REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 MARCH 2024

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT

BY: CHIEF NURSE, MORAY

1. REASON FOR REPORT

1.1 To inform the Committee of progress and exceptions reported to the Clinical and Care Governance Group since the last report to Committee in November 2023.

2. RECOMMENDATION

2.1 It is recommended that the Committee consider and note the contents of the report.

3. BACKGROUND

3.1 HSCM Clinical Governance Group was established as described in a report to this Committee on 28 February 2019 (para 7 of the minute refers).

3.2 The assurance framework for clinical governance was further developed with the establishment of the Clinical Risk Management Group (CRM) as described in a report to this committee on 30 May 2019 (para 7 of the minute refers).

3.3 As reported to this Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives attend the Clinical Governance Group so the group was renamed HSCM Clinical and Care Governance (CCG) Group.

3.4 A refresh of the Terms of Reference for the HSCM CCG Group was undertaken in 2023 and reported to this Committee on 30 November 2023 (para 6 of the minute refers).

3.5 This report contains information reported to HSCM CCG Group from Clinical Service Groups / departments. This report also contains further information relating to incidents / adverse events reported via Datix and areas of concern / risk and good practice shared during the reporting period.

3.6 The reporting schedule of the CCG Group does not always align to quarterly reporting to the committee. It has been agreed that the Escalation Report should include the CCG Group meetings between committee scheduling; this may not always be quarterly.

3.7 The CCG Group met three times during this reporting period.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Audit, Guidelines, Reviews and Reports

4.1 Relevant Audits, Guidelines Reviews and Reports are tabled and discussed. These include local and national information that is relevant to HSCM, for example, recommendations from Health Improvement Scotland (HIS) reports from other areas which require to be discussed and assurance given that services in Moray are aware of these and have processes in place to meet / mitigate the report recommendations. Overview of items discussed during this reporting period are listed below:

- CRM Minutes
- External Reports
- Service Updates
- Adverse Events and Duty of Candour
- HSCM Risk Register
- Complaints / Feedback
- Update from Practice Governance Group

Areas of achievement / Good Practice

Out of Hours Community Nursing (covering Aberdeenshire and Moray)

4.2 This service is continuing to work well, with positive feedback from staff Tupe'd over to NHS Grampian. It was agreed between the operational/nursing leads and the Chief Nurses for Moray and Shire that GMED would take over the line management and day to day running of the service from 5 February 2024. This is a welcome development by the GMED team.

GMED

4.3 Advanced Nurse Practitioner Education Sessions are being opened up to all clinical staff – these sessions take the form of case based discussions and evaluation suggests that embedding these sessions into what GMED can offer to less experienced members of the clinical team would be a valuable development.

4.4 The team conducted a test of change to pause re-triaging calls from NHS 24, this produced mixed results but the decision has been made to not continue this process. Home visits will still be re-triaged if needed and a hybrid model may be adopted during periods of high demand and poor staffing. This is to enable the team to be responsive and dynamic to situations as they arise.

4.5 Regular huddles have commenced with GMED staff from all locations meeting via MS teams. This is good for improving communication, building relationships and identifying any areas that may require support.

4.6 A review of the Controlled Drug (CD) policy and daily checking of CD's has enabled efficient investigation of Adverse Events when they arise.

Vaccinations

4.7   Uptake rates for COVID-19 and Influenza Vaccinations as at 14 March 2024.

COVID-19			
Cohort	Population	Vaccinated	% Uptake
Age 65 to 74	11,281	8,686	77.0%
Aged 75+	10,051	8,431	83.9%
All social care workers	2,101	305	14.5%
At risk age 5 to 11	506	37	7.3%
At risk age 6 months to 4 years	103	14	13.6%
At risk age 12 to 64	11,771	4,219	35.8%
Frontline health care workers	1,088	329	30.2%
Older people care home residents	456	410	89.9%
Weakened immune system	1,998	1,185	59.3%
Total	39,335	23,612	60.0%

Influenza			
Cohort	Population	Vaccinated	% Uptake
Age 50 to 64	14,050	6,057	43.1%
Age 65 to 74	11,281	8,700	77.1%
Aged 75+	10,051	8,444	84.0%
All health care workers	958	237	24.7%
All social care workers	1,407	185	13.1%
At risk age 18 to 64	13,301	5,885	44.2%
Older people care home residents	456	415	91.0%
Weakened immune system	1,966	1,256	63.9%
Total	53,448	31,175	58.3%

4.8   It has been well publicised the impact of coronavirus, but the impact of flu is often underestimated. Even healthy people can become seriously ill from flu, as it can lead to complications that may result in hospitalisation or even death. During 2023, hospital admissions to Dr Gray's Hospital for influenza and pneumonia accounted for the highest number of 'potentially preventable admissions' - i.e., emergency admissions resulting from medical problems that may be avoidable with, for example, higher levels of vaccine uptake. This year's flu vaccine gives the best possible protection against the flu viruses likely to be circulating this season.

4.9   NHS Inform provides information on who is eligible and how to access vaccines. The Winter vaccine programme lasts until 31 March 2024.

Autism Diagnostic Assessment Pathway Team (ADAPT)

4.10 An update is awaited from NHS Grampian on the move to a Grampian Neurodevelopmental Pathway. The ADAPT, while depleted, continue to work through the referral list and provide diagnostic service to children. The Committee will be kept appraised of the situation as developments become available.

Clinical Risk Management (CRM)

4.11 The CRM group continues to meet every 2 weeks to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 and Level 2 investigations, Complaints, Duty of Candour and Risks.

4.12 The group is attended by members of the Senior Management Team, Clinical Leads, Chief Nurse and relevant Service Managers. The purpose is to ensure that senior managers are assured of the standards of services and that where necessary investigations are carried out appropriately, and learning opportunities identified and shared following adverse events and complaints.

4.13 It has been agreed that any learning identified will be presented and discussed at HSCM CCG Group and HSCM Operational Management Team meeting (OMT) on a monthly basis.

Complaints and Feedback

4.14 HSCM complaints information for Quarter 3, 2023/24 is included in a separate report on today's agenda.

4.15 The HSCM CCG Group have noted a number of complaints recorded on Datix during Quarter 3 could have been resolved at early resolution stage but the current stage is investigation. Early resolution is where complaints are straightforward, require little or no investigation and are resolved at the point of contact at the earliest opportunity, usually within 5 working days. Achieving early resolution, where appropriate, helps reduce the number of stage 2 complaints and is really helpful for patients and families, preventing anxiety and upset if they can be given a quick response rather than waiting for a complaint investigation outcome. This will be discussed further at the CRM meeting to understand why it is not always possible for suitable complaints to be resolved at stage 1 and support teams with this approach.

Adverse Events (AE)

4.16 Information about AE reported on Datix during Quarter 3, 2023/24 is available at **APPENDIX 1**.

Findings and Lessons Learned from incidents and reviews

4.17 A Level 1 review consists of a full review team who have been commissioned to carry out a significant event analysis and review, reporting findings and learning via the division/ service governance structures.

4.18 There are currently 4 Level 1 reviews in progress (at the time of reporting).

4.19 Key learnings during this reporting period, have been discussed at team meetings and the CRM, and on 1 occasion escalated to the Vaccination Governance Group for Grampian wide Learning.

HSCM Risk Register

4.20 Each Clinical Service Group/Department highlights risks associated with their service, which are then discussed at CRM. The risk register is routinely reviewed with leads with guidance and support provided regarding updates. Work is ongoing to review and improve this process and this will be discussed at OMT every month.

4.21 New risks identified on Datix are discussed at CRM. There is an ongoing review of the operational risk registers. At the time of reporting, there are 37 risks on the risk register, 2 of which have been added since November 2023. These are monitored and reviewed as appropriate, by the service managers.

Duty of Candour

4.22 At the time of reporting there are no ongoing Duty of Candour incidents.

Items for escalation to the Clinical and Care Governance Committee

General Practice

4.23 Following the presentation of a 3 minute brief to HSCM CCG Group in December 2023, by the Moray Primary Care Clinical Leads, which detailed findings from visits to GP Practices across Moray, the Group requested the pressures found in general practice be escalated to Committee. There is a separate report on today's agenda.

Moray Integrated Drug and Alcohol Service (MIDAS)

4.24 Due to the lack of suitable clinical space in the building that this team operates from, there remains ongoing issues which impact the service's ability to meet Medically Assisted Treatment (MAT) standards 4, 6, 9 and 10. These standards relate to harm reduction and psychological and mental health care. As part of the financial recovery plan HSCM, with NHS Grampian, is considering its full estate and the requirements of the services and their priorities.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"
As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b) Policy and Legal
Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the CCG Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in our delivery of high quality care and treatment.

The local CRM group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications
This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property
None directly arising from this report.

(g) Equalities/Socio Economic Impact
There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

(h) Climate Change and Biodiversity Impacts
None directly arising from this report.

(i) Directions
None directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- HSCM Clinical and Care Governance Group members
- Sonya Duncan, Corporate Manager
- Caroline O'Connor, Committee Services Officer, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Service Managers, Drug & Alcohol, GMED

6. CONCLUSION

6.1 The HSCM CCG Group are assured that issues and risks identified from complaints, clinical risk management, internal and external reporting, are identified and escalated appropriately. The group continues to develop lines of communication to support the dissemination of information for action and sharing of good practice throughout the whole clinical system in Moray. This report aims to provide assurance to this Committee that there are effective systems in place to reassure, challenge and share learning.

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