Protection Chief Officers Group (COG) in South Ayrshire has been established for many years. 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 practice across health and social work.

- 4.3 Community Health and Care Services (Adult Services) have a monthly Health and Care Governance Meeting chaired by the Head of Service. The group oversee all areas of quality (safe, person centred and effective) including operational risk register, learning from Initial Case Reviews, Significant Case Reviews, Large Scale Investigations (Adult Protection), complaints, Care Opinion, audit, inspection action plans, Team self-evaluations and Team plans, iMatter and improvement activity. Processes are in place for Safety Action Notices and incident oversight.
- 4.4 The Pan-Ayrshire Allied Health Professions (AHP) Workforce Risk and Governance Group leads and directs the organisation's approach to AHP workforce planning and utilisation. The Group provides organisational assurance, that uni-professional/AHP service delivery provides safe, effective, person centred care in line with the 4 pillars of practice (People, Quality, Service and Finance) within each area of service delivery, in relation to the statutory duty for quality of care. The AHP Associate Director, and AHP senior managers as professional leads within the 3 HSCP's, lead this work alongside uni-professional governance leads.
- 4.5 During 2021-22 there have been significant improvements in quality assurance processes for commissioned services overseen by the Community Services Oversight Group, complaints reporting and analysis and audit within Community Nursing and Social Work.
- 4.6 A pan-Ayrshire approach to implementing a Multi-Agency Risk Assessment Conference (MARAC) is being progressed with plans for a MARAC to run in each of the three Ayrshire's monthly. The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim of domestic abuse and to increase the safety, health and wellbeing of victims and their children. The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other processes and agencies to safeguard children and manage the behaviour of the perpetrator.
- 4.7 At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but that all may have insights that are crucial to their safety. Ensuring that the victim is supported throughout, and their needs represented, the MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation. In South Ayrshire all agency representatives, who will routinely attend MARAC meetings, provide information and take forward actions for their agencies, have been identified.
- 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.**

- 4.8 During the last year, a Social Work Governance Board (SWGB) has been established. The Social Work Governance Board (SWGB) contributes to the overall Health and Care Governance Framework, which shows the way in which accountability for the quality of health and social care services is monitored and assured and how professional accountability is organised in South Ayrshire. The SWGB comprises Social Work Professional Leads and supports the discharge of the function of the Chief Social Work Officer by fulfilling a governance function for all social work and social care services.
- 4.9 Representatives from the SWGB attend various meetings across the Partnership where quality assurance is monitored. The Chief Social Work Officer is a member of the Health and Care Governance Committee.
- 4.10 A 'Professional Governance for Social Work Practice' document (see Appendix 1) underpins the work of the SWGB.
- 4.11 Audit activity highlighted the inconsistent sharing of Social Work reports with those residents using social work services. The Health and Care Governance Group agreed that the SWGB, where there are specific practice related issues requiring attention, shall issue the Heads of Service or Senior Manager Planning and Performance with Practice Enhancement Notices (PEN) for operational implementation.
- 4.12 A 'Quality Assurance Framework for Commissioned Services' (see Appendix 2) has been developed for the Partnership to work collaboratively with all commissioned services with a clear purpose to improve the quality of life for individuals who receive care and support. If the HSCP gathers evidence or receives feedback to indicate any aspect of the social care being delivered does not meet the required standards, the HSCP will work directly with the service and any other relevant professionals to identify, implement and monitor any required improvements.
- 4.13 A quarterly report on Safety Action Notices continues to be presented to the Health and Care Governance Group for oversight.
- 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.**
- 4.14 The agenda for the Health and Care Governance Group includes regular reporting by departmental and clinical leads on issues of clinical risk. In addition, throughout the Covid-19 crisis the Directorate Management Team has been meeting three times per week to ensure an appropriate response to the ever-changing risks associated with the pandemic.
- 4.15 The HSCP Risk and Resilience Group, chaired by the Director, continues to meet on a regular basis. The group comprised the Directorate Management Team and key relevant officers from both the NHS and South Ayrshire Council.

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

- 4.16 The HSCP has a wide set of arrangements designed to enable engagement with service users, carers and citizens more generally.
- 4.17 Locality Planning Partnerships (LPPs) across 6 localities are a key engagement mechanism. The LPPs include a range of community representatives, together with those from third/independent sectors, carers, health and care professionals and partners.
- 4.18 The LPPs 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 Plan.
- 4.19 Along with ongoing support from our Partnership Engagement Officers, they have been provided with regular HSCP activity updates together with updated locality profiling information.
- 4.20 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)
- 4.21 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 on the development of a refreshed Adult Learning Disability Strategy. A League of Champions of people with learning disabilities, carers and providers has been developed to support the development of the Strategy and will remain in place once the strategy is approved to provide scrutiny on its implementation. A staff member has been seconded to support the League of Champions and wider engagement work in the Learning Disability Service. League of Champions representatives have supported the consultation on the draft strategy.
 - Engagement activity in relation to young people with care experience in relation led by the Champions Board (see Appendix 3). Young people in South Ayrshire have had a particularly prominent role in contributing at a national level, to the development of South Ayrshire's Parenting Promise.
- 4.22 During the Covid pandemic, the need for highly developed arrangements for communication and engagement with communities, staff and other stakeholders have become even more evident. Resources were made available, and a Communications Officer has been recruited and has a key role to further developing our communications function.

4.23 The Partnership went live with Care Opinion on Monday 9th August 2021. Care Opinion allows the team to directly interact with people in a positive and less formal way and deal with issues much quicker and promotes good news stories. Since its inception, there have been five opinions in total. Service Managers contacted those who had written the opinions to help understand what had happened and how to resolve any issues raised and prevent reoccurrence. Following discussion, the Care at Home Team were able to work with providers to learn and improve from the feedback provided. The Care at Home Team have now allocated a specific worker to update Care Opinion with any comments received to ensure that the HSCP are as open and transparent as possible.

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

4.24 Self-evaluation and continuous improvement are at the core of the HSCP purpose. During 2021/22, 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.

4.25 A Joint Inspection of Adult Support and Protection took place between August and November 2021. The focus of this inspection was on whether adults at risk of harm in the South Ayrshire area were safe, protected and supported. The methodology for the inspection included four proportionate scrutiny activities:

1. The analysis of supporting documentary evidence and a position statement submitted by the partnership.
2. Staff survey. One hundred and ninety-seven staff from across the partnership responded to the adult support and protection staff survey.
3. The scrutiny of the health, police and social work records of adults at risk of harm.
4. Staff focus groups.

4.26 The inspection identified strengths in the way health and police staff contributed to the safety, health and wellbeing of adults at risk of harm; third and independent sector providers supported adults at risk of harm to improve their wellbeing and independence and the way the partnership effectively maintained business continuity during the pandemic. An Improvement Plan has been developed and is overseen by the Adult Support and Protection Leadership Group.

4.27 Priority areas for improvement included chronologies, risk assessments and protection plans, quality assurance, improvement and audit. The full report can be found [here](#).

4.28 In response to inspection recommendations, an Adult Support and Protection Audit Plan has been created. Findings and recommendations from an audit of Adult Support and Protection Investigations have been reported to the Adult Protection Committee.

4.29 The Mental Welfare Commission self-evaluation and action plans for authority to discharge and Alcohol Related Brain Damage were submitted to the Mental

Welfare Commission in January 2022 and will be overseen by the Community Health and Care Service Governance Group.

- 4.30 A Casefile Audit Policy (see Appendix 4) has been developed and implementation has begun. The Policy applies to all social work services across the Partnership.
- 4.31 Having a scheduled case file audit process in place will enable the Partnership to critically reflect on both social work practice and case recording. It is a part of our broader quality assurance processes and supports our ambition of continuous improvement. The requirement to analyse, review and learn from our current practice is a shared responsibility across all social work staff and management.
- 4.32 The Policy sets out the objectives and standards social work services will work through to inform our approach to audit. It also includes a schedule of audit activity by designation alongside tools the HSCP will use to assess, reflect and learn and evaluate our current practice. Central to learning will be the focus on how individuals and their families are being supported in the right way at the right time. The HSCP will achieve this by focusing on both the quality of practice recording and any evidence and feedback around what difference our intervention has made. The schedule of audit activity and associated tool has been designed to identify both strengths and areas that require improvement.
- 4.33 The Adult Social Work Learning Review (ASWLR) has moved at pace over the last year. The review was commissioned to focus on the following key areas identified by the Chief Social Work Officer:
- Intake System/Front Door
 - Outstanding Reviews
 - Drug and Alcohol Misuse
 - The Social Work Context
 - The Individual as the Expert
- 4.34 The ASWLR was structured around a learning framework set out in the following key stages:
- 1) Understanding needs, rights and preferences of those using and delivering Social Work services.
 - 2) Understanding the learning.
 - 3) Conditions required for the change to succeed.
- 4.35 The ASWLR has been a consultative process from the outset and for the most part, positive feedback has been received from both staff and individuals who access social work services to inform our learning. The final analysis of the ASWLR is currently being carried and will identify key learning points and next steps.
- 4.36 There are a wide range of examples of self-evaluation and improvement activity from across all services within the HSCP. Examples include:

- The AHP Governance group and Uni-professional governance groups have updated the AHP Documentation Audit tool. This tool comprises core AHP criteria and profession specific criteria that cover professional standards for documentation. Trialling of the new tool was delayed during Covid and a programme of regular audit activity has recommenced with a planned focus on each profession within SA HSCP throughout the year.
- The Alcohol and Drugs Partnership (ADP) has commenced a significant piece of self-evaluation. Activity will focus on the efficacy and impact of all services commissioned by the ADP with a view to potential whole system change. The ADP has also commissioned a piece of work in relation to identifying need, pathway and model for any future service provision required to address the national policy of implementing residential rehab as part of the drug death taskforce work.
- A District Nursing Audit Programme reports on a quarterly basis to the Community Health and Care Governance Group.
- Self-evaluation was carried out by the Corporate Parenting Writing Group when developing South Ayrshire's Parenting Promise. This was a multi-agency self-evaluation specifically looking at The Promise 'calls to action' and assessing where services are in relation to these and what improvements would be required. This was a critical stage of developing South Ayrshire's Parenting Promise and informed the final improvement actions contained within the document.
- Self-evaluation methodologies are embedded in adult services through the development of Team Plans. This is now being implemented across children, AHP and administration services.
- Within Social Work Services a range of auditing activity has occurred over the reporting period. This activity has covered adult services in relation to care plans and carer support and within children's services in relation to the initial referral discussion process in child protection. Individual cases have been subject to scrutiny by the Chief Social Work Officer in children and adults' services in the reporting period. These have primarily been in complex cases where substantial individual or organisational risk was present.
- 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 included an audit and self-evaluation of 120 case files across the service: about 10% of the case load. Staff and leadership questionnaires were used to give a fuller understanding of how the staff feel about the leadership and culture.

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 to agreeing this report.

6.2 Human Resource Implications

6.2.1 There are no HR implications to agreeing this report.

6.3 Legal Implications

6.3.1 There are no legal implications to agreeing 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 to agreeing 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. 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.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

May 2022