



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 NOVEMBER 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 Committee of progress and exceptions reported to the Clinical and Care Governance Group since the last report to Committee in August 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 (CCGG).

3.4 A refresh of the Terms of Reference for the HSCM CCGG has taken place and there is a separate report on today's agenda which sets out refreshed framework across the Moray Portfolio and also those alignments that are required with NHS Grampian and Moray Council.

3.5 This report contains information from 3 minute briefs presented to HSCM CCGG from Clinical Service Groups / departments. This report also contains further information relating to feedback and incidents / adverse events reported via Datix and areas of concern / risk and good practice shared during the reporting period.

3.6 The reporting schedule of the CCGG does not always align to quarterly reporting to the committee. It has been agreed that the Escalation Report should include the CCGG meetings between committee scheduling; this may not always be quarterly.

3.7 The CCGG met three 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**

##### **Out of Hours Community Nursing (covering Aberdeenshire and Moray)**

- 4.2 As a result of the notice period served by Marie Curie detailing their inability to continue to deliver the current Rapid Response Out Of Hours Community Nursing contract as of 30 September 2023, NHS Grampian have taken this service over as of 1 October 2023.
- 4.3 The revised service to date is working well with positive feedback regarding the induction, support and leadership that has been provided to the staff who have been Tupe'd over to NHS Grampian. The recruitment of new staff for this service has also been positive for both Health Care Support Worker posts as well as Registered Nurses. This positive outcome has also improved delivery of care out of hours with an increase in workforce and shifts covered to support patients across both Moray and Aberdeenshire.

##### **Day of Care Audit**

- 4.4 As previously reported, a senior team of auditors spent two days carrying out the Day of Care Survey and Qualitative Interviewing in both Moray Community Hospitals and Dr Gray's Hospital at the beginning of this year. The Day of Care Survey is a National Tool and the team plan to repeat it next year. Knowing the patient profile allows a greater understanding of issues preventing discharge and provides data to support change.

##### **Moray Public Dental Service (PDS)**

- 4.5 There remains a chronic NHS dental access problem in Moray. Urgent dental care provision in Moray remains comprehensive.



- 4.6 NHS dental reform has been introduced by the Scottish Government in an effort to support the oral health needs of every patient in Scotland, from 1 November 2023. The move will impact on the attractiveness of NHS provision for General Dental Practitioners and subsequently aims to improve NHS dental access. NHS dental fees for non-exempt patients are due to rise under this Reform.
- 4.7 PDS Clinical Lead has met with both Moray GP Leads and a new pathway is being developed to facilitate referrals of vulnerable Priority Group dental patients from GPs to Moray PDS. HSCM's Communication and Engagement Officer has issued a media release promoting the Dental Information and Advise Line (DIAL) service, this also went out on social media platforms and website highlighting the service.

### **Nursing Update**

- 4.8 Nursing workforce continues to be challenged across many services due to both recruitment and retention issues. A number of new Graduate Nurses across Dr Gray's Hospital and HSCM have been recruited and ongoing support is in place for these new colleagues as they are inducted into their new roles. Nursing teams continue to review their workforce requirements in line with clinical activity and patient acuity, as well as changes in service developments.

### **Community Learning Disability Team**

- 4.9 As reported in August, a short life working group was commissioned by the Grampian Public Protection Committee, chaired by Kenny O'Brien, Public Protection lead for NHS Grampian. This group also includes 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 others from across Grampian representing Health and Social Work.
- 4.10 The group are developing a pathway for those adults deemed to be at risk, or meeting the criteria for ASP. The group anticipate completion of the pathway by March 2024. The pathway as it is currently proposed will not take account of all adults requiring a capacity assessment or medical report for a guardianship application. This may still lead to people not able to benefit from the necessary support identified in their care plan or may delay a move to new accommodation. A period of consultation will take place before the final pathway is launched.
- 4.11 The service is still reliant on one Psychiatrist based in Aberdeen who is willing to undertake assessments reporting for the purpose of guardianship applications. This is at an average cost of £550 each, taking into account travel expenses.
- 4.12 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 an improvement from when this issue was initially escalated last year. However, the service is still without a Team Psychiatrist.



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

- 4.13 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.
- 4.14 The group is attended by members of the Senior Management Team (SMT), 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.
- 4.15 It has been agreed that any learning identified will be presented and discussed at HSCM CCGG and HSCM Operational Management Team meeting (OMT) on a monthly basis.

### **Complaints and Feedback**

- 4.16 HSCM complaints information for Quarter 2, 2023/24 is included in a separate report on today's agenda.

### **Adverse Events (AE)**

- 4.17 Information about AE reported on Datix during Quarter 2, 2023/24 is available at **Appendix 1**.

### **Findings and Lessons Learned from incidents 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 are currently 2 Level 1 reviews in progress (at the time of reporting).
- 4.20 Key learnings during this reporting period, have been discussed at the CRM, and escalated to the NHS Grampian Cross System and Quality Safety Group to ensure actions are taken forward on a Grampian wide basis. It should also be noted that any pharmacy related adverse events are discussed on a Grampian wide basis at the Pharmacy Performance and Governance Group meetings as required and key updates disseminated to all staff in both the weekly community pharmacy updates and medication safety briefs which are issued monthly

### **HSCM Risk Register**

- 4.21 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 OMT every month. An information Risk Register session was held with services on 27 September 2023 to ensure continuous improvement with the use of operational risk registers.
- 4.22 New risks identified on Datix are discussed at CRM. There is an ongoing review of the operational risk registers. At the time of reporting, there are 36



risks on the risk register, 1 of which is a new risk (since August 2023). These are monitored and reviewed as appropriate, by the service managers.

### **Duty of Candour**

4.23 At the time of reporting there are no ongoing Duty of Candour incidents.

### **Items for escalation to the Clinical and Care Governance Committee**

#### **Learning Disability (LD) Team – Social Work Staffing**

4.24 The LD Team, when fully staffed has 9.5 full time equivalent (FTE) Social Workers (SW's) and an Assistant Community Care Officer. The resource at the time of writing is 3.5 FTE SW's only, with one being newly qualified within the last 3 months.

4.25 There is 1 outstanding Advanced Practitioner (AP) vacancy with 1 AP vacancy having been recruited to, commencing in post in around 4 weeks' time. All vacant posts are continually re-advertised. The LD team has historically found challenges in recruitment, as LD is a specialist area with a high degree of intensity and complexity that does not appeal to all.

4.26 The current and anticipated staff resource in the coming weeks, is not sufficient to manage the complex cases held within the team, to manage all crises or meet all of the statutory duties. There is a real risk that those supported and their carers could come to harm due to an inability to respond to crises. If so, this could also lead to reputational damage to the team and to the partnership. Relationships will be tested with provider services because the team are unable to intervene when support is required with challenging situations. There could be increased delays in hospital discharges. Staff wellbeing is also a serious concern and the increased pressures on those remaining may lead to burn out, sickness and further vacancies.

#### **Mitigations**

4.27 As part of the vacancy management process there is increased scrutiny of all vacant posts. This is causing delays in the advertisement and recruitment process. Request to be made to the SMT, to expedite all LD staffing requests where existing funding is in place.

4.28 A request has been made to Locality Managers for other area teams to assist with some critical processes, such as Council Officer duties and the Screening of new ASP referrals. There has previously been an open dialogue with the Access Team for this and whilst they cannot assist immediately, they advised it will be reviewed on a week-by-week basis. Agreement has already been negotiated with the ASP team regarding the Council Officer rota with the LD team on reduced days.

4.29 To look for staffing resources that can be deployed from other areas or agency. Funding agreement has already been authorised for the use of agency staff via the Resource Management Group and team details have been submitted to a range of agencies.



- 4.30 The Team Manager will have oversight of all new referrals and current allocated cases and will provide direction with regard to prioritisation.
- 4.31 The team has created a separate risk register to monitor those people at high risk who SW cannot allocate immediately. This will be regularly reviewed and action taken as appropriate for prioritisation, allocation, interim support measures or for escalation.
- 4.32 LD health leads are to be advised of the situation. Health colleagues will already be working with some individuals and may be able to provide support, which reduces the need for SW support. It should be noted that it will likely create additional work for health colleagues.
- 4.33 A Social Worker currently manages the duty system. This task will be reassigned to the team administrators who will monitor calls and emails, and forward details to the manager or Social Workers for action. This will free up a Social Worker each day for other work.
- 4.34 As there are no advanced practitioners within the team, the practice consultants will be available for advice and support with social work practice issues within the team.
- 4.35 Communication will be made with those referring into the service for Social Work support, to inform that there are significant pressures in the service and that there will be an increase in response times.

#### **Moray Integrated Drug and Alcohol Service (MIDAS)**

- 4.36 As previously escalated to this Committee, on 25 May 2023 (para 9 of minute) and 31 August 2023 (para 7 of minute), due to lack of suitable clinical space, there remains ongoing issues which impact the service's ability to meet Medically Assisted Treatment (MAT) standards 4, 6, 9 and 10. These standards relate to harm reduction and psychological and mental health care. Representatives from the NHS Grampian Asset Management Team will be conducting a full market search to determine if there are any suitable sites for the team to move in to. Timeline for this is early 2024 once a scoping exercise has taken place with the team to identify the space that is needed.

## **5. SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "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 CCGG members
- Sonya Duncan, Corporate Manager
- Caroline O'Connor, Committee Services Officer, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Tracy Stephen, Chief Social Work Officer
- Service Managers; Mental Health, Learning Disabilities, Public Dental Service

**6. CONCLUSION**

**6.1 The HSCM CCGG 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 Committee that there are effective systems in place to reassure, challenge and share learning.**

Author of Report: Isla Whyte, Interim Support Manager, HSCM Background Papers: with author

Ref: