



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 3, 2021/22

BY: CHIEF NURSE AND CHIEF SOCIAL WORK OFFICER/HEAD OF SERVICE

1. REASON FOR REPORT

1.1. To inform the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 3 of 2021/22 (1 October up to 31 December).

2. RECOMMENDATION

2.1 It is recommended that the 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. As reported to the Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives now attend the Clinical Governance Group. As such the group was renamed HSCM Clinical and Care Governance Group. With Ms Samantha Thomas, Chief Nurse - Moray, and Mrs Jane Mackie, Head of Service / CSWO, as co-chairs.

3.4. The agenda for the Clinical and Care Governance 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.

- 3.5. The Clinical and Care Governance Group have met 3 times 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 3 2021/22 is listed below:

- CRM Minutes
- Children and Families Service Update
- Moray GP/ Primary Care Contracts Team update
- Adverse Events
- Optometry update
- Adult support and Protection
- Pharmacotherapy 3 Minute Brief
- Complaints
- HIS update – Acute Hospital Inspections -
- The Mental Welfare Commission (MWC) December 2021 – 4 published reports
- Health visiting and School Nursing Service
- Healthcare Improvement Scotland (HIS), Covid-19 focused Inspections, Combined Care of Older People/Safety & Cleanliness Inspections - October 2021 – 2 published inspection report
- The Mental Welfare Commission (MWC) October 2021 – 6 published reports
- Death Certification Review Service - Annual Report 2020 -2021
- Healthcare Improvement Scotland Scrutiny Activity 2021/22
- Moray HSCP Mental Health and Integrated Drug and Alcohol service (Inpatient, Community & specialist Services) Suicide Assessment and management Protocol
- HSCM Mental Health Service Admission, Transfer and Discharge Policy
- Mental Welfare Commission for Scotland - Report on announced visit to Ward 4 Dr Gray's Hospital. Date of visit 26 May, 2021
- Annual Report on Complaints 2020 -2021

Areas of achievement / Good Practice

- 4.2 SDS Standards staff from Moray advised they met colleagues in City and Shire in relation to incorporating SDS standards to Social Work supervision to ensure we are adhering to standards and applying across the board and they align with Feeley report and 3 conversations model.

- 4.3 The LD Team Clinical Psychologist & Occupational Therapist attended virtual poster presentations at two events; The NHS Scotland Event 2021 in June, also the International Association for the Scientific Study of Intellectual and Developmental Disabilities Conference (IASSIDD) in July 2021 in Amsterdam. Both presentations were positively received; feedback and networking opportunities are being followed up. The poster title is; - Building the Right Homes for Adults with Learning Disability & Autism and the poster sets out the process of developing environmental needs specifications for three specific LD groupings; people with significant challenging behaviour; people with little challenging behaviour; people who need support with gatekeeping and keeping themselves safe.
- 4.4 Pharmacotherapy: Positive situation aiming for GPs to be released from pharmacy work. Pharmacotherapy input increased with staff operating at high level in practices completing technical and prescribing work. Successful recruitment.
Positive Clinical Outcomes: Clinical outcomes- GP practices have greatly increased access to pharmacotherapy cover. Benefit to patient safety - timely access to appropriate medication for patient. Increase in polypharmacy complex medication reviews and pharmacists prescribing within clinics. Pharmacy technicians supporting care homes with medicines issues and homely and palliative medication supply.

Clinical Risk Management (CRM)

- 4.5 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.
- 4.6 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. 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.
- 4.7 There is a separate report on HSCM Quarter 3 complaints is provided.

Adverse Events

Adverse Events by Category and Level of Review Reported on Datix (Quarter 3, 2021/22)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - significant adverse event analysis and review	Total
Abusive, violent, disruptive or self-harming behaviour	93	0	0	93
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	15	0	1	16
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	125	3	0	128
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	0	1
Consent, Confidentiality or Communication	5	0	0	5
Diagnosis, failed or delayed	1	0	0	1
Financial loss	1	0	0	1
Fire	9	0	0	9
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	12	0	0	12
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	5	0	0	5
Medical device/equipment	3	0	0	3
Medication	37	0	0	37
Occupational Disease	1	0	0	1
Other - please specify in description	33	0	0	33
Patient Information (Records, Documents, Test Results, Scans)	4	0	0	4
Security (no longer contains fire)	4	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	1	0	0	1
Total	350	3	1	354

4.8 Adverse Events by Harm Reported on Datix (Quarter 3, 2021/22)

All Adverse Events Q3 21/11 n = 383	2020/21 Quarter 2	2020/21 Quarter 3	2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2
Occurrence with no injury, harm or ill-health	170	222	193	239	271
Occurrence resulting in injury, harm or ill-health	73	72	80	61	87
Near Miss (occurrence prevented)	35	34	34	37	25
Property damage or loss	2	0	0	0	0
Death	0	0	0	0	1
Total	280	328	307	337	383

Occurrence resulting in injury, harm or ill-health Q3 21/22 n =87	Negligible	Minor	Moderate	Major	Extreme	TOTAL
Staff n = 21	2	19	0	0	0	0
Patient n = 59	8	48	2	0	1	59
Visitor/ Member of Public n = 2	0	2	0	0		2
Provision of Service n = 5	2	3	0	0	0	5
	12	72	2	0	1	87

Occurrence resulting in No injury, harm or ill-health Q3 21/22 n = 271	Negligible	TOTAL
Staff	16	16
Patient	224	224
Property/ Equipment	9	9
Provision of Service	16	16
Discharge	1	1
Visitor/ Member of Public	2	2
Breach of Information /IT Security	2	2
Further consideration of circumstances required	1	1
		271

4.9 Adverse Events by Severity Reported on Datix (Quarter 3, 2021/22)

N = 383		2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2	2021/22 Quarter 3
Negligible	No injury or illness, negligible/no disruption to service / no financial loss	262	234	281	308
Minor	Minor injury or illness, short term disruption to service, minor financial loss	58	66	48	72
Moderate	Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	7	6	8	2
Major	Major Injury, sustained loss of services, major financial loss	1	1	0	0
Extreme	Death or major permanent incapacity, permanent loss of service, service financial loss.	0	0	0	1
Total		328	307	337	383

All adverse events have the appropriate level of investigation implemented.
 Outcomes and learning from extreme events will be subject of a confidential report to the committee following due process.

4.10 Findings and Lessons Learned from incidents, complaints and reviews

- Communication improvement were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner, and acknowledging and responding to correspondence or information received.
- In light of feedback received, staff will take into consideration patient demographic information, the nature of the patient's illness, physical and mental wellbeing, which might require the patient to be accompanied by a friend or a member of their family when attending for OOH appointments. As part of the patient telephone triage, staff will discuss and agree if the patient is to be accompanied, and if this is the case, the clinician will inform security colleagues.
- Learning was also identified with the aim of improving practice, professionalism and promoting positive patient care plan and experience.
- Certain drugs are not readily available in local chemists and consideration should be given to a different choice of medication prescription to avoid delay in treatment, especially at weekends.
- All Health Visiting staff have access to evidenced based research on GORD (Gastro Oesophageal Reflux Disease) and CMPA (Cow's Milk Protein Allergy), and further training for staff to refresh knowledge and skills will be actioned.
- Outcome of the level 1 investigation has concluded that there is a lack of an appropriate Standard Operating Procedure (SOP) in place by the organisation in relation to venepuncture procedure for patients who are house bound. A SOP has been developed and implemented for community nurses undertaking venepuncture in a patient's home in adult services.
- Following a Level 1 review it has been recommended that the use of Anti-pyretic medication should be considered when assessing a patient with reports of high temperature, and the impact current medications may have on heart rate.
- All staff are encouraged to utilise the available access to electronic systems to supplement available information.

4.11 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.

4.12 There are currently **2** Level 1 review in progress (at the time of reporting).

4.13 There were **3** Level 1 reviews completed in the last quarter.

HSCM Risk Register

4.14 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There have been no new risks identified as "High" during this reporting period.

4.15 Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical and Care Governance Group. The risk register has been reviewed with leads given guidance and support to update. There are 4 "Very High" risks

currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

- 4.16 Four events were considered for Duty of Candour (DoC) during Quarter 3. Of these 3 have completed the investigation process and did not meet the DoC threshold. The remaining event is currently being investigated.

Items for escalation to the Clinical and Care Governance Committee

- 4.17 Adult Support and Protection (ASP) – multi-disciplinary joint inspection of adult protection activity in Grampian is expected in the last quarter of 2021/22. Preparatory work is ongoing.
- 4.18 Staffing challenges and constraints are evident across Health Visiting (HV), Allied health Profession (AHP) and Social Care (SC), i.e. workforce age profile, planned retirements and vacancies.
- 4.19 There is a risk that core services cannot be fully delivered, including the Lead Professional Role and the Universal Health Visiting Pathway within the Health Visiting service; High demand within the Speech and Language Therapy Team (SALT), Occupational Therapy (OT) and Physiotherapy (PT) teams with a backlog for assessment, diagnosis and treatment; and unmet need within social care.
- 4.20 This may lead to a reduction in the early identification of need and risk with an increase in unmet need, increased delay in the delivery of early intervention and prevention and early intervention programmes, and waiting times increasing. The result could be poorer long term outcomes for individuals.
- 4.21 There is risk of a negative Impact on practitioners including: capacity and capability to delivered quality assured, safe and effective services; reduced response to recruitment drives. This increases the risk of public and workforce confidence being compromised, an increase in complaints, staff absence and staff vacancies.
- 4.22 It is envisaged that close working with our community planning partners is required to support a wider recruitment drive to attract and encourage people to work in Moray.

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 Management 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) 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, HSCM
- Head of Services, HSCM
- Chief Nurse, HSCM
- Corporate Manager, HSCM and
- 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 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, Clinical Governance Coordinator, HSCM
Background Papers: with author (data extracted 07.10.21)

Ref: