REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 25 AUGUST 2022

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 1 (APRIL TO JUNE 2022)

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 during quarter 1 of 2022/23 (1 April up to 30 June 2022).

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 3.2 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 Samantha Thomas, Chief Nurse - Moray and Jane Mackie, 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 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 2022/23 is listed below:

- CRM Minutes
- Suicide Assessment and Management Protocol
- Moray Mental Health Admission, Transfer and discharge Policy
- Service Updates
    - Learning Disability
    - GMED
    - Pharmacy
    - Public Dental Service
    - AHP
    - Moray GP/Primary Care
    - Buckie Locality
    - Public Health
    - Risk Management
    - Children and Families
    - Optometry
- Adverse Events and DoC
- Update from Practice Governance Committee
- Adult Support and Protection
- Self Directed Support (SDS) Guidance and My Life documentation
- Update from Quality and Safety Forum, Grampian Area

Areas of achievement / Good Practice

4.2 GMED reported working on improving the quality of the service that is provided to patients across NHS Grampian:

- Working with various stakeholders, including Scottish Ambulance Service (SAS), NHS24, Emergency Department (ED) and Mental Health to identify how patient pathways can be streamlined to ensure quality of patient care is improved.
- Regular Continuing Medical Education (CME) sessions are organised for the clinical team to ensure national clinical standards and guidelines are shared and reliably implemented within GMED for a specified condition. This ensures that patients receive evidence-based and consistent care.
- Patient surveys were carried out in May 2022 to measure patient satisfaction with the quality of care provided by GMED service.
- Professional to professional referrals audit to assess appropriateness of referral and priority given on receipt – a list of recommendations will be produced and changes implemented to improve current pathways.

- Clinical note audit was undertaken in April 2022.

4.3 Pharmacotherapy team now an integral part of all GP practices with daily input. Recent successful recruitment of pharmacists. Pharmacy technicians continue to support care homes with medicines issues and homely and palliative medication supply with the recommencement of monthly presence within care homes.

4.4 An update from the Buckie Locality Manager advised the East Community Care Team commenced as an innovation site for the Three Conversations model in April 2022. The team are positive about the approach and it has given them a new focus and enthusiasm.

4.5 Development of the Buckie Community Response Team commenced in May with 5 WTE staff recruited.

4.6 Quality Improvement work ongoing for all aspects of the discharge process in Seafield Community Hospital – look to hold shared learning sessions across all Community Hospitals to support consistency across the sites.

4.7 With community Optometry returning to routine practice, with increased hygiene standards and use of PPE, practices are open once again for inspections. Inspections are underway with both General Ophthalmic Services (GOS) and Locally Enhanced Services (LES) inspections being undertaken together at each practice visit to minimise time spent in each practice.

Clinical Risk Management (CRM)

4.8 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.

4.9 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. 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. 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.

4.10 The CRM group did not meet during July 2022, this was due to annual leave and a change in personnel. Service Managers and Heads of Service continued to monitor risks relevant to patient safety during this time. Interviews for the Clinical Governance (CG) Coordinator role have taken place and the successful candidate is expected to be in post by end of August. The CG Coordinator will coordinate CG 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. A schedule of meetings for the CRM group are now in place.

Complaints and Feedback

4.11 HSCM complaints information for Quarter 1, 2022/23 is included in a separate report on today's agenda.
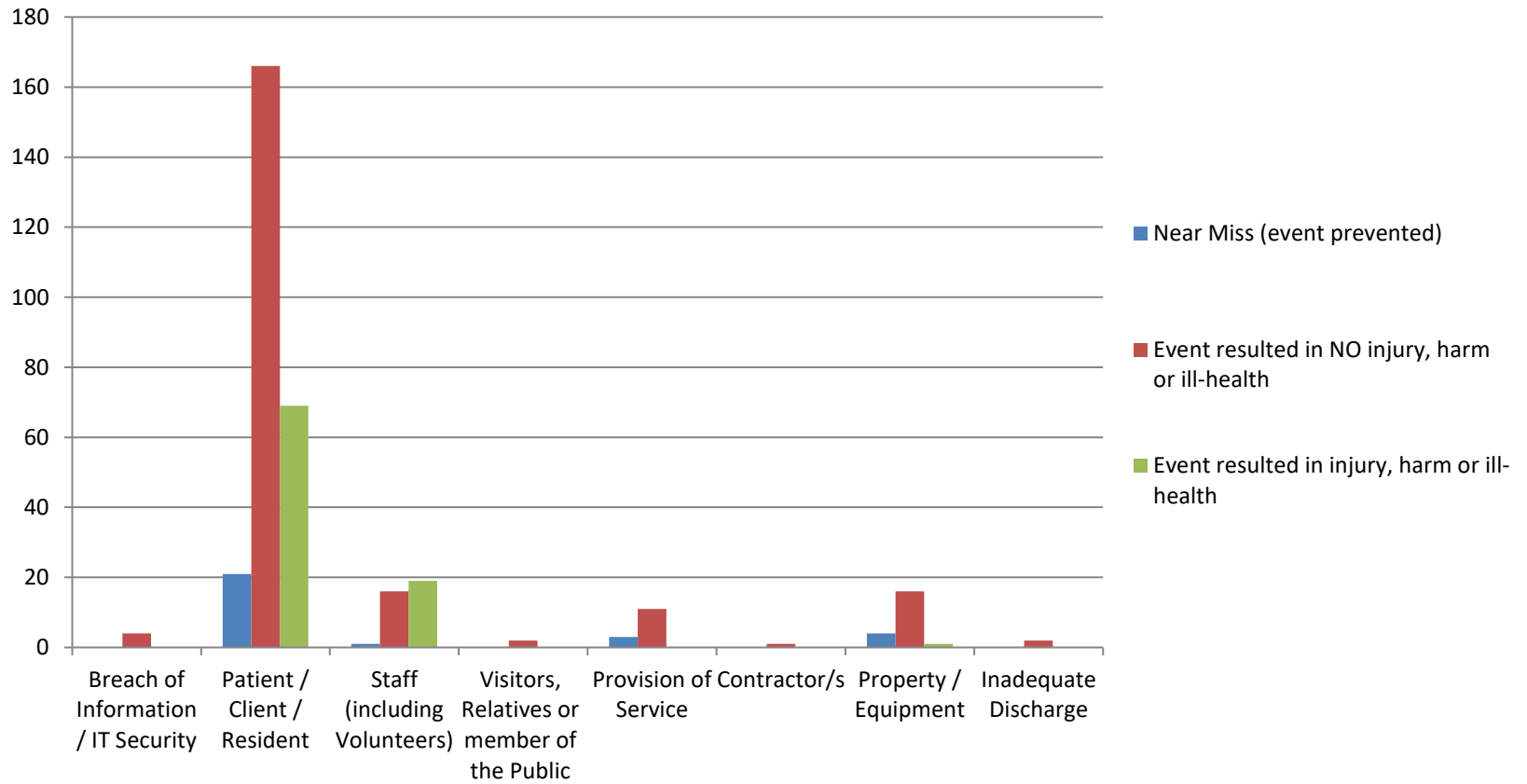
Adverse Events

4.12   Adverse Events by Category and Level of Review Reported on Datix (Quarter 1, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - significant adverse event analysis and review	Total
Abusive, violent, disruptive or self-harming behaviour	76	2	0	78
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	25	0	0	25
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	117	1	0	118
Clinical Assessment (Investigations, Images and Lab Tests)	3	0	0	3
Consent, Confidentiality or Communication	8	0	0	8
Diagnosis, failed or delayed	1	1	1	3
Fire	4	0	0	4
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	8	1	0	9
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	7	0	0	7
Medical device/equipment	4	0	0	4
Medication	21	0	0	21
Other - please specify in description	23	0	1	24
Patient Information (Records, Documents, Test Results, Scans)	7	0	0	7
Security (no longer contains fire)	1	0	0	1
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	0	0	2
Total	307	5	2	*314

* At time of reporting 22 AE had not yet been allocated a Level of Review

Adverse Events by Type and Result

Near Miss (event prevented)

Event resulted in NO injury, harm or ill-health

Event resulted in injury, harm or ill-health

4.13 Adverse Events by Service and Level of Review

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - significant adverse event analysis and review	
Allied Health Professionals	8	0	0	
Community Hospital Nursing	76	1	0	
Community Nursing	16	3	0	
Community Pharmacy	1	0	0	
General Practice	8	0	0	
GMED	22	0	1	
Mental Health - Adult Mental Health	76	2	0	
Mental Health - Old Age Psychiatry	79	0	0	
Mental Health - Specialisms	7	0	0	
Phlebotomy Service	1	0	0	
Primary Care	2	0	0	
Public Dental Service	9	0	1	
Public Health	1	0	0	
Total	306	6	2	*314

* At time of reporting 22 AE had not yet been allocated a Level of Review

4.14   Adverse Events by Harm Reported on Datix (Quarter 4, 2021/22)

	NEGLIGIBLE	MINOR	MODERATE	MAJOR/EXTREME	Total
Breach of Information / IT Security	4	0	0	0	4
Patient / Client / Resident	195	54	4	3	256
Staff (including Volunteers)	21	15	0	0	36
Visitors, Relatives or member of the Public	2	0	0	0	2
Provision of Service	14	0	0	0	14
Contractor/s	1	0	0	0	1
Property / Equipment	20	1	0	0	21
Inadequate Discharge	2	0	0	0	2
Total	259	70	4	3	336

4.15   All adverse events by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1
Occurrence with no injury, harm or ill-health	193	239	271	189	218
Occurent resulting in injury, harm or ill-health	80	61	87	79	89
Near Miss (occurrence prevented)	34	37	25	31	29
Property damage or loss	0	0	0	0	0
Death	0	0	1	0	0
Total	307	337	383	299	336

4.16 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
Negligible	234	281	308	231	259
Minor	66	48	72	64	70
Moderate	6	8	2	2	4
Major	1	0	0	2	1
Extreme	0	0	1	0	2
Total	307	337	383	299	336

All adverse events have the appropriate level of investigation implemented.

At the time of reporting some events had yet to be allocated a Level of Review on datix.

Outcomes and learning from extreme events will be subject of a confidential report to the committee following due process.

4.17 Findings and Lessons Learned from incidents and reviews:

- Staff reminded of the importance of accurate record keeping with monthly audits of patient notes to ensure record keeping is maintained to a high standard with clear and concise documentation.
- Review of the policy and procedure for blood glucose monitoring and ketone monitoring. Ensured all staff are aware of and know how to access policy.
- Reminder to all dentists and clinicians to ensure they follow sharps protocol.

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).

HSCM Risk Register

4.20 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There have been no new risks identified as 'Very High' during this reporting period. There is 1 new 'High' risk and 2 new 'Medium' risks identified in Quarter 1.

4.21 Each Clinical Service Group/Department highlights risks associated with their service, which are then discussed at HSCM Clinical and Care Governance Group. The risk register is routinely reviewed with leads with guidance and support provided regarding updates. There are 3 "Very High" risks currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

4.22 Three events were considered for Duty of Candour (DoC) during Quarter 1, which have all completed a Level 3 investigation process. Learning identified includes: staff reminded of the importance of accurate record keeping with monthly audits of patient notes to ensure record keeping is maintained to a high standard with clear and concise documentation.

Items for escalation to the Clinical and Care Governance Committee

4.23 Trauma Informed Practice – with every Local Authority receiving £100,000 funding from Scottish Government to see trauma-informed policy developed across services, a local proposal is currently being developed to take this forward in Moray. A multi-agency working group will be established to implement throughout the partnership. The CCG Group welcome this significant development.

4.24 Adult Support and Protection – at the time of reporting the Multi-Agency Improvement Action Plan is in final draft stage. The plan is scheduled to be submitted to the Care Inspectorate on 17 August 2022. The plan will be discussed at the next Clinical and Care Governance Group. It was noted the Scottish Government launched Adult Support and Protection Code of Practice and Guidance for Adult Protection Committees on 28 July 2022.

4.25 Closure of pharmacies – community pharmacy closures during pharmacist absences continues. This is a known national issue and has been raised at Pharmacy Performance and Governance Group.

4.26 Increased workload demand post Covid-19 pandemic on the Moray Health Visiting and School Nurse service – some teams are experiencing up to 45-48% increase in families identified as needing support. Service delivery in Moray was reviewed through Priority of Care guidance with escalation of service delivery pressures and concerns through 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 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) 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:

- Jane Mackie, Head of Service / Clinical and Care Governance Group Joint Chair
- Clinical and Care Governance Group members
- Sonya Duncan, 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 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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