Introduction

This is the response from the Glasgow City Health and Social Care Partnership (GHSCP) to the Call for Views in respect of Phase 2 of the NHS Governance Inquiry.

This is comprised of responses to the specific questions published by the Health and Sport Committee, plus comments from the Glasgow HSCP which we would respectfully request are also considered by both the Inquiry and the Health and Sport Committee.

The Call for Views request was sent to the membership of the Glasgow HSCP Integrated Clinical and Professional Governance Group (the ‘Integrated Governance Group’).

Glasgow HSCP Integrated Clinical and Professional Governance Group

The Integrated Governance Group was established to secure the effective co-ordination and direction of clinical and social care governance, within Glasgow City HSCP on behalf of the Integration Joint Board. The group operates within the overall quality, care and professional governance framework set out in the Glasgow HSCP Integration Scheme and is instrumental in developing and advocating best practice across the organisation consistent with the policies of Glasgow City Council and NHS Greater Glasgow & Clyde Health Board.

The Integrated Governance Group acts on behalf of and is accountable to the IJB. Any decisions taken by the Group, or the IJB following presentation by the Group, shall be reported to the HSCP Senior Management Team for implementation. The following groups report to the Integrated Governance Group:

- Glasgow City Health & Care Older People & Primary Care Governance Group
- Glasgow City Children & Families / Criminal Justice Clinical and Care Governance Group
- Social Work Professional Governance Sub Group
- Mental Health Quality & Clinical Governance Group
- Glasgow City Homelessness Services Governance Group
- Hosted Services (Sandyford Sexual Health; Prison Health Care; Police Custody Health Care)

Membership of the Integrated Governance Group is as follows:

Chief Officer of the HSCP, Chief Officer Planning & Commissioning (CSWO), Clinical Director, Lead Associate Medical Director (Mental Health), Nurse Director, Lead Clinician for Sexual Health, Head of Health Improvement & Inequality, Lead for Psychology, Lead for Occupational Therapy, Lead for Speech & Language Therapy
Responses to specific ‘Call for Views’ questions from Glasgow City HSCP

Responses to the specific ‘Call for Views’ questions from across the Glasgow City HSCP were primarily positive, with some service areas providing additional information where appropriate.

Q1. Are services safe, effective, and evidence based?

Yes.

A range of responses are provided from across the HSCP as follows:

Paediatric SLT services noted that they have a variety of governance structures in place to ensure this:

- All qualified practitioners are HCPC (Health & Care Professions Council) registered and this is checked monthly;
- All practitioners attend Practice Development Networks, CPD, reflective practice and clinical supervision;
- All practitioners attend capacity management meetings where care and care quality is reviewed;
- There are 6 clinical leads who are responsible along with professional managers for evidence based practice within SLT care groups;
- Care record audit is completed twice yearly;
- e-KSF (Knowledge and Skills Framework)/PDP processes for all staff

In terms of Prescribing and Clinical Pharmacy, NHS GGC has two main advisory committees that provide advice and support safe, effective, evidence-based and cost effective use of medicines. They are the Area Drugs and Therapeutics Committee (ADTC) and Prescribing Management Group (PMG).

Clinical advice on medicines use and safety, mainly to health care professionals, is provided through the ADTC and its specialist subcommittees. The primary ADTC focus is on clinical effectiveness and the safe implementation of medicines, with a secondary focus on cost effectiveness (but no remit for affordability).

Medicines management advice, mainly to Directors in both acute services and primary care, is provided through the PMG and its specialist subcommittee. The primary PMG focus is cost effectiveness and a secondary focus on affordability.
Full details of the committees and structures that promote safe, effective and evidence based prescribing practice are detailed at http://www.ggcprescribing.org.uk/medicines-policies/

NHS GGC Drug Formulary, Therapeutics Handbook and Clinical Guidelines are all tools that are available to support clinicians in practice to deliver safe, effective and evidence-based prescribing practice.

In addition to this, the HSCP Children & Families and Criminal Justice (CFCJ) Governance Group advised that there are a range of measures in place to ensure safe, effective and evidence-based services, through:

- policies and procedures;
- staff supervision and;
- governance structures (agendas for these are based on the Quality Strategy themes).

Q2. Are patient and service users’ perspectives taken into account in the planning and delivery of services?

Yes.

The Glasgow City Integration Joint Board is required by the Public Bodies (Joint Working) (Scotland) Act 2014 to produce a Participation and Engagement Strategy. It sets out the principles and approach that the Glasgow City HSCP will take to engage with individuals, groups and communities in service planning and development for community health and social care services.

To support the implementation and monitoring of the IJB’s Participation and Engagement Strategy that was approved in October 2016, an action plan has been developed. Locality Engagement Forums within each of the three localities that make up the Partnership have also been established.

Preceding the Participation and Engagement Strategy’s formal approval, a range of groups of people were consulted on it through a variety of methods (for example, online, email, a city-wide engagement event and locality engagement opportunities).

Additional information about the Glasgow HSCP IJB Participation and Engagement Strategy, (including access to the strategy, action plan and consultation responses) is available at Participation and Engagement Strategy

The IJB Public Engagement Committee is a committee of the Glasgow City Integration Joint Board. The Committee enables Glasgow’s citizens and local third and independent sector organisations to have a direct route of engagement and role in the policy development process in relation to integrated community health and social care services. As part of its role the Committee approves and keeps under review the Integration Joint Board's Participation and Engagement Strategy.
More information about the role of the Glasgow City IJB Public Engagement Committee is available at [IJB Public Engagement Committee](#)

A range of responses are provided from across the HSCP as follows:

Paediatric S.L.T services noted that, at the first appointment, practitioners focus on the ‘patient’s story’ and seek to establish patient/carer perspective. Clinical assessment focuses on what matters to the child and family. Care planning is collaborative and person centred goals are formed.

Prescribing and Clinical Pharmacy noted that national guidelines development encourages individual and advocate groups to comment during the guidelines development process and that, increasingly, patients’ views and opinions inform the development of local guidelines and implementation (for example, Polypharmacy Guidance).

The CFCJ Governance Group advised that consultation with service users takes place in all service developments.

**Q3. Do services treat people with dignity and respect?**

Yes.

The Codes of Conduct of staff provide a basis for this. Further information about these are available at:

[Glasgow City Council Code of Conduct for Staff](#)

[NHS GGC Code of Conduct for Staff](#)

In addition to this, Paediatric S.L.T services noted that they proactively seek patient feedback regarding their services, and that service developments are based on both this feedback and complaints. Diversity is respected by regular use of interpreters and employment of bilingual clinical support workers to ensure families can engage. Vulnerable families are supported to access our service using a range of methods.

**Q4. Are staff and the public confident about the safety and quality of NHS services?**

Practitioners employed by both partner bodies of the Glasgow HSCP are encouraged to complete staff surveys and are asked explicitly about their workload and manageability at case capacity/supervision meetings.

The Glasgow HSCP actively seeks feedback from the public who use its services. At its meeting on 28 November 2016, the IJB Public Engagement Committee were presented with a report from the HSCP providing an initial overview of some of the engagement activity being carried out in the three localities across the Glasgow City HSCP. This report provided specific examples and evidence from each locality of
public engagement programmes and activities. This report is available at Item No 6 - Overview of Locality Engagement 20161128

All meeting papers and reports in respect of the IJB Public Engagement Committee are available at IJB Public Engagement Committee Meetings

Q5. Do quality of care, effectiveness and efficiency drive decision making in the NHS?
Yes.

A range of responses are provided from across the HSCP as follows:

Paediatric S.L.T services commented that they have a clinical focus on person-centred care planning, patient-centred outcome setting and efficient timescales for delivery of services.

A common theme in responses was that the need for efficiency and working within available resource capacity can be challenging.

Q6. Are the correct systems in place to detect unacceptable quality of care and act appropriately when things go wrong?
Yes.

The NHS GGC Significant Clinical Incident protocol applies to those relevant procedures within the HSCP, and has been actively exploring the implementation of the GGC revised protocol HSCP-wide. A report on this, along with a proposed implementation plan is being submitted to the HSCP Integrated Care Governance group for consideration at their meeting scheduled for 15 August 2017.

In addition to this, the CFCJ Governance Group noted that there is routine recording of all levels of incident via Datix and these are monitored by service managers and governance structures. Where appropriate incidents are escalated as per incident management policy.

Paediatric S.A.L.T services commented that case capacity meetings take place with all staff every 8 weeks where case reflection and viewing of the electronic record takes place. This will identify poor quality care through evidence of care gaps, lack of care planning, evidence of non-collaborative practice and inappropriate clinical approaches.

There are informal and formal processes to manage should things go wrong and these are led by the S.L.T leadership teams in the first instance, who have a specific remit for quality care.

Prescribing and Clinical Pharmacy commented that prescribing in primary care is monitored and information shared with GP practices. Outlying prescribing practice is picked up through the various prescribing reports that are used by the prescribing
teams and GP practices. If necessary, there are processes in place through the Clinical Directors and the Clinical Support Group to address any significant concerns.

**Additional comments from Glasgow City HSCP**

In addition to the responses detailed above, the Glasgow City HSCP would respectfully request that the Committee consider the following points both in relation to this Call For Views and the Inquiry overall:

- Recognition by the Inquiry and the Committee of the responsibilities of Integration Joint Boards, and that health care now requires to be seen in an integrated governance context;
- Recognition of the complexities of integrating governance between Health and Social Work services and also, in a Glasgow/Greater Glasgow and Clyde Mental Health context, the additional challenge of coordinating governance responsibilities across 6 Health and Social Care Partnerships as well as Primary Care/Acute/Social Work;
  - A critical issue is that care governance issues tend to operate as “subsystems”, which cut across conventional boundaries (for example, the “complex needs” cohort and the “front door” issues at Emergency Departments);
- Recognition of the need for sustained investment in clinical IT systems to support the level of communication and data sharing that can enhance safety, including the long-overdue move to electronic prescribing in secondary care (HEPMA);
- Recognition of the helpful role that national initiatives can play (for example, SPSP, HIS suicide prevention work) in supporting Quality Improvement in local areas, and the need for that to be resourced and sustained;
- The need for a safety culture based on openness and learning, whilst recognising the need to take action against wrongdoing in exceptionally rare circumstances;
- Recognition that quality requires investment.