



REPORT TO: CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 OCTOBER 2022

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 2 (JULY TO SEPTEMBER 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 2 of 2022/23 (1 July up to 30 September 2022).

2. RECOMMENDATION

- 2.1 It is recommended that the Committee consider and note the contents of the report.**

3. BACKGROUND

- 3.1. 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 minute refers).
- 3.3. As reported to this 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 Tracy Stephen, 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 twice 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 2 2022/23 is listed below:

- CRM Minutes
- HIS – Unannounced Inspection Report: University Hospital Crosshouse NHS Ayrshire & Arran
- Service Updates:
 - GMED
 - Pharmacy
 - Forres & Lossiemouth Locality
 - Moray Integrated Drug & Alcohol Services
 - Moray Integrated Mental Health Services
 - Moray Learning Disability Services
 - Moray GP/Primary Care Contracts Team
- Adverse Events and DoC
- HSCM Risk Register
- Complaints / Feedback
- Update from Practice Governance Group

Areas of achievement / Good Practice

- 4.2 At the last Committee meeting GMED reported working on improving the quality of the service that is provided to patients across NHS Grampian and a number of initiatives were described. Updates have been added in, in bold, below:

- Working with various stakeholders, including Scottish Ambulance Service (SAS), NHS24, Emergency Department (ED) and Mental Health to identify how patient pathways can be streamlined to ensure quality of patient care is improved. **GMED continues to work with stakeholders on patient pathways and professional to professional calls.**
- Regular Continuing Medical Education (CME) sessions are organised for the clinical team to ensure national clinical standards and guidelines are shared and reliably implemented within GMED for a specified condition. **These are ongoing and aim to continuously ensure that patients receive evidence-based and consistent care.**
- Patient surveys to measure patient satisfaction with the quality of care provided by GMED service and clinical note audits – **these were paused due to an IT system failure and a staff vacancy. This post has now been recruited too, and it is anticipated that this work will resume once GMED can totally return to 'business as usual'.**

- 4.3 GMED – changes made to the front end of main IT system to align each health board in Scotland with national standards.
- 4.4 Forres and Lossiemouth Locality:
- District Nurse and Social Work pathway are in place for admissions to Varis Unscheduled Short Stay Flats – the criteria for admission has been updated and shared with all key stakeholders. Forres Neighbourhood Care Team staff discuss all potential admissions.
 - Forres Treatment and Care Hub provide minor illness and day centre treatments for patients that would otherwise have to travel through to Dr Gray's Hospital.
- 4.5 Moray Integrated Drug and Alcohol (D&A) Services:
- Additional funding from the Alcohol Drug Partnership has allowed recruitment to additional nursing, admin, psychology and medical posts to support service as well as supporting two further nurses to undertake non-medical prescribing.
 - Moray Integrated D&A Service will be a pilot site for the roll out of TRAK HEAT waiting list module, likely to commence around September. This will provide more accurate reporting of waiting times.
 - Systems in place to review Drug Related Deaths and Multi-Agency reviews taking place to discuss high risk patients in a timely manner, engaging with other stakeholders involved in the patient's care. A report on Drug Related Deaths in Moray is included in today's agenda.
- 4.6 Moray Integrated Mental Health Services:
- Psychological therapy services – significant reduction in waiting lists was reported in August - waiting lists reduced from 83 people and longest wait 36 weeks, to 40 people longest wait of 25 weeks. Unfortunately due to an increase in referrals to the service, alongside capacity issues within the team the longest wait at the time of reporting is now 27 weeks with 53 people waiting.
 - Staffing – successful recruitment to consultant psychiatrist and psychotherapist posts. Start dates confirmed for September and October respectively. Funding secured from Scottish Government to recruit to a band 6 Post Diagnostic Support nurse.
- 4.7 Pharmacy – recruitment going well – there will be a full quota of pharmacists and technicians as set out in the original plan. Improved clinical outcomes include providing patients with more timely access to medication, staff accreditation, increase in polypharmacy complex medication reviews across all practices and an increase in senior pharmacists input to clinics.
- 4.8 Primary Care Contracts Team – GP practices are experiencing an increase in challenging behaviour from members of the public – work has commenced with NHS Grampian Feedback and Engagement team to work with patient groups across all independent contractor groups to address perceptions and issues.
- 4.9 Learning Disability Team have successfully appointed an administrator and an Advanced Practitioner to the social work team. The team have also recruited to the bank a Speech and Language Therapist to assist in reducing waiting list.

- 4.10 Clinical and Care Governance Developments – an update will be provided to Committee today with regards to progress in relation to governance arrangements and assurance framework.
- 4.11 Through routine monitoring of adverse events within community hospitals it has been noted there has recently been a spike in the number of falls within Moray Community Hospitals. The newly appointed Interim Clinical Governance (CG) Coordinator will be working directly with teams in Community Hospitals to create and implement effective strategies to care for those patients who are vulnerable to having falls.
- 4.12 Adults with Incapacity Training – a number of training sessions have been held with further dates circulated. This training focuses on discharge from hospital to a care home for people who lack capacity and is aimed at NHS colleagues across the partnership. HSCM committed to deliver this training following the Mental Welfare Commission Report: Authority to Discharge.
- 4.13 The Adult Support and Protection team undertook a visit to a care home following some referrals regarding delivery of care and support. The referrals did not progress to further adult support and protection intervention, however it did highlight possible learning points regarding communication and use of terminology. It is proposed that a standard recording template or system is used to provide a consistent way of recording to reduce the risk of misinterpretation of information and terminology between health professionals. A working group will be established to take this forward.

Clinical Risk Management (CRM)

- 4.14 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.
- 4.15 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.
- 4.16 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. It has been agreed that the action log and updates will be presented and discussed at HSCM Systems Leadership Group (SLG) on a monthly basis. This will allow clear escalation process for any 'High' or 'Very High' risks that are identified. This will also ensure SLG have oversight of all 'High' and 'Very High' risks held by HSCM.
- 4.17 The Interim CG Coordinator will coordinate CG intelligence to inform the partnership of local risks relevant to patient safety, providing information to Clinical Leads, Service Managers and local governance groups and committees. A schedule of meetings for CRM group are now resumed on a fortnightly basis.

Complaints and Feedback

- 4.18 HSCM complaints information for Quarter 2, 2022/23 is included in a separate report on today's agenda.

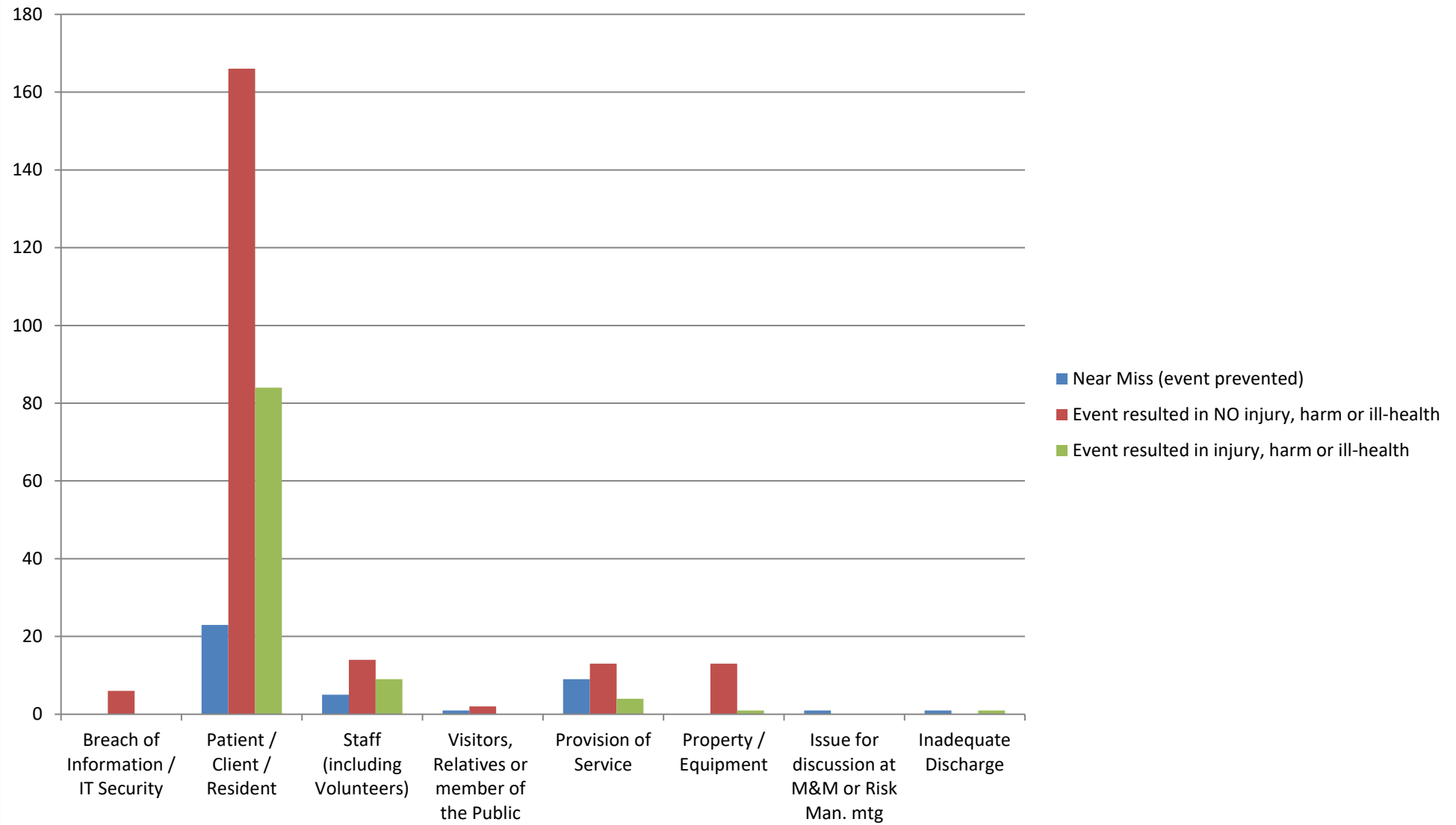
Adverse Events

4.19 Adverse Events by Category and Level of Review Reported on Datix (Quarter 2, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Abusive, violent, disruptive or self-harming behaviour	61	2	63
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	15	0	15
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	117	0	117
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	1
Consent, Confidentiality or Communication	5	0	5
Diagnosis, failed or delayed	1	0	1
Financial loss	2	0	2
Fire	5	0	5
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	10	1	11
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	17	0	17
Medical device/equipment	2	0	2
Medication	14	1	15
Other - please specify in description	15	0	15
Patient Information (Records, Documents, Test Results, Scans)	8	1	9
Security (no longer contains fire)	5	0	5
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	3	0	3
Total	281	5	286

* At time of reporting 66 AE had not yet been allocated a Level of Review

Adverse Events by Type and Result, Q2



4.20 Adverse Events by Service and Level of Review Reported on Datix (Quarter 2, 2022/23)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Allied Health Professionals	9	0	9
Community Hospital Nursing	71	1	72
Community Nursing	20	2	22
Community Pharmacy	0	1	1
General Practice	6	0	6
GMED	5	0	5
Grampian Diabetes & Heart Failure Nurses MCN	1	0	1
Mental Health - Adult Mental Health	82	1	83
Mental Health - Old Age Psychiatry	68	0	68
Mental Health - Specialisms	2	0	2
Out of Hours (Excluding GMED)	2	0	2
Primary Care	1	0	1
Public Dental Service	13	0	13
Administration	1	0	1
Total	281	5	286

* At time of reporting 66 AE had not yet been allocated a Level of Review

4.21 Adverse Events by Type and Severity Reported on Datix (Quarter 2, 2022/23)

	NEGLIGIBLE: Negligible/no injury or illness, negligible/no disruption to service, negligible/no financial loss	MINOR: Minor injury or illness, short term disruption to service, minor financial loss	MODERATE: Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	MAJOR: Major injury, sustained loss of services, major financial loss	Total
Breach of Information / IT Security	6	0	0	0	6
Patient / Client / Resident	198	65	7	2	272
Staff (including Volunteers)	20	8	0	0	28
Visitors, Relatives or member of the Public	3	0	0	0	3
Provision of Service	22	3	1	0	26
Property / Equipment	13	1	0	0	14
Issue for discussion at M&M or Risk Man. mtg	1	0	0	0	1
Inadequate Discharge	1	1	0	0	2
Total	264	78	8	2	352

4.22 All adverse events by result by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2
Occurrence with NO injury, harm or ill-health	193	239	271	189	218	214
Occurrence resulting in injury, harm or ill-health	80	61	87	79	89	98
Near Miss (occurrence prevented)	34	37	25	31	29	40
Property damage or loss	0	0	0	0	0	0
Death	0	0	1	0	0	0
Total	307	337	383	299	336	352

4.23 Adverse Events by Severity Reported on Datix by Quarter

	2020/21 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022.23 Quarter 2
Negligible	234	281	308	231	259	264
Minor	66	48	72	64	70	78
Moderate	6	8	2	2	4	8
Major	1	0	0	2	1	2
Extreme	0	0	1	0	2	0
Total	307	337	383	299	336	352

All adverse events have the appropriate level of investigation implemented.

At the time of reporting some events had yet to be allocated a Level of Review on Datix.

4.24 Findings and Lessons Learned from incidents and reviews:

- Staff reminded of the importance of accurate record keeping with monthly audits of patient notes to ensure record keeping is maintained to a high standard with clear and concise documentation.
- Earlier intervention to increase community nursing visits to patient when wound was assessed as deteriorating and timely updating of nursing documentation.
- Review of staff communication processes of patient information to administrative staff – staff to double check information on professional author of letter and medical IT systems.
- Teams reminded to check all active interventions for patients when scheduling new ones so that there is no duplication of work.
- Recirculation of the Standard Operating Procedure for labelling of blood tubes in patient homes.

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 currently 6 Level 1 reviews in progress (at the time of reporting).

HSCM Risk Register

4.27 New risks identified on Datix are discussed at CRM. There have been 2 new risks reported during Quarter 2, both identified as 'High'.

4.28 There are 3 "Very High" risks currently on the register. These are being closely monitored by the CRM and senior management team.

4.29 Each Clinical Service Group/Department highlights risks associated with their service, which are then discussed at CRM. The risk register is routinely reviewed with leads with guidance and support provided regarding updates. An exercise is underway to review and improve this process. This will involve an in-depth analysis of the existing structure, working closely with teams, to develop a more streamlined process for the management of risk across the partnership.

Duty of Candour

4.30 2 events were considered for Duty of Candour (DoC) during Quarter 2, these are both still under investigation.

Items for escalation to the Clinical and Care Governance Committee

4.31 Update on Pharmacy Closures – Moray has 26 Registered Community Pharmacies. They are obliged to meet professional standards which include opening premises and provision of services agreed, but this is not an actual contract. The community pharmacy can therefore request authorisation to close for a short period in absolute emergency situations. Closures in Moray have been lower than that in other areas, peaking to 42 episodes in the month of July 2022, but an increasing trend was noted over the last year. Multiple pharmacies have been more affected with Lloyds, then Boots, being most affected in Moray. Various discussions have been had with Lloyds' area manager but there is a recognised workforce shortage. NHS Grampian will

attempt to discuss improvements using possible loss of extra funded contractual services as a lever.

- 4.32 Adult Support and Protection – the Multi-Agency Improvement Action Plan is on today's agenda. On 28 July 2022 the Scottish Government launched the revised Code of Practice for the Adult Support and Protection (Scotland) Act 2007. Information specific to NHS and Locality Authority has been extrapolated from these documents, put into briefing notes and circulated appropriately to staff. The new key points within the document are primarily about clarity and emphasis on certain areas of Adult Support and Protection activity.
- 4.33 Adults with Incapacity – Capacity Assessments: issue in identifying an appropriate person to complete capacity assessments which are required for applications for guardianship. There is no formal pathway for this within the NHS – this is a national problem and not specific to Moray. The Clinical and Care Governance Group note the inherent risk associated with delaying the progress of guardianship applications and supports the development of a pathway to obtaining capacity assessments. This has been escalated through the appropriate channels within NHS Grampian.
- 4.34 GMEDs main IT operating system suffered major outage at the beginning of August 2022. GMED continue to operate under business continuity conditions to date. During this period GMED have reviewed and adapted their continuity plans to deliver safe patient care whilst also implementing a temporary system. The team continue to address and work through the challenges of the recovery plan and the additional work that generates.
- 4.35 Recruitment challenges continue for NHS dentistry across Scotland. There are currently no local independent NHS dental practices in Moray accepting new patients for NHS registration. Urgent dental care provision in Moray remains comprehensive for all, and care for registered patients remains relatively stable. Scottish Government interim funding package for local NHS dentists was revised in April 2022 and a further revision is expected this month. Two posts in the European Graduate Scheme have been secured for Moray, this should result in new registration places being made available to the population. Scottish Dental Access Initiative Grants and Recruitment & Retention Allowances have been approved for Moray, to encourage new dentists and/or practices into the area – however there are currently no applications.

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:

- HSCM Clinical and Care Governance Group members

- Sonya Duncan, 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: Isla Whyte, Interim Support Manager, HSCM Background
Papers: with author

Ref: