REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 AUGUST 2020**

SUBJECT: **CLINICAL GOVERNANCE GROUP ESCALATION REPORT**

BY: **DR GRAHAM TAYLOR, CLINICAL LEAD**

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 1 of 2020/21

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. 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 at the last 3 Clinical Governance Meetings. 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. Exception reporting is utilised as required. Since April 2020, the minute brief template has been used for services to share their updates 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.

- Once for Scotland Approach - The key principle of this new approach means the NHSScotland Workforce Policies be will be used on a Scotland-wide basis and delivered in a consistent way.
- Supporting Vulnerable Children and Young People – Data Intelligence Report
- Command Governance Structure V10 (COVID-19 Response)
- Drug Related Deaths

4.2 Areas of achievement good practice

- A pilot project to offer 'Falls Prevention Interventions' and to raise awareness in the Keith and Speyside locality is underway. This will involve a joint working approach between staff from the Community Hospitals, District Nursing teams, G.P's, the Public Health Teams, Community groups and third sector. The project and awareness raising will align with and refer into other services i.e. Occupational Health, Physiotherapy etc. as appropriate.
- AHPs are seeing critical patients and reprioritizing patients after this 12 week period. OTs are working 7 day weeks in acute, and 5 day weeks in Community Hospitals. This is to be considered as potentially permanent in future.
- All areas have been working hard to support different ways of working.

4.3 Clinical Risk Man agent (CRM)

The Clinical Risk Management (CRM) group meet weekly to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 and Level 2 investigations. Due to emergency planning procedures to support COVID-19, attendance has been reduced. During this time events on Datix have been regularly monitored and escalated

The CRM is open to service managers and team leaders to attend, and currently there is a core group of 4 staff who attend regularly. An invitation to attend the group is extended at each Clinical Governance Group meeting.

4.4 Complaints and feedback

A separate complaints report has been circulated to the Clinical and Care Governance Committee. Current processes were incurring a delay in responses to complainants. This was raised with senior managers in NHS Grampian. Following discussion the process has improved. This will be monitored closely.

4.5 Adverse Events

4.5.1 Adverse Events by Category and Event date (Quarter 1 2020/21)

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

4.5.2 Adverse Events by Category and Event date (Quarter 1 2020/21)

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

4.5.3 Findings and Lessons Learned from incidents and reviews.

- One Level 1 review was completed in the last quarter, it was found that the assessment of the patient two days prior to admission was appropriate and at that time it would not have been possible to detect the complication noted on admission. All appropriate processes were followed.

- There are currently two Level 1 Adverse Event Reviews being undertaken this quarter. Feedback from these will be included in the next report.

4.6 **Risk Register**
New risks identified are discussed at each Clinical Governance Group.
No new risks identified as "Very High". One new risk has been graded as "High" and this is being discussed and managed appropriately.
Each Clinical Service Group/Department will highlight risks associated with services, 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.

4.7 **Duty of Candour**
Duty of Candour Annual Report has been produced.

4.8 **Issues for escalation to the Clinical and Care Governance Committee**
The group were not assured that Senior Charge Nurses (SCNs) have the capacity to complete recent additions to their workload such as QIMPLE (Quality Management of Practice Learning Environment) and Job Train, which is impacting on the capacity to complete quality assurance tools. The Director of Nursing for Primary Care was asked to provide assurance that SCNs have the capacity to complete quality assurance tools. This was given in a written response to the group.

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
- Sean Coady, Head of Service, HSCM
- Liz Tait, Head of Clinical and Care Governance Moray Alliance
- Sam Thomas, Chief Nurse Moray.
- Jeanette Netherwood, Corporate Manager
- Moira Patrick, Democratic Services 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:
Ref: