



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

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

BY: ALLIED HEALTH PROFESSIONAL – SECTOR LEAD, 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 March 2024.

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 (CCG) Group.

3.4 A refresh of the Terms of Reference for the HSCM CCG Group was undertaken in 2023 and reported to this Committee on 30 November 2023 (para 6 of the minute refers).

3.5 This report contains information reported to HSCM CCG Group from Clinical Service Groups / departments. This report also contains further information relating to 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 CCG Group does not always align to quarterly reporting to the committee. It has been agreed that the Escalation Report should include the CCG Group meetings between committee scheduling; this may not always be quarterly.

3.7 The CCG Group have met once 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

Elgin Locality

- 4.2 Occupational Therapy (OT) team building day brought teams together to focus on the wellbeing toolkit and then further work on localities. The main driver for this is to have a delivery plan that demonstrates OT services are provided to the population as seamlessly as possible and acts as one service across Moray.
- 4.3 The Oaks, a palliative care day hospital, whilst located in Elgin, continues to develop the service for the Moray population. Partnering with leading cancer support charity Look Good Feel Better, The Oaks ran the first skincare and make-up workshop on 12 February 2024. This event was designed to help build the confidence of people with cancer. Previously the service was only available in Inverness and Aberdeen. Three further workshops will be held at The Oaks this year.
- 4.4 Arrows have been working in partnership with Maryhill Practice, Elgin. This was to look at the input that could be given to support people with alcohol and or drug addiction need. It allows for the pathway to be more inclusive and results of assessment are communicated to the referring GP for continuity of care; contacting the individual seeking help to discuss the outcomes of the assessment and to provide ongoing support and monitoring as needed.

Moray Integrated Drug and Alcohol Service (MIDAS)

- 4.5 Whilst there are challenges due to the lack of suitable clinical space in the building that this team operates from, the team are able to meet Medication



Assisted Treatment (MAT) standards 4, 6, 9 and 10. These standards relate to harm reduction and psychological and mental health care. It would still be beneficial for the team to move out of the premises they are in due to the expansion of the team to meet Government targets. Alternative accommodation is being actively sought, however this is proving challenging. As part of the financial recovery plan HSCM, with NHS Grampian, is considering its full estate and the requirements of the services and their priorities.

Clinical Risk Management (CRM)

- 4.6 The CRM group continues to 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.
- 4.7 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.
- 4.8 It has been agreed that any learning identified will be presented and discussed at HSCM CCG Group and HSCM Operational Management Team meeting (OMT) on a monthly basis.

Complaints and Feedback

- 4.9 HSCM complaints information for Quarter 4, 2023/24 is included in a separate report on today's agenda.
- 4.10 6 of the complaints closed on Datix during Quarter 4 were suitable for early resolution, 3 of them were closed at early resolution stage and the other 3 were escalated to investigation stage. Early solution is where complaints are straightforward, require little or no investigation and are resolved at the point of contact as the earliest opportunity, usually with 5 working days. Where complaint investigation is required, complainants are kept informed of progress and holding letters issued if complaint cannot be responded to within 20 working days.

Adverse Events (AE)

- 4.11 Information about AE reported on Datix during Quarter 4, 2023/24 is available at **APPENDIX 1**.

Findings and Lessons Learned from incidents and reviews

- 4.12 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.
- 4.13 There are currently 4 Level 1 reviews in progress (at the time of reporting).



- 4.14 Key learnings during this reporting period, have been discussed at team meetings and the CRM.

HSCM Risk Register

- 4.15 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.
- 4.16 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 38 risks on the risk register, 1 of which has been added since March 2024. These are monitored and reviewed as appropriate, by the service managers.

Duty of Candour

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

Items for escalation to the Clinical and Care Governance Committee

- 4.18 There are no items to escalate to Committee from the Clinical and Care Governance Group.

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 CCG 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 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
- Caroline O'Connor, Committee Services Officer, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Locality Manager - Elgin



6. CONCLUSION

6.1 The HSCM CCG 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 this 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: