



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 FEBRUARY 2020**

**SUBJECT: CLINICAL GOVERNANCE GROUP – UPDATE AND EXCEPTION REPORT**

**BY: SEAN COADY, HEAD OF SERVICE**

**1. REASON FOR REPORT**

- 1.1 To inform the Moray Integration Joint Board Clinical and Care Governance Committee of progress and exceptions reported in December 2019 and January 2020.

**2. RECOMMENDATION**

- 2.1 **It is recommended that the Clinical and Care Governance Committee consider and note the update and exception report for Health and Social Care Moray (HSCM) Clinical Governance Group for December 2019 and January 2020.**

**3. BACKGROUND**

- 3.1 The 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 A reporting schedule for Quality Assurance Reports from Clinical Service Groups/ Departments is in place. This report contains information from these reports and further information relating to complaints and incidents/ adverse events reported via Datix; and areas of concern/risk and good practice shared at two Clinical Governance meetings held since December 2019.

**4. KEY MATTERS RELEVANT TO RECOMMENDATION**

**4.1 Audit, Guidelines, Reviews and Reports**

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 these recommendations.

Some of the Reports/ Guidelines shared and discussed include:

- HIS report of NHS Grampian Community Hospitals, safety and cleanliness announced inspection.
- HIS Initial Action Plan from NHS Grampian re safety and cleanliness announced inspection.
- Scottish Ombudsman reports and recommendations relevant to NHS Grampian
- Care Inspectorate report on Health and Social Care Standards implementation.
- National Day of Care Survey
- Mental Welfare Commission for Scotland (MWC) : Seclusion- Good Practice Guide
- The Charter of Patient Rights and Responsibilities
- Home and Mobility Evaluation Team (HAME), Emergency Department Staff Feedback.
- Mental Welfare Commission for Scotland: Report on announced visit to Ward 4, Dr Gray's Hospital.
- Ward 4, Dr Gray's Draft Action Plan following MWC report.
- Health and Social Care Standards – My support, my life. Review of Activity Summary Report.
- Re-audit of Moray Adult Community Mental Health Occupational Therapy Service
- NHSG AHP (Allied Health Professionals) Record Keeping Audit 2019
- Independent National Whistleblowing Officer
- Medical Appraisal and Revalidation Quality Assurance Annual Report

#### 4.2 **Clinical Risk Management (CRM)**

The Clinical Risk Management (CRM) group meet weekly to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 (requiring significant adverse event analysis and review) and Level 2 (requiring local management review) investigations, Duty of Candour and Major and Extreme Adverse events. An Action Log outlining issues for escalation and tasks is updated at each meeting.

The CRM is open to service managers and team leaders to attend, and currently there is a core group of 4 staff who attend regularly. An invitation to attend the group is extended at each Clinical Governance Group meeting and staff have been advised that attendance can be on a rotational basis. Despite this there is a requirement for a wider representation of staff at this meeting to ensure sufficient attendance and cover for annual leave etc. This matter will be raised and discussed at the next System Leadership Group.

#### 4.3 **Internal Assurance Information**

Incidents, Occurrences, Adverse Events, Feedback (including complaints) and Learning are discussed at each meeting. Information is extracted from Datix. (See paragraph 4.5 and 4.6). Cases that have been referred to the Scottish Public Service Ombudsman (SPSO) are highlighted, and decisions and recommendations made by the SPSO to other health boards that are

relevant to HSCM are shared, and methods of dissemination and assurance are considered.

The group is assured that there are adequate processes in place

#### 4.4 **Areas of Achievement and Good Practice**

- i. The Eye Health Network hold regular Evening Meetings (approximately quarterly). These offer training lectures and guidance on new protocols for Optometrists. However, most recently the lectures have been extended to include training for front of house staff on triaging an ocular emergency. Lectures take place at the Suttie Lecture Theatre at Aberdeen Royal Infirmary however Moray and Shetland Optometrists view the lectures via a live webinar link.
- ii. Within the NHSG Public Dental service, there is increased quality assurance and improvement activity:
  - a) Introduction of regular peer review sessions to allow clinicians to share learning from complicated cases whilst utilising an evidence based approach.
  - b) Clinicians have completed Quality Improvement cycle (audit, shared learning event, peer review) and all were in excess of hours required.
  - c) Commencing Safety Climate Survey for entire team.
  - d) Very positive results and comments from Patient Satisfaction Survey conducted in Spring 2019. In answer to question: Overall, how satisfied were you with your visit today? 86% Excellent, 14% Good.
  - e) Learning from external courses has been shared with all staff at a PLT (Protected Learning Time) event.
  - f) All learning outcomes from Adverse Events/Datix are discussed at monthly clinic meetings and weekly management meetings as an agenda item.

#### 4.5 **Complaints and Feedback**

From 01/12/2019 - 31/01/2020 a total of 13 complaints were recorded within Datix. 2 were resolved through Early Resolution (within 5 days), 1 was resolved within 20 days. 1 within 25 days and 1 within more than 26 days. Of the 13 complaints received, 7 are currently active and are within the 20 day response period. 1 complaint is overdue, this is due to the complaint involving multiple agencies, and information is awaited from a service out with NHS Grampian.

On review of those taking longer than 20 days, in one incidence, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. The second overdue complaint has not received consent to investigate as the complaint was received by a third party.

2 compliments and 1 concern were also recorded for this time period.

It is recognised that there is low compliance rate for responding to complaints within the allocated timescales. This has been escalated and a proposal is currently being developed to support this. This will be monitored by the CRM and the Clinical Governance Group.

The table below outlines the outcome of complaints in the last 2 months.

#### **HSCM Outcome of Complaints**

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Being Investigated	Total
<b>DATIX n=13</b>	GMED	0	0	1	2	<b>3</b>
	Mental Health – Adult Health	0	0	0	3	<b>3</b>
	Allied Health Professionals	0	1	1	0	<b>2</b>
	Community Nursing	0	0	0	1	<b>1</b>
	Community Hospital	0	0	0	1	<b>1</b>
	Unscheduled Care	3	0	0	0	<b>3</b>
<b>Total</b>		<b>3</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>13</b>

At the Clinical and Care Governance Committee on 28 November 2019, a query was raised regarding decision making for complaints (para 5 of the draft Minute refers): When a complaint is received the manager for that service is notified and will commence an investigation. It is best practice for the manager to contact the complainant and discuss, identify and agree the points of the complaint. Where possible early verbal resolution is preferred over formal responses.

If this is not possible, the manager will still identify the points of the complaint and use this to support and direct the investigation and response. A response will be collated for each point included in the complaint. During the course of investigating each point, it will become clear to the manager whether processes and /or procedures have been followed, if good and/or weak practice has been provided and if there are any improvements that can be made. Investigators also utilise their professional knowledge and judgement to assist in formulating a decision. This evidence will then direct and support the manager to uphold/ partly uphold or not uphold the complaint.

All complaints are logged on Datix, and are discussed at CRM and with other relevant managers. Before each response letter is sent to the complainant they are all currently scrutinised by the NHSG Senior Management Team, and the majority are signed by the same.

#### **4.6 Incidents/Adverse Events**

- 4.6.1 **Incidents recorded on Datix** - During December 2019 and January 2020 there were a total of **380** incidents recorded on Datix. Incidents are recorded by NHS Grampian and some HSCM staff on the Datix system. Each incident is reviewed by the appropriate line manager, with the relevant level of investigation applied. Analysis of the data shows that the majority of incidents (320) were resolved following a local review by the line manager. **1** incidents is undergoing a Level 1 review (full review team), **2** with a Level 2 review

(local management review team). There are currently **57** incidents awaiting review. **7 incidents** were considered for Duty of Candour, following investigation **5** did not meet the threshold of the Organisational Duty of Candour Procedure and **2** of these remain unsure as investigations are not yet completed. Of the **380** incidents reported on Datix there were **295** rated as negligible; **75** as minor; **9** as Moderate. **1** incident is rated as extreme and is undergoing a level 1 review.

#### 4.6.2 **Learning from incidents and reviews**

Following and Adverse Event Review of a pharmacy dispensing error, learning implemented includes:

- Slow release preparations are now kept separately from standard release preparations.
- The pharmacy has created a document containing the identifiable signatures of pharmacy staff which supports accountability and governance.
- Learning shared with the team to facilitate improved practice.

Following a security incident at an NHS property, which entailed a delay in the appropriate staff being contacted, Information was shared with Police Scotland and advised of the correct procedure to contact the Senior Manager on call for HSCM. It was requested that this information be communicated to all local policing units/teams so to prevent future delays to checking and confirming security status of NHSG/HSCM premises.

#### 4.7 **Risks**

New risks identified are discussed at each Clinical Governance Group. There have been **no new** risks graded as “High” or “Very High” during the reporting period. Each Clinical Service Group/Department will highlight risks associated with services, which are discussed during a reporting session to the HSCM Clinical Governance Group. Any identified as increasing in risk are escalated through the reporting structure.

All risks held on the HSCM Risk Register are currently being reviewed and risk handlers have been asked to update these on Datix. High and Very High Risks are now being discussed at the HSCM Senior Leadership Group on a monthly basis.

#### 4.8 **Issues for escalation to the Clinical and Care Governance Committee**

4.8.1 Following the recent NHS Grampian Community Hospitals, safety and cleanliness announced Inspection, Moray has been fully engaged in the development of the Action plan to respond to the recommendations made. Actions allocated to Moray have been completed.

4.8.2 The HSCM Clinical Governance Group will write to NHS Grampian to:

- Ask for assurance from the Medical Director that all Medical staff within HSCM have received an Appraisal and are engaged in and have completed the revalidation process.
- Ask for assurance from the Director of Nursing for Primary Care that Senior Charge Nurses have the capacity to complete recent additions to their workload such as QIMPLE (Quality Management of Practice Learning Environment) and Job Train which is impacting on the submission of quality assurance tools. The group are assured that there are processes in place, but are not assured that there is sufficient staff resource to complete these tasks.

## **5. SUMMARY OF IMPLICATIONS**

### **(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan “Moray Partners in Care” 2019 – 2029**

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.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

### **(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**

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 the delivery of high quality care and treatment.

The local Clinical Risk Management (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) 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:

- Head of Clinical Governance, Moray Alliance
- Chief Financial Officer, MIJB
- Caroline Howie, Committee Services Officer
- Corporate Manager

**6. CONCLUSION**

- 6.1 The HSCM Clinical Governance 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 sharing and action throughout the whole clinical system in Moray. This report aims to provide assurance to the Moray Integration Joint Board Clinical and Care Governance Committee that there are effective systems in place to reassure, challenge and share learning.**

Author of Report:	Pauline Merchant, Clinical Governance Coordinator
Background Papers:	held by author
Ref:	