



**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD  
CLINICAL AND CARE GOVERNANCE COMMITTEE**

**Thursday, 27 May 2021**

**remote locations via video conference**

**PRESENT**

Prof Nick Fluck, Cllr Frank Brown, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Mrs Jane Mackie and Mrs Jeanette Netherwood.

**APOLOGIES**

Dr Malcolm Metcalfe, Samantha Thomas and Mr Sean Coady

**IN ATTENDANCE**

Also in attendance at the above meeting was Alex Pirrie, CAMHS Manager – Grampian; Carmen Gillies, Senior Project Officer – HSCM; Zandra Smith, Adult Support & Protection Lead, Pam Cremin, Integrated Service Manager – MH and SM Services; Kandarp Joshi, Consultant – Adolescent Psychiatry; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

**1. Chair of Meeting**

The meeting was chaired by Prof Nick Fluck.

**2. Welcome and Apologies**

The Chair welcomed everyone to the meeting and apologies were noted.

**3. Declaration of Member's Interests**

There were no declarations of Members' Interest in respect of any item on the agenda.

**4. Minute of Meeting of Clinical and Care Governance Committee on 25 February 2021**

The Minute of the meeting dated 25 February 2021 was submitted for approval.

The Board agreed to approve the minute as submitted.

## **5. Action Log of Clinical and Care Governance Group on 25 February 2021**

The Action Log of the meeting dated 25 February 2021 was discussed and updated accordingly at the meeting.

## **6. Clinical and Care Governance Group Escalation Report for Quarter 4, 2020/21**

A report by Sean Coady, Head of Service, informs the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 4 of 2020/21 (1 January up to 31 March 2021).

In Mr Coady's absence Mrs Mackie informed the Committee that the Clinical and Care Governance Group is now much further established since the inclusion of social care representatives. The group now receive regular service updates following an agreed reporting schedule.

Mrs Netherwood advised, CRM continue to meet every fortnight to review risks, adverse events and complaints and input where necessary. CRM recently heard in more detail about the monthly educational sessions held for the Grampian Medical Emergency Department (GMED) to learn from adverse events. This learning can be shared with the Committee if they wish.

Mr Augustus seeks reassurance that HSCM is continuing to improve ways of reporting. He would like to see evidence that the partnership are reporting in accordance with Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority and it is fit for purpose. Mr Augustus would like to see learning from complaints and evidence of its effectiveness in future reports and if there have been any complaints made against the IJB.

Mrs Netherwood recognises the need to improve reporting and ensure information from the NHS system and the Council system is presented in a consistent way.

Mrs Mackie noted the Council complaints system has changed in accordance with SPSO's updated Model Complaints Handling Procedures and 'first line' complaints that weren't being logged prior to April 2021 will now be.

Following further discussion the Committee agreed to receive a report specifically around complaints to the next meeting of the Clinical and Care Governance Committee in August 2021. The report should set out:

1. Statutory obligations and confirmation they are being met
2. Themes emerging from complaints
3. Approach to learning from complaints and actions being delivered

Information about complaints referred to the ombudsman to also be included along with any complaints made against the IJB.

In response to a question from Councillor Brown, the Chair advised that 'No value' on the table detailing adverse events by category could mean either no action is

required as negligible event or that a level had not yet been allocated at the time of reporting.

The Chair noted a large number of adverse events reported fall into two categories:

- Abusive, violent, disruptive or self-harming behaviour
- Accident (including falls)

The Chair advised he would be interested to understand the distribution of those events under the first category i.e. harm to patients or harm to staff/ care givers, the themes and action taken to address. Mrs Cremin advised a large number of these events can be attributed to a small number of very challenging patients both in adult and older adult mental health inpatient areas and in particular one patient. Mrs Cremin went on to advise that staff are encouraged and supported to report all adverse events; all incidents are taken seriously and reporting enables appropriate surveillance. The Moray Mental Health team have sought support and advice from colleagues in Aberdeen to help manage this patient. Support systems are in place for staff and debriefs are conducted where required.

The Committee noted the contents of the report and requested a report specifically on complaints to the Committee in August, detailing the three domains discussed, across both NHS and Council systems.

## **7. Adult Support and Protection Improvement Plan**

A report by the Chief Social Work Officer informs the Committee of the Adult Support and Protection (ASP) improvement journey.

Mrs Mackie introduced the item stating adult support and protection is a multi-agency responsibility. A joint inspection of adult protection activity will be undertaken in 2021 or early 2022. This will be a joint inspection of all statutory partners (police, health and local authority) conducted by the relevant three regulators (Care Inspectorate, HIS and HMIC).

During 2019, preparations began for the anticipated Care Inspectorate ASP thematic inspection. A self-evaluation exercise was undertaken and a multi-agency Improvement Action Plan was developed. A delay occurred in implementing the improvement plan due to the global pandemic. It has been agreed to focus on phase 1 of the plan – policy, process and procedures. It is anticipated that phase 1 will be finished by the end of this year. Phase 1 also covers NHS Grampian requirements to produce and facilitate a pan Grampian approach for Initial Referral Discussions (IRDs). There are strong links with colleagues across Grampian to support this.

It is recognised there is lots of work to do to be fully compliant or congruent with the scrutiny bodies, this is reflected in the improvement plan.

The Care Inspectorate have produced a new set of quality indicators and framework. A further self-evaluation locally will be undertaken to ensure still fit for purpose.

It was noted there is a complex governance structure around adult, support and protection.

Additional resources are funded until March 2022. It was noted therefore this interim mitigation is not sustainable and this is reflected on the risk register.

The committee noted the continued work on the delivery of the ASP Improvement Plan in anticipation of a Care Inspectorate ASP inspection.

## **8. Mental Health Officer Service in Moray**

A report by the Chief Social Work Officer informs the committee of the current situation in the Mental Health Officer Service in Moray.

The Committee discussed the actions agreed by the MHO Governance Group. It was noted Aberdeenshire and Highland are in a similar situation. The sheer geographical distance involved in the Highland area means there is no MHO cover for the rural locations out of hours.

Efforts to reduce the waiting list for guardianship reports include MHOs working additional hours. Mrs Mackie advised the team have also recruited some small additional input.

The Committee noted the current situation within the Mental Health Officer service in Moray and the actions being taken by the MHO Governance Group to mitigate.

## **9. Out of Hours Mental Health Service Provision for 16-18 Year Olds**

A report by the Service Manager, Child and Adolescent Mental Health Services, informs the Committee of the current gap in out of hours mental health service provision for young people aged 16-18 years in Moray and actions that are being taken to address this.

Ms Pirrie advised there was a quick turnaround required for this paper and apologised for a couple of errors in the report. First page the report should read Service Manager, Child and Adolescent (not adult) Mental Health Services. At 4.1 it should read under 18 years not 16 years.

The report was written to highlight the lack of access out of hours for a mental health assessment for 16 and 17 years olds in Moray. There are a number of issues to be addressed including change in staff profile and the way in which services are being delivered. A short life working group has been convened with key stakeholders from across the system in Moray to address this gap.

There are nurse practitioners willing to undertake mental health assessments for these young people, with the right consultant support. Some Consultant Psychiatrists in Moray are not child mental health specialists. It was noted 16-17 age group have a much higher incident rate of presenting out of hours seeking help than under 16s. This presents a high risk for the organisation if a young person attends Dr Gray's Hospital following overdoses or with suicidality and are unable to get a mental health assessment.

It is clear the CAMHS in Grampian is for people aged 0-18 years.

This risk is being recorded on the CAMHS risk register and Moray's local risk register.

The Chair noted the need for a longer term plan and an immediate short term solution. Colleagues are to explore options of support from Grampian Health Board for Junior Doctors and Nurse Practitioners in Elgin for times when there isn't local Consultant Psychiatrist support available.

The Committee noted the contents of this initial report and agreed to receive a fuller report with update on progress made at the next meeting on 26 August 2021.

It was agreed to add a third recommendation:

- III. Inform the Committee, within the next week, of immediate risk mitigation plan to gain support from colleagues across Grampian and clarify that in risk register entry.

### **10. Home First in Moray – Pathway Assurance**

A report by Sean Coady, Head of Service, provides the Committee with assurance in relation to the pathway for a patient under the remit of Discharge to Assess.

This paper was formulated in a response to a request from the Committee for an assurance around the pathway in terms of quality and safety.

The programme began operating as a 6 month pilot from October 2020 to March 2021 and a full report was submitted to MIJB on 25 March 2021 when the MIJB approved permanent funding

Since then an Occupational Therapists and Physiotherapist have been recruited and will be in post by end of June 2021. Six Support Workers have been interviewed and an advanced nurse practitioner post is to be advertised next then admin support recruited once clinical team in place. Induction process and intensive training will be undertaken for all new staff members.

The Committee are assured the same checks and measures are in place for patients following the Discharge to Assess pathway; they must meet the criteria and consent to the pathway. It is clear that these patients and clinically or medically stable for early supported discharge.

Ms Duncan advised that, to her knowledge, no complaints have been received or adverse events recorded to indicate any patient has been compromised as a result of following the Discharge to Assess pathway.

It is not anticipated this will have any impact on care in terms of expectations on family etc as if a need for ongoing care is identified then there are mechanisms in place to make those referrals in a timely way. Recognise the connection but this process is around rehab and functional goals. D2A focuses on the patient journey and aims to prevent people becoming deconditioned or adversely affected by a longer than necessary hospital stay. Mr Bokor-Ingram advised the Committee that since the end of the pilot programme delayed discharges have increased.

In response to a question around value for money, Mr Bokor-Ingram stated that once the team is fully operational discussions around efficacy can take place. It is noted the team are not funded beyond this financial year. Future discussions around investment / disinvestment and value for money to be determined by MIJB.

The Committee notes the example pathway described in the report and notes further reports will be submitted to the Committee in relation to developments in pathways arising from the Home First project.

### **11. Confidential Item – MWC Authority to Discharge**

A report by the Chief Social Work Officer informs the Committee of the Mental Welfare Commission (MWC) Authority to Discharge Report which was released on 21 May 2021 and the outcome for Moray.

The report contains personal information, which requires to be discussed in private in order to uphold the principles of the Data Protection Act 2018.

The Committee noted the content of the report and its appendices.

### **Items for Escalation to MIJB**

From discussions at today's Committee, members agreed the following items which create a significant Clinical and Care Governance risk, should be escalated to the MIJB.

- Adult Support and Protection Improvement Plan – identified areas of practice to be improved
- High Risk around Out of Hours Mental Health Assessment for 16/17 year olds – at time of escalation hope to have immediate risk mitigation in place
- Pressures in Mental Health Officer service,

The meeting closed at 11:30