



MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 30 May 2019

Alexander Graham Bell Centre

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board Clinical and Care Governance Committee** is to be held in **Alexander Graham Bell Centre, Moray College, Moray Street, Elgin, IV30 1JJ** on **Thursday, 30 May 2019** at **09:30** to consider the business noted below.

AGENDA

- | | | |
|----------|-----------------------------------------------------|----------------|
| 1 | Welcome and Apologies | |
| 2 | Declaration of Member's Interests | |
| 3 | Minute of Meeting dated 28 February 2019 | 5 - 8 |
| 4 | Action Log of Meeting dated 28 February 2019 | 9 - 10 |
| 5 | Social Work Governance Arrangements | 11 - 20 |
| | Report by Chief Social Work Officer | |
| 6 | Complaints and Adverse Events - Quarter 4 | 21 - 40 |
| | Report by Chief Officer | |

**Item which the Committee will consider with the Press
and Public excluded**

7 Care Home Large Scale Investigation 2018

- Information relating to the financial or business affairs of any particular person(s);

MORAY INTEGRATION JOINT BOARD
CLINICAL AND CARE GOVERNANCE COMMITTEE

MEMBERSHIP

VOTING MEMBERS

Mr Sandy Riddell (Chair)
Councillor Tim Eagle

Non-Executive Board Member, NHS Grampian
Moray Council

NON-VOTING MEMBERS

Mr Ivan Augustus
Mr Tony Donaghey
Ms Pam Gowans
Mrs Linda Harper
Ms Jane Mackie
Dr Malcolm Metcalfe
Dr Graham Taylor
Mrs Val Thatcher

Carer Representative
UNISON, Moray Council
Chief Officer, Moray Integration Joint Board
Lead Nurse, Moray Integration Joint Board
Chief Social Work Officer, Moray Council
Secondary Care Advisor, Moray Integration Joint Board
Registered Medical Practitioner, Primary Medical Services
Public Partnership Forum Representative

ADVISORS

Mr Sean Coady

Head of Primary Care, Specialist Health Improvement and
NHS Community Children's Services, Health and Social
Care Moray

Dr Ann Hodges

Consultant Psychiatrist

Ms Pauline Merchant

Clinical Governance Coordinator, Moray Health and Social
Care Partnership

Ms Jeanette Netherwood

Corporate Manager, Health and Social Care, Moray

Mrs Liz Tait

Professional Lead for Clinical Governance and Interim Head
of Quality Governance and Risk Unit

Clerk Name: Caroline Howie

Clerk Telephone: 01343 563302

Clerk Email: caroline.howie@moray.gov.uk



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

Thursday, 28 February 2019

Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

PRESENT

Mr Ivan Augustus, Ms Pam Gowans, Mrs Linda Harper, Ms Jane Mackie, Jeanette Netherwood, Mr Sandy Riddell, Mrs Liz Tait, Dr Graham Taylor, Mrs Val Thatcher

APOLOGIES

Mr Sean Coady (NHS), Councillor Tim Eagle, Ms Pauline Merchant

IN ATTENDANCE

Ms D Barron, Clinical Quality Facilitator, NHS Grampian and Mrs C Howie, Committee Services Officer, Moray Council, as Clerk to the Meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

The Chair declared an interest in item 6 of the agenda 'Progress Update following Mental Welfare Commission for Scotland Visit to Community Hospitals'. There were no other declarations of Members' Interests in respect of any item on the agenda.

3 Minute of Meeting dated 30 August 2018

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 August 2018 was submitted and approved.

4 Action Log of Meeting dated 30 August 2018

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 August 2018 was discussed and it was noted that all items due other than the following had been completed:

Item 1 - Action log dated 31 May 2018 - item 3 - Large Scale Investigation - The Chief Social Work Officer provided an interim verbal update and advised a report would be provided to the next meeting in May 2019.

5 Health Care Standards - Implementation

A report by the Chief Officer informed the Committee of progress in implementing the Health & Social Care Standards.

Discussion took place on the implementation of the Standards and it was stated that although there are risks involved as long as it is clear regarding leadership and timescales for completion, then risks could be mitigated.

The Head of Clinical and Care Governance advised that although the self-reflection tool from Scottish Government was due to be completed by April it was yet to be received and therefore unlikely to be completed in time to allow a report to the meeting in May. It would be August before a report to Committee would be possible.

The Chair asked that a verbal update be provided in May with a full report being presented in August.

Thereafter the Committee agreed to:

- i. note progress made in implementing the Health and Social Care Standards since August 2017 across Health and Social Care Moray;
- ii. support the completion of a self-reflection resource from the Scottish Government which should enable Health & Social Care Moray to share good practice and demonstrate how the Health and Social Care Standards are making a real difference in personal experience and outcomes to those receiving services in Moray;
- iii. note that further work will be undertaken to develop exception reporting on this matter from governance groups to this Committee;
- iv. an verbal interim report on progress of completion of the self-reflection tool from Scottish Government being presented to Committee in May; and
- v. a report on completion of the self-reflection tool from Scottish Government being presented to Committee in August.

6 Progress Update following Mental Welfare Commission for Scotland Visit to Community Hospitals

Having declared an interest in this item, the Chair considered it appropriate that as the item was for noting progress there was no requirement for him to leave the meeting.

A report by the Service Manager, Community Hospitals, presented an update on progress following the Mental Welfare Commission for Scotland themed visit to people with dementia in community hospitals for Clinical and Care Governance Group.

Discussion took place on the content of the report and work completed to ensure the correct level of reporting to the Committee. It was agreed that future reports should be presented to the Clinical Governance Group with exception reports to provide assurance being provided to this Committee.

Thereafter the Committee agreed to note:

- i. the progress made in implementing the actions identified by the Mental Welfare Commission for Scotland;
- ii. the actions outlined to manage the completion of the actions and incorporation into working practices; and
- iii. reporting to provide assurance would be by exception to this Committee.

7 Clinical Governance Group

A report by the Chief Officer informed the Committee of progress in developing the Clinical Care Governance Framework in Health and Social Care Moray, with the establishment of a Clinical Governance Group (CGG).

Discussion took place on the structure and operational requirements of the CGG. It was stated there were some noticeable gaps in the membership noted on page 35 of the meeting papers e.g. inclusion of the NHS Clinical Care Quality Safety group and a link from the CGG to the NHS Grampian Care Governance Committee. It was agreed the gaps should be rectified and that along with the quarterly reporting from the CGG to this Committee an annual report would also be provided.

Thereafter following further discussion the Committee agreed:

- i. to note progress made in establishing the CGG;
- ii. exception reporting from the CGG to this Committee would be on a quarterly basis;
- iii. an annual report would be provided to this Committee; and
- iv. to note the actions identified in 4.1 of the report for future reporting on progress to this Committee.

Mr Augustus left the meeting during discussion of this item.

8 Complaints and Adverse Events - Quarter 3

A report by the Chief Officer informed the Committee of Health and Social Care Moray complaints and incidents reported in quarter 3 (October - December 2018).

During discussion of the report it was stated there was a possibility of under reporting in relation to learning disabilities and mental health as staff were more tolerant of

behaviour.

Thereafter the Committee agreed to note:

- i. the quarter 3 (October - December 2018) complaints and adverse events summary; and
- ii. further work is underway to develop the processes and systems for collation and analysis of information to provide assurance across all services.

9 Social Work Development Plan

A report by the Chief Social Work Officer presented Committee with the draft Social work Development Plan.

Following discussion the Committee agreed to note the content of the Social work Development Plan, shown in appendix 1 of the report.

10 Grampian Clinical Professional Assurance Framework: Health Professionals

A report by the Chief Officer informed the Committee of the NHS Grampian framework surrounding professional assurance for Health Professionals.

Following discussion the Committee agreed to note:

- i. the Grampian Clinical Professional Assurance Framework for Health staff, that underpins service delivery throughout Health and Social Care; and
- ii. that a similar framework for Social Work staff will be submitted to this Committee in May 2019.



MEETING OF MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 28 FEBRUARY 2019

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log dated 30 August 2018	Item 1 – Action log dated 31 May 2018 – item 3 – Large Scale Investigation – The Chief Social Work Officer provided an interim verbal update and advised a report would be provided to the next meeting in May 2019.	May 2019	Jane Mackie
2.	Health Care Standards – Implementation	Further work to be undertaken to develop exception reporting on the Health and Social Care Standard to this Committee. Interim report on progress of completion of the self-reflection tool from Scottish Government to be presented in May. Report on completion of the self-reflection tool from Scottish Government to be presented in August.	August 2019 May 2019 August 2019	Liz Tait Liz Tait Liz Tait
3.	Clinical Governance Group	Exception reporting to be provided quarterly. Annual report to be provided	May 2019 February 2020	Sean Coady/ Dr G Taylor Sean Coady/ Dr G Taylor

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
4.	Grampian Clinical Professional Assurance Framework: Health Professionals	Framework for Social Work Staff to be submitted in May	May 2019	Jane Mackie



REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2019

SUBJECT: SOCIAL WORK GOVERNANCE ARRANGEMENTS

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To present Clinical and Care Governance Committee with information in relation to professional social work governance.

2. RECOMMENDATION

- 2.1. **It is recommended that the Committee considers and notes the content of the report.**

3. BACKGROUND

- 3.1. The Social Work (Scotland) Act 1968 (the 1968 Act) requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions.
- 3.2. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of a local authority's statutory functions. The role also has a place set out in integrated arrangements brought in through the Public Bodies (Joint Working) (Scotland) Act 2014. As a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions.
- 3.3. The CSWO should assist local authorities and their partners in understanding the complexities and cross-cutting nature of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and also the key role social work plays in contributing to the achievement of a wide range of national and local outcomes. The CSWO also has a contribution to make in supporting overall performance improvement and management of corporate risk.

- 3.4. Throughout Moray Council, Social Workers operate in a diverse range of different settings which include working with children, the elderly and people experiencing particular challenges in life such as mental health and/or substance misuse or who have a disability.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The scope of the role relates to the functions of social work and social care whether provided directly by the local authority; through delegation to another statutory body or in partnership with other agencies. Where social work services and support are commissioned on behalf of the authority, including from the independent and voluntary sector, the CSWO has a responsibility to advise on the specification, quality and standards of the commissioned services and support. The CSWO also has a role in providing professional advice and guidance to an Integration Joint Board or NHS Board to which social work functions have been formally delegated.
- 4.2. The Scottish Government Guidance says that the CSWO should:
- (a) promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council (SSSC) for social service employers.
 - (b) work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;
 - (c) establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance.
 - (d) ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically.
- 4.3. The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate, in regard to:
- (a) effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards;
 - (b) appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice;
 - (c) the development and monitoring of implementation of appropriate care governance arrangements;

- (d) approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;
- (e) requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- (f) workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;
- (g) continuous improvement, raising standards and evidence-informed good practice, including the development of person-centered services that are focused on the needs of people who use services and support;
- (h) the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

4.4 The CSWO is responsible for providing professional leadership for social workers and staff in social work services. The CSWO should:

- (a) support and contribute to evidence-informed decision making and practice - at professional and corporate level - by providing appropriate professional advice;
- (b) seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery;
- (c) support the delivery of social work's contribution to achieving local and national outcomes;
- (d) promote partnership working across professions and all agencies to support the delivery of integrated services;
- (e) promote social work values across corporate agendas and partner agencies.

4.5 The CSWO has a role in reporting to the local authority Chief Executive, elected members and Integration Joint Boards (IJBs) - providing comment on issues which may identify risk to safety of vulnerable people or impact on the social work service and also on the findings of relevant service quality and performance reports, setting out:

- implications for the local authority, for the IJB, for services, for people who use services and support and carers, for individual teams/members of staff/partners as appropriate;
- implications for delivery of national and local outcomes;
- proposals for remedial action;
- means for sharing good practice and learning;
- monitoring and reporting arrangements for identified improvement activity.

4.6 To discharge their role effectively, the CSWO will need:

- (a) direct access to people and information across the local authority, including the Chief Executive, elected members, managers and frontline practitioners and also in partner services, including in Health and Social Care Partnerships. Specific arrangements will vary according to individual councils, but should be clearly articulated locally;
- (b) to be able to bring matters to the attention of the Chief Executive to ensure that professional standards and values are maintained;
- (c) to be visible and available to any social services worker and ensure the availability of robust professional advice and practice guidance;
- (d) to provide professional advice as required to senior managers across the authority and its partners in support of strategic and corporate agendas.

4.7 In Moray the CSWO convenes two separate Governance Boards; one for Adult Services and one for Children's Services. A sample agenda for the Adult Services Board is attached at **APPENDIX 1**. The chart attached at **APPENDIX 2** shows the relationship to other governance groups.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in accordance with 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

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 role of the CSWO will contribute to the management of the risk to the organisation and will ensure that mitigations and controls are managed appropriately. Exception reports will be shared with this committee.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required for inclusion within this report as there is no change in policy.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

Social Work Leaders Group; Chief Officer; Chief Finance Officer, Corporate Manager; Head of Clinical & Care Governance.

6. CONCLUSION

6.1. The role and responsibilities of CSWO will provide a level of assurance that quality and standards of social work are being managed with a professional governance framework in place.

Author of Report: Jane Mackie, Chief Social Work Officer
Background Papers:
Ref:

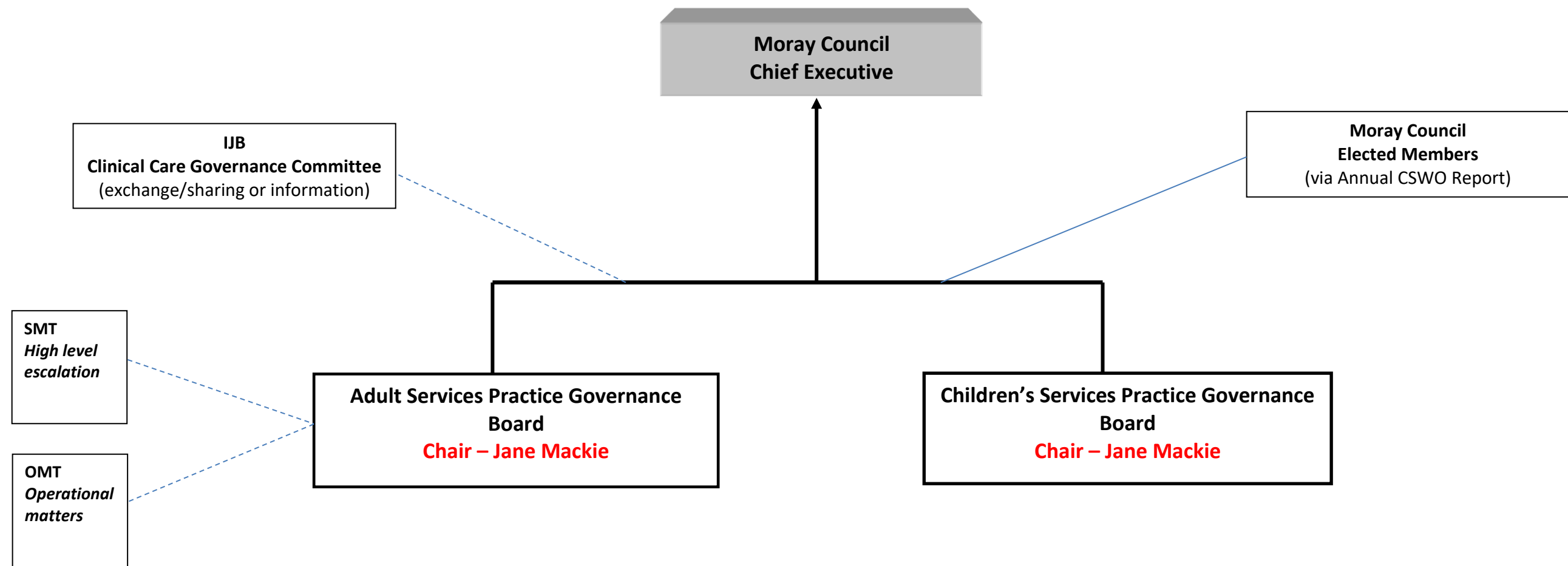
AGENDA

Social Care Practice Governance Board Meeting

Date, Time, Venue

Item No.	Item Subject	Paper Title	Presenter
1.	*Minutes of Previous Meeting & Matters Arising		
2.	*Risk Register	<i>(Standing item)</i>	
3.	*Monitoring Reports & Internal Incidents	Action Plan & Issues Report, Action Plan Updates	Manager
4.	*Medication Error Reporting	Report	Manager
5.	*Policies & Procedures	Report	Officer
	a)		
	b)		
6.	*Overview of Referrals to SSSC		ALL
7.	*Inspection & Audit Reports		ALL
8.	Feedback from Care at Home Contract Meeting		Manager
9.	Information Systems Audit – Index Card		Manager
10.	AWI/ Housing Protocol	AWI Housing doc.	Officer
11.	Capacity Assessments		Officer
12.	*AOCB		ALL
13.	*Date of Next Meeting:		

* Standing Items





REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2019

SUBJECT: COMPLAINTS AND ADVERSE EVENTS – QUARTER 4

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Clinical and Care Governance Committee of Health and Social Care Moray (HSCM), complaints and incidents reported in Quarter 4 (January – March 2019).

2. RECOMMENDATION

- 2.1 It is recommended that the Clinical and Care Governance Committee consider and note:
- i. the complaints and adverse events summary for Quarter 4 (January – March 2019) shown in Appendix 1;
 - ii. further investigation and development will be undertaken to align reporting mechanisms and timescales, where practicable.
 - iii. a tool will be developed to collate Audit, Quality Assurance and Quality Improvement Activity in HSCM, to provide assurance and confidence that appropriate and relevant audit, evaluation and monitoring activities are taking place.
 - iv. future reports will include exception reporting from HSCM Clinical Governance Group

3. BACKGROUND

- 3.1 The HSCM Clinical Governance Group has been established as described in a report to this committee on 28 February 2019 (item 7) (para 7 of the minute refers
- 3.2 A further development in the assurance framework for clinical governance has been the introduction of the Clinical Risk Management Group (CRM) which meets weekly with a core membership of Head of Clinical and Care Governance - Moray Alliance, Clinical Governance Coordinator HSCM and a

Service Manager. The group review all the datix entries for complaints and feedback, major and extreme incidents, and Duty of Candour events in detail, to provide assurance these matters are being rated correctly and progressed appropriately. Emerging key themes and trends are identified, along with items for escalation, to the HSCM Clinical Governance Group.

- 3.3 This report contains information relating to complaints and incidents reported via Datix and information collated in Council systems. Graphs and tables with collated data are shown within **Appendix 1**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Complaints Quarter 4 2018/19

The information gathered for complaints and adverse events are in accordance with respective NHS Grampian and Moray Council policies and systems. Due to the fact there are two systems and approaches it does not facilitate easy collation and analysis of these types of events. Therefore it is intended further consideration will be undertaken to establish if the systems can be brought more into alignment and progress will be reported to the next committee.

- 4.1.1 Overall, a total of **24** complaints were recorded within Datix, and **10** recorded within the complaints system of the Local Authority. Of those recorded on Datix, **5** were resolved through Early Resolution (within 5 days), **3** were resolved within 20 days and the remaining **15** were resolved between 23 and 118 days, with a median of 35 days. On review of those taking longer than 20 days, 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. Complainants had been notified of the extended time required for the investigation.

Of those recorded on the Local Authority system, **5** were resolved through Early Resolution (within 5 days), **4** were resolved within 20 days, and **one** remains active.

HSCM Outcome of Complaints

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded *	Total
DATIX n= 24	GMED	2	2	8	4	16
	Mental Health – Adult Health	0	0	0	3	3
	Allied Health Professionals	0	0	0	2	2
	Community Nursing	0	0	0	1	1
	Multi-disciplinary	0	1	0	0	2
Local Authority =10	Community Care Finance	0	0	1	0	1
	Community Care - Head of Service	2	0	2	0	4
	Learning Disability	0	2	1	0	3
	Specialist Units	0	1	0	1	1
	Unknown				1	1
Total		4	6	12	12	34

4.2 Adverse Events/Incidents

- 4.2.1 Incidents **recorded on Datix** - During Quarter 4 there were a total of **391** 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 quarter 4 data shows that the majority of incidents (**372**) were resolved following a local review by the line manager. **4** incidents were, or are currently being investigated with a Level 1 review (full review team), and **15** with a Level 2 review (local management review team). The remaining incidents had a Level 3 review (local review by line manager)

There were no incidents recorded as Duty of Candour in the last quarter, although one is graded as unsure. This incident is still under investigation and will be graded on completion. A review of existing incidents is currently underway to assess whether Duty of Candour has been interpreted and applied appropriately.

The highest prevalence of incidents were:-

Incidents related to Slips Trips and Falls -**150**

Incidents related to Abuse/ Disruptive Behaviour -**101**

Incidents categorised as “Other” - **30**

Incidents and Accidents recorded on Moray Council

During Quarter 3 a total of **43** incidents were recorded. The highest prevalence were:-

Slip, trip or fall on same level - **15**

Hitting a fixed /stationary object - **7**

Exposure to harmful substances/ temperature extremes - **6**

4.2.2 Slips, Trips and Falls

NHS

Further analysis of the data shows that half of these incidents (75) are attributed to the same 10 patients with 4 or more falls. These are located within Community Hospitals and Adult Mental Health setting. The Senior Charge Nurses for these areas have provided further analysis. All of these patients had a falls Risk Assessment completed, and had been re-assessed using the Falls Multifactorial Assessment. Corrective and supportive measures are in place for falls including increased observations, the use of slipper socks, falls monitor and falls sensor mats. In the majority of these cases, the high incidence of falls is attributed to co-morbidities, current health conditions and non-compliance.

This has shown that there are significant systems in place to mitigate these risks however these cannot be 100% effective due to the complex conditions affecting these patients. Contributory factors included cognitive impairment and clinical condition. The timing of these incidents, staffing and the layout of the facilities was also considered during this review, but these were not found to be contributory factors.

4.2.3 Abuse/ Disruptive Behaviour (Datix)

The majority of Abuse/Disruptive behaviour occurred within a Mental Health Setting. 6 patients had multiple episodes (4 or more) of abusive/disruptive behaviour reported. This is concurrent with illness and behaviours relevant to this speciality. The data will be reviewed to allow further analysis. An update will be included in the next reporting period.

A higher incidence of absconding activity has been noted this quarter, with 26 episodes recorded on Datix. One was graded as minor with the remaining 25 graded as negligible. On review of these, 23 incidents were attributed to 4 patients. All appropriate actions were taken to manage these events. Further analysis of the data is required to review trends.

4.2.4 Other

Having reviewed the incidents on Datix that were coded as "Other", it appears that the majority of these could be allocated a specific category rather than 'other'. Review indicates that these incidents included Abuse/ Disruptive Behaviour; Access/Appointments/Discharge; Infrastructure Resource and Medical Equipment.

These will be reviewed at the local Clinical Risk Management Group, and relevant managers and approvers will be contacted to update.

4.2.5 **Severity Rating**

Of the **391** incidents reported on Datix there were **292** rated as negligible; **118** as minor; **4** as Moderate; and **3** as Extreme. Those rated as Extreme are currently being reviewed and investigated following appropriate investigative methodology.

4.3 **Learning from recent reviews**

Two level 1 investigations (A Significant Adverse Event Analysis and Review), have recently been completed. Both areas have identified lessons learned and improvements to practice. Due to the nature of the incidents, it is not pertinent to be too specific, as this may allow individuals to be identified. Learning has included:

- the introduction of training from specialists (in 2 different services),
- the introduction of regular record keeping audits,
- the development and introduction of Patient Information Leaflets to supplement verbal instructions.

Several immediate changes have been implemented successfully but emphasis will be on maintaining the programme of learning so as to be able to demonstrate effective long term change and improvement.

4.4 **Audit, Quality Assurance and Quality Improvement Activity in HSCM**

The aim for clinical governance is for continuous quality improvement to motivate and enable staff to share their knowledge and skills outside of their immediate team. Establishment of a robust quality assurance programme is integral to, and will assist in contributing to efficient and effective service, providing assurance and confidence that appropriate and relevant audit, evaluation and monitoring activities are undertaken across HSCM. The development of such will allow sharing of information, good practice and areas for improvement, and can be utilised to facilitate forward planning.

4.4.1 A central depository for audit, evaluation and improvement work undertaken in HSCM is being developed to facilitate learning and sharing good practice. This will also include a directory of completed work.

4.4.2 The information contained in **Appendix 2** highlights the activities underway within HSCM. As work progresses it will be populated to provide a comprehensive register and inventory which will support quality assurance. It may also be used to facilitate planning to support upcoming initiatives, and to support internal and external inspection of services, including demonstrating how the H&SC Standards are making a real difference in personal experience and outcomes for those in receipt of services in Moray.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

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 our 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:

- Chief Officer, MIJB
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB

6 CONCLUSION

6.1 This report provides a summary and analysis of HSCM complaints handling performance and adverse events during Quarter 4 (January – March 2019) and outlines the intention to develop the contextual information for future reports.

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

Complaints Summary - Quarter 4**Complaints recorded on Datix Q4 2018/19**

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded*	Total
NHS	GMED	2	2	8	4	16
	Mental Health – Adult Health	0	0	0	3	3
	Allied Health Professionals	0	0	0	2	2
	Community Nursing	0	0	0	1	1
	Multi-Disciplinary	0	1	0	0	2
	Total	2	3	8	11	24

Upheld

Quarter	Type of complaint	Number received	Outcome
4	Clinical care and treatment	1	<ul style="list-style-type: none"> Written apology- early resolution. Staffing issue resolved
	Communication	1	<ul style="list-style-type: none"> Written apology, and improvements in staff to staff and staff to patient communication identified and implemented.

Partially Upheld

Quarter	Type of complaint	Number received	Outcome
4	Communication and clinical care and treatment.	3	<ul style="list-style-type: none"> Apology for waiting time to be seen. Advised they had received appropriate care. (x2) Explanation of reasoning for pathway of care implemented. Identified and apologised for communication breakdown.

Complaints recorded on Moray Council System

	Total
Complaints Received	7
Complaints Closed	6

Directorate	Department	Service	Upheld	Partially Upheld	Not Upheld	Not Coded	Grand Total
Education and Social Care	Community Care	Community Care Finance	0	0	1	0	1
		Community Care - Head of Service	2	0	2	0	4
		Learning Disability	0	2	1	0	3
		Specialist Units	0	1	0	0	1
		Unknown				1	1
		TOTALS		2	3	4	1

Upheld

Quarter	Type of complaint	Number received	Outcome
4	Complaint Against Staff	1	Reallocation of care. Investigation into best place for future care.
	Process/ Procedure	1	Paperwork following a meeting to be sent out in a timely manner.

Partially Upheld

Quarter	Type of complaint	Number received	Outcome
4	Complaint Against Staff/ Process/ Procedure	1	<ul style="list-style-type: none"> • Reallocation of care. Investigation into best place for future care.
	Process/ Procedure	2	<ul style="list-style-type: none"> • Communication to be improved • Regular meeting to be arranged.

DATIX – ADVERSE EVENTS – NHS Q1, Q2, Q3, and Q4

This is the beginnings of trend data, and further data will be reviewed and analysis carried out to provide robust trend data for the committee.

Q1 - 365 incidents in total. Q2 - 416 incidents in total

Q3 - 396 incidents in total Q4 – 390 incidents in total

Overall severity Grading

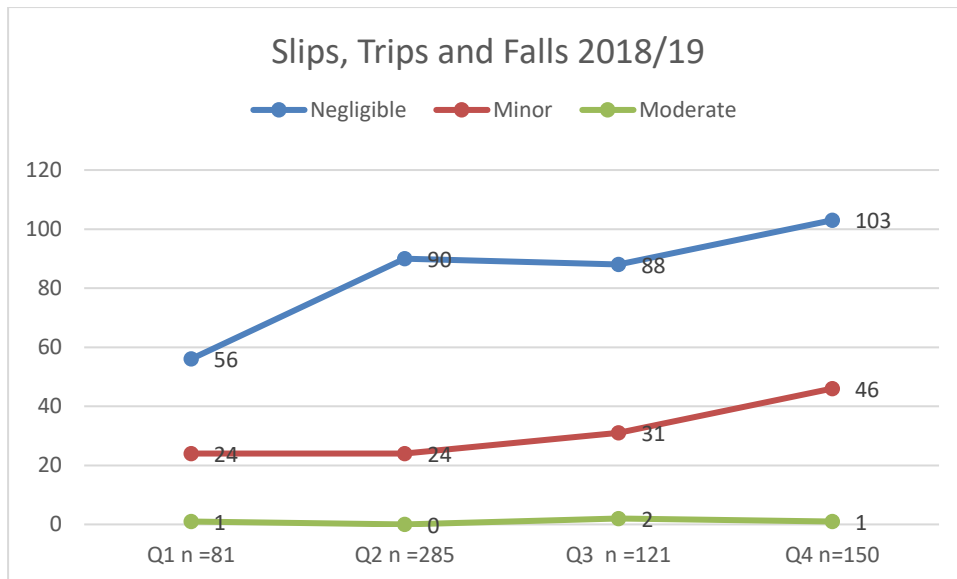
	Q1 n=365	Q2 n=416	Q3 n=396	Q4 n= 390
Negligible	283	319	310	292
Minor	70	80	79	118
Moderate	11	17	3	4
Extreme	1	1	2	3

Top 3 Highest Prevalence

		Q1 n=183	Q2 n= 285	Q3 n=260	Q4 n = 281
	Type	Number of Incidents	Number of Incidents	Number of Incidents	Number of Incidents
A	Slips, Trips and Falls	81	124	121	150
B	Abuse/ Disruptive Behaviours	77	124	107	101
C	Other	25	37	38	30

A) Slips Trips and Falls analysis**By Severity**

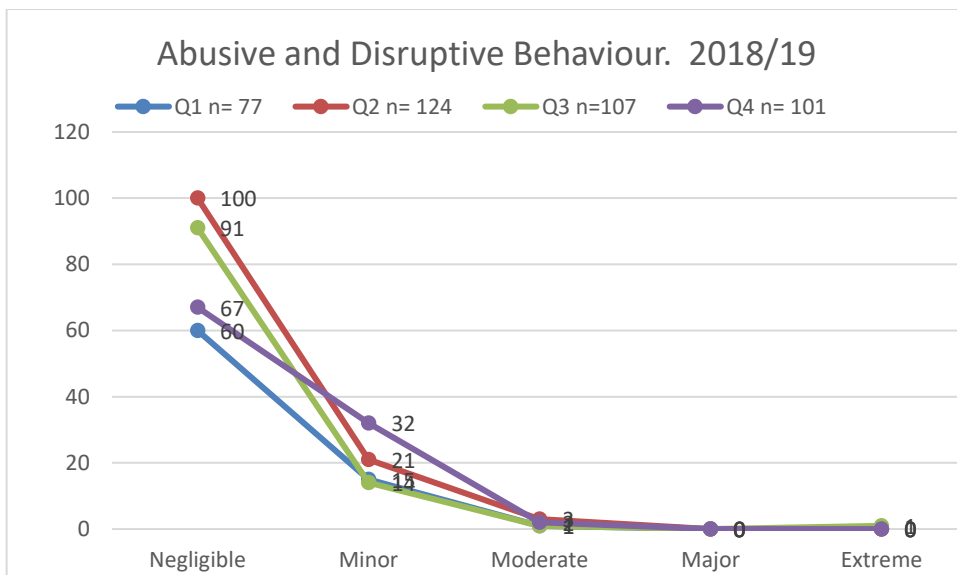
	Q1 n=81	Q2 n=124	Q3 n=121	Q4 n=150
Negligible	56	99	88	103
Minor	24	25	31	46
Moderate	1	0	2	1



B) Abuse/ Disruptive Behaviour analysis

By Severity

	Q1 n= 77	Q2 n= 124	Q3 n=107	Q4 n= 101
Negligible	60	100	91	67
Minor	15	21	14	32
Moderate	1	3	1	2
Major	0	0	0	0
Extreme	0	0	1	0



B) Abuse/ Disruptive Behaviour analysis continued.

Sub Category	Q1	Q2	Q3	Q4
Patient Abuse - Other	11	19	9	17
Patient by Staff	1	0	0	0
Patient to Patient	5	7	7	11
Patient to Staff	48	83	70	52
Patient Self harm in Primary Care	2	2	2	2
Patient Self harm in 24 hour care	9	12	19	18
Staff Abuse – Other	1	1	0	0
Staff to Staff	1	1	0	1
	86	126	107	101

C) Access/Appointments/Discharge**By Severity**

	Q1	Q2	Q3	Q4
Negligible	24	9	21	29
Minor	1	1	0	2
	26	10	21	31

Type	Q1	Q2	Q3	Q4
Appointment	1	0	3	1
Discharge	3	1	0	0
Absconded	18	7	15	26
Transfer	3	0	3	0
Delay in Admission	-	1	0	0
	25	9	21	27

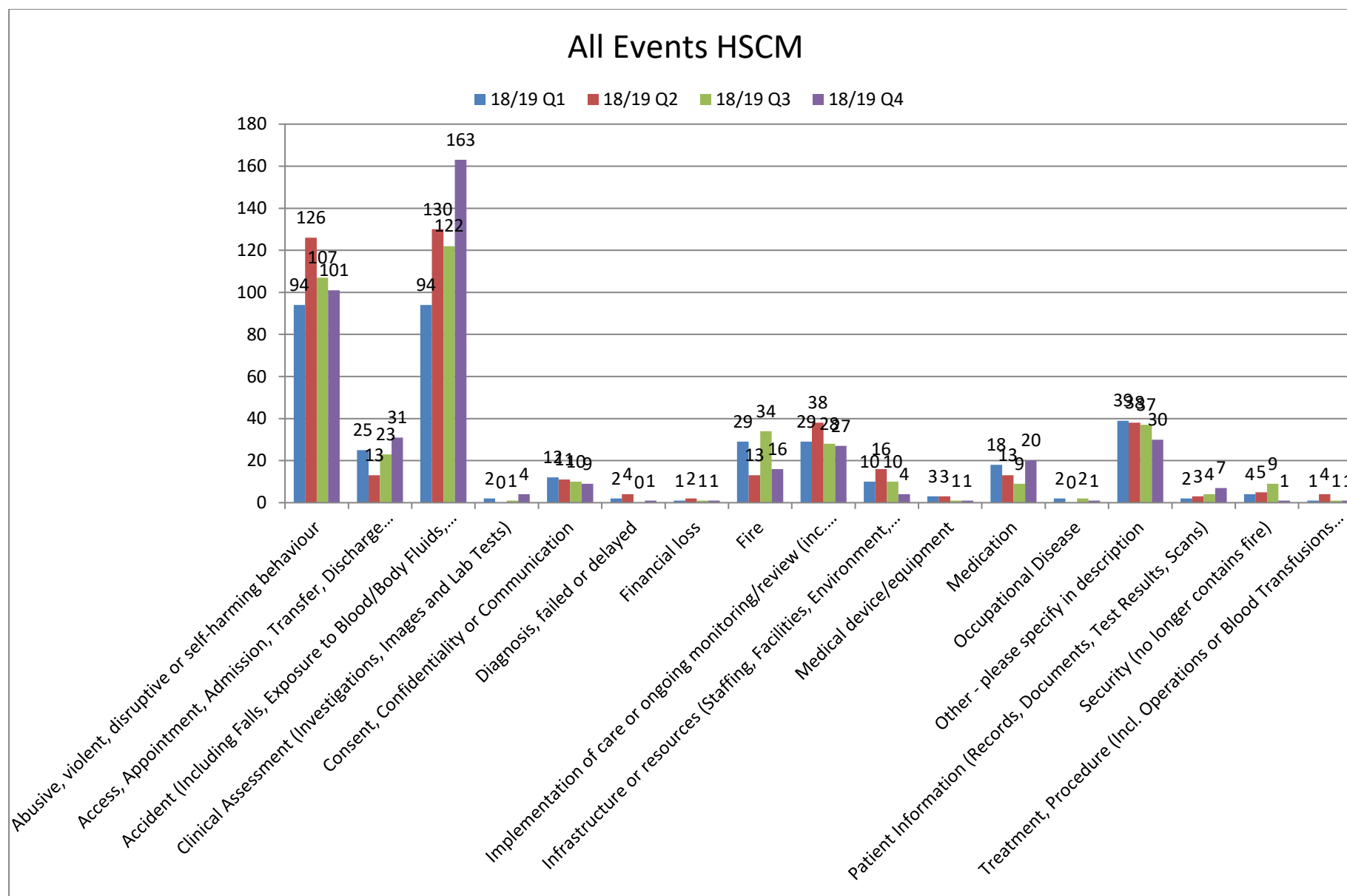
Other

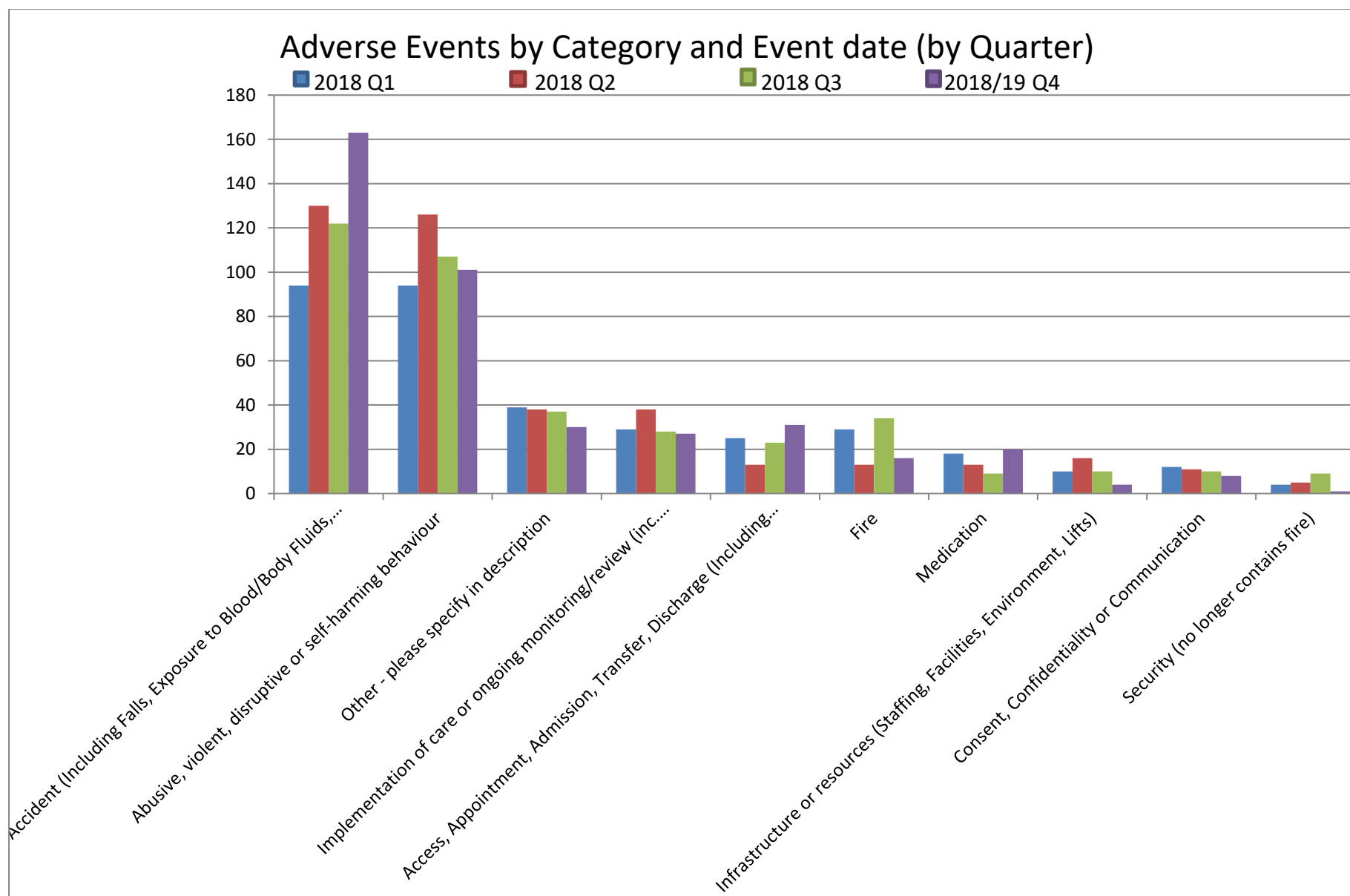
By Severity n = 30 (no data for Q1 at present)

	Q2	Q3	Q4
Negligible	31	31	22
Minor	5	6	7
Moderate	1	0	0
Extreme	1	1	1

Extreme incident is currently undergoing a level 1 review.

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APPENDIX 2

Title	Overview	Start Date	End Date	Action Plan	Update	Owner	Documents
Mental health Assessment completion and communication	As part of the QI cohort	Jan-19				Julie MacKay	TBU
Improving Observations Practice	As part of the QI cohort	Jan-19				Corrinen Lackey	TBU
Integrated Occupational Therapy and Physiotherapy intervention with Acute Care of the elderly	As part of the QI cohort	Jan-19				Julie Campbell - physio DGH Karen Erskine - Occupational Therapist DGH	TBU
Falls prevented in Seafeld Hospital, Buckie	As part of the QI cohort	Jan-19				Jim Brown Matthew Wilson Debbie Wood Fiona Russell Audrey Work	TBU
Support Nicotine Dependant Patients	As part of the QI cohort	Jan-19				Katherine Mackie - Smoking Cessation Advisor	TBU
Prescribing in breast Feeding - Education for Junior Doctors	As part of the QI cohort	Jan-19				Galye Anderson - Clinical Pharmacist, DGH	TBU
Visual cues and MDT working to reduce falls	As part of the QI cohort	Jan-19				Angela Boyle - Physiotherapist DGH	TBU
Reduce incidences of escalation in Stephen Hospital	As part of the QI cohort	Jan-19				Keith MacKay Angela Hay Sarah Stewart David Ridgers	TBU

Development of new Child Health Record	Development of a new paper record, to facilitate more effective record keeping and reduce duplication. Also to help inform the new electronic record	Apr-18	Jul-19		Currently piloting document. For review in May 2019.	Pauline Merchant	TBU
Audit of consent and communication	NHS Grampian wide audit. 90% of dentists over a 6 month period. Previous audit have resulted the production and introduction of patient information	Apr-19	Oct-19	Awaited on completion of audit		Rosemary Reeve	
Audit of Soft Tissues to ensure they are recorded appropriately.	Following a Level 1 review, three dentists and the clinical lead are currently undertaking an audit of soft tissue	Apr-19	Oct-19	Awaited on completion of audit		Rosemary Reeve	
Clinical Record Keeping Audit	Following a Level 1 review, all dentists will undertake a clinical record keeping audit, approx. 15 hours over 12 months	Apr-19	Apr-20	Awaited on completion of audit		Rosemary Reeve	
Health and Safety Audits	within Community Hospitals	Jan-18	Ongoing			Alison Smart	