



REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2019

SUBJECT: COMPLAINTS AND ADVERSE EVENTS – QUARTER 4

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Clinical and Care Governance Committee of Health and Social Care Moray (HSCM), complaints and incidents reported in Quarter 4 (January – March 2019).

2. RECOMMENDATION

2.1 **It is recommended that the Clinical and Care Governance Committee consider and note:**

- i. **the complaints and adverse events summary for Quarter 4 (January – March 2019) shown in Appendix 1;**
- ii. **further investigation and development will be undertaken to align reporting mechanisms and timescales, where practicable.**
- iii. **a tool will be developed to collate Audit, Quality Assurance and Quality Improvement Activity in HSCM, to provide assurance and confidence that appropriate and relevant audit, evaluation and monitoring activities are taking place.**
- iv. **future reports will include exception reporting from HSCM Clinical Governance Group**

3. BACKGROUND

3.1 The HSCM Clinical Governance Group has been established as described in a report to this committee on 28 February 2019 (item 7) (para 7 of the minute refers

3.2 A further development in the assurance framework for clinical governance has been the introduction of the Clinical Risk Management Group (CRM) which meets weekly with a core membership of Head of Clinical and Care Governance - Moray Alliance, Clinical Governance Coordinator HSCM and a

Service Manager. The group review all the datix entries for complaints and feedback, major and extreme incidents, and Duty of Candour events in detail, to provide assurance these matters are being rated correctly and progressed appropriately. Emerging key themes and trends are identified, along with items for escalation, to the HSCM Clinical Governance Group.

- 3.3 This report contains information relating to complaints and incidents reported via Datix and information collated in Council systems. Graphs and tables with collated data are shown within **Appendix 1**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Complaints Quarter 4 2018/19

The information gathered for complaints and adverse events are in accordance with respective NHS Grampian and Moray Council policies and systems. Due to the fact there are two systems and approaches it does not facilitate easy collation and analysis of these types of events. Therefore it is intended further consideration will be undertaken to establish if the systems can be brought more into alignment and progress will be reported to the next committee.

- 4.1.1 Overall, a total of **24** complaints were recorded within Datix, and **10** recorded within the complaints system of the Local Authority. Of those recorded on Datix, **5** were resolved through Early Resolution (within 5 days), **3** were resolved within 20 days and the remaining **15** were resolved between 23 and 118 days, with a median of 35 days. On review of those taking longer than 20 days, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. Complainants had been notified of the extended time required for the investigation.

Of those recorded on the Local Authority system, **5** were resolved through Early Resolution (within 5 days), **4** were resolved within 20 days, and **one** remains active.

HSCM Outcome of Complaints

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded *	Total
DATIX n= 24	GMED	2	2	8	4	16
	Mental Health – Adult Health	0	0	0	3	3
	Allied Health Professionals	0	0	0	2	2
	Community Nursing	0	0	0	1	1
	Multi-disciplinary	0	1	0	0	2
Local Authority =10	Community Care Finance	0	0	1	0	1
	Community Care - Head of Service	2	0	2	0	4
	Learning Disability	0	2	1	0	3
	Specialist Units	0	1	0	1	1
	Unknown				1	1
Total		4	6	12	12	34

4.2 Adverse Events/Incidents

4.2.1 Incidents **recorded on Datix** - During Quarter 4 there were a total of **391** incidents recorded on Datix. Incidents are recorded by NHS Grampian and some HSCM staff on the Datix system. Each incident is reviewed by the appropriate line manager, with the relevant level of investigation applied. Analysis of quarter 4 data shows that the majority of incidents (**372**) were resolved following a local review by the line manager. **4** incidents were, or are currently being investigated with a Level 1 review (full review team), and **15** with a Level 2 review (local management review team). The remaining incidents had a Level 3 review (local review by line manager)

There were no incidents recorded as Duty of Candour in the last quarter, although one is graded as unsure. This incident is still under investigation and will be graded on completion. A review of existing incidents is currently underway to assess whether Duty of Candour has been interpreted and applied appropriately.

The highest prevalence of incidents were:-

Incidents related to Slips Trips and Falls -**150**

Incidents related to Abuse/ Disruptive Behaviour -**101**

Incidents categorised as “Other” - **30**

Incidents and Accidents recorded on Moray Council

During Quarter 3 a total of **43** incidents were recorded. The highest prevalence were:-

Slip, trip or fall on same level - **15**

Hitting a fixed /stationary object - **7**

Exposure to harmful substances/ temperature extremes - **6**

4.2.2 Slips, Trips and Falls

NHS

Further analysis of the data shows that half of these incidents (75) are attributed to the same 10 patients with 4 or more falls. These are located within Community Hospitals and Adult Mental Health setting. The Senior Charge Nurses for these areas have provided further analysis. All of these patients had a falls Risk Assessment completed, and had been re-assessed using the Falls Multifactorial Assessment. Corrective and supportive measures are in place for falls including increased observations, the use of slipper socks, falls monitor and falls sensor mats. In the majority of these cases, the high incidence of falls is attributed to co-morbidities, current health conditions and non-compliance.

This has shown that there are significant systems in place to mitigate these risks however these cannot be 100% effective due to the complex conditions affecting these patients. Contributory factors included cognitive impairment and clinical condition. The timing of these incidents, staffing and the layout of the facilities was also considered during this review, but these were not found to be contributory factors.

4.2.3 Abuse/ Disruptive Behaviour (Datix)

The majority of Abuse/Disruptive behaviour occurred within a Mental Health Setting. 6 patients had multiple episodes (4 or more) of abusive/disruptive behaviour reported. This is concurrent with illness and behaviours relevant to this speciality. The data will be reviewed to allow further analysis. An update will be included in the next reporting period.

A higher incidence of absconding activity has been noted this quarter, with 26 episodes recorded on Datix. One was graded as minor with the remaining 25 graded as negligible. On review of these, 23 incidents were attributed to 4 patients. All appropriate actions were taken to manage these events. Further analysis of the data is required to review trends.

4.2.4 Other

Having reviewed the incidents on Datix that were coded as "Other", it appears that the majority of these could be allocated a specific category rather than 'other'. Review indicates that these incidents included Abuse/ Disruptive Behaviour; Access/Appointments/Discharge; Infrastructure Resource and Medical Equipment.

These will be reviewed at the local Clinical Risk Management Group, and relevant managers and approvers will be contacted to update.

4.2.5 **Severity Rating**

Of the **391** incidents reported on Datix there were **292** rated as negligible; **118** as minor; **4** as Moderate; and **3** as Extreme. Those rated as Extreme are currently being reviewed and investigated following appropriate investigative methodology.

4.3 **Learning from recent reviews**

Two level 1 investigations (A Significant Adverse Event Analysis and Review), have recently been completed. Both areas have identified lessons learned and improvements to practice. Due to the nature of the incidents, it is not pertinent to be too specific, as this may allow individuals to be identified. Learning has included:

- the introduction of training from specialists (in 2 different services),
- the introduction of regular record keeping audits,
- the development and introduction of Patient Information Leaflets to supplement verbal instructions.

Several immediate changes have been implemented successfully but emphasis will be on maintaining the programme of learning so as to be able to demonstrate effective long term change and improvement.

4.4 **Audit, Quality Assurance and Quality Improvement Activity in HSCM**

The aim for clinical governance is for continuous quality improvement to motivate and enable staff to share their knowledge and skills outside of their immediate team. Establishment of a robust quality assurance programme is integral to, and will assist in contributing to efficient and effective service, providing assurance and confidence that appropriate and relevant audit, evaluation and monitoring activities are undertaken across HSCM. The development of such will allow sharing of information, good practice and areas for improvement, and can be utilised to facilitate forward planning.

4.4.1 A central depository for audit, evaluation and improvement work undertaken in HSCM is being developed to facilitate learning and sharing good practice. This will also include a directory of completed work.

4.4.2 The information contained in **Appendix 2** highlights the activities underway within HSCM. As work progresses it will be populated to provide a comprehensive register and inventory which will support quality assurance. It may also be used to facilitate planning to support upcoming initiatives, and to support internal and external inspection of services, including demonstrating how the H&SC Standards are making a real difference in personal experience and outcomes for those in receipt of services in Moray.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

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.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(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

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) 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:

- Chief Officer, MIJB
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB

6 CONCLUSION

6.1 This report provides a summary and analysis of HSCM complaints handling performance and adverse events during Quarter 4 (January – March 2019) and outlines the intention to develop the contextual information for future reports.

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Background Papers: held by author
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