REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

SUBJECT: **HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT**

BY: **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 since the last report to Committee in May 2023.

2. RECOMMENDATION

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

3. BACKGROUND

3.1. 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 reporting schedule of the Clinical and Care Governance Group does not always align to quarterly reporting to the committee. It has been agreed that the Escalation Report should include the Clinical and Care Governance Group meetings between committee scheduling; this may not always be quarterly.

3.6. The Clinical and Care Governance Group met four 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 processes in place to meet / mitigate the report recommendations. Overview of items discussed during this reporting period are listed below:

- CRM 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

GMED

4.2 GP led education sessions for less experienced Advanced Nurse Practitioners (ANP's) and trainee ANP's were introduced in March 2023. They have been provided on a fortnightly basis. An evaluation was conducted last month. The Education Session evaluation demonstrated broad support for the sessions and they have also been greatly enjoyed by the GP leading the sessions. The evaluations need to be assimilated into a report for submission to the service manager. The evaluations suggest that embedding this session into what GMED can offer to less experienced members of the clinical team would be a valuable development.

4.3 Clinical note audit was carried out on 6 May 2023. This reviewed elements of care including standard of record keeping, appropriateness of provisional diagnosis and clinical judgement and overall clinical competence. Results will be made available to all individual staff members who were audited and if any

support needs have been identified, a plan will be put in place to provide such support. It was identified during the audit that the historical questions do not fully reflect the post-Covid model of providing care. It was agreed that review of the questions and adapting them to be more relevant will be required before the next audit in 2024. An up to date clinical notes audit helps provides assurance (or otherwise), that GMED is providing a clinical service to the population of NHS Grampian that is safe. The results of the audit were very reassuring with NO unsafe practice observed and a significant improvement in all the metrics.

4.4   Using a small number of vacancy hours, it was agreed on 31 July 2023 for the upgrading of x3 Band 7 ANP posts to Band 8A. This is a 2 year test of change with the hope and anticipation that it will become a permanent change. The posts will have a remit around governance and quality, education and training and recruitment and retention. It is hoped these posts will bring value to the service in the afore-mentioned areas, contributing to improved staff retention and enabling a more comprehensive career path and effective succession planning. This is a hugely positive development for the service.

Clinical Governance Update

4.5   The Clinical Governance Workshop series has now been completed. These workshops were educational in nature and the main focus was "Proactive risk management".

4.6   Rather than continuing with a largescale format, further workshops are delivered with individual teams. This allows individual teams to be supported to actively work on their highest risks and initiate an action plan to reduce that risk.

4.7   GMED, AHPs, Children and Families and the Practice Governance Teams have all completed similar workshops.

4.8   As previously reported, a refresh of the Clinical and Care Governance framework is being considered including the Clinical Risk Management (CRM) Group and Clinical and Care Governance Group (CCGG). This is to allow re-design and improvement of both CRM and CCGG meetings and their interface with the parent organisations, whilst providing assurance to HSCM Senior Management Team (SMT) and MIJB. This will be presented to the committee in November 2023.

4.9   A local review of the adverse event review process has been undertaken in order to understand any underlying issues which have been highlighted. Recommendations have been submitted for collation with the wider system report to consider any improvements to this process. The aim is to ensure clinical risk remains a priority and identifies processes for learning that can be recorded, shared and implemented across the organisation

Children and Families Team

4.10 The School Service in Moray continues to face a number of challenges. This includes, a high number of trainees and challenges to staff retention. Additionally there is a continued need for appropriate accommodation, which includes adequate safe storage facilities for Child Health Records.

4.11 There also continues to be an ever increasing high level of children's needs and lack of school readiness seen within the pre-school population. This can be supported by the data which highlights: 9.2% of children were identified as having a new developmental concern at their 4-5 year review. This figure has increased from 5.3% in 2020/2021 and 4.1% in 2019/2020.

4.12 The rise in unmet health needs are having a cumulative effect on an already stretched service.

4.13 To date the team has initiated National benchmarking relating to service structure and delivery and has added to this by undertaking a Moray wide survey of stakeholders. This has encompassed education, social work and GP colleagues. The feedback from this survey indicated that 85% of stakeholders felt that changes were necessary in this service.

4.14 In response to this outcome the School Nursing Team have embarked on a series of workshops to re-map and re-launch their service. The first of these workshops was delivered in June to be followed by a second in August and a third planned for September.

Pharmacy

4.15 GP's now have daily pharmacotherapy cover which is ensuring more timely access to medication for patients, improving patient safety. A main area of benefit for the GP's is increased pharmacy participation in the review of more complex, polypharmacy patients.

4.16 Serial Prescribing (previously called CMS, is a prescription written for 6 or 12 months, but dispensed monthly/56 days) is ongoing, increasing the availability of prescriptions. Care homes are now included in this process enhancing access to medications in a more timely manner.

Clinical Risk Management (CRM)

4.17 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.

4.18 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 and shared following adverse events and complaints.

4.19 It has been agreed that any learning identified will be presented and discussed at HSCM Senior Leadership Group (SLG) on a monthly basis.

Complaints and Feedback

4.20 HSCM complaints information for Quarter 1, 2023/24 is included in a separate report on today's agenda.

Adverse Events (AE)

4.21 Information about AE reported on Datix during Quarter 1, 2023/24 is available at **APPENDIX 1**.

Findings and Lessons Learned from incidents and reviews

4.22 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.

4.23 There is currently 1 Level 1 review in progress (at the time of reporting).

4.24 Key learnings during this reporting period, as discussed at the CRM, include the importance of identifying the root cause of incident in order that recurrence of the incident may be prevented as far as is reasonably practicable and also to identify shared learnings which should be communicated throughout the team. It is a key current objective of the team to strengthen the processes which ensure the learnings are shared and embedded across the organisation.

HSCM Risk Register

4.25 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. Work is ongoing to review and improve this process and this will be discussed at SLG every month.

4.26 New risks identified on Datix are discussed at CRM. There is an ongoing review of the operational risk registers. There are currently 37 risks on the risk register, 7 of which are new risks (since May 2023). These are monitored and reviewed as appropriate, by the service managers.

Duty of Candour

4.27 The annual Duty of Candour report for 2022/23 has been completed and is on today's agenda.

5. **ITEMS FOR ESCALATION TO THE CLINICAL AND CARE GOVERNANCE COMMITTEE**

Moray Integrated Drug and Alcohol Service (MIDAS)

5.1 The Moray Medically Assisted Treatment (MAT) implementation group continue to meet fortnightly, and with support from Public Health Scotland's MAT Standards Implementation Team (MIST) continue to work towards the delivery of the Scottish Government MAT standards. The service is currently working on the delivery of standards 1 - 5, with no planned date for the roll out of 6 – 10 at the current time.

5.2 Due to the lack of suitable clinical space, there remains ongoing issues which impact the service's ability to meet standards 4, 6, 9, and 10. These standards relate to harm reduction and psychological and mental health care. The clinical space is required for necessary analysis/testing to facilitate safe prescribing.

5.3 The current accommodation is no longer fit for purpose, does not meet the needs of the clinical team and does not support the requirements of the standards. The team has grown considerably in recent years with additional funding to provide medical, psychological and nursing posts to support service delivery.

5.4 Currently the MAT standards are only focussing on drug standards but there will be similar standards for alcohol being introduced. The funding from the Scottish Government Recovery & Renewal funding (£257,000) was carried over from 2022/23, if the funding is not spent within this financial year it will be recovered by the Scottish Government, leaving no funding for any necessary work to be carried out.

OOH Nursing Service

5.5 Marie Curie are currently contracted to provide the 'Rapid Response' service from 3 bases across Grampian: including 1 in Elgin. The other 2 are within Aberdeenshire (Inverurie and Peterhead). Marie Curie have now formally confirmed that they are unable to sustain the current contract beyond 30 September 2023. This has highlighted an increased risk and a time pressured situation to secure a revised model to ensure the safety and quality of care delivered across the two health and social care partnership (HSCP) areas for Out of Hours community nursing care. There is a separate paper on today's agenda setting out the requirement to ensure continuation of service delivery across Moray for those patients requiring access to nursing care out of hours.

Community Learning Disability Team

5.6 There is a short life working group which has been commissioned by the Grampian Public Protection Committee and chaired by Kenny O'Brien who is the public protection lead for NHS Grampian. This working group also consists of Adult Support and Protection (ASP) leads across Moray, Aberdeenshire and City, Moray Adult with Incapacity (AWI) consultant practitioner: Bridget Stone,

Psychology lead: Judith Wishart, Psychiatry lead: Matt Collyer and a number of others across Grampian for health and Social Work.

5.7   The group anticipate completion of the pathway by March 2024. The group are looking at a Pathway for those adults deemed to be at risk or meeting the criteria for ASP however the decision is still to be made about whether to widen the pathway to take account of all of those requiring a capacity assessment or medical report for a guardianship application. A period of consultation will need to take account of the wider view of the final pathway.

5.8   Meanwhile the precarious position is that the service relies on one psychiatrist who is still able and willing to undertake assessments and a report for the purpose of guardianship applications. This is at an average of £550 each, taking into account travel expenses.

5.9   With regard to the risk to the Learning Disability Team specifically, there is currently no one waiting for a capacity assessment or guardianship report which is a better position than when this issue was initially escalated. However, the service is still without a Team Psychiatrist.

        District Nursing
5.10   There are a significant number of vacancies within the District Nursing Team. The Buckie, Cullen and Fochabers Locality have reported that measures have been put in place to mitigate the effects of the high number of vacancies. However, concern has been raised around how sustainable these mitigations are and a longer term plan is required.

6.   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, Democratic Services Manager, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Tracy Stephen, Chief Social Work Officer
- Service Managers, Child Health, Pharmacy, Mental Health

7. CONCLUSION

7.1 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.

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