



Item No: 26

Meeting Date: Wednesday 20th September 2017

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer Planning, Strategy & Commissioning / Chief Social Work Officer

Contact: David Williams, Chief Officer

Tel: 0141 287 8853

QUARTERLY CLINICAL AND PROFESSIONAL ASSURANCE STATEMENT

Purpose of Report:	To provide the Integration Joint Board with a quarterly clinical and professional assurance statement.
---------------------------	--

Recommendations:	The Integration Joint Board is asked to: a) consider and note the report.
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

Evidence of the quality assurance and professional oversight applied to health and social care services delivery and development as outlined throughout the strategic plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Contributes to: Outcome 7. People using health and social care services are safe from harm. Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.
--	--

Personnel:	None
-------------------	------

Carers:	Offers assurance to carers that quality assurance and professional and clinical oversight is being applied to the people they care for when using health and social care services
----------------	---

Provider Organisations:	No impact on purchased clinical/social care provider services.	
Equalities:	None	
Financial:	None	
Legal:	This report contributes to the Integration Joint Board's duty to have clinical and professional oversight of its delegated functions.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The report provides assurance on professional governance.	
Implications for NHS Greater Glasgow & Clyde:	The report provides assurance on clinical governance.	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose of Report

- 1.1 To provide the Integration Joint Board with a quarterly clinical and professional assurance statement.

2. Background

- 2.1 The Integration Joint Board previously considered and approved in June 2016 a statement format for the provision of specific and routine information with which the Integration Joint Board can be assured that clinical and professional governance is being effectively overseen by the Integrated Clinical and Professional Governance

Board, chaired by the Chief Officer. The report can be found at the following link: <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33913&p=0>

- 2.2 Four subsequent quarterly clinical and professional assurance statements were provided to the IJB in September and December 2016; March and June 2017. The reports can be found at the following links:

September Statement – information to August 2016

https://glasgowcity.hscp.scot/sites/default/files/publications/IJB_Meeting_20160921_Item_20.pdf

December Statement – information up to 30th September 2016

https://glasgowcity.hscp.scot/sites/default/files/publications/IJB_09_12_2016_Item_No_20_-_Quarterly_Clinical_and_Professional_Assurance_Statement.pdf

March Statement – information up to 31 December 2016

https://glasgowcity.hscp.scot/sites/default/files/publications/IJB_Meeting_20170315_Item_18.pdf

June statement - information up to June 2017

https://glasgowcity.hscp.scot/sites/default/files/publications/21_June_ITEM_No_25_-_Quarterly_Clinical_and_Professional_Governance_Assurance_Statement.pdf

- 2.3 This report provides the IJB with the same information as previously agreed. Since March the statements have been presented slightly differently. The format continues to be reviewed with the key information collated up to June 2017 attached at Appendix 1 to allow for easier scrutiny. The cover report provides an opportunity to provide more detail on issues related to particular incidents and cases.

3. Clinical and Professional Assurance Statement

- 3.1 A report has recently been taken to the Integrated Joint Governance Board regarding the current status of reporting Critical and Significant Incidents within the HSCP. It identified that significant progress has been made, but that there remain some gaps and inconsistencies in reporting. Also that some reporting is not visible enough or subject to the appropriate level of scrutiny.

Further work is underway with regard to highlighting processes and will subsequently be reported to the IJB. It is likely that further information will be regularly provided within the quarterly Quality assurance statement.

As noted previously a Child Protection SCR previously signed off by the Child Protection Committee was made public in June by placing an Executive Summary Report on the CPC website.

3.2 Workforce Registration

Workforce registration issues, including conduct and fitness to practice information are reported to the relevant Governance groups. Where necessary detail is also provided to the Integrated Clinical and Professional Governance Board. There are currently no outstanding workforce registration issues.

3.3 *Purchased Clinical/Social Care Provider Services*

As noted above, some gaps in reporting have been identified, and the visibility of the number and nature of CIRs and/or SCIs within purchased clinical and social care providers for the HSCP is one of these areas. Further work is being undertaken to consider where such information is best overseen and how it is best presented to the IJB.

3.4 *Healthcare Associated Infection*

There have been no significant healthcare associated infection (HAI) issues within the reporting time frame. As previously reported the new system to monitor Standard Infection & Prevention Standards (SIPS) compliance has been implemented. This updated system complements the cleaning and environmental standard audits that are part of the suite of assurance measures in place. The 2016 National HAI Point Prevalence Survey has been concluded with a 0% Healthcare Associated Infection rate for Glasgow City HSCP in-patient services.

3.5 The agenda for the HSCP Integrated Clinical and Professional Governance Group, held on 15th August 2017 is attached at Appendix 2. The group provided further scrutiny of the minutes from the:

- Social Work Professional Governance Sub Group
- Children & Families / Criminal Justice Clinical and Care Governance Leadership Group
- Older People & Primary Care Clinical and care Governance Leadership Group
- Mental Health Quality & Clinical Governance Committee
- Police Custody Healthcare Clinical Governance Committee
- Prison Healthcare Clinical Governance Committee
- Homelessness Care Governance Group
- Sandyford Governance Group

3.6 As referred to above, work continues on embedding a reflective, quality assurance expectation within all sections of the HSCP. In the reporting period Homelessness services have undertaken city wide learning events to highlight and take forward the learning from recent deaths within Homelessness service provision. This remains a high priority area of work, and continues to be subject to scrutiny through the governance processes of the HSCP.

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) consider and note the report.

Adult Services	
Homelessness	
Number of Significant Case Reviews currently ongoing	0
Number of Significant Clinical Incidents currently ongoing	3
Number of Significant Clinical Incidents / Significant Case Reviews commenced during the quarter	2
Number of Significant Clinical Incidents / Significant Case Reviews concluded during the quarter	An overview of cases has been prepared and presented. There remains considerable press interest in the figures previously provided through an FOI request.
Summary of learning points from concluded Significant Clinical Incidents / Significant Case Reviews and cascade routes	Learning events have been held across the city for relevant staff during July.
Workforce registration issues identified during the quarter	All staff are registered
Any patient safety/ infection control issues identified in the quarter. If yes note HSCP response	None identified.
Issues highlighted in purchased clinical/social care provider services and HSCP response	Under consideration.
Disability	
No activity to report	
Addictions	
Number of Significant Case Reviews currently ongoing	0
Number of Significant Clinical Incidents currently ongoing	2
Number of Significant Clinical Incidents / Significant Case Reviews commenced during the quarter	1
Number of Significant Clinical Incidents / Significant Case Reviews concluded during the quarter	4
Summary of learning points from concluded Significant Clinical Incidents / Significant Case Reviews and cascade routes	Learning points are highlighted through the appropriate Governance grouping.
Workforce registration issues identified during the quarter	None reported
Any patient safety/ infection control issues identified in the quarter. If yes note HSCP response	None reported
Issues highlighted in purchased clinical/social care provider services and HSCP response to this	None reported (see separate reference in cover report)

Older People Services	
Number of Significant Clinical Incidents	
Number of Significant Clinical Incidents currently ongoing	7
Number of Significant Clinical Incidents / Significant Case Reviews commenced during the quarter	3
Number of Significant Clinical Incidents / Significant Case Reviews concluded during the quarter	1
Summary of learning points from concluded Significant Clinical Incidents / Significant Case Reviews and cascade routes	CIR's investigated at locality and in city wide services are reported into the Older People Primary Care Governance Group. Action Plans are presented and reviewed there.
Workforce registration issues identified during the quarter	None reported
Any patient safety/ infection control issues identified in the quarter. If yes note HSCP response	None reported
Issues highlighted in purchased clinical/social care provider services and HSCP response to this	As noted in cover report.

Children and Families Services	
Number of Significant Case Reviews currently ongoing	0
Number of Significant Clinical Incidents/Significant Case Reviews commenced during the quarter	1 (An ICR has been initiated, decision pending as to whether it will progress to an SCR)
Number of Significant Case Reviews concluded during the quarter	0
Summary of learning points from concluded Significant Case Reviews and cascade routes	The next round of C&F Learning events are scheduled for October 2017.
Workforce registration issues identified during the quarter	None reported
Issues highlighted in purchased clinical/social care provider services and HSCP response to this	Information format in development

Criminal Justice Services	
Number of MAPPA Significant Case Reviews currently ongoing	0
Number of MAPPA Significant Case Reviews commenced during the quarter	0
Number of MAPPA Significant Case Reviews concluded during the quarter	0
Summary of learning points from concluded Significant Case Reviews and cascade routes	MAPPA Strategic Oversight Group considers potential for learning and identifies cascade routes.

Number of Initial Report Forms received and decision of Significant Oversight Group chair not to proceed to a Significant Case Review	5
Workforce registration issues identified during the quarter	0
Issues highlighted in purchased clinical/social care provider services and HSCP response to this	Information format for this detail under review.

Mental Health Services	
Number of Significant Case Reviews currently ongoing	0
Number of Significant Clinical Incidents currently ongoing	23
Number of Significant Clinical Incidents / Significant Case Reviews commenced during the quarter	11
Number of Significant Clinical Incidents / Significant Case Reviews concluded during the quarter	6
Summary of learning points from concluded Significant Clinical Incidents / Significant Case Reviews and cascade routes	Learning points highlighted in appropriate governance forum
Workforce registration issues identified during the quarter	None reported
Any patient safety/ infection control issues identified in the quarter. If yes note HSCP response and learning from this	None reported
Issues highlighted in purchased clinical/social care provider services and HSCP response to this	None reported

GLASGOW CITY HEALTH & SOCIAL CARE PARTNERSHIP
Integrated Clinical and Professional Governance Group

**2.00pm on Tuesday, 15th August 2017 in the
Triathlon Room, Commonwealth House,
32 Albion Street, Glasgow G1 1LH**

AGENDA

	Enclosure
1. Apologies for Absence M Smith, A-M Rafferty, A Crawford, D Wylie, A Hair, S Tennant and T Cassidy	
2. Minutes of the Previous Meeting To approve the minutes of the meeting held on 16 th May 2017.	02 GHSCP IGG(M) 16/05/17
3. Matters Arising	
4. Remit and Membership of the Group - Review	Papers (i)-(ii)
5. Governance Group Minutes/Reports	
(a) Social Work Professional Governance Sub Group	Paper
(b) Children & Families / Criminal Justice Clinical & Care Governance Leadership Group	Paper
(c) Older People & Primary Care Clinical & Care Governance Leadership Group	Paper
(d) Mental Health Quality & Clinical Governance Committee	Paper
(e) Police Custody Healthcare Clinical Governance Committee	No Recent Meeting
(f) Prison Healthcare Clinical Governance Committee	No Recent Meeting
(g) Homelessness Care Governance Group	Paper
(h) Sandyford Governance Group	Paper
6. SCR and Critical Incident Reporting Update on HSCP Review (S Morrison)	Papers (i)-(iii)
7. NHS GG&C Mental Health Services – Risk Management Strategy Report on New Policy (R Ward)	Paper

8. Scottish Government's Health and Sport Committee Inquiry into NHS Governance

HSCP Response (S Morrison)

Paper

9. Next Meeting

Schedule of Meeting Dates 2017

Tuesday 21st November 2017

**All Meetings 2.00 p.m. – 4.30 p.m. in the Triathlon Room,
Commonwealth House**