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**REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 MAY 2021**

**SUBJECT: HEALTH & SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 4 (JANUARY TO MARCH 2021)**

**BY: HEAD OF SERVICE**

**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 2020/21 (1 January up to 31 March).

**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 now attend the Clinical Governance Group. As such the group was renamed HSCM Clinical and Care Governance Group. With Ms Samantha Thomas, Chief Nurse - Moray, and Mrs Jane Mackie, Head of Service / CSWO, as co-chairs.

3.4. The agenda for the Clinical and Care Governance Group has been updated and now 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 in place (attached as **Appendix 1**). 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 required. Since April 2020, the 3 minute brief template has been used for services to share their updates; this has been met with positive feedback.

- 3.5. Due to the huge volume of work and staff resources required to establish and implement the COVID-19 vaccination programme in December 2020 and the set up and opening of the Fiona Elcock Vaccination Centre in January 2021, the January Clinical and Care Governance Group was cancelled. The March 2021 meeting was not quorate therefore the Clinical and Care Governance Group have only met once 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 2020/21 is listed below:

- Suicide Prevention Guidelines
- Policy & Procedure following a Death in Care Services
- Adverse Events Policy
- Risk Control Notices
- Risk Register.
- Adverse Events.
- Feedback and Complaints.

##### **Areas of achievement / Good Practice**

- 4.2 The Community Response Team (CRT) have been exemplary in adjusting to the many time sensitive and competing demands during the COVID-19 pandemic. The CRT in Moray provides support to the Covid Hub in providing care and support throughout the pandemic whilst retaining primary role and remit. The team became the sole responders to uninjured falls within the community decreasing the pressures on Scottish Ambulance Service (SAS) attendance to uninjured fallers. This is significant on top of their current role and remit.
- 4.3 VCreate Pilot – NHS Grampian is one of only two Speech & Language Services in Scotland to be piloting the use of VCreate to enable families to share video footage securely with therapists, reducing the need for face to face contact and enabling communication and flexibility of access to the service.
- 4.4 Monthly educational sessions are held for the Grampian Medical Emergency Department (GMED) to learn from adverse events and build sustainable connections between GMED clinicians and between the service and wider system. These sessions receive positive feedback and are well attended.

### **Clinical Risk Management (CRM)**

- 4.5 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.
- 4.6 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. An action log is produced following each meeting and is administered and monitored. Individual services can be invited to attend to offer further scrutiny and assurance.
- 4.7 There will be a focus on lessons learned which will be reported quarterly to the HSCM Clinical and Care Governance Group. A process for recording lessons learned will be developed to support easier recognition of trends and sharing of information. Due to the ongoing COVID-19 response and the focus on the COVID Vaccination Programme this piece of work is on hold.

### **Complaints and Feedback**

- 4.8 Within 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.
- 4.9 A report to the Committee meeting on 29 October 2020 (para 7 of the minute refers) provided members with detail on the procedures for NHS and Local Authority complaint handling to demonstrate the similarities and differences.
- 4.10 Overall, a total of **15** complaints were received during quarter 4.

	<b>Total Received in last quarter</b>	<b>Total Closed in last quarter</b>
<b>Local Authority</b>	6	8
<b>NHS</b>	9	5

- 4.11 A total of 18 complaints were received during quarter 3. A total of 15 complaints were closed within the same time period.
- 4.12 A total of 21 complaints were received during quarter 2. A total of 25 complaints were closed within the same time period.
- 4.13 These figures 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.
- 4.14 Please see **Appendix 2** for details of complaints closed during quarter 4 of 2020/21 (1 January up to 31 March).
- 4.15 Complaints received into Datix are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required.

- 4.16 Action taken as a result of complaints received by NHS Grampian and Moray Council during quarter 4 include:
- Monthly multi-disciplinary meetings set up
  - Communication improvements
  - Education / training of staff
  - Access Improvements: system changes

### **Complaints Handling Procedures**

- 4.17 Since 2012 the Scottish Public Services Ombudsman's (SPSO) Complaints Standards Authority has worked closely with a range of partners and stakeholders to develop and implement Model Complaints Handling Procedures (MCHPs) for each public service sector. In 2018-19 the SPSO conducted a review of MCHP to establish effectiveness and usability. Following consultation the MCHPs were revised, updated and published under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.
- 4.18 The NHS was the last public sector to adopt the MCHP on 1 April 2017. Therefore, the NHS MCHP has not yet been revised since it was first published.
- 4.19 The revised Local Authority MCHP, published 2020, applies to social work complaints, whether they are handled by local authority or health and social care partnership staff.
- 4.20 For complaints relating to the actions and processes of the Integration Joint Board itself, IJBs are asked to adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities.

## Adverse Events

### 4.21 Adverse Events by Category and Level of Review\* Reported on Datix (Quarter 4, 2020/21)

	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	No value	Total
Abusive, violent, disruptive or self-harming behaviour	108	1		0	109
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	17	0		1	18
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Radiation, Needlesticks or other hazards)	96	2		0	98
Clinical Assessment (Investigations, Images and Lab Tests)	5	0		0	5
Consent, Confidentiality or Communication	6	1		0	7
Diagnosis, failed or delayed	3	1		0	4
Financial loss	1	0		0	1
Fire	6	0		0	6
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	7	3		1	11
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	7	0		0	7
Medical device/equipment	1	0		0	1
Medication	18	0		3	21
Other - please specify in description	19	0		5	24
Patient Information (Records, Documents, Test Results, Scans)	10	0		1	11
Security (no longer contains fire)	1	0		0	1
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	3	0		0	3
No value	0	1		0	1
<b>Total</b>	<b>308</b>	<b>9</b>	<b>0</b>	<b>11</b>	<b>328</b>

\* Not all adverse events allocated a level of review at time of reporting.

4.22 In quarter 3, 64 adverse events were allocated a Level 3 Review and categorised under abusive, violent, disruptive or self-harming behaviour. For quarter 4 there are 108 Level 3 reviews under the same category. Further analysis shows the increase in events is attributed to a small number of very challenging patients both in adult and older adult mental health inpatient areas.

4.23 Adverse Events by Harm Reported on Datix (Quarter 4, 2020/21)

	2020/21 Quarter 1	2020/21 Quarter 2	2020/21 Quarter 3	2020/21 Quarter 4
Occurrence with no injury, harm or ill-health	169	204	170	<b>222</b>
Occurrence resulting in injury, harm or ill-health	51	77	73	<b>72</b>
Near Miss (occurrence prevented)	16	26	35	<b>34</b>
Property damage or loss	2	5	2	<b>0</b>
Death	0	0	0	<b>0</b>
<b>Total</b>	<b>238</b>	<b>312</b>	<b>280</b>	<b>328</b>

4.24 Adverse Events by Severity Reported on Datix (Quarter 4, 2020/21)

		2020/21 Quarter 3	2020/21 Quarter 4
Negligible	No injury or illness, negligible/no disruption to service / no financial loss	215	<b>262</b>
Minor	Minor injury or illness, short term disruption to service, minor financial loss	60	<b>58</b>
Moderate	Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	4	<b>7</b>
Major	Major Injury, sustained loss of services, major financial loss	1	<b>1</b>
<b>Total</b>		<b>280</b>	<b>328</b>

## **Findings and Lessons Learned from incidents and reviews**

- 4.25 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.
- 4.26 There are no level 1 reviews in progress (at the time of reporting).
- 4.27 As reported to the Clinical and Care Governance Committee in February 2021 (para 6 of the minute refers) there was 1 level one review underway. This review is now complete. Minor system of care/service issues were identified and itemised recommendations have been set out for consideration within NHS Grampian.

## **HSCM Risk Register**

- 4.28 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There has been **0** new risk identified as “High” during this reporting period.
- 4.29 Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical and Care Governance Group. The risk register has been reviewed with leads given guidance and support to update. An overview of the Risk Register is shown in **Appendix 3**.
- 4.30 There are no “Very High” risks currently on the register.

## **Duty of Candour**

- 4.31 Three events are currently being considered for Duty of Candour.

## **Items for escalation to the Clinical and Care Governance Committee**

- 4.32 Adult Support and Protection – multi-disciplinary joint inspection of adult protection activity in Grampian is expected in 2021. A self-assessment return for NHS employed staff was completed and submitted to NHS Grampian Adult Protection Group, on 5 March 2021, as part of a wider programme of work to prepare NHS Grampian for the upcoming joint inspection. An action plan will be issued to areas in due course, it is anticipated adult support and protection training for health colleagues will be a priority.
- 4.33 Adult Support and Protection in Moray – the Adult Support and Protection Improvement Plan has been paused pending resolution of capacity and resource within social care. Moray Access Teams’ currently do not have capacity to make Initial Referral Discussions (IRDs) operational. This is a ‘red risk’ on the Social Care Practice Governance Board Risk Register. Approval was given by HSCM Senior Management Team (SMT) at their meeting on 13 May 2021 for the recruitment of a further 3.5 full time equivalent (FTE) temporary social workers for the Access Team. The MIJB are to receive an update report on Adult Support and Protection at the meeting of 27 May 2021.

## 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) 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 / Joint Clinical and Care Governance Group Chair
- Sam Thomas, Chief Nurse Moray / Joint Clinical and Care Governance Group Chair
- 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 sharing and action 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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Background Papers: with author (data extracted 20.04.21)

Ref: