



Clinical Governance Group Annual Report 2019/20

1 Introduction

- 1.1 Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish (Department of Health).

As chair of the Health and Social Care Moray (HSCM) Clinical Governance Group (CGG), I take great pleasure in providing this annual report reviewing clinical governance in Moray covering the year up to the end of March 2020.

The aim of the CGG is to gain assurance that the clinical services HSCM and the Integrated Joint Board (IJB) are responsible for, are safe, effective and person-centred. This includes independent contractor services and community based health services. There is a need to also consider external reports that may have an influence on and /or be relevant to the delivery of clinical services. There is a mechanism to allow escalation of concerns up to the IJB Clinical and Care Governance Committee.

Monitoring activity is undertaken through:

- Reporting structures and contractual obligations,
- Incidents complaints and compliments,
- Clinical Risk Management (CRM) Group and
- External reports, investigations and audits.
- Reporting from individual services

We regularly review our clinical risk management system (Datix) which allows us to monitor feedback, complaints, risks and adverse events. Review and evaluation of these support learning to ensure that we learn when things go wrong and implement changes to ensure we are continually delivering high quality clinical care. Reviewing service delivery supports identification and sharing of good practice.

- 1.2 The intention of this report is to describe the main governance framework and to share a small selection of the activities and interventions that aim to improve the quality of care delivery within our partnership.

2 Clinical Governance Arrangements

- 2.1 During the reporting period (April 2019 to March 2020) clinical governance has been overseen by the HSCM Clinical Governance Group (CGG). The CGG has an overview of clinical governance and seeks assurance that clinical governance arrangements are working effectively and efficiently to support the delivery of safe high quality care. The HSCM CCG met 11 times during the reporting period. Membership of the CGG can be found in Appendix 1. Two Hosted services also report through the CGG – Adult Mental Health and GMED.
- 2.2 Organisational culture is a major factor in understanding the performance of clinical teams, and how it supports working practice in delivering safe and effective care. Assurance around clinical governance requires a robust

framework and a culture in which the organisation and their clinical team members:

- Consider quality issues as part of core business, including monitoring and responding to incidents, complaints, compliments
- Work together to improve performance using local and national inspection reports as well as local audit work and care assurance tools
- Are willing to acknowledge challenges and find and share solutions.
- Value personal and team development and education
- Feel valued in their work
- Seek ways of improving care as a matter of routine and are involved in local and national improvement work
- Proactively implement standards of care developed nationally and have a clear process to evidence this.
- Maintain individual professional accountability

To support this the Health and Social Care Moray CGG require assurance that the above is discussed with all team members. We asked that all services confirmed Governance, Quality Assurance and Improvement are considered and shared with teams and are a standing item on team meeting agendas. A reporting schedule has been developed and agreed, to facilitate each service within HSCM providing a quarterly report. This provides a conduit to share information whilst affording assurance to the partnership.

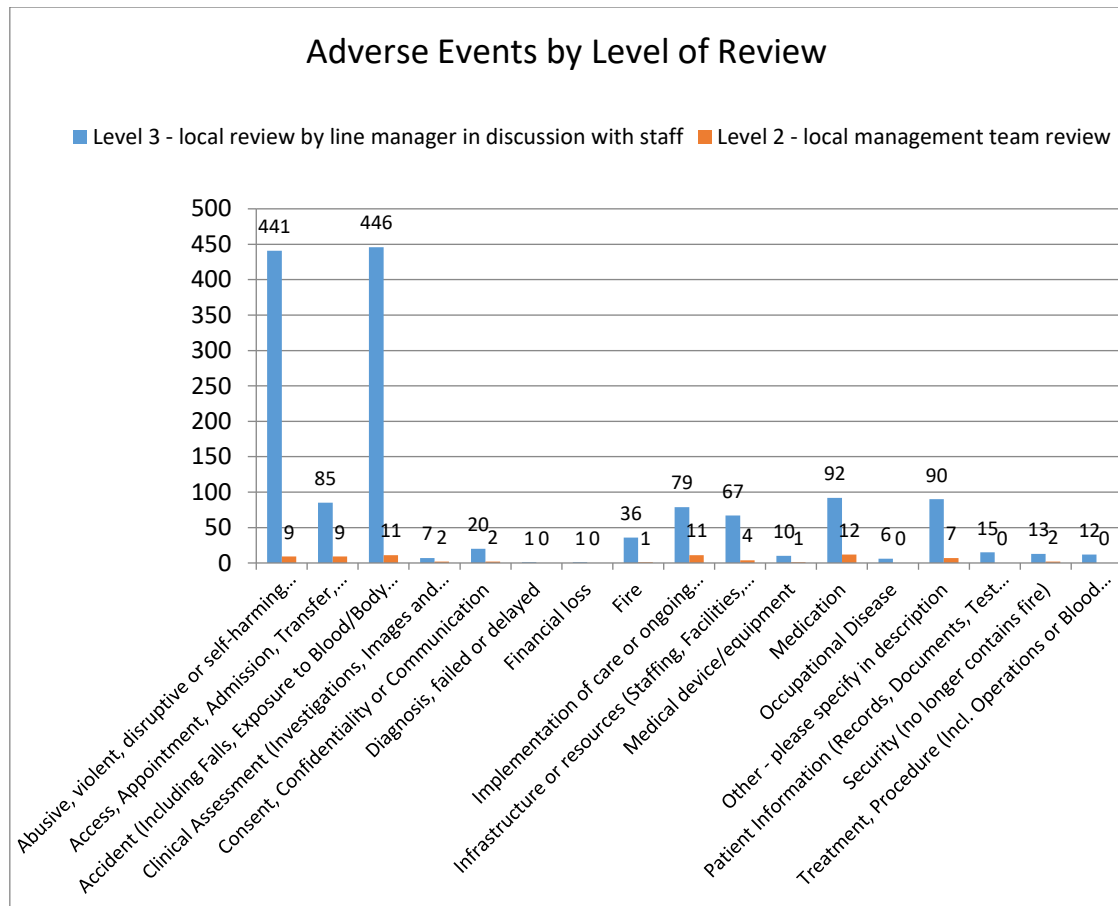
3 Patient Safety and Clinical Risk Management

- 3.1 It is the experience of all healthcare systems across the world that patients, despite the best efforts to the contrary, will occasionally suffer harm whilst being cared for. HSCM seeks to minimise the frequency and degree of such instances of patient harm through a clinical risk management approach. One aspect of clinical risk management is collecting and analysing information relating to the causes or potential causes of injury to patients, then by applying this learning, seek to improve levels of patient safety and well-being. Another part of our approach is through patient safety programmes, both nationally and locally set, which seek to create more reliable care processes and minimise risks.
- 3.2 In reviewing the following section on safety it is important to understand that for the majority of patients their care is delivered safely and effectively without adverse event.
- 3.3 We actively encourage our staff to report all patient safety incidents through our risk management information system (DATIX). This system is a repository for adverse events, near misses, risks, and feedback, including complaints, compliments and suggestions, as well as Duty of Candour. Appropriate review of these increases an organisation's knowledge of why these events happen and improves its capacity to prevent them recurring. This provides us with an opportunity to learn from the issues raised by staff so that we can continue to improve the quality of patient care.
- 3.4 The following charts provide an outline of events reported on Datix. An important point to recognise is that although reported, these are not indicators

of poor clinical performance. The data in this section will also include near miss situations where no immediate harm was suffered, but could recur if conditions or causes are not remedied. A further proportion of reported events will be unavoidable arising from the complex presentation of seriously ill patients.

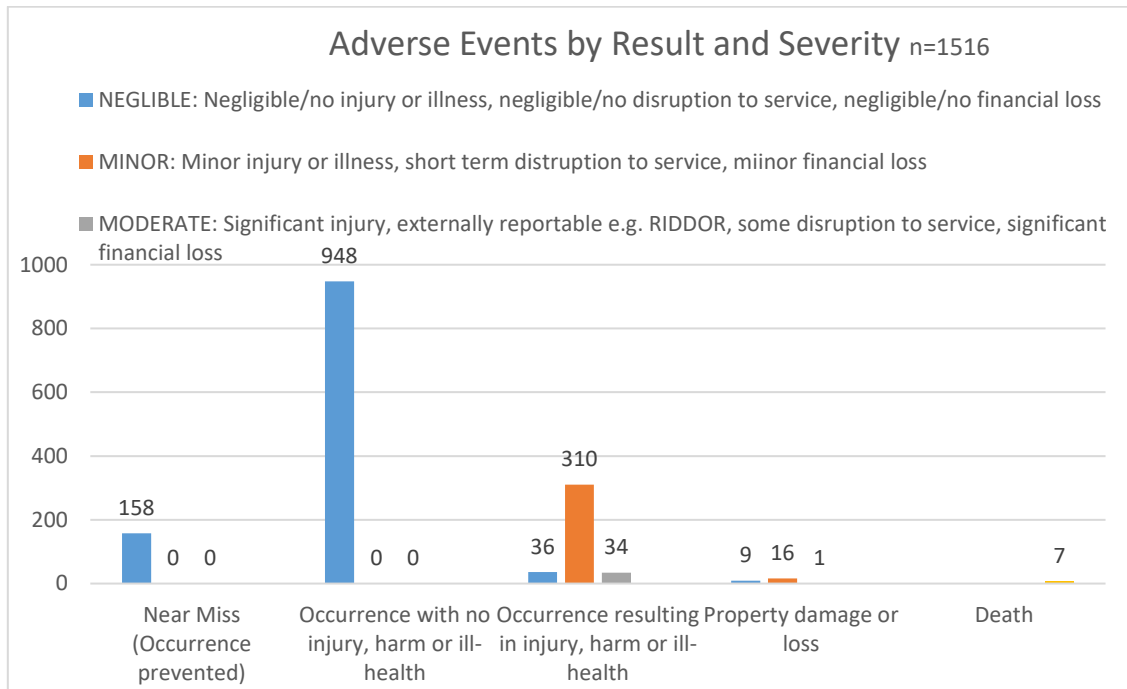
3.5 The graph in paragraph 3.6 shows the number of adverse events and the level of review for the reporting period. It should be noted that three Level 1 reviews were commenced in this reporting period. Due to the low numbers and possible identification of individuals, these are not shown in the graph.

3.6



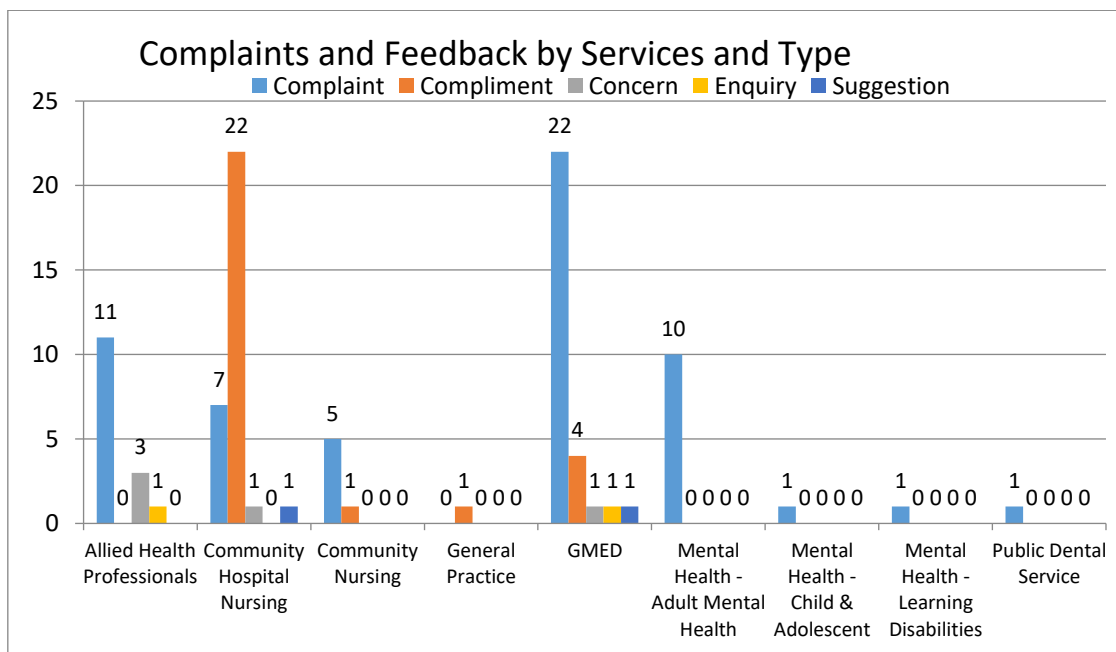
3.7 The graph in 3.8 outlines adverse events by result and severity.

3.8



Deaths reported occurred in different services, and result in less than or equal to (\leq) 5 per service. These are not commented on to preserve confidentiality due to the risk of identification. Level 1 reviews are undertaken by a full review team and includes a significant adverse event analysis and review using validated analysis tools.

3.9 The graph in 3.9 shows complaints and feedback received by service.



- 3.6 The Clinical Risk Management (CRM) Group provides a forum which facilitates openness, accountability and integrity of decision-making and risk, in relation to the quality and safety of delivery of clinical care across HSCM. It enables robust assurance to HSCM and the Integrated Joint Board (IJB) on matters relating to clinical risk management and Clinical Governance across Moray.
- 3.7 The group reports to the HSCM Clinical Governance Group to provide continued assurance and evidence of improvement. The CRM meeting seeks assurance and provides approval for the following core items:
- Review of
 - Complaints and Feedback
 - Major and Extreme incidents
 - Duty of Candour events
 - Level 1 and 2 investigations
 - RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)
 - Emerging key themes and trends
 - Items to escalate to the HSCM Clinical Governance Group. Exception reporting will be presented to the HSCM Clinical and Care Governance Committee and OMT.
- 3.8 Core membership of the HSCM CRM group is as follows:
- Head of Clinical and Care Governance
 - Clinical Governance Coordinator, HSCM
 - Service Manager with NHS responsibility x 2

Following review of the CRM process, the group will be moving to a 2 weekly meeting with members of the senior leadership team.

4 **Improvements made**

- 4.1 Following investigations of complaints and adverse events, improvements have been made. These include:
- Improvements in communication between staff to staff and staff to patient,
 - Conduct issues have been addressed
 - Focussed training to be developed for all relevant SW staff with the aim of improving the consistency and quality of engagement with families both during assessment process and pre-discharge care planning
 - Patients attending Minor Injury Units now follow the same process of assessment as In-patients.
 - A new exit alarm system has been put in place to help reduce the risk or confused patients absconding.
 - ADHD Diagnosis in Adults pathway is being developed.
 - Multi-agency discussions have taken place to update the process of management of death in the community, with staff being made aware of the updated process.
 - A process has been implemented to ensure time breaches are notified which allows a senior clinician to act on this.

- Extra checks have been introduced for patients presenting to unscheduled care units/ Minor Injury Units, to ensure they are safe to transfer themselves independently to the emergency department.
- Some staff identified from complaints have completed reflective practice accounts supporting improvements in patient contact and practice.
- More class based programmes have been provided to allow more patients to enter the musculoskeletal service.
- Recruitment of locum staff to support vacancies and actively pursuing recruitment of staff across Scotland and beyond.
- Medication management is taken into account through the Self Directed Support (SDS) package and supported via the medication management policy.

5 **Areas of Achievement and Good Practice**

- 5.1
- Members of the Clinical Governance Group attend the Social Care Practice Governance Board Meeting which facilitates cross sector sharing and learning.
 - GMED Clinical Governance Committee is now established and meeting regularly.
 - District Nursing (DN) teams have been supporting an initiative in Moray recently with outreach training to home care within the East locality, looking at various topics to improve early identification and prevention e.g. tissue viability and catheter care .
 - An Occupational Therapist now supports the Emergency Department at Dr Gray's Hospital assisting in triage and sign-posting patients, preventing unnecessary admissions to hospital.
 - Prevention of Lower-limb Pressure Damage & Reduction in bed stay
 - The National 'Check Protect Refer [CPR] for At-Risk Feet' campaign, whose aim is to prevent lower-limb pressure damage and reduce bed stay, has been rolled out across Moray. Following the introduction of the campaign in 2018 in Dr Gray's, in 2019, a Highly Specialised Podiatrist rolled-out the campaign across all Moray Community Hospitals and to all the Community Nurse Team and the Moray Wound Advocates group.
 - Alignment of Community Psychiatric Nurses (CPNs) to GP practices and the development of mental health Hubs where practice size permits.

6 **Audit, Guidelines, Reviews and Reports**

- 6.1 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 processes in place to meet/ mitigate these recommendations. An excerpt of some of Reports/ Guidelines shared and discussed include:

- Gosport Hospital Report
- Our Citizens' Jury Report
- Mental Welfare Commission (MWC)
- Drug Related Deaths in Scotland in 2018 – Report

- Health and Social Care Standards Self Evaluation - HSCM Submission
- Bed Space Cleaning Guidance/Checklist
- Duty Of Candour Annual Report
- Scottish Public Services Ombudsman (SPSO) Upheld complaints
- HIS Report –NHS Lanarkshire
- HIS Summary of External Inspections to NHS Scotland Boards
- Mental Welfare Commission Reports
- Older People in Acute Hospitals and Older People in Acute Care Action Plan

7 Planned developments for next year (2020 / 2021)

- Support staff to further develop, implement and strengthen existing governance process.
- Support the progression and development of the HSCM Clinical and Care Governance Framework.
- Implementation of a shared learning process within HSCM.
- In-depth investigations of increasing trends identified through Datix. (e.g. violence and aggression).

8 Conclusion

The HSCM CCG has monitored clinical governance arrangements and developments throughout 2019/20. Clinical governance arrangements are kept under continuous scrutiny and reviewed and improved to support the needs of the evolving service. Through the reporting and scrutiny system in the HSCM CCG there is a satisfactory system in place throughout the year to provide reasonable assurance of the effectiveness of the clinical governance arrangements.

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Signed:

Date:

Graham Taylor,
Chair HSCM CCG

HSCM Clinical Governance Reporting Structure

