REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 29 AUGUST 2019

SUBJECT: CLINICAL CARE GROUP – UPDATE AND EXCEPTION REPORT – QUARTER 1

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To inform the Clinical and Care Governance Committee of Health and Social Care Moray (HSCM), of progress and exceptions reported in Quarter 1 (April to June 2019).

2. RECOMMENDATION

2.1 It is recommended that the Clinical and Care Governance Committee consider and note for Quarter 1 (April to June 2019):

i) the complaints and adverse events summary shown in Appendix 1;

ii) an update on Audit, Quality Assurance and Quality Improvement Activity in HSCM shown in Appendix 2; and

iii) exception reporting from HSCM Clinical Governance Group.

3. BACKGROUND

3.1 The 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 draft minute refers).

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

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Complaints Quarter 1 2019/20

The information gathered for complaints and adverse events are in accordance with respective NHS Grampian and Moray Council policies and systems. Due to the fact there are two systems and approaches it does not facilitate easy collation and analysis of these types of events. Discussions will be taking place between partner agencies to agree and fully understand process and performance measures and to facilitate accurate consolidation, alignment and comparison of data, to provide assurance to this committee.

4.1.1 Overall, a total of **12** complaints were recorded within Datix, and **5** recorded within the complaints system of the Local Authority. Of those recorded on Datix, **1** was resolved through Early Resolution (within 5 days), **6** were resolved within 20 days and **2** were resolved in 25 and 31 days respectively, with a median of 16.5 days. **3** complaints remain active.
On review of those taking longer than 20 days, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. On 2 occasions the complaint had been assigned to the incorrect manager which incurred a delay in responding. Complainants had been notified of the extended time required for the investigation.

Of those recorded on the Local Authority system, **1** was resolved through Early Resolution (within 5 days) and **4** were resolved within 20 days.

HSCM Outcome of Complaints

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Not Coded *	Total
DATIX n=12	GMED	0	3	1	0	**4**
	Mental Health – Adult Health	1	0	1	0	**2**
	Allied Health Professionals	1	0	1	1	**3**
	Community Nursing	0	0	1	2	**3**
Local Authority =5	Drug and Alcohol	0	0	1	0	**1**
	Community Care - Head of Service	1	2	0	0	**3**
	Moray East	0	1	0	0	**1**
Total		**3**	**6**	**5**	**3**	**17**

4.2   **Adverse Events/Incidents**

Incidents recorded on Datix - During Quarter 1 there were a total of **424** incidents recorded on Datix. Incidents are recorded by NHS Grampian and some HSCM staff on the Datix system. Each incident is reviewed by the appropriate line manager, with the relevant level of investigation applied. Analysis of quarter 1 data shows that the majority of incidents (400) were resolved following a local review by the line manager.   **1** incident is currently being investigated with a Level 1 review (full review team), and **8** with a Level 2 review (local management review team). **One** incident met the threshold for Duty of Candour in the last quarter, and appropriate action was taken. Learning from this review has resulted in:
- The introduction and implementation of an Interactions Protocol.
- Improved communication channels between the 2 services.
- Warnings being added to patient records who have been prescribed a specific drug.

The highest prevalence of incidents were**:-**

Incidents related to Slips Trips and Falls -**135**
Incidents related to Abuse/ Disruptive Behaviour -**108**
Incidents categorised as "Other" - **25**

 Incidents and Accidents recorded by Moray Council

During Quarter 1 a total of 60 incidents were recorded.
The highest prevalence were:-

Slip, trip or fall on same level   - **16**
Hitting a fixed/ stationary object - **7**
Other   - **11**

4.2.1   **Slips, Trips and Falls**

Incidents recorded on Datix
Further analysis of the data shows that half of these incidents (65) are attributed to the same 9 patients with 4 or more falls. These are located within Community Hospitals and Adult Mental Health setting. The Senior Charge Nurses for these areas have provided further analysis. All of these patients had a falls Risk Assessment completed, and had been re-assessed using the Falls Multifactorial Assessment. Corrective and supportive measures are in place for falls including increased observations, the use of slipper socks, falls monitor and falls sensor mats. In the majority of these cases, the high incidence of falls is attributed to co-morbidities, current health conditions and non-compliance.
This has shown that there are significant systems in place to mitigate these risks however these cannot be 100% effective due to the complex conditions affecting these patients. Contributory factors included cognitive impairment and clinical condition. The timing of these incidents, staffing and the layout of

the facilities was also considered during this review, but these were not found to be contributory factors.

Incidents recorded by Moray Council processes
Of the 16 slip/trip/fall incidents, **4** resulted in a major injury, **4** a minor wound, **3** strain/sprain, **1** categorised as other.

4.2.3 **Abuse/ Disruptive Behaviour (Datix)**
The majority of Abuse/Disruptive behaviour occurred within a Mental Health Setting and Community Hospitals. Four patients had multiple episodes (4 or more) of abusive/disruptive behaviour reported, accounting for 47 (43%) of the incidents reported. This is concurrent with illness and behaviours relevant to this speciality and areas.

4.2.4 **Other**
Having reviewed the incidents on Datix that were coded as "Other", it appears that the majority of these could be allocated a specific category rather than 'other'. Review indicates that these incidents included Abuse/ Disruptive Behaviour; Access/Appointments/Discharge; Infrastructure Resource and Medical Equipment.
These continue to be reviewed at the local Clinical Risk Management Group, and relevant managers and approvers contacted to update.

4.2.5 **Severity Rating**
Of the **424** incidents reported on Datix there were **322** rated as negligible; **98** as minor; **3** as Moderate; and **1** as Extreme. Those rated as Extreme are currently being reviewed and investigated following appropriate investigative methodology.

4.3 **Learning from recent reviews**
Four level 2 investigations (Local Management Team Review) have recently been completed. Lessons learned and improvements to practice have been identified from these reviews. Due to the nature of the incidents, it is not pertinent to be too specific, as this may allow individuals to be identified. Learning has included:

- Staff have been reminded of Information Governance security measures and have reviewed the information governance and IT security training.
- Following reviews of care delivery out with hospital, measures are now in place to ensure that staff have the relevant competencies in place and that these are measured and monitored.
- Treatment escalation plans are in place and are communicated and shared with relevant practitioners.

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

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

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

4.5 **HSCM Clinical Governance Group**

4.5.1 The HSCM Clinical Governance Group continues to meet monthly. It has been noted that there is a reduction in the number of services being represented at these meetings and also the submission of requested assurance reports has reduced. This has been escalated and the Chair and Vice-Chair will be contacting relevant services to ensure representation 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 Commissioning Plan 2016 – 2019**

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

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

(b) **Policy and Legal**

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

(c) **Financial implications**

None directly associated with this report.

(d) **Risk Implications and Mitigation**

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to

adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

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

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

(e) Staffing Implications

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

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

(h) Consultations

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

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

6 CONCLUSION

6.1 This report provides a summary and analysis of HSCM complaints handling performance and adverse events during Quarter 1 (April to June 2019) and the monitoring in place.

Authors of Report: Pauline Merchant, Clinical Governance Coordinator
Background Papers: held by author
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