

Clinical Governance Committee



Scottish Borders Learning Disability Service

29th June 16

Aim

The aim of this report is to provide the Governance Committee with assurance that the LD Service Clinical Governance & Quality Group has oversight of the issues within the service and can provide assurance to the board that appropriate actions and interventions are in place.

Background

The LD Service Clinical Governance & Quality Group meets bi-monthly. Standing agenda items include:- Health & Safety/Risk Management, Clinical Audit/Clinical Effectiveness, Continuing Professional Development, Patient Focus/Public Involvement, Compliments & Complaints. Membership of the group includes management representation from both NHS and SBC. Copy of the last meeting minutes attached.



Clinical Governance
Minutes 01.06.2016.c

Summary

Health & Safety/Risk Management

Summary of Datix reports for the Learning Disability Service April – May 16

There were 25 incidents reported on DATIX between 1st April 2015 and 31st March 2016. The number of aggression/ violence events has increased this year. These include:-

- A neighbour being verbally aggressive to a member of admin staff
- A relative being verbally aggressive to a member of admin staff
- A patient being verbally and physically aggressive to a member of nursing staff
- A patient's wife being verbally aggressive towards a member of nursing staff
- A patients partner behaving improperly towards a member of nursing staff

All nursing staff attend Prevention and Management of Aggression and Violence Training on an annual basis. Admin staff are not required to complete this however following the above incidents training in Customer Care was booked for all admin staff via SBC Training

Department but this was subsequently cancelled. Training is now being arranged via Borders Caring Services but there are limited places on this training.

The 2 moderate risks were:-

- The improper behavior towards a member of nursing staff, which was reported to the police and the perpetrator, has been charged.
- The inability to access patient records despite repeated request due to the restricted access at Newstead

There were no major incidents. All incidents are reviewed by line managers at the time to identify any actions required to prevent further incidents. Managers actively encourage staff to report all incidents and near misses.

Risk Register (NHS) – An additional risk has been added to the risk register which is graded as a very high risk. The risk assessment was reviewed at the Clinical Board meeting on 29th June where the grading was confirmed. The risk is in relation to the lack of suitable accommodation for patients with a learning disability who have very high levels of challenging behaviour in Scotland and England. Currently we have a patient who has been given notice by his service provider and to date no alternative accommodation offers have been secured. There are also no LD NHS or private sector beds available at this time. All efforts are being made to identify a suitable provider throughout the UK. In the longer term we are looking at the possibility of commissioning a local service but due to the very high levels of staffing required it is highly likely that this would only be viable if other Boards and Local Authorities were willing to jointly commission.

In addition there are 3 medium risks and 1 high risk. The high risk is in relation to the lack of inpatient beds for adults with a learning disability within the Borders. Regarding the high risk, a further meeting has been held including NHS finance and the existing business case will be updated and submitted to the Strategy Group for consideration. We therefore continue to rely on the availability of other NHS Boards inpatient facilities or the private sector. The LDS management team is becoming increasingly concerned about the lack of availability of beds currently and as a result are reviewing this risk assessment.

Risk Register (SBC) – The ongoing social work waiting list, approximately 45 at the time of writing this report, has been assessed using the SBC risk management framework. With the control measures in place this risk rated as High and has now been recorded upon the SBC risk register. In addition social workers are not able to actively review cases at the level set by the service. An agency social worker has been appointed to increase capacity and a lean working workshop including all staff has been undertaken to identify where efficiencies can be made.

Argyll mobicare – This continues to be used and actively monitored for all appropriate staff within the service.

Provider concerns – A poor CQC report (English equivalent to Care Inspectorate) was received regarding an external provider in England where we have 2 patients residing. Increased monitoring is in place. There are particular issues in relation to 1 of our residents whom we are actively pursuing an alternative placement for as highlighted above (**Risk Register (NHS)**).

Integration and Learning

Intensive Support Service – This service was commissioned 2 years ago and is due for evaluation. An external organisation has been invited to complete this evaluation which will hopefully be completed by September/October 16.

CPD – The next CPD day will be on the subject of challenging behaviour and will be held in November 16.

Learn Pro (LD module) – The learning disability service has supported the creation of a Learn Pro LD module for use by NHS staff. The service is having conversations with the Director of Nursing to consider how we can ensure the best use of this training resource.

Compliments and Complaints – In March there was 1 complaint and 3 compliments and in April 2 complaints and 1 compliment.

Recommendation

The Board Clinical Governance Committee is asked to note the report and the assurance that robust governance systems are in place across the Integrated Learning Disability Services.

Policy/Strategy Implications	None
Consultation with Professional Committees	Not required
Risk Assessment	Not required
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None
Which meetings has the document been before the Clinical Governance Committee?	Not required

Approved by

Name	Designation	Name	Designation

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