REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 29 OCTOBER 2020**

SUBJECT: **HSCM CLINICAL GOVERNANCE GROUP ESCALATION REPORT**

BY: **SEAN COADY, 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 Governance Group during quarter 2 of 2020/21 (1 July up to 25 September).

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 (item 7) (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 (item 6) (para 3.2 of the minute refers).

3.3. The agenda for the 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. 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.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Audit, Guidelines, Reviews and Reports

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.

- Healthcare Improvement Scotland (HIS) – Safe and Clean inspections and Older People in Acute Hospitals (OPAH) inspections. Letter informing inspections to be reinstated.
- HIS Improvement Action Plan:- Review and update of HIS Safety and Cleanliness of Hospitals Improvement Action Plan following inspection in August 2019.
- Mental Welfare Commission (MWC) – Review and update of Action Plan following inspection in January 2020, at Seafield Hospital, Muirton Ward. (updated June 2020)
- Clinical and Care Governance – Structure review
- Primary Care Service update
- Forres/ Lossiemouth Locality Service update
- What happens as the Dust Settles – Quality Governance integrated approach to governance.
- Duty of Candour Annual Report
- Overview of Adverse Events attributed to COVID-19
- GMED Service update
- Drug Related Deaths Report
- Moray Integrated Drug and Alcohol update
- Adverse Events
- Feedback and Complaints

4.2 Areas of achievement good practice

- Implementation of a Superintendents' Group in the Buckie Locality, supporting multi-agency overview of service delivery. The aim is to evaluate this group with a view to rolling the model out across Moray.
- A Collective Sense Making exercise has taken place with Mental Health staff having the opportunity to contribute their views on the pandemic response.
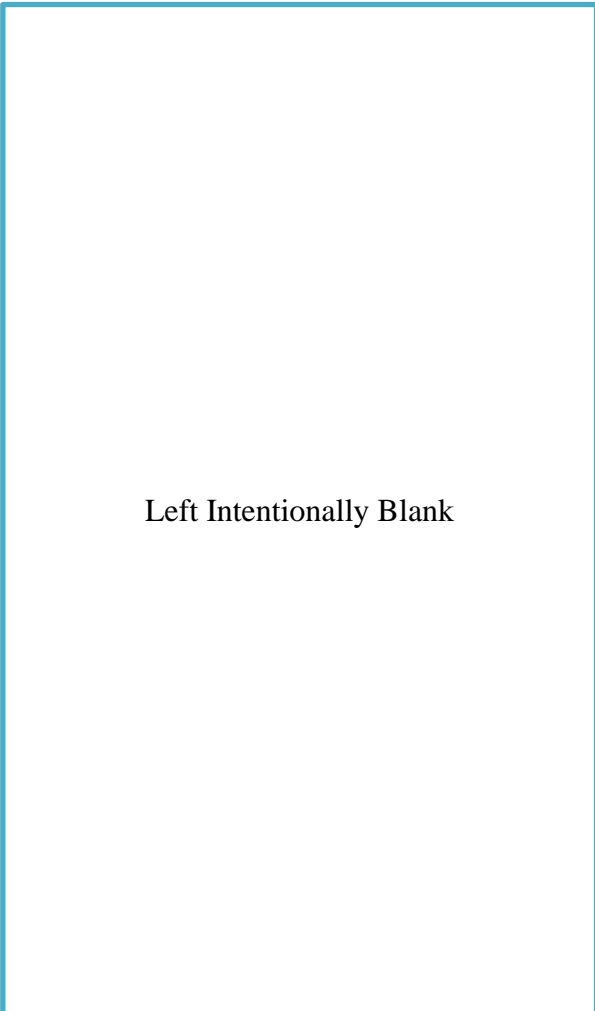
4.3 Clinical Risk Management (CRM)

The Clinical Risk Management (CRM) group now 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. The group is attended by members of the senior management team and clinical governance coordinator. An action log is produced following each meeting and is administered and monitored. The new procedure for CRM has met 3 times now and the process is felt to be much more streamlined and effective, giving assurance to the leadership team. Individual services can be invited to attend to offer further scrutiny and assurance. There will be a focus on lessons learned which will be reported quarterly to the HSCM Clinical Governance Group. A process for recording lessons learned is currently being

developed which will support easier recognition of trends and sharing of information.

4.4   **Complaints and feedback**
A separate complaints report has been tabled to the Clinical and Care Governance Committee.

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4.5   **Adverse Events**

4.5.1   Adverse Events by Category and Event date Reported on Datix (Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2	Negli-gible	Minor	Mod-erate	Level of review *		
						1	2	3
Abusive, violent, disruptive or self-harming behaviour	61	**102**	12	26	2	0	2	96
Access, Appointment, Admission, Transfer, Discharge including Absconders)	9	**14**	14	0	0	0	0	14
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Radiation, Needlesticks or other hazards)	90	**98**	68	30	0	0	0	90
Clinical Assessment (Investigations, Images and Lab Tests)	2	**0**	0	0	0	0	0	0
Consent, Confidentiality or Communication	10	**9**	9	0	0	0	0	8
Fire	7	**4**	4	0	0	0	0	4
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	14	**9**	6	3	1	0	0	9
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	4	**12**	10	2	0	0	1	10
Medical device/equipment	3	**4**	3	1	0	0	0	3
Medication	14	**17**	16	1	0	0	3	14
Occupational Disease	1	**6**	6	0	0	0	0	6
Other - please specify in description	13	**15**	13	2	0	0	0	10
Patient Information (Records, Documents, Test Results, Scans)	4	**4**	4	0	0	0	0	4
Security (no longer contains fire)	4	**5**	4	1	0	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	**2**	1	1	0	0	0	2
Total	238	**312**	170	67	3	0	6	274*

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

4.5.2   Adverse Events by Category and Event date Reported on Datix
    (Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2
Occurrence with no injury, harm or ill-health	169	204
Occurrence resulting in injury, harm or ill-health	51	77
Near Miss (Occurrence prevented)	16	26
Property damage or loss	2	5
Death	0	0
Total	238	312

4.5.3   Adverse Events by Severity Reported on Datix
    (Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2
55		241
Minor		68
Moderate		3
Total		312

4.5.4 **Findings and Lessons Learned from incidents and reviews.**
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. Of the 2 level one reviews that were commenced during the last quarter, one has been completed, with the report shared with the Commissioning Officer to facilitate agreement and allow development of the action plan. No single route cause could be identified, however there were some contributing factors. Lessons learned from this review include:

- The NHSG Headache Protocol is fit for purpose and does not require revision at this time.
- There was not enough written evidence of the rationale for the decision not to admit the patient within the notes.
- There is advice available out of hours from doctors at both ARI and GMED to support decision making.

Good practice noted included the fact that members of staff have engaged in reflective practice, and there is evidence of good engagement with patient and their spouse.

A number of recommendations have been made and these will be agreed and included within the action plan, implemented and monitored.

Following initial review of the second incident, it was found that a Level 1 review was not required.

4.6 **Risk Register**
New risks identified on Datix are discussed at each Clinical Governance Group and CRM. No new risks identified as "Very High" or "High" during this reporting period.

Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical 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 1**.

Within Social Care, 2 Red Risk have been identified – Hospital discharge Team and the Mental Health Officer cover reducing due to retirement. Meetings have been held to discuss mitigating options and will continue to review.

4.7 **Duty of Candour**
One event is currently being considered for Duty of Candour.

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

- Social Care representatives now attend the group. The group will subsequently be called the HSCM Clinical and Care Governance Group.
- The Practice Governance Group are updating their Risk Register: Care at Home has been identified as an increasing risk.

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:

- Graham Taylor, Clinical Governance Group Chair
- Liz Tait, Head of Clinical and Care Governance Moray Alliance
- Sam Thomas, Chief Nurse Moray.
- Jeanette Netherwood, Corporate Manager

6. CONCLUSION

6.1 The HSCM Clinical 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.

Author of Report: Pauline Merchant
Background Papers: with author
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