



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

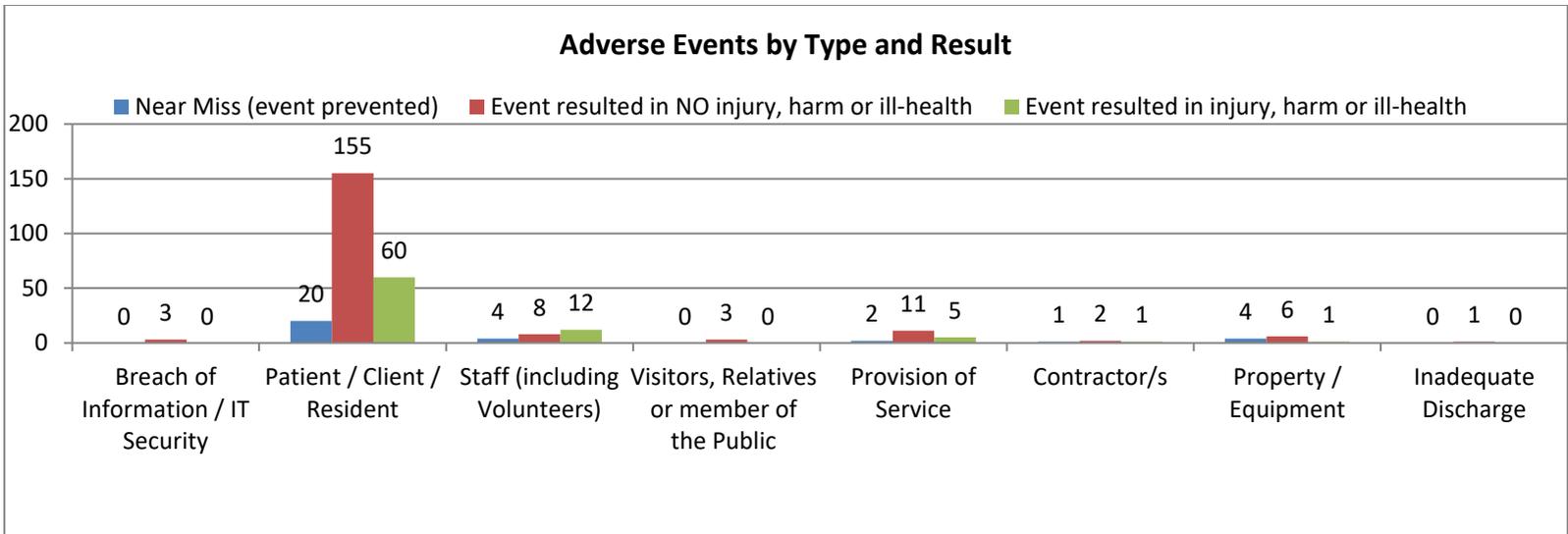
4.12 HSCM complaints information for Quarter 4, 2021/22 is included in a separate report on today's agenda.

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 severity Q4 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 reviews in progress (at the time of reporting).

HSCM Risk Register

4.20 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There have been no new risks identified as “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 sensitive and factual manner.

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

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