
Report To: Inverclyde Integration Joint Board **Date:** 27 June 2022

Report By: Allen Stevenson
Interim Chief Officer
Inverclyde Health & Social
Care Partnership **Report No:** SW/29/2022/LM

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Subject: **PROGRESS UPDATE CLINICAL AND CARE GOVERNANCE
STRATEGY WORKPLAN 2021 - 2022**

1.0 PURPOSE

- 1.1 This report provides a summary of progress to date on the Clinical and Care Governance Strategy Workplan. The Clinical and Care Governance Strategy is an element of Inverclyde HSCP Strategic Plan.

2.0 SUMMARY

- 2.1 The report covers the work of the Clinical and Care Strategy Work Plan and the future plans for reporting progress within Inverclyde Strategic Plan.

3.0 RECOMMENDATIONS

- 3.1 Members of the IJB are asked to note the Clinical and Care Governance Strategy Work Plan for the Inverclyde HSCP.

Allen Stevenson
Interim Chief Officer

4.0 BACKGROUND

- 4.1 Inverclyde HSCP's Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care governance practice, which enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for our community

The Clinical and Care Governance Strategy covers both structures and processes at all levels within Inverclyde HSCP and services provided on behalf of the Inverclyde Community, leading to and supporting continuous quality improvement.

- 4.2 The Clinical and Care Strategy WorkPlan was originally progressed by Sharon McAlees. The work is now lead by the Chief Nurse who took over the direction of progress of the workplan from December 2021.
- 4.3 Progress has been made in all areas of the work plan and the impact of Covid on staffing levels along with operational pressures has resulted in some delays in the work being fully completed. It is anticipated that the remaining aspects will be completed in 2022 -2023 and that future updates be contained in the update of the Strategic Plan. The Clinical and Care Governance Group will continue to oversee progress on the wok plan, and there may be changes of the strategic focus to reflect completion of the initial priorities and to set and meet new challenges.
- 4.4 Inverclyde HSCP is on target with the work on the implementation of Care Opinion. The launch for Care Opinion is on target for Summer 2022 and there was a staff awareness session that took place on 14th April 2022.

Duty of Candour target will be on track with training sessions planned for 2022. There has been an information repository for all services developed and this will assist staff in the identification, monitoring and investigation of incidents.

The work on standardising the investigation processes for adverse events for the HSCP is on target. There is a review currently ongoing within NHS Greater Glasgow and Clyde for Significant Adverse Event Reviews and the recommendations from this will be incorporated into the plans for Inverclyde HSCP.

- 4.5 The challenges remaining for 2022 - 2023 are the Quality Improvement ambitions and the work is currently in the process of being mapped out. It is anticipated that this will conclude in 2022 with the recommendations reviewed by the Senior Management team and the Clinical and Care Governance Group.

5.0 IMPLICATIONS

FINANCE

- 5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 n/a

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Robust Clinical Care Governance ensures that protected groups are considered
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Robust Clinical Care Governance ensures that protected groups are considered
People with protected characteristics feel safe within their communities.	Public protection, learning from adverse events are within the Clinical Care Governance Framework
People with protected characteristics feel included in the planning and developing of services.	Robust Clinical Care Governance ensures that protected groups are considered
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Staff are supported through robust professional framework and Clinical Care Governance
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	Robust Clinical Care Governance ensures that protected groups are considered
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Robust Clinical Care Governance ensures that protected groups are considered

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

- 5.5 There are clinical or care governance implications arising from this report. The strategic importance of the work for the Clinical and Care Governance Strategy and Work Plan aims to improve and specify outcomes for the role of Clinical and Care Governance in Inverclyde HCSP.

NATIONAL WELLBEING OUTCOMES

- 5.6 How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
Health and social care services contribute to reducing health inequalities.	Robust Clinical Care Governance contributes to addressing inequalities
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People using health and social care services are safe from harm.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Clinical Care Governance framework supports continuous improvement
Resources are used effectively in the provision of health and social care services.	The Clinical & Care Governance Strategy and Workplan supports high quality care is person centred.

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Interim Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 Inverclyde HSCP Clinical and Care Governance Strategy Work Plan: 2021 -2022 (Updated).



Inverclyde HSCP Clinical and Care Governance Strategy

Work Plan: 2021 -2022

Overview:

Inverclyde HSCP's Clinical and Care Governance Strategy describes a clinical and care governance framework that fosters and embeds a culture of excellence in clinical and care governance practice, which enables and drives forward the delivery of safe, effective, high quality, sustainable person-centred care based on clinical evidence and service user experience, resulting in positive outcomes for our community

The Clinical and Care Governance Strategy covers both structures and processes at all levels within Inverclyde HSCP and services provided on behalf of the Inverclyde Community, leading to and supporting continuous quality improvement.

To support the Clinical and Care Governance Strategy, the HSCP has developed the following Action Plan around these key aspects and focuses on a key priority for each domain. The Action Plan has a clearly defined scope (domains) for clinical and care governance, as described below:

Domain

- Adverse Event and Clinical and Care Risk Management
- Continuous Improvement
- Person-Centeredness
- Clinical and Care Effectiveness

Priority

- Duty of Candour Process for the HSCP
- Quality Improvement Plan for the HSCP
- Consistent Means of Capturing and Analysing Feedback
- Standard Operating Procedure for incident reporting for the HSCP

Status Key

Completed







In progress





Not on target


**Domain: Adverse Event and Clinical and Care Risk Management
HSCP Clinical and Care Governance Priority – Duty of Candour Process for the HSCP
Craig Given, Head of Finance, Planning and Resources**

Ref	Activity	Lead	Progressive Actions To Date (Measurable)	Status	Timescale for completion	Measure
1.0	Outcome: Duty of Candour identification, recording and reporting					
1.1	<p>Duty of Candour.</p> <p>To ensure consistent process for the recording of Duty Of Candour incidents is in place across the Partnership.</p> <p>Duty of Candour is a governance process that came into effect on 1 April 2018.</p> <p>The overall purpose of a duty of candour is to ensure that the HSCP is open, honest and supportive when there is an unexpected or unintended incident resulting in the death of or harm to a patient or service user.</p>	Craig Given	<p>Each HSCP service's Clinical and Care Governance Group will have a Duty of Candour item on the agenda to review progress.</p> <p>Training will be provided by the HSCP in conjunction with NHS Greater Glasgow and Clyde on how to identify Duty of Candour incidents.</p> <p>All HSCP services to input Duty of Candour incidents on their incident reporting system.</p> <p>Each HSCP service Clinical and Care Governance Group to appoint a Duty of Candour Champion to assist staff in the identification, recording and reporting of</p>	   	<p>June 2022</p> <p>September 2022</p> <p>September 2022</p> <p>September 2022</p>	<p>Standard Agenda items to be updated</p> <p>% staff uptake by care group</p> <p>HSCP guidance to be issued</p> <p>Staff identified</p>

	<p>The HSCP has a responsibility that patients and service users have a right to be told honestly what has happened, what will be done in response and to know how actions will be taken to stop this happening again to someone else in the future.</p> <p>The key stages of the duty are :</p> <ul style="list-style-type: none"> • notify the person affected (family/relative) within 10 days • provide an apology • carry out a review into the circumstances leading to the incident • offer and arrange a meeting with the person affected • provide the person affected with an account of the incident • provide information about further steps taken • make available, or provide information about, support to the person affected by the incident • prepare and publish an annual report on the Duty of Candour. 	<p>incidents and levels of compliance with the standards</p> <p>Each service to devise a means of ensuring staff understand, record and appropriately action Duty of Candour incidents as follows</p> <p>The duty of candour regulations are highlighted at service governance meetings to ensure service users are fully informed (or their families/carers acting on their behalf) when they have been harmed (physically or psychologically) as a result of the care or treatment they have received. Services ensure that as part of this process they are:</p> <ul style="list-style-type: none"> • Open & timely communication • Acknowledgement of harm • Apology/expression of regret • Supporting the needs & expectations of Patients/family <p>Adverse events are investigated by HSCP services and that the results of this will be shared with the patient /service user/ family and reported through Clinical and Care Governance Structures.</p> <p>Services ensure that staff who have been involved in adverse events are appropriately</p>		
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			<p>supported and staff are trained/developed on the preparation for the disclosure conversation.</p> <p>HSCP to identify a training lead to ensure Duty of Candour Development</p> <p>A SOP has been devised with the aim of summarising how all services record and investigate Duty of Candour incidents and this consistency of process will be reflected in the annual report for clinical and care governance.</p> <p>The Annual Report for Clinical and Care Governance will contain a section for all HSCP incidents that is publicly available. The report will cover an overview of the number of incidents for each service and how learning from duty of candour incidents has been applied.</p>			<p>SOP to be fully implemented by May 2022</p>
1.2	<p>To develop section on Duty of Candour for inclusion in the Annual Clinical and Care Governance Report. This is a requirement for NHS Greater Glasgow & Clyde Candour Policy.</p>	<p>Clinical Director</p>			<p>June 2022.</p>	<p>Report to IJB</p>
<p>Additional Information:</p>						

Domain: Continuous Improvement HSCP Clinical and Care Governance Priority – Quality Improvement Plan that Tracks and Commissions Improvement Activity Head of Service to be confirmed


Ref	Activity	Lead	Progressive Actions To Date (Measurable)	Status	Timescale for completion	Measure
2.0	Outcome: Quality Improvement Plan that Tracks and Commissions Improvement Activity					
2.1	<p>The HSCP to develop a plan that streamlines the process for quality improvement across all the services.</p> <p>Quality Improvement is “a systematic approach that uses specific techniques to improve quality” (Health Foundation, 2013)</p> <p>To ensure clear understanding for all services where all improvement activity is commissioned and tracked.</p>	TBC	<p>A short life working group to be convened to define the parameters of the work for a quality improvement plan.</p> <p>Input should be sought from NHS Greater Glasgow and Clyde, Health Improvement Scotland, Scottish Social Services Council, Professional Medical, Allied Health and Nursing bodies and the Care Inspectorate to ensure necessary rigour in the process to be devised.</p> <p>Professional leads network should be utilised to support this process</p>		<p>The Head of Service to oversee this work has yet to be identified. The scoping exercise is underway and is expected to conclude in August 2022. This involves a survey to all services to map out their quality</p>	TBC

			social problems.		improvement activity and the progress on this work will be reported to the Clinical and Care Governance Group and Senior Management Team.	
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**Domain: Person Centredness
HSCP Clinical and Care Governance Priority – Consistent capturing and analysing feedback
Head of Service to be identified and supported by Laura Moore, Chief Nurse**


Ref	Activity	Lead	Progressive Actions To Date (Measurable)	Status	Timescale for completion	Measure
3.0	Outcome: Consistent Process for Identifying, Recording and Learning from Feedback					
3.1	<p>Staff to be actively encouraged at every local clinical and care governance group to reflect on their practice and in their team meetings to routinely ask for feedback.</p> <p>The groups will review complaint information focusing on:</p> <ul style="list-style-type: none"> -Learning from complaints where recommendations have been made - SPSO Decision and Investigation letters -Formal Inspections (Care Inspectorate, Healthcare Improvement Scotland) 	Laura Moore	<p>Each clinical and care governance group will be required to evidence how staff have asked for feedback and what changes and learning have occurred as a consequence.</p> <p>HSCP service areas to develop and implement changes that are known to enable health and care services to be truly person-centred based on the learning from events and to be able to evidence this</p> <p>The experience of the service users who are supported by Inverclyde HSCP services is central to the improvement of our service development. Care experience</p>		Standardised Proforma for the collation of information for every service will be devised for July 2022. This work will be completed by the Clinical and Care Governance Facilitator	Standard agenda item for all Clinical and Care Governance Groups is in place, alongside the HSCP Clinical and Care Governance Group.

	<p>-Care Opinion when implemented</p> <p>-Datix actions after a Significant Adverse Event Reivews</p> <p>-Significiant Case Reviews</p> <p>-Large Scale Investigations</p>		<p>feedback will be utilised to identify the areas that matter most to the people we care for as well as identifying opportunities where services can improve.</p> <p>Care experience will be a standing item on our service clinical and care governance meetings, feeding into the HSCP group, providing an opportunity to implement quality improvement methods and linking in ideas and learning from other areas. The continuous improvement cycle of learning and development will inform an evaluation of service development and identify benefits to the people using and working in Inverclyde HSCP's health and care services.</p> <p>Every local clinical and care governance group will be asked to evidence systems via the proforma for the routine asking and recording of feedback from the public who use their services. Including</p> <ul style="list-style-type: none"> • Supporting teams to reflect on feedback gathered and learn 		and the Complaints Manager.	
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3.2	<p>Consideration should be given to the introduction of Care Opinion as a consistent means of evidencing that feedback is being requested and that staff and the public can see what changes have occurred as a result.</p>	<p>Laura Moore</p>	<p>Governance Group through the four parent CCG groups.</p> <ul style="list-style-type: none"> • Working in Partnerships with patient and carer experience groups. • Demonstrating the priority of person centred care within communications and meetings • Whistleblowing incidents once identified may also provide learning for the HSCP <p>The impact of this activity will be overseen by each services governance groups and the HSCP Clinical and Care Governance Group.</p>		<p>June 2022.</p>	<p>Agreement to roll out Care Opinion and signed SLA</p>
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						Completed roll out Agenda and minutes of meetings to evidence discussion and learning
Additional Information:						

**Domain: Clinical and Care Effectiveness
HSCP Clinical and Care Governance Priority – All Significant Incident Systems SOP for all HSCP
Alan Best Interim Head of Health and Community Care**

Ref	Activity	Lead	Progressive Actions To Date (Measurable)	Status	Timescale for completion	Measure
4.0	Outcome: All Significant Incident Recording Systems to Have a Standard Operating Policy for Staff in all HSCP Services					
4.1	<p>To ensure staff know and utilised the agreed protocol in order to escalation Significant Incidents whilst acknowledging recording systems may differ within each services.</p> <p>Inverclyde HSCP have a responsibility to ensure these incidents are appropriately investigated to minimise the risk of recurrence by applying lessons learned.</p> <p>This opportunity for learning exists at times without a significant adverse outcome for the patient, e.g. a near miss or a lower impact incident which exposes potential clinical system weaknesses that could lead</p>	Alan Best	<p>This work will produce a Standard Operating Procedure that will summarise all the incident reporting systems in operation in the HSCP and guidance on when and how to use for staff.</p> <p>This should ensure that all staff are clear on all the incident recording systems in operation and how and when to use.</p> <p>Inverclyde HSCP NHS services utilise a SAE toolkit to investigate serious incidents found within the Serious Adverse Event policy which contains, guides for local procedures and also</p>		<p>Mental Health and ADRS services are finalising a SOP for SAER.</p> <p>The governance structure has been amended in 2022 to have a Mental Health and ADRS Incident Review Group and the Homelessness Service also has set up an</p>	

	<p>to further significant harm. Such events have been traditionally referred to as Significant Adverse Events (SAE).</p> <p>The purpose of the investigation is to determine whether there are learning points or improvements for the service and wider organisation. It is then our responsibility to implement those improvements that are identified as producing a greater level of clinical safety for our patients.</p> <p>Non clinical systems have their own distinct governance arrangements. The management of a SAE forms part of the current Clinical Risk Management arrangements and should be recognised as an important means of improving the quality of patient care and identifying and minimising risk.</p> <p>It is the policy of NHS GG&C that: whenever events lead to concerns about the quality and safety of care these should be subjected to an appropriate review.</p> <ul style="list-style-type: none"> When a review of the quality and safety of care is undertaken, the principle of 		<p>guidance on tools and process as well as key information links. The toolkit can be found within the Clinical Governance Support Unit Staffnet site at the following link:</p> <p>http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/Clinical%20Governance/Clinical%20Risk/Pages/SCIInvestigationToolkit.aspx</p> <p>NHS GG&C Services ensure that Datix is utilised for all incident reporting and this is a standing item on Service and HSCP Governance groups. Support is available from the Datix Governance Unit.</p> <p>Learning and feedback from incident reporting is implemented in all teams and service leads approve all reviewed outcomes.</p> <p>Professional leads are involved in the learning from all significant incidents and ensuring that these are reported through relevant governance structure for learning across GGC.</p>		<p>Incident Review Group to review incidents in a similar way although the incident reporting systems are not the same (Datix and Figtree). The work will also be influenced by the review of adverse event reporting underway by NHS Greater Glasgow and Clyde, overseen by Katrina Phillips.</p>	
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					<p>being open with patients (and families) should be followed.</p> <ul style="list-style-type: none">• When the events meet the description of a Significant Adverse Event, then this policy should be applied. <p>NHS Greater Glasgow & Clyde utilises the online Datix system where:</p> <ul style="list-style-type: none">• All adverse incidents should be recorded (clinical and non-clinical), including near misses and potential incidents; and involving patients, relatives, visitors, staff, contractors, volunteers or the general public.• An <i>incident</i> is any event or circumstance that led to unintended or unexpected harm, loss or damage. A <i>Near Miss</i> is an event or occurrence which, but for skilful management or a fortunate turn of events, <i>would</i> have led to harm, loss or damage.				
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Additional Information: