



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 AUGUST 2021

SUBJECT: HEALTH & SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 1 (APRIL TO JUNE 2021)

**BY: JANE MACKIE, HEAD OF SERVICE/CSWO
SAM THOMAS, CHIEF NURSE MORAY**

1. REASON FOR REPORT

- 1.1. To inform the Clinical and Care Governance Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 1 of 2020/21 (1 April up to 30 June).

2. RECOMMENDATION

- 2.1 It is recommended that the Clinical and Care Governance Committee consider and note the contents of the report.**

3. BACKGROUND

- 3.1. The Health and Social Care Moray (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 3.2 of the minute refers).
- 3.3. As reported to the Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives now attend the Clinical Governance Group. As such the group was renamed HSCM Clinical and Care Governance Group. With Ms Samantha Thomas, Chief Nurse - Moray, and Mrs Jane Mackie, Head of Service / CSWO, as co-chairs.
- 3.4. The agenda for the Clinical and Care Governance Group has been updated and now follows a 2 monthly pattern with alternating agendas to allow for appropriate scrutiny of agenda items and reports. A reporting schedule for Quality Assurance Reports from Clinical Service Groups / departments is in place (as described in a report to this committee on 27 May 2021, para 6 of the minute refers). 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 during the reporting period. Exception reporting is utilised as required. Since April 2020, the 3 minute brief template has been used for services to share their updates; this has been met with positive feedback.

- 3.5. The Clinical and Care Governance Group have met 3 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 process in place to meet/mitigate these recommendations. Overview from quarter 1 2021/22 is listed below:

- ASP Self- Assessment Return
- Policy & Procedure following a Death in Care Services
- Adverse Events Policy
- Risk Control Notices
 - maintaining Water Safety
 - Water Sources and Potential Infection Risk to Patients in High Risk Areas
- Summary of External Inspection to NHS Scotland Boards
- Significant Case Review
- Medication Management Policy & Procedures
- Duty of Candour Annual Report
- Healthcare Improvement Scotland (HIS), Combined Care of Older People/Safety & Cleanliness and Covid-19 focused Inspection: ARI, NHS Grampian; Royal Infirmary of Edinburgh; University Hospital Crosshouse, NHS Ayrshire & Arran.
- Mental Welfare Commission: Udston Hospital, NHS Lanarkshire; Royal Edinburgh Hospital.
- Risk Register.
- Adverse Events.
- Feedback and Complaints.

Areas of achievement / Good Practice

- 4.2 Community Optometry shared learning sessions have remobilised, providing a platform to share good practice and learning.
- 4.3 The Quality and Patient Safety Committee at Seafeld Hospital is proving to be a popular forum and a successful platform for shared learning. While still in its infancy, it is planned that as the forum evolves, it will provide an opportunity for joint training events with colleagues from all disciplines.

The core group currently meet 6 weekly and comprises of GP's, Consultant Geriatrician, AHP's, Social Work, Nursing Staff and management associated with the hospital. The standing agenda focusses on all governance aspects including Older People in Acute Hospital inspection programme (OPAH) standard compliance and audit, complaints and risk, DATIX and significant event analysis. The group are keen to put together an improvement programme and have made links with Quality Improvement (QI) leads to take forward local improvement priorities, adopting QI methodology to implement and share best practice.

- 4.4 The specialist Community Learning Disability Nursing Team (CLDT) identified that their client group would be largely unable to attend the mass vaccination centre to receive their Covid vaccinations. In collaboration with the management team at the Fiona Elcock Vaccination Centre (FEVC), they undertook vaccination training, including anaphylaxis and Basic Life Support to support the safe and effective delivery of vaccinations to a high risk cohort of people within Moray. The commitment and solution focused approach of the CLDT has ensured that this vulnerable client group have received vaccination, offering protection against COVID 19, which may otherwise have been impossible to attain to the extent achieved. 80% of vaccinations were carried out by the CLDT, 15 % attended the centre and 5% declined.
- 4.5 Mental health services have moved to a mixed model of care delivery with increasing use of Near Me virtual appointments as well as telephone consultations. Although some patients will continue to be seen face to face within a clinic setting, the number of these is far fewer than before. Feedback from patients is that they prefer having options for being seen. A patient feedback survey is currently being developed for completion at the end of a Near Me consultation and this will allow the service to make any improvements if issues are identified. The use of technology also offers patients more flexibility e.g. saves travelling time and prevents them having to take time off work to attend appointments. The service is about to commence its first virtual group with a 12 week Mentalization Based Therapy group running from 9 August and planning for further online groups is underway.
- 4.6 Pharmacotherapy Service - all practices now have Pharmacists and Technicians in situ. Completion of interviews will complete provision of level 1 within the spec and allow teams to take on more work from GP's. The absorption of Elgin Community Surgery (ECS) into Maryhill has been challenging but has been achieved with help from other practices. The busiest days Monday and Friday are well-staffed to manage the increased work load and any unplanned issues prior to and after a weekend. An advert has been circulated to recruit a GP on a sessional basis to provide support within pharmacotherapy and medication.

Clinical Risk Management (CRM)

- 4.7 The Clinical Risk Management (CRM) group 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.
- 4.8 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. An action log is

produced following each meeting and is administered and monitored. Individual services can be invited to attend to offer further scrutiny and assurance.

Complaints and Feedback

- 4.9 Within HSCM, complaints received by NHS Grampian and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.
- 4.10 A report to the Committee meeting on 29 October 2020 (para 7 of the minute refers) provided members with detail on the procedures for NHS and Local Authority complaint handling to demonstrate the similarities and differences.
- 4.11 Overall, a total of **19** complaints were closed during quarter 1.

	Total Received in quarter 3	Total Received in quarter 4	Total Received in quarter 1
Local Authority	9	6	9
NHS	9	9	14
Total	18	15	23

	Total Closed in quarter 3	Total Closed in quarter 4	Total Closed in quarter 1
Local Authority	6	9	4
NHS	9	5	15
Total	15	14	19

- 4.12 Please see **Appendix 1** for details of complaints closed during quarter 1 of 2021/22 (1 April to 30 June).
- 4.13 These figures do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.
- 4.14 Complaints received into Datix are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required.

Adverse Events

- 4.15 An adverse event is defined as an event that could have caused (near miss), or did result in, harm to people or groups of people.
- 4.16 Please see **Appendix 2** for details of adverse events recorded during quarter 1 of 2021/22 (1 April to 30 June).
- 4.17 In quarter 4 there were 108 Level 3 reviews under abusive, violent, disruptive or self-harming behaviour. For quarter 1 this has reduced to 68 for the same category. Further analysis shows the increase in events in quarter 4 was

attributed to a small number of very challenging patients both in adult and older adult mental health inpatient areas.

Findings and Lessons Learned from incidents, complaints and reviews

- 4.18 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.
- 4.19 There is currently one Level 1 review in progress (at the time of reporting).
- 4.20 **Findings** from the Level 1 review completed in the last quarter concluded that delays in access to face to face assessment due to rapid deployment of new working practices which were intended to mitigate the effects of the coronavirus pandemic, and inconsistent education to support these, resulted in delays in diagnosis and initiation of the definitive care and treatment.
Outcome- Minor system of care/service issues - a different plan and/or delivery of care may have resulted in a different outcome, for example systemic factors were identified although there was uncertainty regarding the impact on outcome.
Lessons Learned - Initiation of new ways of working, such as those instigated during the early part of the Coronavirus pandemic, require specific education and training as well as infrastructure. Failure to provide these prior to the initiation of a new service has the potential to result in avoidable adverse outcomes.
- 4.21 Action taken as a result of complaints received by NHS Grampian and Moray Council during quarter 1 include:
- Transport arranged for patient to transfer out with NHS Grampian
 - Communication improvements re constraints caused by pandemic
 - Reflection and improvement of record keeping.

HSCM Risk Register

- 4.22 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There has been 1 new risk identified as “High” during this reporting period.
- 4.23 Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical and Care Governance Group. The risk register has been reviewed with leads given guidance and support to update.
- 4.24 There are 4 “Very High” risks currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

- 4.25 Two events were reported during Quarter 1, and are currently being considered for Duty of Candour. A total of 3 events are being considered for Duty of Candour.
- 4.26 Following investigation, one event previously considered for Duty of Candour in Quarter 4 did not trigger the Organisation duty of Candour.

Items for escalation to the Clinical and Care Governance Committee

- 4.27 Adult Support and Protection (ASP) – multi-disciplinary joint inspection of adult protection activity in Grampian is expected in 2021/22. A self-assessment return for NHS employed staff was completed and submitted to NHS Grampian Adult Protection Group, on 5 March 2021, as part of a wider programme of work to prepare NHS Grampian for the upcoming joint inspection. A Self Evaluation Improvement Action Plan has been produced and is monitored and actioned through the NHS Grampian adult Support and Protection Group. It is anticipated ASP training for health colleagues will be a priority.
- 4.28 Adult Support and Protection in Moray – the Adult Support and Protection Improvement Plan is currently being updated, with working groups being established to progress actions. The initial Referral Discussion (IRD) process within Moray is progressing with supports being identified to advance a single point of contact to develop a Single Point of Contact.
- 4.29 A multi-agency group is being convened to reinforce a coordinated approach to ASP and self-evaluation within Moray.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic 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.

(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 Clinical and Care Governance 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 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:

- Jeanette Netherwood, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1 The HSCM Clinical and Care 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, HSCM>
Background Papers: with author (data extracted 21.07.21)

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