



Clinical and Care Governance Committee

Thursday, 26 May 2022

Remote Locations via Video Conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Clinical and Care Governance Committee, Remote Locations via Video Conference**, on **Thursday, 26 May 2022 at 14:00** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of Meeting of 24 February 2022** 5 - 8
4. **Action Log - 24 February 2022** 9 - 10
5. **Clinical and Care Governance Group Escalation Q4 Report** 11 - 22
6. **Complaints Report Quarter 4** 23 - 36
7. **Dental Services in Moray Report** 37 - 40
8. **Out of Hours Primary Care GMED Report** 41 - 46
9. **Unmet Need in Health and Social Care Moray** 47 - 60
10. **Items for Escalation to MIJB**

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Derick Murray (Chair)

Mr Ivan Augustus (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Jane Ewen (Non-Voting Member)
Ms Jane Mackie (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
Clerk Email:	committee.services@moray.gov.uk



MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 24 February 2022

Held remotely in various locations

PRESENT

Mr Ivan Augustus, Simon Bokor-Ingram, Councillor Frank Brown, Ms Jane Mackie, Mr Derick Murray, Jeanette Netherwood, Samantha Thomas

APOLOGIES

Mr Sean Coady, Ms Karen Donaldson, Jane Ewen, Dr Ann Hodges, Ms Pauline Merchant, Dr Malcolm Metcalfe, Mr Neil Strachan, Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting were the Integration Service Manager, Mental Health and Drug and Alcohol Recovery Services and Tracey Sutherland, Committee Services Officer.

1. Welcome and Apologies

Mr Derick Murray welcomed everyone to the meeting and his first as Chair.

2. Declaration of Member's Interests

There were no declarations of Members' Interest in respect of any item on the agenda.

3. Minute of Meeting of 28 October 2021

The minute of the meeting of 28 October 2021 was submitted and approved.

4. Action Log from meeting of 28 October 2021

The Action Log of the meeting of 27 May 2021 was discussed and it was noted that all actions were complete.

5. CCG Group Escalation Quarter 3

A report by the Chief Nurse and Chief Social Work Officer informed the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 3 of 2021/22 (1 October up to 31 December 2021).

Following consideration the Committee agreed to note the contents of the report.

6. Complaints Report Quarter 3

A report by the Chief Nurse, Moray informed the Committee of complaints reported an closed during Quarter 3 (1 October - 31 December 2021).

Following consideration, in which Officers answered questions on how easy it is for the public to complain, complaint reasons and G-Med complaints the Committee agreed to:

- i) note the totals, lessons learned, response times and action taken for complaints submitted and completed within the last quarter;
- ii) include the following in future reports:
 - clarity on reason for complaint
 - proportion of issues which are resolved by complaints or by the organisation; and
- iii) Invite G-Med to do a presentation on how they record and respond to complaints at a future meeting of the group.

7. Operation Iris Derogations

A report by the Chief Nurse, Moray informed the Committee of the Derogations and Actions across Moray in relation to Operation Iris.

The Committee joined the Chair in congratulating all staff for their efforts over the last 2 years in what has been a very difficult time.

Following consideration the Committee agreed to note the content of the report.

8. Care Home Support and Oversight Arrangements

A report by the Chief Social Work Officer provided the Committee with an update on care home support and oversight arrangements.

Following consideration the Committee agreed to note the content of the report.

9. Moray Mental Health Service Ward 4 Ligature Status

A report by the Integration Service Manager, Mental Health and Drug and Alcohol Recovery Services, informed the Committee about the status and risk of ligatures at Ward 4, Dr Gray's Hospital, Elgin.

Following consideration the Committee agreed to note:

- i) the Optional appraisal outlined at Section 4 of this report; and
- ii) the risks and conclusions associated with the Option Appraisal.

10. Unmet Need in Health and Social Care Moray

A report by the Chief Social Work Officer informed the Committee of the current position on unmet need within Health and Social Care Moray (HSCM).

The Committee joined the Chair in thanking all the staff who continued to deliver the service during the recent storms which affected the area.

Following consideration, the Committee agreed to note:

- i) the current situation within Health and Social Care Moray and the mitigation actions that have been introduced;
- ii) the considerable additional pressures placed upon Health and Social Care Moray staff over the winter months;
- iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff; and
- iv) that future reports on progress of the adoption of the three conversations model across HSCM services will be submitted to this Committee.

It was further agreed that the report should be escalated to the next Integration Joint Board meeting.

11. Progress Update for Clinical and Care Governance Developments

A report by the Chief Officer, Health and Social Care Moray, provided an update to the Committee of the developments in relation to governance arrangements and assurance framework following the workshop in January 2020.

Following consideration, the Committee agreed to:

- i) note the governance arrangements during the continuing response to Covid-19;
- ii) note the update on progress with output from the Clinical and Care Governance Workshop held in January 2020 outlined in Appendix 1; and
- iii) the scheduling of a follow up workshop in April/May 2022.

12. Strategic Risk Register

A report by the Chief Officer, Health and Social Care Moray provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated February 2022.

Following consideration, the Committee agreed to note:

- i) the updated Strategic Risk Register included in Appendix 1; and

- ii) the Strategic Risk Register will be further refined to align with the transformation and redesign plans as they evolve.

13. Items for Escalation to MIJB

Unmet Need in Health and Social Care Moray

14. Thanks

The Committee joined the Chair in acknowledging that this would be Councillor Brown's final meeting of the Clinical and Care Governance Group as he will not be standing in the forthcoming Local Government Elections.

He thanked Councillor Brown for his contribution on the Committee.



MEETING OF MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE

**THURSDAY 24 FEBRUARY 2022
ACTION LOG**

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FEBRUARY 2022
1.	Complaints Report Quarter 3	GMED to provide information on how they record and respond to complaints	26 May 2022	Out of Hours Primary Care Manager	On Agenda
2.	Progress Update for Clinical and Care Governance Developments	A follow up workshop to be arranged in April/May 2022 on developments in relation to governance arrangements and assurance framework.	30 June 2022	Chief Social Worker and Lead Nurse	
3.	Items for Escalation to MIJB	The Committee agreed to escalate the Unmet Need in Health and Social Care Moray to the MIJB	March 2022	Chief Officer/Head of Service	Paper was presented to IJB on 31 March 2022



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: HEALTH & SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 4 (JANUARY TO MARCH 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 4 of 2021/22 (1 January up to 31 March 2022).

2. RECOMMENDATION

- 2.1 **It is recommended that the Clinical and Care Governance Committee consider and note the contents of the report.**

3. BACKGROUND

- 3.1. The Health and Social Care Moray (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 the 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 4 2021/22 is listed below:

- CRM Minutes
- Suicide Assessment & Management Protocol
- Moray Mental Health Admission, Transfer & discharge Policy
- Service Updates
 - Children and Families - Health Visiting and School Nursing
 - Elgin Locality
 - Moray GP/Primary Care Contracts
 - AHP
 - Optometry
 - Pharmacotherapy
 - GMED
 - Mental Health & Substance Misuse
- Adverse Events and DoC
- Update from Practice Governance Committee
- Adult Support and Protection
- Healthcare Improvement Scotland (HIS) from other areas and NHSG
- The Mental Welfare Commission (MWC) Feb 2022.
- Update from Quality and Safety Forum, Grampian Area

Areas of achievement / Good Practice

- 4.2 Priority functions identified, confirmed and approved by the NHSG Director of Nursing for Health and Social Care Partnerships to support the mitigation of risk and impact on the Health Visiting and School Nursing Service in the event of surge, planned and unplanned leave and events, vacancies and to promote and uphold positive staff health and wellbeing. A service response has been put in place to minimise or mitigate risk associated with these identified functions: -

- priority functions respond to local need and risk;
- support mechanisms have been put in place to promote and uphold staff health and wellbeing with the aim of reducing unplanned leave/sickness absence;
- a recruitment and retention plan is in place to minimise or mitigate a workforce gap and service disruption. Additional Scottish Government funding for School Nurses (Band 6) has been received and invested to increase the qualified School Nursing workforce across Moray

- 4.3 A senior Occupational Therapy post has been approved for 1 year to address some of the waiting times, including assessments.
- 4.4 An SBAR has been approved to take forward the development of End of Life (EOL) care beds within Spynie Care home in Elgin. Provision of EOL care in a more homely environment where home is not the choice of the service user for EOL care is the objective. It also will reduce the need to be in a hospital environment where this is not required for EOL care, supporting the developed Acute EOL discharge pathway.
- 4.5 Work has commenced with NHS Grampian Feedback & Engagement to work with patient groups across all independent contractor groups to address perception and issues that have been highlighted through complaints.
- 4.6 Community Optometry practices continue to remobilise towards full routine service. Practices are already seeing a return to routine clinics whilst observing stricter hygiene according to guidelines set by government and professional bodies.
- 4.7 Pharmacotherapy Services are in a positive situation following further recruitment of pharmacists and pharmacy technicians allowing GPs to be released from pharmacy work. This recruitment has enabled an increase in Pharmacotherapy input with staff delivering levels 1, 2 and 3 core and additional pharmacotherapy services, as set out in the GMS contract. This benefits patient safety, supports timely access to appropriate medication, facilitates an increase in polypharmacy complex medication review and increased the time spent by prescribing pharmacists within clinics. Further recruitment of Pharmacy Technicians is ongoing to further release pharmacists from the core level 1 tasks allowing them to concentrate more on level 2 and 3 services. Medication support to Care Homes continues with pharmacy technicians visiting on a regular basis. Staffing levels have increased to 33 persons amounting to 11.1 WTE. Pharmacists and 7 WTE Technicians. In addition we have 0.5 WTE band 7 Pharmacist within GMED and 1.4 WTE band 3 pharmacy assistants within FE Covid Vaccination Centre. 8 of the 14 pharmacists hold an Independent Prescribing Qualification.
- 4.8 Mental Health and Substance Misuse Services continues to remobilise. Staff continue to work flexibly to support safer workplaces, all staff have the necessary technology to allow this. Group delivery has commenced using the CMS platform. Near Me capacity has been increased and those running groups will look into using this for future groups. Currently operating four different groups with plans for the roll out of more in the future.
- 4.9 A Presentation – Learning from Drug Related Deaths and Drug and Alcohol Harms was delivered by Pam Cremin, Service Manager, to the system leadership group, which generated good discussion and questions and increased awareness of the challenges that impact across many services for HSCM.

Clinical Risk Management (CRM)

- 4.10 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.

- 4.11 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.

Complaints and Feedback

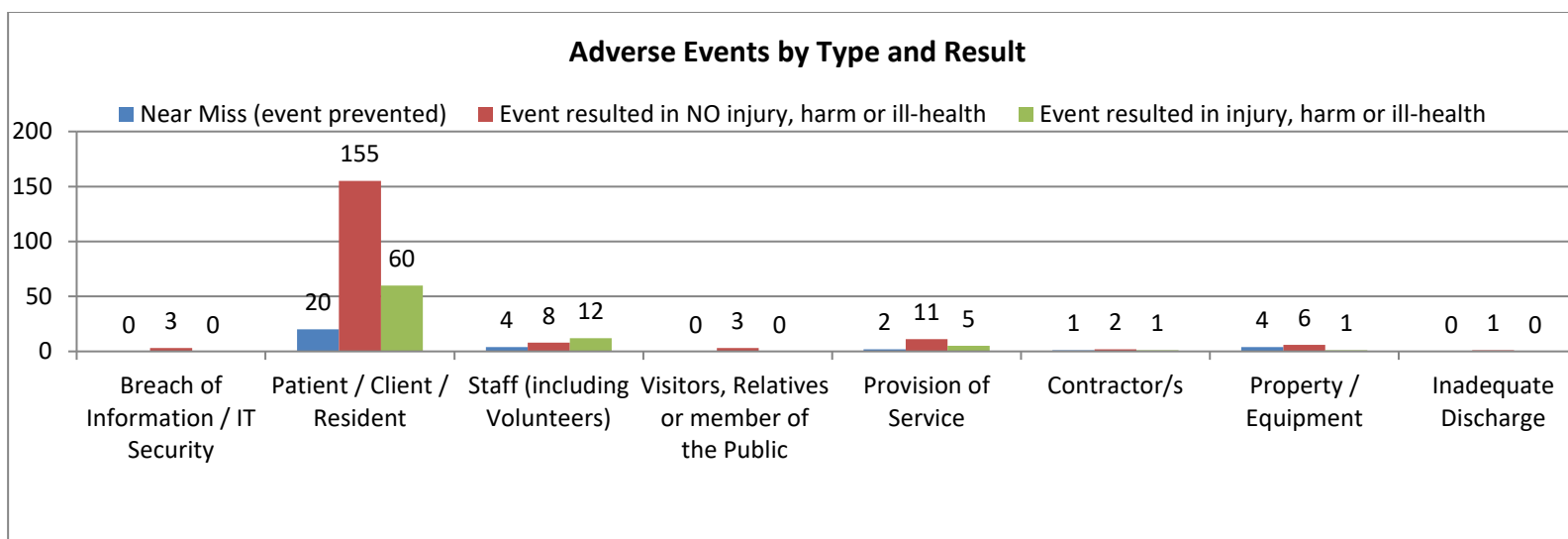
- 4.12 HSCM complaints information for Quarter 4, 2021/22 is included in a separate report on today's agenda.

Adverse Events

4.13 Adverse Events by Category and Level of Review Reported on Datix (Quarter 4, 2021/22)

	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	63	1	0	64
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	20	2	0	22
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	99	0	0	99
Clinical Assessment (Investigations, Images and Lab Tests)	2	0	0	2
Consent, Confidentiality or Communication	4	0	0	4
Diagnosis, failed or delayed	0	0	1	1
Financial loss	2	0	0	2
Fire	4	0	0	4
Implementation of care or ongoing monitoring/review (Inc. pressure ulcers)	3	1	0	4
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	10	0	0	10
Medical device/equipment	1	0	0	1
Medication	17	1	0	18
Other - please specify in description	27	2	0	29
Patient Information (Records, Documents, Test Results, Scans)	4	0	0	4
Security (no longer contains fire)	3	0	0	3
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	1	0	0	1
Total	260	7	1	268 *

* level of review still to be allocated to 31 adverse events



4.14 Adverse Events by Service

Allied Health Professionals	8
Community Hospital Nursing	95
Community Nursing	37
Community Pharmacy	4
General Practice	6
GMED	12
MacMillan Nursing Service	0
Mental Health - Adult Mental Health	86
Mental Health - Old Age Psychiatry	31
Mental Health - Specialisms	6
Public Dental Service	8
Public Health	3
Administration	3
Total	299

All Adverse Events Q4 21/22 n = 299	2020/21 Quarter 4	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4
Occurrence with no injury, harm or ill-health	222	193	239	271	189
Occurrence resulting in injury, harm or ill-health	72	80	61	87	79
Near Miss (occurrence prevented)	34	34	37	25	31
Property damage or loss	0	0	0	0	0
Death	0	0	0	1	0
Total	328	307	337	383	299

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

All Adverse Events Q4 21/22 by severityQ4 21/22 n = 299		Negligible	Minor	Moderate	Major/Extreme	TOTAL
Staff	n = 21	12	13	0	0	25
Patient/ Client/ Resident	n = 235	186	46	2	1	235
Visitor/ Member of Public	n = 3	3	0	0	0	3
Provision of Service	n = 18	13	4	0	1	18
Breach of Information/ Security	n = 3	3	0	0	0	3
Property/Equipment	n = 11	10	1	0	0	11
Contractors	n = 3	3	0	0	0	3
Inadequate Discharge	n = 1	1	0	0	0	1
Total		231	64	2	2	299

Occurrence resulting in No injury, harm or ill-health Q4 21/22	Negligible	TOTAL
Staff	17	17
Patient	156	156
Property/ Equipment	6	6
Provision of Service	1	1
Discharge	1	1
Visitor/ Member of Public	3	3
Breach of Information /IT Security	3	3
Contractors	2	2
		189

4.16 Adverse Events by Severity Reported on Datix (Quarter 4, 2021/22)

N =288	2021/22 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4
Negligible	234	281	308	231
Minor	66	48	72	64
Moderate	6	8	2	2
Major	1	0	0	2
Extreme	0	0	1	0
Total	307	337	383	299

There has been a reduction in the number of adverse events this quarter. All adverse events have the appropriate level of investigation implemented. At the time of reporting some events had yet to be completed to allow allocation of severity. 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, complaints and reviews

- Work is currently underway to improve communication and increase awareness of referral criteria due to an increasing number of inappropriate referrals to GMED.
- Targeted Face Fit testing has been implemented to support safe delivery of domestic services.
- Training and support is being delivered to staff regarding appropriate record keeping and filing.
- Communication improvements were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received. All members of staff have been reminded of the importance of clear and concise communication between staff, teams and patients. Staff have also been reminded to be mindful of language used when communicating with patients and their families to ensure no misunderstanding of information or intent is taken.
- Training was identified in 2 cases. This had led to an increased awareness of processes and where and how to access further support.
- A post-operative information sheet is to be developed and implemented through the NHSG governance structures, to supplement verbal information. This will include post-operative care, guidance and identifying who to contact for further information/ support.

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 review 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 “High” or “Very High” during this reporting period.

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 4 “Very High” risks currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

4.22 Two events were considered for Duty of Candour (DoC) during Quarter 4, which have both completed a Level 2 investigation process. Learning identified includes: a staff training plan is being devised to ensure all staff have completed mandatory and statutory training as well as staff undertaking Stress and Distress training. Staff asked to reflect to ensure sensitive information is recorded in a sensitively and factually.

Items for escalation to the Clinical and Care Governance Committee

4.23 Public Dental Services are experiencing significant capacity issues across the whole of Scotland, which are also impacting heavily within Moray. At present there are no

GDS practices accepting new patients for NHS registration. Contingency plans have been activated. Urgent dental care remains accessible throughout Moray. A separate report providing more detail on the current situation is on the agenda for this committee.

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
- Jeanette Netherwood, 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.**

Author of Report: Pauline Merchant, Clinical Governance Coordinator, HSCM
Background Papers: with author

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: COMPLAINTS REPORT FOR QUARTER 4 - 2021/2022

BY: CHIEF NURSE, MORAY

1. REASON FOR REPORT

- 1.1. To inform the Committee of complaints reported and closed during Quarter 4 (1 January 2022 – 31 March 2022).

2. RECOMMENDATION

2.1. It is recommended that the Committee:

- i) **considers and notes the totals, lessons learned, response times and action taken for complaints submitted and completed within the last quarter; and**
- ii) **define whether any further information is required in future reports.**

3. BACKGROUND

- 3.1. Within Health and Social Care Moray (HSCM), complaints received by NHS Grampian and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.
- 3.2. At the meeting on 27 February 2020 (para 7 of the minute refers), it was agreed that a combined report from NHS and Council complaints systems be submitted to future meetings of the Committee. At the Committee meeting on 27 August 2020 (para 14 of the minute refers) it was requested that the procedures be explained to demonstrate the similarities and differences, if any. As combined reporting is in the early stages, processes will be developed to support equity in reporting and analysis.
- 3.3. NHS and Local Authority Complaint Handling Procedure/Policy requires all staff to deal with feedback and complaints in a person/client-centred way. The procedure has been developed working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of

the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

- 3.4. The complaints process followed by both NHS Grampian and Moray Council have the same target response timescales, with initial acknowledgement within 3 working days and a final response within 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.
- 3.5. The decision as to whether the complaint is upheld or not will be made the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome then they may contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.
- 3.6. The first Health and Social Care Moray (HSCM) Annual Complaints Report (2020/21) was published at the end of September 2021 and can be found on the HSCM website <https://hscmoray.co.uk/complaints.html>

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The CCG Committee will be presented with quarterly complaints performance information using the draft mandatory Key Performance Indicators, identified by SPSO, that are required as a minimum for inclusion in an Annual Complaints Report. These are:

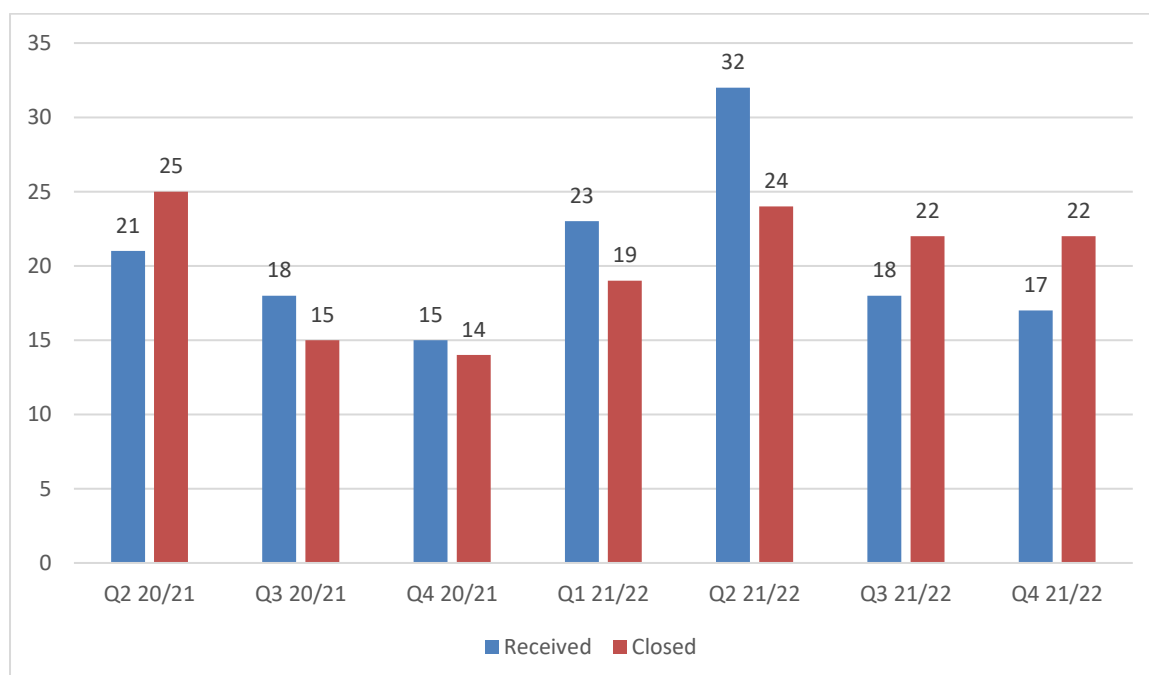
Indicator One	Learning from complaints A statement outlining changes or improvements to services or procedures as a result of consideration of complaints
Indicator Two	The total number of complaints received The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.
Indicator Three	The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full
Indicator Four	The average time in working days for a full response to complaints at each stage The average time in working days to respond at stage 1, stage 2 and after escalation
Indicator Five	The outcome of complaints at each stage

	The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation
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- 4.2. Information about complaints referred to the Ombudsman are also included along with any complaints made to the Moray Integration Joint Board.
- 4.3. Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.
- 4.4. As reporting develops, analysis of trends and outcomes of complaints will be incorporated in more detail.
- 4.5. Overall, a total of 17 complaints were received during Quarter 4.

	Total Received in Quarter 4	Total Closed in Quarter 4
Local Authority	3	4
NHS	14	18
	17	22

- 4.6. The table below sets out HSCM complaints received and closed by Quarter:



- 4.7. HSCM Complaints performance data for Quarter 4 is attached at **Appendix 1**.
- 4.8. There were 16 MP/MSP enquiries received and recorded on the Moray Council system, Lagan, under Community Care. The majority of these were about when care packages would be available. Correspondence has been received

from MPs/MSPs and Councillors direct to managers in HSCM, at this stage it is not possible to accurately report on numbers received due to these enquiries not all being logged centrally. It can be noted there were 6 enquiries received regarding facilities at Community Hospitals, during this reporting period. Processes for recording these appropriately are currently being defined to support effective feedback, prevent duplication and aid identification of trends and learning for all services.

- 4.9. All forms of feedback, including complaints, give HSCM valuable information to use to continuously improve services, the experiences and satisfaction of people along with their families and carers. The Health and Social Care Moray website has been updated to ensure the information about feedback, complaints, key documents and contact details is more visible.

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.

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

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.

(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

Not required as there are no changes to policy.

(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:

- Sean Coady, Head of Service, HSCM
- Jane Mackie, Head of Service / Chief Social Work Officer
- Jeanette Netherwood, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. This report provides a summary of HSCM complaints received and closed during Quarter 4 (1 January – 31 March 2022). The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

Ref:

Complaints Data (by closed complaints)Quarter 4 (01/01/22 – 31/03/2022)**Indicator 1 - Learning from complaints**

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback, with a view to reducing the number of complaints in future. The tables 1, 2, 3 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1

Complaints Information Extracted from Datix – Action Taken/Outcome of complaints **closed** during Quarter 4, 2021/22

	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Total
Access - Improvements made to service access	0	1	0	1
Action plan(s) created and instigated	1	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	3	1	0	4
Conduct issues addressed	1	0	0	1
Education/training of staff	3	0	0	3
No action required	0	0	6	6
System - Changes to systems	0	1	0	1
Share lessons with staff/patient/public	2	0	0	2
Waiting - Review of waiting times	0	1	0	1
Total	10	4	6	*20

**Figure more than total number of closed complaints as there could be multiple actions taken for each complaint*

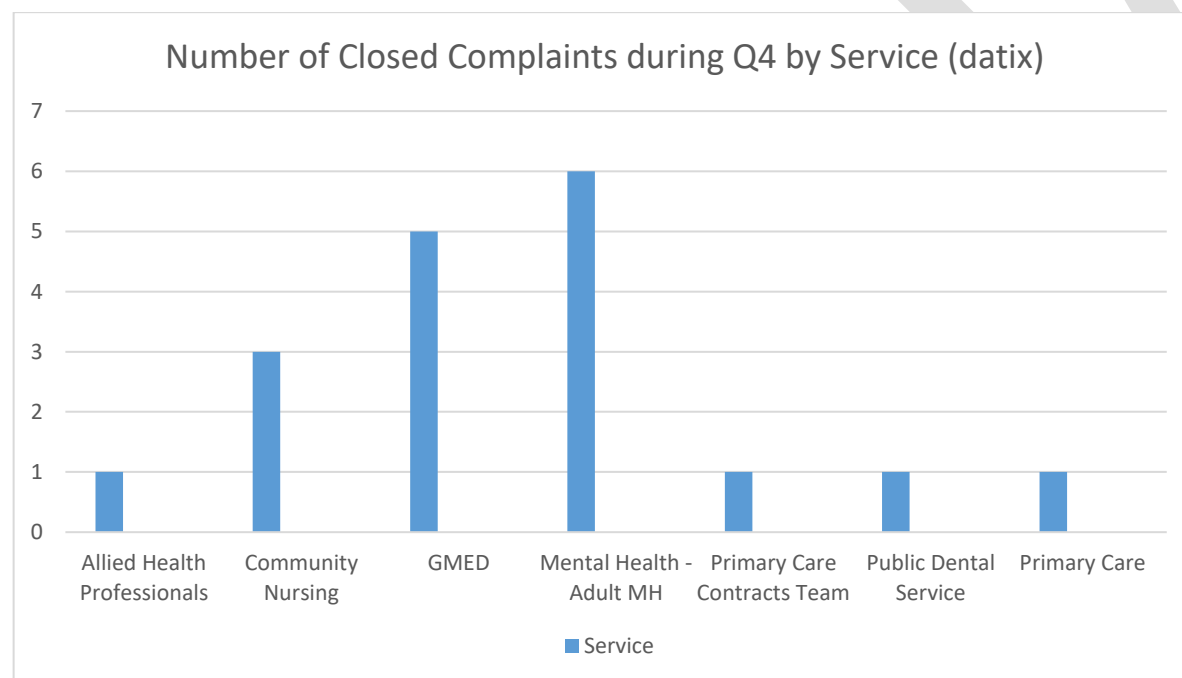
Table 2

Complaints Information Extracted from Lagan:

Four complaints were **closed** during Quarter 4, 2021/22. None were fully upheld.

Directorate	Department	Service	Upheld	Partially Upheld	Not Upheld	Resolution	Grand Total
Education and Social Care	Community Care	Head of Service	0	1	2	0	3
		Mental Health	0	0	1	0	1

Graph 1



Due to the low numbers it is not possible to detail what the complaint was about as this could lead to patient identifiable information being reported. This information can be discussed in a closed session with committee members.

Table 3

Complaints Information Extracted from Datix – Action Taken by Service (complaints **closed** during Quarter 4, 2021/22)

	Allied Health Professionals	Community Nursing	GMED	Mental Health - Adult Mental Health	Primary Care Contracts Team	Public Dental Service	Total
Access - Improvements made to service access	0	0	0	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	1	0	2	1	0	0	4
Conduct issues addressed	0	0	1	0	0	0	1
Education/training of staff	0	1	1	0	0	0	2
No action required	0	0	2	4	0	0	6
System - Changes to systems	0	0	0	1	0	0	1
Share lessons with staff/patient/public	0	0	0	0	0	1	1
Waiting - Review of waiting times	0	0	0	0	1	0	1
Total	1	1	6	6	2	1	*17

**this figure does not represent number of complaints closed*

Actions and Lessons Learned

Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services. Below are some of the actions and learning from recent complaints.

- Communication improvements were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received. All members of staff have been reminded of the importance of clear and concise communication between staff, teams and patients. Staff have also been reminded to be mindful of language used when communication with patients and their families to ensure no misunderstanding of information or intent is taken.
- Training was identified in 2 cases. This had led to an increased awareness of processes and where and how to access further support.
- A post-operative information sheet is to be developed and implemented through the NHSG governance structures to supplement verbal information. This will include post-operative care, guidance and identifying who to contact for further information/support.

Indicator 2 – The total number of complaints received

The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.

Table 4 – total number of complaints received in Quarter 4, 2021/22

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	3 closed at Early Resolution Stage	8 closed 3 currently under investigation	14
Moray Council - Lagan	3 marked frontline	0	3
Total	6	11	17

Table 5 – Allocation of complaints received in Quarter 4, 2021/22

NHS Service - Datix	
Public Dental Services	1
Community Nursing	2
GMED	4
Mental Health – Adult Mental Health	5
Primary Care Contracts	1
Primary Care	1
Total	14

Table 6 – Allocation of complaints received in Quarter 4, 2021/22

MC Service - Lagan	
Mental Health	1
Head of Service	2
Total	3

Indicator 3 - The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days

The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full

There were **18 Complaints closed** on the NHS system Datix during Quarter 4, 2021/22 – breakdown as follows:

Early Resolution – 3

Investigation – 13 (1 was withdrawn by complainant)

Ombudsman – 2

There were **4 Complaints closed** on the MC system Lagan during Quarter 4, 2021/22 – breakdown as follows:

Frontline – 3

Investigation – 1

Table 7 – number and percentage of complaints at each stage closed within timescales (based on complaints closed during Quarter 4, 2021/22)

	Early Resolution with timescale	Investigation within timescale
NHS - Datix	1 out of 3 (33.3%)	4 out of 12 (33.3%)
Moray Council - Lagan	1 out of 3 (33.3%)	0 out of 1 (0%)

Whilst HSCM aim to respond to complaints within 20 working days this is not always achievable. Reasons for delay in response include: cross service complaints where coordinating responses from all parties and relevant staff being on annual leave have led to a delay.

Indicator 4 - The average time in working days for a full response to complaints at each stage

Table 8 – average time in working days to respond (based on complaints closed during Quarter 4, 2021/22)

	Frontline	Investigative
NHS - Datix	12 days	40 days
Moray Council - Lagan	7 days	33 days

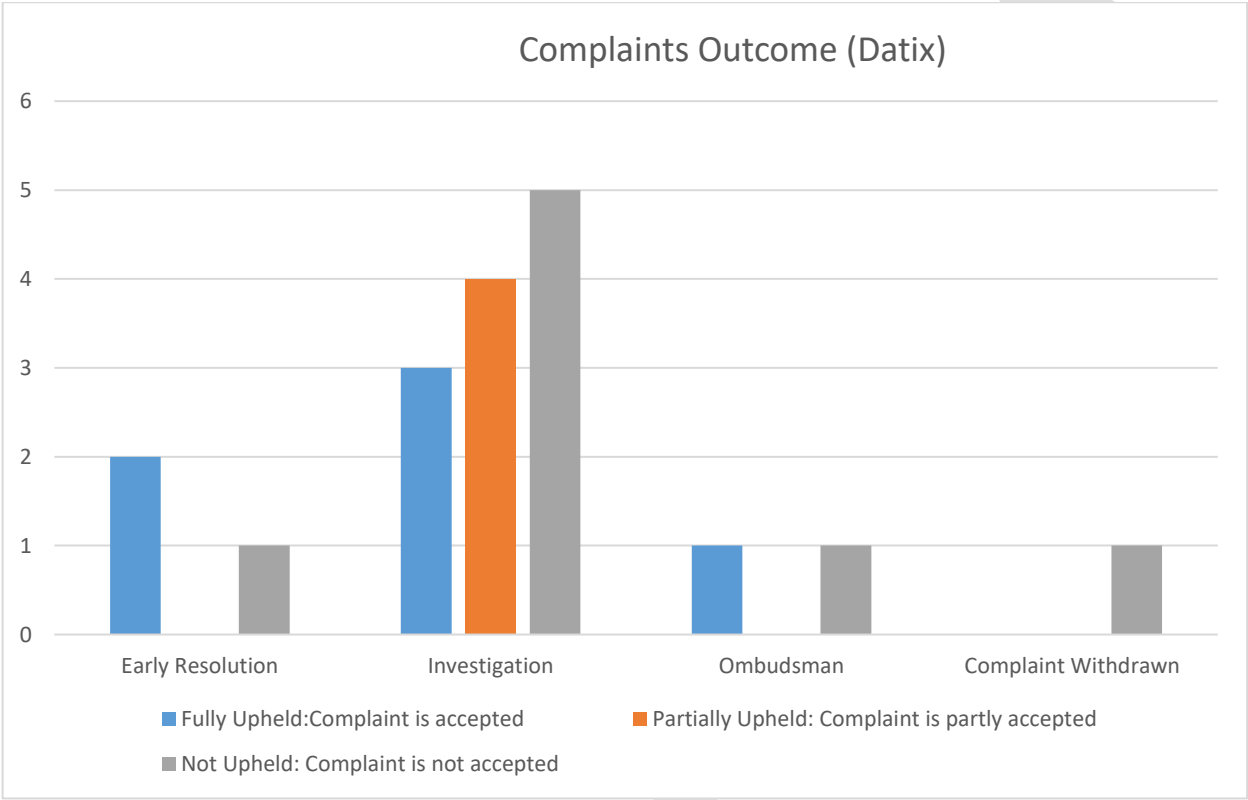
Complaints received into Datix are often multi-faceted and include more than one service across NHS Grampian and other sectors, which can impact on response times due to the level of investigation and coordination required.

In most cases the HSCM response is uploaded within the timeframe, but due to the complexity and number of services involved the overall completion date does not meet timescales.

Indicator 5 - The outcome of complaints at each stage

The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation

Graph 2 below shows the amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix from the **18 closed** complaints during Quarter 4, 2021/22. Approximately 35% of complaints closed during Quarter 4 were upheld, 23% were partially upheld and 41% were not upheld (out of 17 closed complaints given 1 was withdrawn by complainant).



Complaints Information Extracted from Lagan:

Four complaints **closed** during Quarter 4, 2021/22: 3 (75%) were not upheld and 1 (25%) was partially upheld.



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: DENTAL SERVICES IN MORAY

BY: DENTAL CLINICAL LEAD

1. REASON FOR REPORT

- 1.1. To inform this Committee of the current position in relation to provision of dental services in Moray.

2. RECOMMENDATION

- 2.1. **It is recommended that the Committee notes the content of the report and the actions being taken forward to mitigate risks.**

3. BACKGROUND

- 3.1. Dental service capacity has reduced across Scotland during the pandemic. Dentistry was disproportionately affected due to the high number of Aerosol Generating Procedures (AGPs) performed.
- 3.2. There are currently no General Dental Service (GDS) dentists (local independent NHS contractors) in Moray accepting new patients for NHS registration. This is a chronic issue and has been ongoing in Moray for approximately two years.
- 3.3. Moray Public Dental Service (PDS) (salaried NHSG service) is operating well. Moray PDS are still able to register priority group patients and have activated contingency plans to temporarily support NHS dental access.
- 3.4. Recruitment of new dentists to Moray, and nationally, is a major challenge. This is in part due to adverse impact of the Covid-19 on dental education leading to the deferred graduation of dental students in 2021/22, as well as regulation requirements for overseas dentists.
- 3.5. Week commencing 9 May 2022, a local GDS dental practice has notified 3000 Moray NHS dental patients that they will be de-registered in August 2022.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. Urgent dental care provision in Moray remains comprehensive for all, signposted via the NHSG Dental Information and Advice Line (DIAL).
- 4.2. Unless they have priority needs, unregistered patients are unable to access a Moray NHS dentist for routine care.
- 4.3. There have been an increasing number of enquiries from concerned patients, MSPs, and the MOD, about issues with NHS dental access in Moray. The recent notice of de-registrations has amplified these concerns.
- 4.4. Current risk factors:-
 - Inadequate access to routine NHS dental care for the unregistered Moray population may result in unsatisfactory patient outcomes, an increase in complaints and adverse media coverage.
 - Core Moray PDS patients (vulnerable priority groups) may also experience unsatisfactory wait times as a result of increased demands on the PDS.
 - Risk of further NHS dental de-registrations due to recruitment issues, or if GDS practices choose to reduce their NHS commitment.
- 4.5. The interim Scottish Government funding package for GDS dentists has been revised to encourage a higher activity level and reward increasing treatment provision. This should see the local access situation improve from April 2022 but could also potentially induce the final risk identified in 4.4.
- 4.6. Scottish Dental Access Initiative (SDAI) Grants and Recruitment & Retention Allowances have both been approved for Moray, in an effort to encourage new dentists and/or practices into the area.
- 4.7. Funding has been made available across Scotland to increase capacity within GDS dental practices. £5m SG funding to improve ventilation and £7.5m SG funding for the purchase of Red Band Handpieces.
- 4.8. Moray PDS has increased provision of single courses of “occasional” dental treatment - routine dental care for unregistered patients identified with the highest dental needs. Unregistered children with urgent issues, or identified via the dental public health programmes, Childsmile and NDIP, are directed to the PDS and offered all necessary treatment (registration offered if a Priority Group patient).
- 4.9. Limited funding has been secured to allow Moray PDS to continue to support NHS capacity locally during 2022/23 FY. However, recruitment of new dentists to Moray remains a challenge.

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”**

Availability of services is key to enable people to build resilience and maximise the health and wellbeing potential, one of the core themes of MIJB strategic plan.

(b) Policy and Legal

The actions within this report are in line with Scottish Government guidance and requirements.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

The risks of the current local situation are set out in 4.4 and mitigation measures are described in 4.5 to 4.9.

(e) Staffing Implications

There are no staffing implications arising as a direct result of this report.

(f) Property

There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no changes to policy or procedures as a result of this report.

(h) Climate Change and Biodiversity Impacts

There are no impacts directly arising from this report

(i) Directions

There are no directions arising from this report.

(j) Consultations

Consultation on this report has taken place with the Chief Officer, Head of Service, Sean Coady HSCM and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1. This paper sets out the current position in relation to the provision of NHS Dental care in Moray and the actions that have been taken to mitigate immediate risks.

Author of Report: Laura Stevenson, Dental Clinical Lead
Background Papers: with author
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: OUT OF HOURS PRIMARY CARE (GMED) REPORT

BY: OUT OF HOURS PRIMARY CARE (GMED) SERVICE MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Clinical and Care Governance Committee of learning and education initiatives from adverse events and complaints in the GMED service.

2. RECOMMENDATION

- 2.1 **It is recommended that the Clinical and Care Governance Committee consider and note the contents of the report.**

3. BACKGROUND

- 3.1. GMED Service has been asked to prepare this report following a request from the Clinical and Care Governance Committee on 24 February 2022 (para 6 of the minute refers). This report was prepared to provide assurance to the Committee that GMED Service Management Team identifies learning from adverse events and complaints; and that this learning is shared with the organisation.

Complaints and Feedback

- 3.2. Within GMED, complaints are received on Datix (NHSG Quality system) in accordance with the appropriate policy and procedure.
- 3.3. Complaints received:
Overall, a total of 29 feedback letters have been received by the service between 02 May 2021 and 01 May 2022; of those 3 were compliments, 25 were complaints and one concern.
Of the 22 complaints closed:
 - 7 of these have been closed under Early Resolution stage.
 - 8 were fully upheld, 5 were partially upheld, and 8 were not upheld.
 - 7 complaints remain under investigation.

Closed complaints: Quarter	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Sent to relevant department	Total
2021 Q2	1	0	0	0	1
2021 Q3	2	0	3	0	5
2021 Q4	3	4	3	0	10
2022 Q1	1	0	2	1	4
2022 Q2	1	1	0	0	2
Total	8	5	8	1	22

Adverse Events

3.4. Within the GMED Service, complaints are received on Datix (NHSG Quality system) in accordance with the appropriate policy and procedure.

3.5. Overall, between 02 May 2021 and 01 May 2022, there were 68 adverse events recorded. The table below outlines Adverse Events by Category and Level of Review Reported on Datix. Data was extracted on 02 May 2022.

- Category with the highest number of adverse events is 'Medication' (17 adverse events), followed by 'Access, Appointment...' (14 adverse events) and 'Consent, Confidentiality or Communication' (6 adverse events).

	Level 3	Level 2	Level 1	Total
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	14	0	0	14
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	4	0	0	4
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	0	1
Consent, Confidentiality or Communication	6	0	0	6
Diagnosis, failed or delayed	1	0	1	2
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	2	0	0	2
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	3	1	0	4
Medical device/equipment	3	0	0	3
Medication	17	0	0	17
Other - please specify in description	6	0	0	6
Patient Information (Records, Documents, Test Results, Scans)	4	0	0	4
Security (no longer contains fire)	2	0	0	2
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	1	0	3
Total	65	2	1	68

- A report was extracted to identify the severity and type of adverse events recorded on Datix in the specified timeframe. The majority of adverse events is recorded as 'negligible', with 75 adverse events assessed to be of this severity following review. When it comes to type (i.e. who/what was affected), 29 adverse events were recorded as patient/resident and 20 as provision of service.

	Breach of Information / IT Security	Patient / Client / Resident	Staff (including Volunteers)	Visitors, Relatives or member of the Public	Provision of Service	Contractor/s	Property / Equipment	Total
NEGLIGIBLE:	2	25	11	1	17	1	18	75
MINOR:	0	3	1	0	3	0	0	7
MAJOR:	0	1	0	0	0	0	0	1
Total	2	29	12	1	20	1	18	83

4. FINDINGS AND LESSONS LEARNED FROM INCIDENTS, COMPLAINTS AND REVIEWS

- 4.1 Learning was also identified with the aim of improving practice, professionalism and promoting positive patient care plan and experience.
- 4.2 Following a Level 1 review, it has been recommended that all staff should make themselves aware of the NHSG headache protocol, that the GMED service reviews clinical supervision arrangements for GP Speciality Trainees (GPSTs) and support frameworks for all staff. Following review of recommendations, GMED also arranged a Continuous Medical Education Event on Headache Presentations led by the GP with special interest who was involved in the Level 1 review.
- 4.3 Following a Level 1 review, it has been recommended that all clinical and medical staff are reminded of the importance of robust note taking as well as that the telephone triage training frameworks are reviewed. GMED conducts annual clinical note audit, where the quality of clinical assessment and the note itself is assessed to ensure patient-centred and appropriate care delivery. The next audit is due in May 2022. Each Advanced Nurse Practitioner should have a telephone triage component embedded in their training, whereas GPs should identify training needs via appraisal.
- 4.4 Following a review of a complaint, Sepsis guidelines have been shared with staff. The manual for managing Covid-19 presentations in Primary Care was reviewed to reflect the learning, i.e. taking into consideration patient demographic information, the nature of the patient's illness, physical and mental wellbeing and any aspects of patient's history that would indicate that the presentation and symptoms are not normal for the patient.
- 4.5 Following a review of a complaint, learning has been identified for the individual clinician involved in a paediatric case. A paediatric learning event is to take place.
- 4.6 All staff are encouraged to utilise available access to electronic systems to supplement available information.
- 4.7 Following review of a number of medication-related adverse events, controlled drug protocols have been reviewed in conjunction with ARI Pharmacy. A Learning session is to be organised. The recently appointed GMED Lead Pharmacist is now attending regular GMED staff meetings and Advanced

Nurse Practitioner (ANP) training sessions to ensure that staff are aware of existing protocols and how to apply these in their day-to-day practice.

- 4.8 Following a review of a complaint, learning has been identified for an individual clinician involved in the lumbar spine patient presentation. GMED Service also delivered a lumbar Spine symposium that focused on low-back pain presentations, Cauda Equina Syndrome, diagnostics and pain management.
- 4.9 Following feedback regarding mental health presentations in the out of hours period, an educational session was delivered by a Senior Mental Health Consultant.
- 4.10 Following staff and external partner feedback regarding lack of clarity regarding death verification in community in the out of hours period, a session to discuss National Death Verification protocol was delivered.
- 4.11 When feedback received relates to communication between departments or transferring patients to secondary/emergency care, these adverse events are shared with appropriate stakeholders so as to identify service or cross-service improvements that will positively enhance and improve the patient journey.

5. KEY MATTERS RELEVANT TO RECOMMENDATION

Areas of achievement / Good Practice

- 5.1 There is a regular Quality and Performance (Q&P) group, where adverse events, complaints and staff performance are discussed which enhance governance frameworks in the service.
- 5.2 Complaints and adverse events are investigated/ reviewed according to the NHS Grampian Clinical Governance standards using appropriate available systems and tools.
- 5.3 GMED is represented at the HSCM Clinical Risk Management Group and HSCM Clinical Governance Committee.
- 5.4 GMED has also strengthened the complaints review process by ensuring that the staff involved in the review process (review managers) are aware of their responsibilities around identifying learning for the service and sharing that learning with the Q&P group. The group then decides how the learning should be shared with the organisation/ staff. Review of the complaints governance process took place as learning has been identified around management of one of the complaints received in 2019 and escalated to SPSO.
- 5.5 GMED implemented Educational Sessions that are delivered on a regular basis to all clinical and medical staff using TEAMS. These sessions provide a platform for sharing operational issues, protocols or policies that deployed externally (e.g. Scottish Government or NHS Grampian) or created internally (GMED specific codes of practice and guidance), any other relevant service updates, learning from adverse events and complaints that have been identified through conducting reviews in line with NHSG protocols, appraisal process or staff feedback.

- In 2021 there were 9 sessions delivered, whereas in 2022 2 sessions have been delivered so far. Time spent during the session can be applied to the total time of continuous professional development (CPD).
- Staff find the events helpful and informative, as they are relevant to their clinical practice – both in- and out of hours, specifically when topics of presentations relate to improving awareness of specific conditions or enhancing clinical skills.
- Following feedback from Clinical Supervisors (CS) and in order to develop and further embed the role of the CS within the service, GMED Clinical Lead linked up with Lothian Clinical Lead and an awareness and training session was delivered jointly. That session enabled CSs to build a shared understanding of out of hours services challenges, build on each other's experiences and knowledge as well as identify areas for improvement.

5.6 Since June 2020 GMED has been distributing a service wide staff brief on a weekly basis. This update contains most relevant information that has been collected over the course of the week, it is a tool that allows staff to be appraised of service developments or policy updates as well as information of the on-call manager arrangements for the upcoming weekend (brief is distributed on Friday).

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 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.

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.

(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:

- Pauline Merchant, Clinical Governance Officer, HSCM
- Tracey Sutherland, Committee Services Officer, Moray Council
- Sean Coady, Head of Service, HSCM

7. CONCLUSION

7.1 Considering the impact of Covid-19 over a considerable length of time, GMED continues to strengthen and improve learning and educational opportunities within the service. This contributes directly to staff and patient experience within the Out of Hour Primary Care Service.

Author of Report: Magda Polcik, Out of Hours Primary Care Service Manager, GMED, HSCM

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: UNMET NEED IN HEALTH AND SOCIAL CARE MORAY

BY: HEAD OF SERVICE/CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To update the Clinical and Care Governance Committee of the current position on unmet need within Health and Social Care Moray (HSCM).

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee considers and notes:

- i) the current situation within Health and Social Care Moray and the mitigation actions that have been introduced;**
- ii) the continuing additional pressures placed upon Health and Social Care Moray staff; and**
- iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff.**

3. BACKGROUND

- 3.1. The impact of the COVID-19 pandemic continues to place a significant burden on health and social care staff. Patients, particularly the elderly and frail, are facing delays before they can leave hospital to receive appropriate care elsewhere, be that back at home, at a community hospital or residential care. The surge in cases this spring appears to be waning at last; although the highest number of cases recorded in a day was almost half the January peak, this outbreak lasted longer than previous surges (Figure 1). The impact has been felt across Scotland with a corresponding increase in hospital admissions, which are now reducing rapidly, but are still high (Figure 2). The pressure on hospitals noted in the previous report continues and there has been little or no chance for health and social care staff to recuperate and recover. Note that data for hospital admissions due to COVID-19 is only published for Scotland as a whole and is not publicly available for individual health boards or local authorities.

Figure 1: Positive PCR cases in Moray 1 Feb 21 – 25 Apr 22 (Public Health Scotland COVID-19 data)

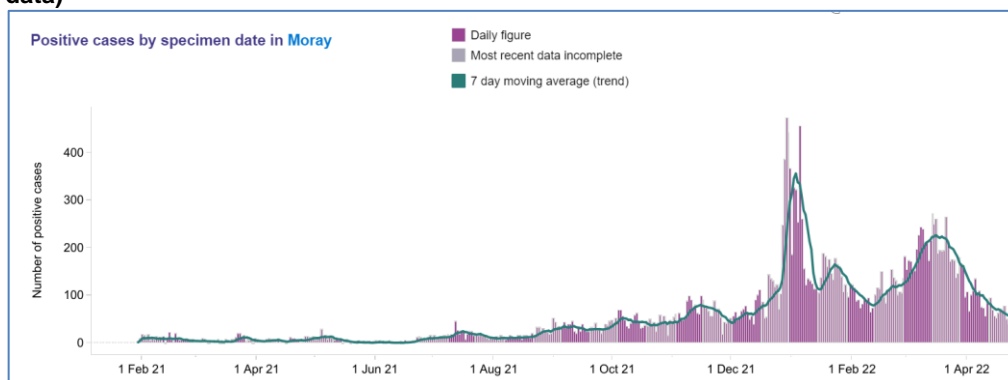
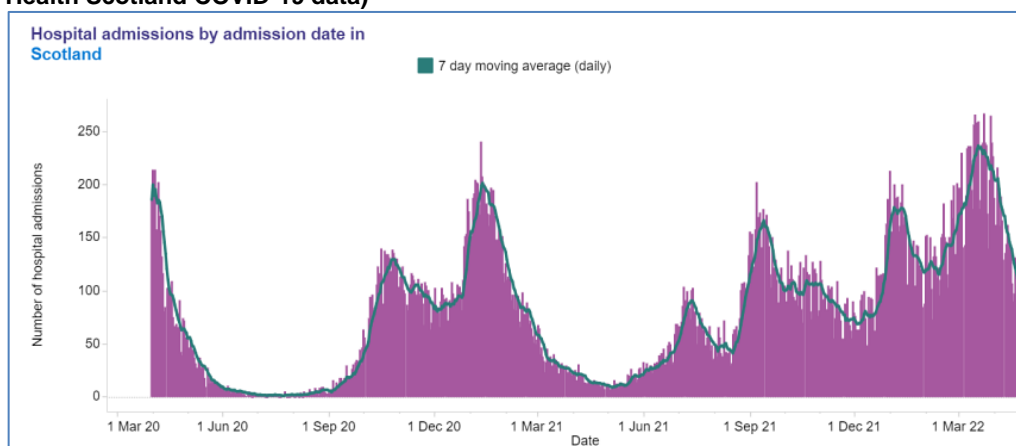
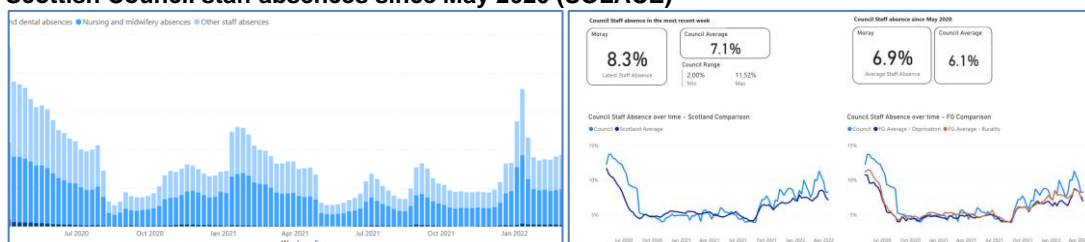


Figure 2: Hospital admissions in Scotland due to COVID-19 between 1 Apr 20 – 25 Apr 22 (Public Health Scotland COVID-19 data)



- 3.2. Nationally there has been higher than usual staff absence rates amongst both council and NHS employed staff over this winter period (Figure 3). Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray has risen to 10%.

Figure 3: NHS Scotland Covid-19 staff absences since April 2020 (TURAS data intelligence) and Scottish Council staff absences since May 2020 (SOLACE)

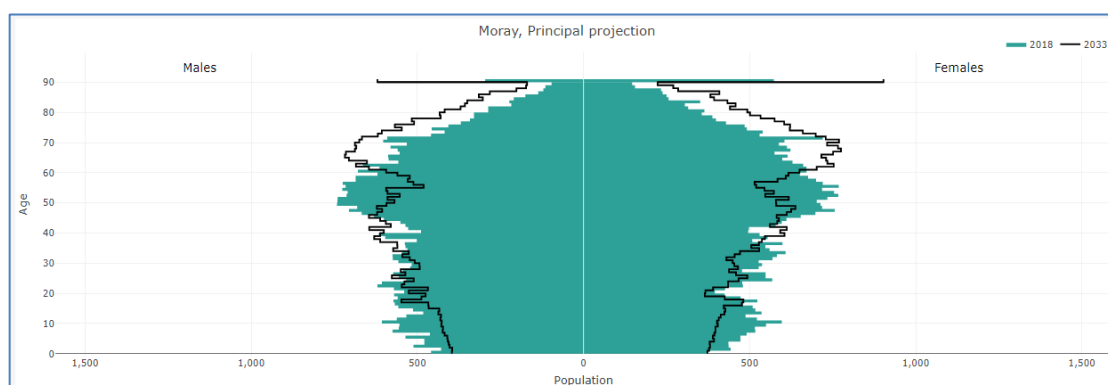


These percentages suggest that the impact of COVID-19 on staff absences will continue to be a factor in reducing the ability of the Health & Care Service in Moray to meet the demands being placed on it. The trends aren't clear, but with relatively high sickness rates for non-COVID-19 related illnesses and some care staff reducing their contracted hours, it is not going to be easy, or quick, to meet the demand.

- 3.3. Demand for health and social care service are likely to continue to grow as Moray's population continues to age. Figure 4 is taken from the National Records of Scotland principal population projection for Moray and is based on

2018 data. It will be interesting to see the impact of the current census on this population projection when the data become available.

Figure 4: NRS principal population projection for Moray in 2033 by age and sex



- 3.4. There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers (see **Appendix 1**). Overall, the level of unmet need is much higher than it was before the pandemic, and there is nothing to suggest that unmet need will be back to more typical values in the near future. The latest trends for each measure are summarised below:

Number of people waiting for a social care assessment

- 3.5 The number of people waiting for a social care assessment overall has been static at between 140 and 150 since last autumn. Cases classified as URGENT reduced from a high of 36 in January to a low of 15 in March, but rose again and are static (28). These numbers are well above the numbers waiting in September last year (8). Cases classified as HIGH are half what they were in August (73). Since mid-December there have been between 34 and 39 people in this category each week waiting for an assessment, although there was a blip in February and March when the number of people waiting rose to 54. The East Team have just taken over responsibility for assessing the people classified as MEDIUM and LOW priority through the innovation site that they have set up as part of the roll-out of the 3-conversations model. In the first week they were able to reduce the waiting list for people in the MEDIUM and LOW priority groups from 80 to 49; the largest reduction for this measure since recording began in September last year.

Number of people assessed and waiting for a package of care

- 3.6 During 2022 there have been between 154 and 169 people each week who have received a social care assessment but have yet to be provided with a package of care. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static at more than one and a half times larger than last August.

Number of people in receipt of a care package and waiting for a statutory social care review

- 3.7 For most of 2022 the number of people who are receiving a care package, but who are waiting for a statutory social care review, has remained fairly constant

at between 290 and 300. While lower than the number waiting for a review last summer (340) there is no clear indication that the numbers waiting for a social care review will reduce significantly.

Number of hours of care yet to be provided for individuals in hospital

- 3.8 The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to over 450 hours in March, but has now reduced to 373 hours. If this trend continues then within the next 4 to 5 weeks the outstanding hours would be back to August 2021 levels.

Number of hours of care yet to be provided for individuals in the community

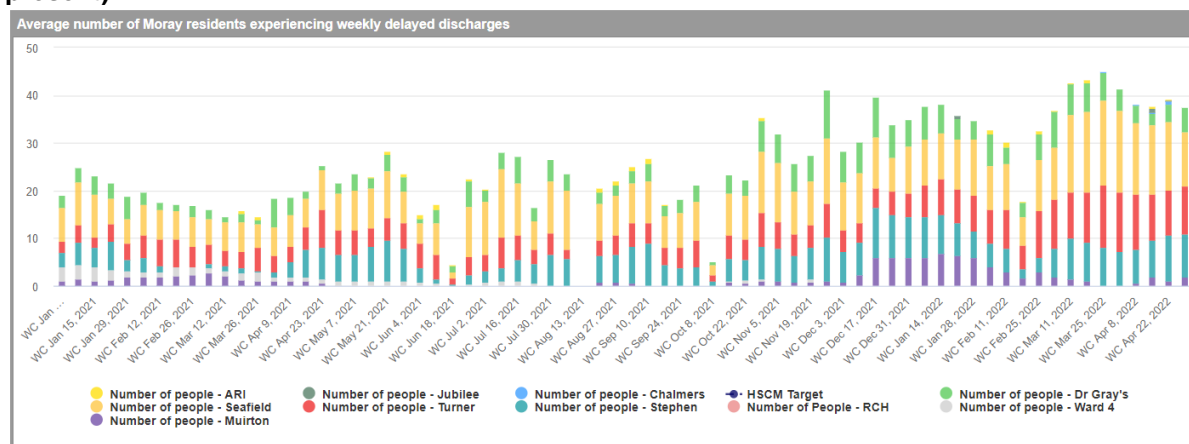
- 3.9 Similarly, there has been an increase for people in the community over the same period from 266 hours to 778 hours at the end of January. Since then the number of hours not provided have reduced to 517, but the rate of reduction has slowed down and is likely to take several weeks or months to be back to the August 2021 figure.

Number of hours of care assessed as needed and not provided for those in receipt of a care package

- 3.10 Since the start of February the number of hours of care not delivered to residents receiving a care package has risen steadily from 385 to 417 hours. This figure is much higher than in September 2021 when for 4 weeks this figure was consistently below 250 hours.
- 3.11. The status of care homes and care at home services, both internal and external are monitored regularly each week by the Care Homes Oversight Group. A RAG (Red/Amber/Green) rating is used to identify the ability to accept clients or deliver services. For the most recent data (4 May 2022) 13 out of the 14 care homes in Moray were assessed as Green, and just 1 as Red and unable to accept patients. This demonstrates a marked improvement from 18 January 2022 when there were only 4 care homes rated Green, 4 rated Amber and 6 at Red.
- 3.12. There were 29 Care at Home external providers rated Green on 4 May 2022, 1 at Amber and 7 at Red with either a member of staff or a client with a positive confirmation for COVID-19. Again, this represented an improvement on the situation as reported on 18 January 2022, with 17 external providers rated Green, 5 at Amber and the remaining 13 at Red. Day Services had one location at Red on 18 January due to positive test results for a member of staff and a client, but all locations are now green. The Care @ Home team remain Red but due to non-COVID-19 illnesses and vacancies, whereas in January there were 6 positive cases reported and 2 people were self-isolating. In January there was a member of staff on START who tested positive that put the team at Red. The team is currently Red due to absences and vacancies.
- 3.13. Overall, the situation is showing improvements compared to just a few weeks ago, and the service is closer to capacity. However, it is likely capacity shortfalls will continue to be faced in the short-term. Furthermore, the continuing levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital.

3.14. The impact of all of the above factors is illustrated by the rising numbers of delayed discharges being reported since April 2021, which remain well above historic levels (Figure 5). At the end of February 2022 the data suggested that the winter peak may have been reached, but then the prevalence of the Omicron variant in the local population rose rapidly and the numbers of people delayed in hospital waiting for discharge rose to a new peak. However, there was a gradual reduction in numbers in early April, which has since stagnated at 38 people per day. There is still some way to go to reach the target of 10 people per day, and the Omicron variant outbreak highlighted the fragility of the recovery. Any further pressure on the system could quickly reverse the gains.

Figure 5: Average number of delayed discharged patients in Moray per week (1 Jan 2021 to present)



3.15. Delayed discharges remain high across Scotland. In February there were 57% more days spent in hospital than in February 2021 (47,713 days compared to 30,450 days)¹. The PHS data also indicate that across Scotland health and social care reasons account for 69% of the delays, complex needs for 29% and 2% are due to patient and family related reasons.

3.16. In Moray the average number of people experiencing delays in being discharged from hospital at the end of January was 38, below the national average of 53, continuing the trend that goes back to the start of the pandemic apart from a blip (Figure 6). Since Moray has a higher proportion of residents aged 65 years and older compared to the Scottish average, it is not unexpected that the rate per 1,000 of the population in this age group in Moray is above the Scottish average with 1.8 cases per 1,000 people (Figure 7). Figures 6 and 7 suggest the number of people facing a delay in being discharged is levelling-off nationally, or rising much more slowly than previously, but there is no clear indication of the numbers starting to reduce. Due to the small population size of Moray there is a much larger daily variation in numbers, but the trend appears to be increasing for both the number of daily delayed discharges and the rate per 1,000 for 65 year olds and older.

¹ Delayed discharges in NHS Scotland monthly (PHS) - Figures for February 2022
<https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-february-2022/#section-1>

Figure 6: Delayed discharge patients each day, May 2020 to April 2022 (SOLACE data)

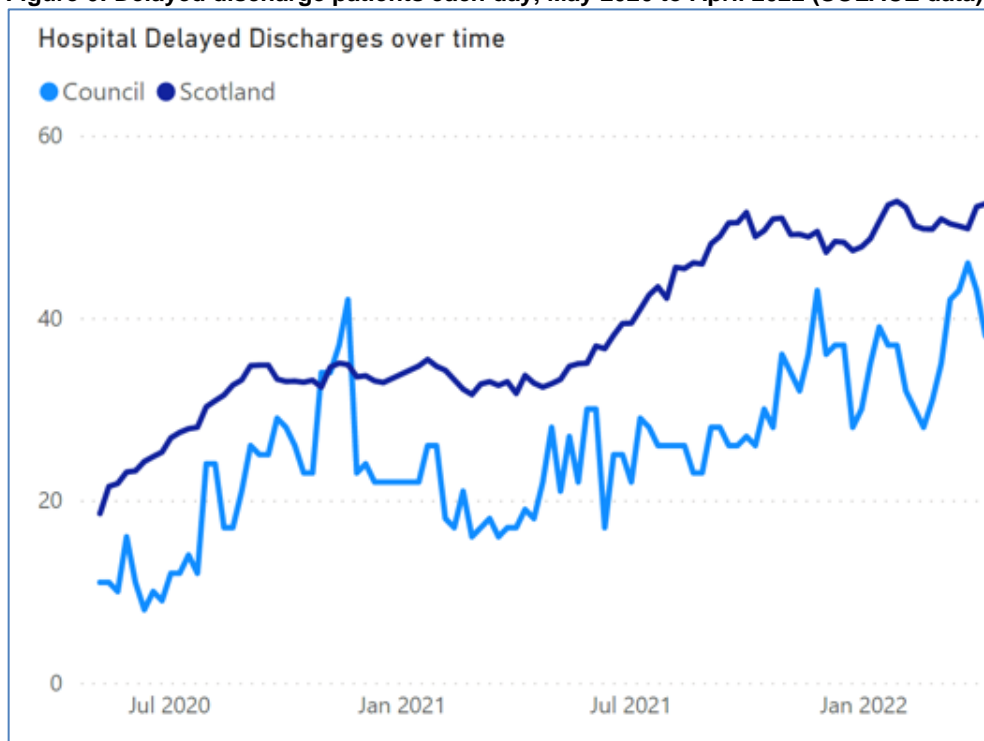
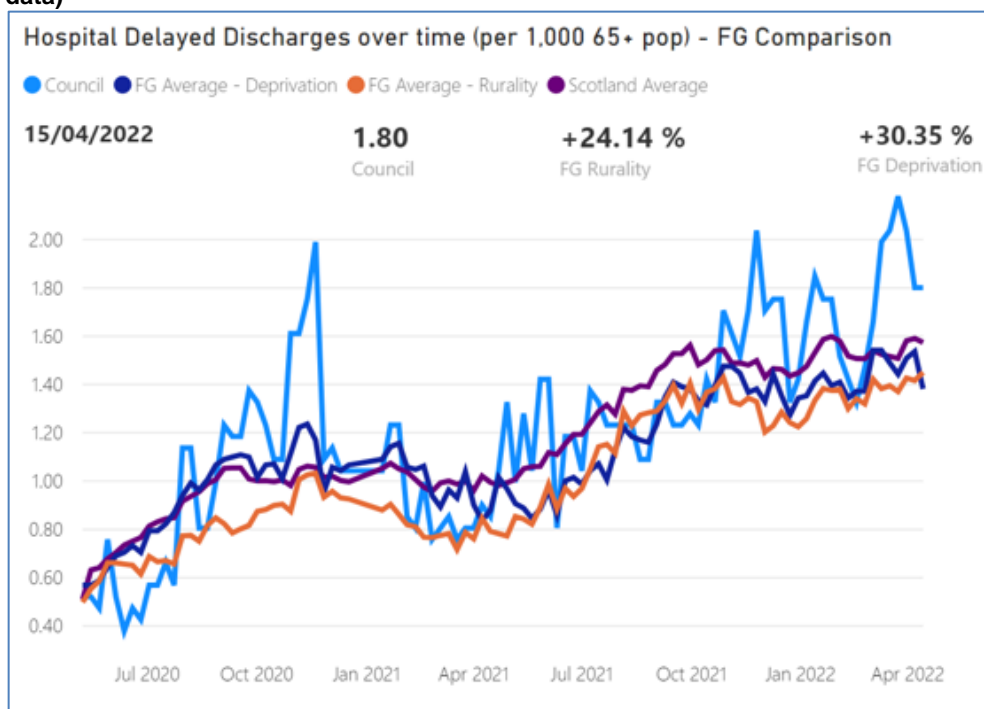
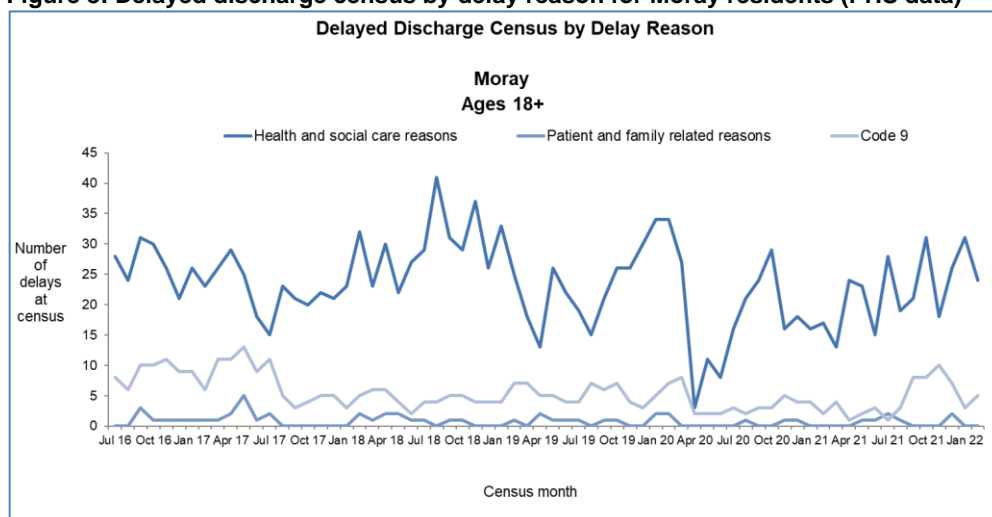


Figure 7: Delayed discharge patients (65 and over) each day, May 2020 to April 2022 (SOLACE data)



3.17. For Moray residents aged 18 years old and over the majority of reasons for discharge being delayed is social care place availability (10 out of 29 in February 2022, 34%) and care arrangements (14 out of 29, 48%). There were 4 patients with incapacity and one for whom HSCM were unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge. Figure 8 suggests health and social care reasons may still be increasing, and the data for the March and April will be vital before the trend can be clearly understood.

Figure 8: Delayed discharge census by delay reason for Moray residents (PHS data)



4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. As in the previous report the numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggest that the situation may starting to improve, albeit from a higher level than before, and is likely to take some time before returning to pre-pandemic levels.
- 4.2. The previous report included the observations made by Dr Gray's Hospital emergency department that patients were more acutely unwell or their condition had deteriorated more than was the case prior to the pandemic. Data are now available that demonstrates that the hours of care required from the Homecare Team by individuals are rising with frailer people regularly requiring more than one carer, and or more visits each day. Over the past 12 months the average number of hours of care provided to individuals by the Care at Home team has risen by 17% from 13.1 to 15.3 hours (see Figure 9).

Figure 9: Average number of hours of care per person – Care at Home (April 2021- March 2022)



- 4.3. Mitigation measures have been put in place and were described in the previous report. The following sections provide brief updates.
- 4.4. Discharge 2 Assess team (D2A) is meeting its aim of enabling people meeting specific criteria to leave hospital as soon as possible. A report on the impact of D2A is being prepared by the HSCM project manager.

- 4.5. A request for volunteers from Moray Council to provide short-term support to the health and social care team had limited success with just 12 volunteers identified for possible re-deployment. The complexity of arranging the required training, setting-up job-shadowing sessions, and incorporating the volunteers into rotas proved challenging, particularly as managers were having to deal with a considerably high workload and trying to meet constantly changing demands. If volunteers are requested from other parts of Moray Council in the future a robust process will need to be developed with input from across the HSCM team.
- 4.6. The recruitment cell has worked closely with Moray Council Human Resources team to bring people into HSCM, and is working well. Since April 2020 167 staff have been recruited into Provider Services, of which 47 were new to the care sector and the retention rate for staff over that period is close to 80%. The retention rate for the new employees is over 85% (Figures 10 and 11).

Figure 10: Provider Services recruitment and retention since April 2020

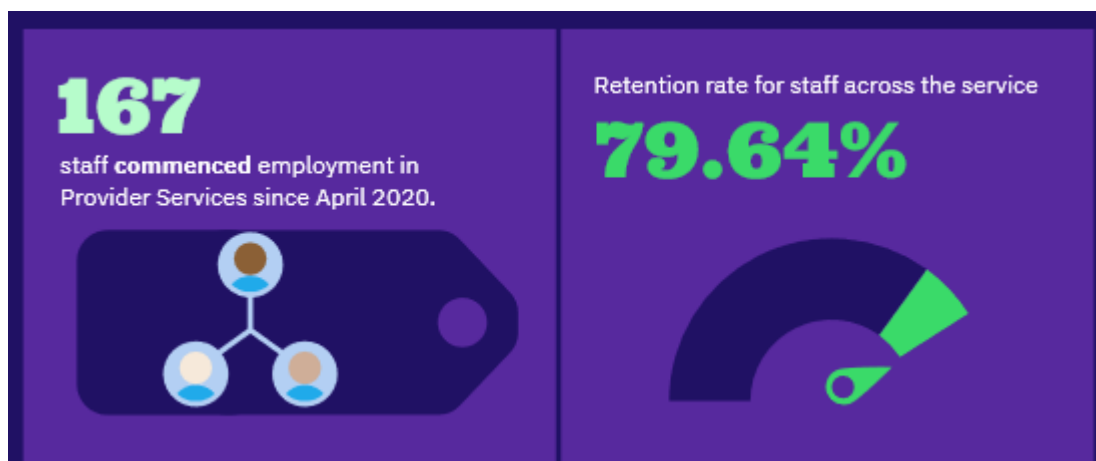


Figure 11: Provider Services retention of new staff since April 2020:



- 4.7. The previous report identified the adoption of the three-conversation model to reduce bureaucracy and increase our responsiveness to people who approach us for support. Two of the innovation hubs have been formed: a Hospital Team innovation site, and as noted above at 3.4.1 the East Team, who are using this approach to reduce the number of people waiting for a social care assessment. Updates on their progress will be provided at future meetings.

- 4.8. In addition, the Hospital Innovation Site are now also taking people from the waiting list (any category) who are admitted to hospital. This was previously an informal arrangement but has now been formalised through the innovation site. These people will now be seen by the hospital team, using the three-conversation approach. Data is being collected by the innovation site as an interim measure before being transferred into CareFirst and will be reported at future meetings.

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”

This report highlights the pressures on delivering the Corporate Plan 2024 priority of “Adults and older people”. In particular the aim of ensuring that people are supported at home or in a homely setting as far as possible through a HomeFirst approach and multi-professional teams at a local level.

The LOIP priority “Improving wellbeing of our population” recognises that “health and wellbeing make a significant contribution to life experiences and can be adversely affected by many factors, including mental...health.” This report identifies additional pressures that HSCM staff are now facing and that will need to be addressed if the LOIP priority is to be met.

“Theme 2: Home First” of the Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029” notes that older people very quickly lose their independence through loss of confidence and often reduced mobility when admitted to hospital. The current situation is causing people to be delayed in hospital and is likely to prevent some residents from functioning as they did prior to admission.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report, although the cost of providing care packages may rise due to patients presenting with higher morbidity than previously.

(d) Risk Implications and Mitigation

The risks to the service from the pandemic, and the winter period, have been realised. The mitigation measures are discussed in the report. There continues to be a risk of harm to individuals who are not receiving support that has been identified they require and also for those awaiting to be assessed.

(e) Staffing Implications

Staffing levels, availability of staff and their health and wellbeing are core factors at the heart of this report. Support for staff continues to be a vital role for managers.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required because there will be no impact, as a result of the report, on people with protected characteristics. However, it should be noted that Public Health Scotland have identified that people who live in poorer areas in Scotland are more likely to die early from disease and have more years of ill health, including mental wellbeing and depression. Although no data are available it is likely that the additional time spent in hospital waiting for suitable care packages to be put in place will have a greater impact on Moray residents from deprived areas.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this policy/activity.

(i) Directions

None directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff and their comments have been included where appropriate: Corporate Manager (HSCM) and Head of Service / Chief Social Work Officer.

6. CONCLUSION

6.1. Unmet need levels in Moray remain higher than pre-pandemic levels, both for the number of people affected and the hours of care required to be provided. The indications are that the worst may be over and the levels are gradually reducing. However, the recovery is fragile and could easily be reversed by another outbreak of COVID-19.

6.2. The statement made about the dedication of the Health and Social Care staff and their commitment to support their clients in the previous report bears repeating. They have been exceptional throughout the pandemic ensuring basic care continued to be provided. However, the long-term position on staffing and recruitment is less clear. HSCM will need to understand the long-term impact of COVID-19 on demand, the increasing number of elderly residents forecast for Moray, and a potentially frailer community. A strategic assessment of future staff numbers to meet demand, and an appropriate recruitment strategy is suggested.

Author of Report: Carl Bennett, Senior Performance Officer Health and Social Care Moray

Background Papers:

Ref:

APPENDIX 1

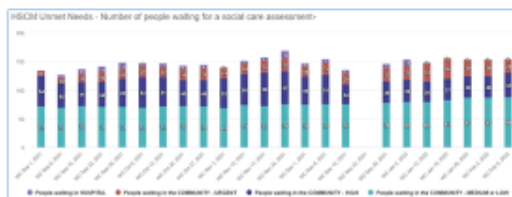
Care Homes Oversight Group Weekly Unmet Needs Report - Week ending: 13 February 2022

HSCM - Weekly Unmet Need Report – Week Ending 13 February 2022

PI Code	PI Description	Last 12 weeks												Trend Chart
		WC 24-Nov-2021	WC 03-Dec-2021	WC 08-Dec-2021	WC 15-Dec-2021	WC 22-Dec-2021	WC 29-Dec-2021	WC 05-Jan-2022	WC 12-Jan-2022	WC 19-Jan-2022	WC 26-Jan-2022	WC 02-Feb-2022	WC 09-Feb-2022	
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
HSCM UN-01	Number of people waiting for a social care assessment	169	147	155	136	N/A	146	154	149	156	154	154	155	
HSCM UN-01a	Number of people waiting for a social care assessment in hospital	14	6	7	6	N/A	7	12	0	0	0	0	0	
HSCM UN-01b	Number of people waiting for a social care assessment in the Community - Urgent	22	18	21	20	N/A	23	23	33	36	29	29	24	
HSCM UN-01c	Number of people waiting for a social care assessment in the Community - High	57	49	51	34	N/A	38	39	36	37	36	36	43	
HSCM UN-01d	Number of people waiting for a social care assessment in the Community - Medium or Low	76	76	76	76	N/A	78	80	80	82	87	87	88	
HSCM UN-02	Number of people assessed and waiting for a package of care	140	139	143	143	N/A	152	159	161	160	163	164	161	
HSCM UN-02a	Number of people assessed and waiting for a package of care in hospital	18	18	23	18	N/A	19	25	26	24	26	25	26	
HSCM UN-02b	Number of people assessed and waiting for a package of care in the Community	122	121	120	125	N/A	132	134	135	136	137	139	135	
HSCM UN-03	Number of people in receipt of a care package and waiting for a statutory social care review	315	307	277	279	N/A	293	300	292	290	293	299	297	
HSCM UN-04	Number of hours of care yet to be provided for individuals in hospital	346	367	419	410	N/A	308	266	363	328	355	314	377	
HSCM UN-05	Number of hours of care yet to be provided for individuals in the community	604	611	616	661	N/A	723	746	728	778	721	704	631	
HSCM UN-06	Number of hours of care assessed as needed and not provided for those in receipt of a care package	344	326	345	341	N/A	329	319	354	344	314	385	387	

Trends

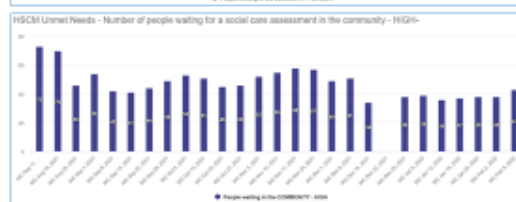
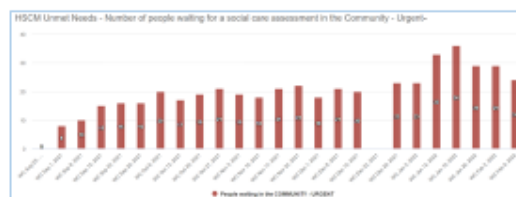
Number of people waiting for a social care assessment



The trend in the overall number of people waiting rose at the end of December and has remained static at around 155 people

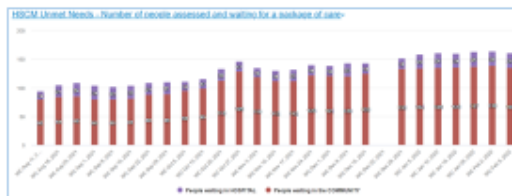
Note, that **URGENT** cases have reduced this week, and trend is decreasing, while **HIGH** cases have increased

Waiting in the community: URGENT or HIGH



Trends

Number of people assessed and waiting for a package of care



Numbers both in hospital and in the community remain static, but at a higher level than previously

Number of people in receipt of a care package and waiting for a statutory social care review



Numbers waiting for review has been between 290 and 300 since the Christmas period

Trends

Number of hours of care yet to be provided for individuals in hospital



Trend for unmet need for those in hospital appears to have levelled-off, with weekly fluctuations above but creeping back up toward 400 hours

Number of hours of care yet to be provided for individuals in the community



Showing a clear and sustained downwards trend. Remains considerably higher than in August.

Trends

Number of hours of care assessed as needed and not provided for those in receipt of a care package



Remains at last week's level. The highest number of hours that have been recorded since August.

Overall

- Improving Measures:
 - Hours of care yet to be provided for individuals in the community – **631 hours**
 - Urgent cases waiting for a social care assessment – **24**
- Static Measures:
 - People waiting for a social care assessment (combined low, medium, high & urgent) – **155**
 - People in receipt of a care package and waiting for a statutory social care review – **297**
 - People assessed and waiting for a care package – **161**
 - Hours of care assessed as needed and not provided for those in receipt of a care package – **387 hours**
- Worsening Measures:
 - High priority cases waiting for a social care assessment - **43**
 - Hours of care yet to be provided for individuals in hospital - **377 hours**

