



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 MAY 2023

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP EXCEPTION REPORT FOR QUARTER 4 (JANUARY TO MARCH 2023)

BY: CLINICAL AND CARE GOVERNANCE GROUP CO-CHAIRS

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 4 of 2022/23 (1 January up to 31 March 2023).

2. RECOMMENDATION

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

3. BACKGROUND

3.1. 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 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 Group. The group is co-chaired by Fiona Robertson, Chief Nurse (Interim) Moray and Tracy Stephen, Head of Service/Chief Social Work Officer.

3.4. The agenda for the Clinical and Care Governance Group 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 established. 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 appropriate. Since April 2020, the 3 minute brief template has been used for services to share their updates; this approach has resulted in positive feedback from service managers and group members.

- 3.5. The Clinical and Care Governance Group met twice during this reporting period. There was no meeting in January of this year.

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 from Quarter 4 2022/23 is listed below:

- Clinical Risk Management (CRM) meeting 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

Moray Integrated Drug and Alcohol Service

- 4.2 The current lack of accommodation for this team is impacting on the ability of the team to meet Medication Assisted Treatment (MAT) standards and in turn is putting pressure on staff. The team does not have sufficient accommodation to see and review patients and dispense medication safely. Financial support has been sought and identified and good progress is being made to resolve this issue. The team is formulating a plan for the deployment of these funds to create these improvements.

- 4.3 The team in Moray are taking part in the trial of the TrakCare waiting list module. TrakCare is the electronic information system used across NHS Grampian. This has had a positive impact so far. Of note there is significantly more accurate reporting of waiting times. This improved ability to manage workloads and prioritise patients and implement earlier interventions has the benefit of reducing risk taking behaviour in this group of patients.

Optometry Service

- 4.4 Issues arose in relation to the delivery of surgery for Optometry with the reconfiguration of theatre facilities at Dr Gray's Hospital. This had resulted in the halting of optometry surgical lists in Moray and the associated lengthening of waiting lists, particularly in relation to cataract surgery.
- 4.5 This situation has now been eased by the recent reallocation of space in theatres at Dr Grays which has resulted in ophthalmic surgery recommencing. A Consultant Ophthalmologist is now running two theatre lists per week undertaking cataract surgery. The Clinical and Care Governance Group

(CCGG) were assured that given these changes the situation relating to cataract surgery has improved.

Day of Care Survey

- 4.6 As part of the System Pressures “two-week challenge” as a Scottish Government Initiative, Health and Social Care Moray undertook the Day of Care Survey for all in-patients in Moray. As well as performing the Day of Care Survey, the team took the opportunity to carry out qualitative interviews with staff to understand from an operational perspective, the pressure teams are under and to understand barriers and possible solutions to the flow of patients through our systems in Moray and Grampian wide.
- 4.7 The Day of Care Survey is a National Tool which is usually completed once a year throughout Scotland. The tool can be used at any time by teams who feel it would be beneficial to know their in-patient profile. The tool pays particular attention to those who could be discharged but there is a delay in their journey. This allows understanding of issues preventing discharge and provides data to support change.
- 4.8 A senior team of auditors spent two days carrying out the Day of Care Survey and Qualitative Interviewing in both Moray Community Hospitals (25 January 2023) and Dr Gray’s Hospital (26 January 2023).
- 4.9 At this time a draft report detailing the outcomes of the survey is being reviewed by the Senior Management Team and the outcomes and recommendations will be considered by the Systems Leadership Team.

Clinical Governance Update

- 4.10 Two large scale workshops have been successfully completed where the senior management team undertook a series of exercises to review and refresh the clinical governance structure.
- 4.11 Two further workshops are currently underway. These are conducted on a team by team basis and are training orientated in nature.
- 4.12 Significant progress has been made in the design and improvement of both CRM and CCGG meetings and changes are underway – the results of which will be reported at the next meeting.
- 4.13 Please refer to the separate report, related to Clinical Governance Workshops which is presented within this agenda.

Children and Families Team

- 4.14 Due to challenges resulting from high vacancies, Health Visiting continues to operate on a reduced pathway. However, plans are now in place to stagger a return to a full service. This has been accompanied by significant achievements in relation to a return of staff appraisals and the opening of multiple training opportunities for staff.
- 4.15 The School Nursing Service in Moray remains in a critical situation with a high number of trainees and poor staff retention. This is coupled with a high level of need and lack of school readiness underpinning the difficulties in providing a comprehensive service. This situation is compounded by a lack of accommodation and absence of adequate safe storage for records for this

service. To date the team has initiated National benchmarking relating to service structure and delivery.

- 4.16 A comprehensive review of the Children and Families service across Moray has taken place resulting in clear recommendations around succession planning, staffing levels and proposing organisational change to remedy these generational issues which have grown over time and are heavily impacting the work of this team.
- 4.17 Budgets have been reviewed and staff movements and increased hours have been successfully implemented within the existing Health Visiting budget. This indicates adequate resource is in place to institute the planned changes.
- 4.18 The Children's Service Plan is now nearing completion with the priority areas for Moray being: Poverty, Disability, keeping Children Safe, looked after and care experienced children, whole family support and mental health & wellbeing.

Elgin Locality Team

- 4.19 The Elgin Locality Team have had significant success in instituting the full remobilisation (post-covid) of The Oaks as a centre for people to receive specialist unscheduled day care in Moray.
- 4.20 Following a successful test of change and the appointment of a Clinical Band 7 nurse and two Band 5 nurses, a range of both group and 1:1 services have been developed in collaboration with the people attending.
- 4.21 Several consultants are providing clinics at The Oaks, addressing conditions such as Multiple Sclerosis (MS) and Parkinson's disease. Patients can access a range of services on their visits to the centre without the need to be "referred on."
- 4.22 The developing of The Oaks as a centre of excellence for those on a palliative care journey in Moray continues with an action plan for longer term progress being supported by the Clinical Lead for Palliative Care.
- 4.23 The ongoing development of multidisciplinary teams within GP practices continues. This is showing further enhanced outcomes for patients and improvements for staff who feel more supported by the improved immediate access to colleagues from other disciplines.

GMED

- 4.24 GMED has been successful in undertaking a significant number of Audits and Surveys over the last quarter to interrogate their systems, benchmark and improve the service. These have included: Efficacy of Referrals, Clinical Note Audit, Redirection Protocols, and Patient Surveys.
- 4.25 GMED are showing success in the ongoing programme of Continuing Medical Education sessions to ensure the clinical team continue to reliably implement National Clinical Standards and guidelines. These sessions are now being aligned to the fortnightly review and outcomes of adverse events experienced by the service. This ensures that patients receive evidence-based and consistent care.

4.26 The GMED team have identified issues around responding to Mental Health Calls. Historically only GP's can respond to such calls. This has at times created a "bottle neck" in response and disruption for the wider team. Recruiting for a Mental Health Nurse is currently underway in order to improve the skills mix of the team and address these issues.

Home First Data Sharing

4.27 There were challenges regarding the sharing of large volume information relating to those that use health and social care services, which had the potential to create delays and poorer outcomes for citizens.

4.28 Information Governance have confirmed the overarching Multi-disciplinary Team Data Protection Impact Assessment (MDT DPIA) can be used which allows data sharing within the multidisciplinary teams supporting Home First.

4.29 This creates a working environment for staff that ensures all information, both health and social care, is known and opportunities exist to ensure better outcomes for citizens.

Clinical Risk Management (CRM)

4.30 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.

4.31 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 following adverse events and complaints.

4.32 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. It has been agreed that the action log and updates will be presented and discussed at HSCM Systems Leadership Group (SLG) on a monthly basis. This will allow clear escalation process for any 'High' or 'Very High' risks that are identified. This will also ensure SLG have oversight of all 'High' and 'Very High' risks held by HSCM.

4.33 The Interim Clinical Governance Coordinator coordinates Clinical Governance intelligence to inform the partnership of local risks relevant to patient safety, providing information to Clinical Leads, Service Managers and local governance groups and committees.

Complaints and Feedback

4.34 HSCM complaints information for Quarter 4, 2022/23 is included in a separate report on today's agenda.

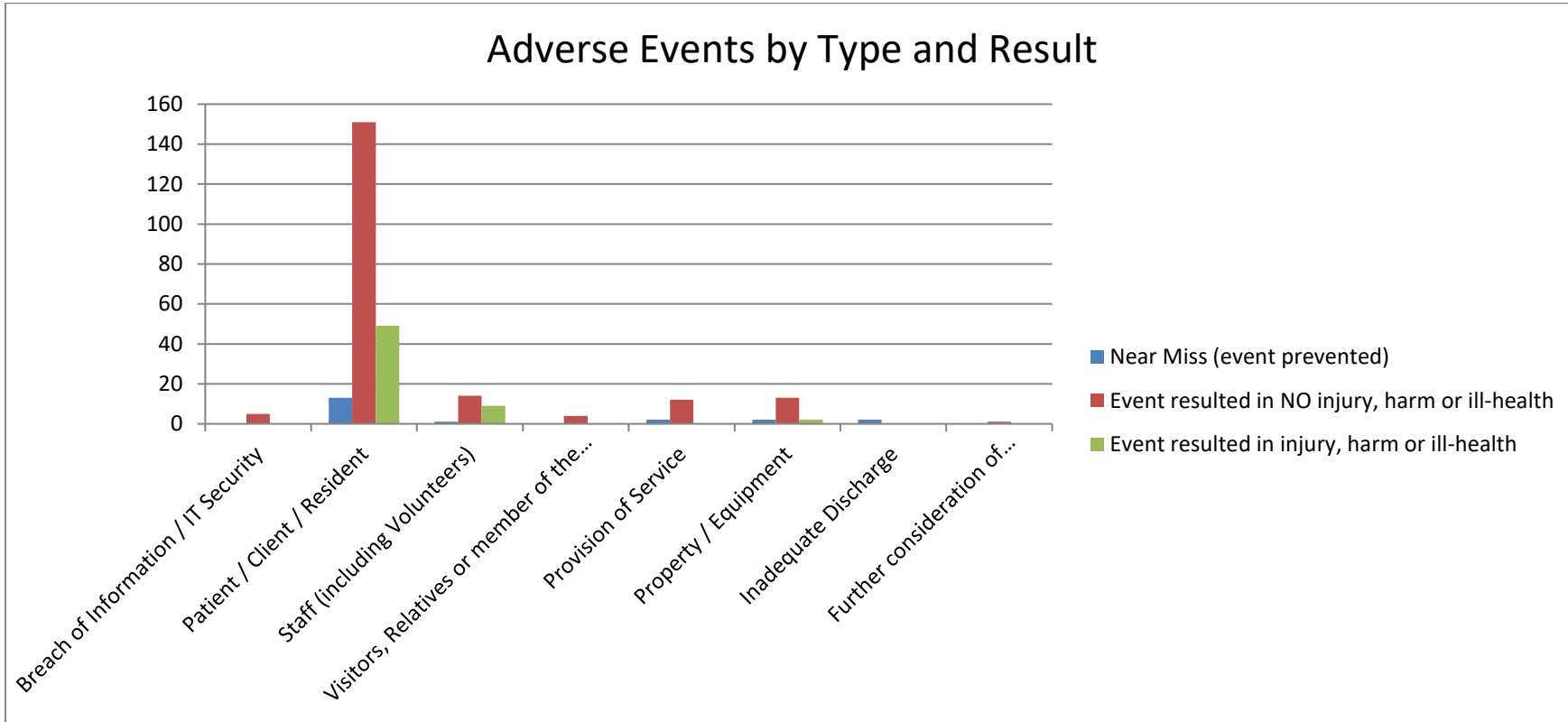
Adverse Events

4.35 Adverse Events by Category and Level of Review Reported on Datix (Quarter 4, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - High Level Review	Total
Abusive, violent, disruptive or self-harming behaviour	57	0	0	57
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	12	0	0	12
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	99	2	0	101
Clinical Assessment (Investigations, Images and Lab Tests)	2	0	0	2
Consent, Confidentiality or Communication	9	0	0	9
Financial loss	5	0	0	5
Fire	10	0	0	10
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	15	1	0	16
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	5	0	0	5
Medical device/equipment	3	0	0	3
Medication	8	1	0	9
Other - please specify in description	31	1	0	32
Patient Information (Records, Documents, Test Results, Scans)	9	0	0	9
Security (no longer contains fire)	4	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	5	0	0	5
No value	1	0	0	1
Total	275	5	0	280

Adverse Events

4.36 Adverse Events by Type and Result Reported on Datix (Quarter 4, 2022/23)



4.37 Adverse Events by Service and Level of Review Reported on Datix (Quarter 4, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 High Level Review	Total
Allied Health Professionals	9	0	0	9
Community Hospital Nursing	68	0	0	68
Community Nursing	28	1	0	29
Community Pharmacy	2	0	0	2
Community Therapy Services	2	0	0	2
General Practice	2	1	0	3
GMED	8	0	0	8
MacMillan Nursing Service	1	0	0	1
Mental Health - Adult Mental Health	73	0	0	73
Mental Health - Learning Disabilities	1	0	0	1
Mental Health - Old Age Psychiatry	60	2	0	62
Mental Health - Specialisms	7	1	0	8
Primary Care	3	0	0	3
Public Dental Service	8	0	0	8
Public Health	1	0	0	1
Administration	2	0	0	2
No value	0	0	0	0
Total	275	5	0	280

4.38 Adverse Events by Type and Severity Reported on Datix (Quarter 4, 2022/23)

	NEGLIGIBLE: Negligible/no injury or illness, negligible/no disruption to service, negligible/no financial loss	MINOR: Minor injury or illness, short term disruption to service, minor financial loss	MODERATE: Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	Total
Breach of Information / IT Security	5	0	0	5
Patient / Client / Resident	169	37	6	212
Staff (including Volunteers)	16	9	0	25
Visitors, Relatives or member of the Public	5	0	0	5
Provision of Service	14	0	0	14
Property / Equipment	15	2	0	17
Inadequate Discharge	2	0	0	2
Total	226	48	6	280

4.39 All adverse events by result by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2	2022.23 Quarter 3	2022.23 Quarter 4
Occurrence with NO injury, harm or ill-health	193	239	271	189	218	214	283	200
Occurrence resulting in injury, harm or ill-health	80	61	87	79	89	98	78	60
Near Miss (occurrence prevented)	34	37	25	31	29	40	38	20
Property damage or loss	0	0	0	0	0	0	0	0
Death	0	0	1	0	0	0	0	0
Total	307	337	383	299	336	352	349	280

4.40 Adverse Events by Severity Reported on Datix by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2	2022.23 Quarter 3	2022.23 Quarter 4
Negligible	234	281	308	231	259	264	283	226
Minor	66	48	72	64	70	78	60	48
Moderate	6	8	2	2	4	8	5	6
Major	1	0	0	2	1	2	0	0
Extreme	0	0	1	0	2	0	1	0
Total	307	337	383	299	336	352	349	280

All adverse events have the appropriate level of investigation implemented.

Findings and Lessons Learned from incidents and reviews

- 4.41 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.
- 4.42 There are currently 3 Level 1 reviews in progress (at the time of reporting).
- 4.43 Key learnings from the last quarter as discussed at the CRM include the importance of competent leadership within incident investigation teams / panels to effect rapid closing and learning from incidents.
- 4.44 Second to that there is a significant intersect between HR processes and Incident Review Processes where incidents involve Human Factors such as competency and conduct.

HSCM Risk Register

- 4.45 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. An exercise is underway to review and improve this process. This will involve an in-depth analysis of the existing structure, working closely with teams, to develop a more streamlined process for the management of risk across the partnership.
- 4.46 New risks identified on Datix are discussed at CRM. There has been 1 new risk reported during Quarter 4. This risk is ranked as Medium Risk and the risk is currently mitigated while a permanent solution is sought to eliminate the risk.
- 4.47 There is 1 “Very High” risk currently on the register. This is being closely monitored by the CRM and senior management team.

Duty of Candour

- 4.48 Two events were considered for Duty of Candour (DoC) during Quarter 4, Investigations have been completed. On investigation, one incident was found to not fit the criteria for DoC and the second did. All necessary communication has taken place and that incident has now been closed. The outcome of this review will be captured and included in future specific reports on DoC.

Items for escalation to the Clinical and Care Governance Committee

Community Learning Disability Team

- 4.49 It was previously reported to the group for escalation on the 4 August 2022, that there were significant difficulties in obtaining assessments for adults with incapacity, in keeping with the requirements of the Adults with Incapacity Act (Scotland), 2010.
- 4.50 These difficulties have arisen as a result of a lack of available Approved Medical Practitioners to undertake the assessments required under the law, to allow effective guardianship to commence. This bottleneck has created a backlog of such assessments leading to a failure to adequately support vulnerable individuals, at times stalling assistance and worsening circumstances for these vulnerable people for up to 6 months.

- 4.51 Consulting various partners has resulted in a temporary solution. This has a significant cost implication and is based largely on the good will of the clinicians involved, a situation which is precarious and not sustainable in the long term.
- 4.52 Although roles within Psychiatry are currently being recruited to, there still remains a deficit in staff who would be available to undertake such assessments. There is still currently no dedicated Consultant Psychiatrist working with the Community Learning Disability Team and no capacity assessment cover from the wider Learning Disability Service in Grampian. This situation is exacerbated by the fact that consultants cannot assess individuals who are currently not open to their service.
- 4.53 NHS Grampian Public Protection Committee has asked for a capacity pathway to be developed with regards assessment.
- 4.54 The development of such a pathway should drive rapid and effective assessment in accordance with the proscribed legislation and that this pathway encompasses all vulnerable people who may be effected by this Act.

Community Minor Surgery

- 4.55 Issues have emerged in relation to the delivery of minor surgery within the community as a result of the reorganisation of the Dr Gray's Hospital Theatres. A separate report is being presented providing detail on this, within this agenda.

Community Dental Team

- 4.56 The provision of the NHS Dental service remains under considerable pressure throughout Moray. This is primarily due to significant staff vacancies which are proving very difficult to recruit to. The Community Dental Team are currently covering basic levels of cover for emergency treatment for unregistered patients and have escalated these matters along with proposed actions to executive level within NHS Grampian.

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 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 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) 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
- Tracey Sutherland, Committee Services Officer, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Tracy Stephen, Chief Social Work Officer
- Isla Whyte, Interim Support Manager

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 action and sharing of good practice 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: Jacqui Shand, Interim Clinical Governance Co-ordinator,
HSCM Background Papers: with author

Ref: