REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 23 FEBRUARY 2023**

SUBJECT: **HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 3, 2022/23**

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 3 of 2022/23 (1 October up to 31 December 2022).

2. RECOMMENDATION

2.1 It is recommended that the Committee consider and note the contents of the report.

3. BACKGROUND

3.1. HSCM Clinical Governance Group was established as described in a report to this Committee on 28 February 2019 (para 7 of the minute refers).

3.2. The assurance framework for clinical governance was further developed with the establishment of the Clinical Risk Management Group (CRM) as described in a report to this committee on 30 May 2019 (para 7 of the minute refers).

3.3. As reported to this Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives attend the Clinical Governance Group so the group was renamed HSCM Clinical and Care Governance Group. The group is co-chaired by Fiona Robertson, Chief Nurse (Interim) - Moray and Tracy Stephen, 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 twice 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 3 2022/23 is listed below:

- CRM Minutes
- HIS – Benchmarking clinical governance structure and organisation
- Service Updates:
    - GMED
    - Pharmacy
    - Moray Integrated Mental Health Services
    - Adults with Incapacity
- Adverse Events and DoC
- HSCM Risk Register
- Complaints / Feedback
- Update from Practice Governance Group

Areas of achievement / Good Practice

4.2 At the last Committee meeting GMED reported working on improving the quality of the service that is provided to patients across NHS Grampian and a number of initiatives were described. Updates have been added in, in bold, below:

- Working with various stakeholders, including Scottish Ambulance Service (SAS), NHS24, Emergency Department (ED) and Mental Health to identify how patient pathways can be streamlined to ensure quality of patient care is improved. **GMED continues to work with stakeholders on patient pathways and professional to professional calls. Of note is a recent review of incident investigation and a concerted effort to improve communication between GMED and stakeholders to bring faster and more effective resolutions to complaints and adverse events.**
- Regular Continuing Medical Education (CME) sessions are organised for the clinical team to ensure national clinical standards and guidelines are shared and reliably implemented within GMED for a specified condition. **These are ongoing and aim to continuously ensure that patients receive evidence-based and consistent care.**
- Patient surveys to measure patient satisfaction with the quality of care provided by GMED service and clinical note audits – **Patient survey audits are pending, and a report of the outcome will be submitted when operational conditions allow.**

4.3   GMED has continued to face challenges in relation to out of hours (OOH) however the appointment of an OOH Lead Nurse (5 September 2022) has taken place and they will carry out the following functions:

- Line manager for 26 WTE Advanced Nurse Practitioner workforce
- Developing of learning, training and development programmes for ANPs and other staff
- Leading unscheduled care agenda
- Management of complaints and adverse events

4.4   The GMED service has been reviewing redirection and referral pathways out with NHS 24 pathways since August 2022. This is part of unscheduled care improvement work in response to the increased demands being experienced in Grampian and indeed across all unscheduled care services in NHS Scotland.

4.5   Up until the start of the review, multiple services in the OOH period were able to refer to GMED, which was not in line with national protocols. Such redirection pathways created an unprecedented pressure on the GMED service by allowing all professional to professional referrals to be accepted with a one hour priority, very often with no clinical indication for this. This led to lack of equity and fairness in how various patients access the service and these reviews are the improvement work by GMED to address these challenges

4.6   GMED have engaged with various stakeholders across Grampian to build up an awareness of the redirection pathways, as well as to review and update existing protocols to ensure clinical effectiveness and safe, person centred care.

4.7   To date, the GMED service have addressed pathways for care homes referrals with early indications suggesting this is working well. In July 2022, the service received 361 referrals from care homes, in contrast following improvement work, with November 2022 – 36 referrals were received

Moray Integrated Mental Health Services

4.8   The manner in which Moray Integrated Mental Health Services manages and delivers clinical governance and positive and effective complaints has been identified through benchmarking to be excellent and will be used as a "best practice" model throughout Moray.

4.9   Staffing – successful recruitment is continuing to improve staffing within the service

Pharmacy

4.10 Recruitment going well – there will be a full quota of pharmacists and technicians as set out in the original plan. This process continues to move forward successfully. The programme of training and implementation of prescribing ability for pharmacists in Moray is nearing completion and it is anticipated that this will have a positive effect on the service.

Clinical and Care Governance Developments

4.11 The schedule of workshops to reframe and drive continual improvement throughout the clinical governance framework in Moray is underway with a positive 1st workshop having been completed.

4.12 Further workshops have been scheduled to work around the framework – particularly in relation to strengthened joint working between the health and social care teams in how they monitor and communicate data around Clinical / Care / practice governance. Improvements are designed to drive fast fail cycles and to imbed preventative action and ongoing meaningful change in HSCM ways of working.

4.13 Secondary to this will be two open workshops for leaders relating to learning and understanding which underpins the theory behind the key proactive risk management process – Managing Risk Reduction Projects and reactive risk management process – Incident Investigation.

4.14 Benchmarking has been ongoing in relation to HIS, within NHSG and other trusts in terms of reviewing and adopting best practice in clinical governance.

4.15 Through routine monitoring of adverse events within community hospitals it has been noted there has recently been a spike in the number of falls within Moray Community Hospitals. The newly appointed Interim Clinical Governance (CG) Coordinator will be working directly with teams in Community Hospitals to create and implement effective strategies to care for those patients who are vulnerable to having falls. This project is progressing.

4.16 Adults with Incapacity – The team have successfully mitigated key staff shortages relating to capacity assessments and are currently working to design and implement a permanent solution to deliver this service within Moray.

4.17 ADAPT – The children and families team continue to work towards improvements in relation to ADAPT. This work is ongoing and a priority for the team. The results of this work will be reported, as the improvements are implemented.

Clinical Risk Management (CRM)

4.18 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.

4.19 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.

4.20 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. It has been agreed that the action log and updates will be presented and discussed at HSCM Systems Leadership Group (SLG) on a monthly basis. This will allow clear escalation process for any 'High' or 'Very High' risks that are identified. This will also ensure SLG have oversight of all 'High' and 'Very High' risks held by HSCM.

4.21 The Interim CG Coordinator will coordinate CG intelligence to inform the partnership of local risks relevant to patient safety, providing information to Clinical Leads, Service Managers and local governance groups and

committees. A schedule of meetings for CRM group are now resumed on a fortnightly basis following the Christmas break period.

Complaints and Feedback

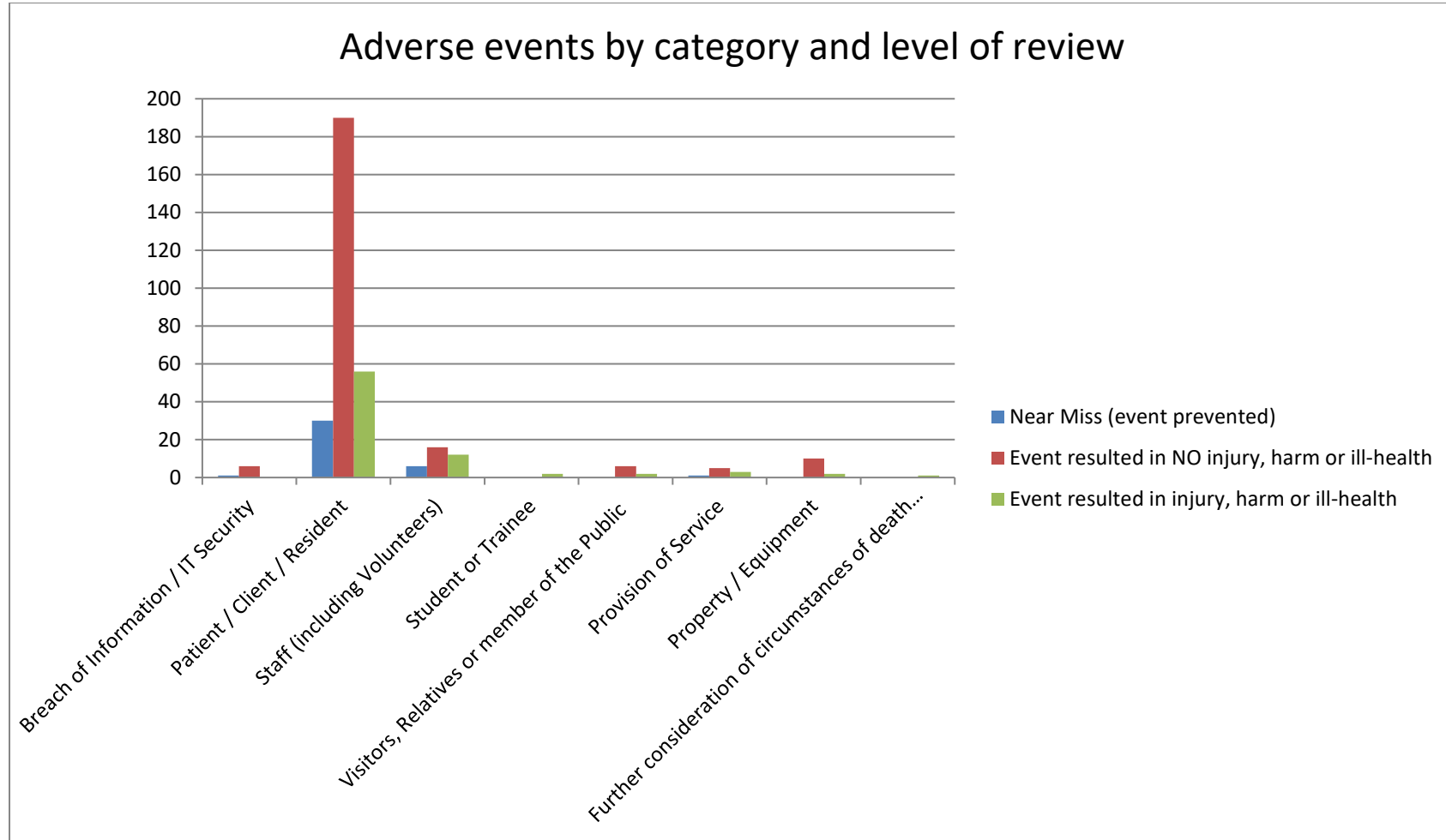4.22 HSCM complaints information for Quarter 3, 2022/23 is included in a separate report on today's agenda.

Adverse Events

4.23   Adverse Events by Category and Level of Review Reported on Datix (Quarter 3, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Abusive, violent, disruptive or self-harming behaviour	82	1	83
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	23	1	24
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	129	0	129
Consent, Confidentiality or Communication	5	1	6
Diagnosis, failed or delayed	2	0	2
Financial loss	4	0	4
Fire	3	0	3
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	8	3	11
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	7	0	7
Medical device/equipment	3	0	3
Medication	28	0	28
Other - please specify in description	19	1	20
Patient Information (Records, Documents, Test Results, Scans)	2	0	2
Security (no longer contains fire)	5	0	5
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	3	0	3
Total	323	7	330

Adverse Events

4.24   Adverse Events by Type and Result Reported on Datix (Quarter 3, 2022/23)

Adverse events by category and level of review

Legend:
- Near Miss (event prevented)
- Event resulted in NO injury, harm or ill-health
- Event resulted in injury, harm or ill-health

Categories (x-axis):
- Breach of Information / IT Security
- Patient / Client / Resident
- Staff (including Volunteers)
- Student or Trainee
- Visitors, Relatives or member of the Public
- Provision of Service
- Property / Equipment
- Further consideration of circumstances of death...

4.25   Adverse Events by Service and Level of Review Reported on Datix (Quarter 3, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Allied Health Professionals	18	1	19
Community Hospital Nursing	87	0	87
Community Nursing	19	4	23
Community Pharmacy	1	0	1
Community Therapy Services	1	0	1
General Practice	5	0	5
GMED	14	0	14
Grampian Diabetes & Heart Failure Nurses MCN	1	0	1
Mental Health - Adult Mental Health	86	2	88
Mental Health - Learning Disabilities	1	0	1
Mental Health - Old Age Psychiatry	74	0	74
Mental Health - Specialisms	4	0	4
Primary Care	4	0	4
Public Dental Service	8	0	8
Public Health	1	0	1
Total	324	7	331

4.26   Adverse Events by Type and Severity Reported on Datix (Quarter 3, 2022/23)

	NEGLIGIBLE: Negligible/no injury or illness, negligible/no disruption to service, negligible/no financial loss	MINOR: Minor injury or illness, short term disruption to service, minor financial loss	MODERATE: Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	EXTREME: Death or major permanent incapacity, permanent loss of service, severe financial loss	Total
Breach of Information / IT Security	7	0	0	0	7
Patient / Client / Resident	232	38	5	1	276
Staff (including Volunteers)	22	12	0	0	34
Student or Trainee	0	2	0	0	2
Visitors, Relatives or member of the Public	6	2	0	0	8
Provision of Service	6	3	0	0	9
Property / Equipment	10	2	0	0	12
Further consideration of circumstances of death required	0	1	0	0	1
Total	283	60	5	1	349

4.27 All adverse events by result by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2	2022.23 Quarter 3
Occurrence with NO injury, harm or ill-health	193	239	271	189	218	214	283
Occurrence resulting in injury, harm or ill-health	80	61	87	79	89	98	78
Near Miss (occurrence prevented)	34	37	25	31	29	40	38
Property damage or loss	0	0	0	0	0	0	0
Death	0	0	1	0	0	0	0
Total	**307**	**337**	**383**	**299**	**336**	**352**	**349**

4.28 Adverse Events by Severity Reported on Datix by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2	2022.23 Quarter 3
Negligible	234	281	308	231	259	264	283
Minor	66	48	72	64	70	78	60
Moderate	6	8	2	2	4	8	5
Major	1	0	0	2	1	2	0
Extreme	0	0	1	0	2	0	1
Total	**307**	**337**	**383**	**299**	**336**	**352**	**349**

All adverse events have the appropriate level of investigation implemented.

Findings and Lessons Learned from incidents and reviews:

4.29   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.

4.30   There are currently 5 Level 1 reviews in progress (at the time of reporting).

HSCM Risk Register

4.31   New risks identified on Datix are discussed at CRM. There have been 0 new risks reported during Quarter 3.

4.32   There are 3 "Very High" risks currently on the register. These are being closely monitored by the CRM and senior management team.

4.33   Each Clinical Service Group/Department highlights risks associated with their service, which are then discussed at CRM. The risk register is routinely reviewed with leads with guidance and support provided regarding updates. An exercise is underway to review and improve this process. This will involve an in-depth analysis of the existing structure, working closely with teams, to develop a more streamlined process for the management of risk across the partnership.

Duty of Candour

4.34   2 events were considered for Duty of Candour (DoC) during Quarter 3, these are both still under investigation.

Items for escalation to the Clinical and Care Governance Committee

4.35   Optometry patients with worsening vision problems in Moray have been adversely affected by the cessation of cataract surgery services at Dr Gray's Hospital due to ongoing theatre issues. The Optometry Team continue to examine possibilities for theatre availability for cataract surgery to be made available.

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 2022-2032"
As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b)   Policy and Legal
Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c)   Financial implications
None directly associated with this report.

(d) Risk Implications and Mitigation
There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the Clinical and Care Governance Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in our delivery of high quality care and treatment.

The local Clinical Risk Management (CRM) group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications
This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property
None directly arising from this report.

(g) Equalities/Socio Economic Impact
There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

(h) Climate Change and Biodiversity Impacts
None directly arising from this report.

(i) Directions
None directly arising from this report.

(j) Consultations
Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- HSCM Clinical and Care Governance Group members
- Sonya Duncan, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1 The HSCM Clinical and Care Governance Group are assured that issues and risks identified from complaints, clinical risk management, internal and external reporting, are identified and escalated appropriately. The group continues to develop lines of communication to support the dissemination of information for action and sharing of good practice throughout the whole clinical system in Moray. This report aims to provide assurance to the Moray Integration Joint Board Clinical and Care Governance Committee that there are effective systems in place to reassure, challenge and share learning.

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