REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 NOVEMBER 2019**

SUBJECT: **CLINICAL GOVERNANCE GROUP – UPDATE AND EXCEPTION REPORT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To inform the Clinical and Care Governance Committee of the Moray Integration Joint Board (MIJB), of progress and exceptions reported to Clinical Governance Group (CGG) in September, October and November 2019.

2. RECOMMENDATION

2.1 It is recommended that the Clinical and Care Governance Committee consider and note the progress and exceptions highlighted in this report for the period September to November 2019.

3. BACKGROUND

3.1 The 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 A reporting schedule for Quality Assurance Reports from Clinical Service Groups/ Departments is in place. This report contains information considered at the last 3 Clinical Governance meetings with additional information relating to complaints, incidents and adverse events reported via Datix; and areas of concern/risk and good practice.

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 processes in place to meet/ mitigate these recommendations.

4.2 Some of the Reports/ Guidelines shared and discussed include:
   o   Gosport Hospital Report
   o   Our Citizens' Jury Report
   o   Mental Welfare Commission (MWC)
   o   Drug Related Deaths in Scotland in 2018 – Report
   o   Health and Social Care Standards Self Evaluation - HSCM Submission
   o   Bed Space Cleaning Guidance/Checklist
   o   Duty Of Candour Annual Report
   o   Scottish Public Services Ombudsman (SPSO) Upheld complaints
   o   HIS Report –NHS Lanarkshire
   o   HIS Summary of External Inspections to NHS Scotland Boards
   o   Mental Welfare Commission Reports
   o   Older People in Acute Hospitals and Older People in Acute Care Action Plan
   o   HIS NHS Grampian Announced Inspection Report

Clinical Risk Management (CRM)

4.3 The Clinical Risk Management (CRM) group continue to meet weekly to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 (requiring significant adverse event analysis and review) and Level 2 (requiring local management review) investigations and complaints with an Action Log outlining issues for escalation and tasks being updated at each meeting.

4.4 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.

Internal Assurance Information

4.5 Incidents, Occurrences, Adverse Events, Feedback (including complaints) and Learning are discussed at each CGG meeting. Information is extracted from Datix. (see paragraph 4.5 and 4.6). Cases that have been referred to the Scottish Public Service Ombudsman (SPSO) are highlighted, and decisions and recommendations made by the SPSO to NHS Grampian, and other health boards that are pertinent to HSCM are shared, and methods of dissemination and assurance are considered.

4.6   A briefing paper on Drug Related Deaths – The Wider Scotland Picture, and Moray, was shared and discussed. This was a descriptive report which will assist the Moray Alcohol and Drug Partnership (MADP) with its current audit into measures to reduce and prevent dug related harms and deaths. This provides assurance of awareness, monitoring and identifying learning.

Areas of Achievement and Good Practice

4.7   The following list provides information on areas of achievement and good practice:

i.   Mental Health has an annual learning event where learning is shared. This is evaluated very positively by attendees from across the organisation.

ii.   Members of the CGG attend the Social Care Practice Governance Board Meeting which facilitates cross sector sharing and learning.

iii.   GMED Clinical Governance Committee is now established and meeting regularly.

iv.   District Nursing (DN) teams have been supporting an initiative in Moray recently with outreach training to home care staff within the East locality, looking at various topics to improve early identification and prevention e.g. tissue viability and catheter care .

v.   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.

vi.   Prevention of Lower-limb Pressure Damage & Reduction in bed stay
        The National 'Check Protect Refer [CPR] for At-Risk Feet' campaign, with the aim to prevent lower-limb pressure damage and reduce bedstay, 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 Teams and the Moray Wound Advocates group.

vii.   Good Mental Health for All in Moray Strategy - Launch of a mental health online tool.   The Moray Wellbeing Hub has been host to a partnership project (funded by Moray Mental Health Services) over the last six months to pilot a simple online tool aimed at empowering adults in Moray and those that support them, including GPs, to better communicate and navigate the services and supports that help mental health locally. You can find the tool on the Hub home page here: http://moraywellbeinghub.org.uk/mhpathways/

ix.   Alignment of Community Psychiatric Nurses (CPNs) to GP practices and the development of mental health Hubs where practice size permits.

x.   Mental Health Consultants in the department are currently utilising GMC (General Medical Council) questionnaires to gain feedback from patients for appraisals and service development.

xi.   There has been an increased in Scotland in Drug Related Deaths and in Moray the 17 deaths recorded in 2018 is of concern. CCG reviewed a briefing paper that set out information from the 2018 Drug Related

Deaths report for Scotland and identified key points relating to Moray, taking account of the national and local data.

The Staying Alive Audit is underway and detailed analysis has been carried out, identifying thematic areas for further investigation and discussion about improvement potential. Once completed a report with specific recommendations for action will be presented to Moray Alcohol and Drugs Partnership and Clinical Governance Group.

Complaints

4.8   Due to the nature of the complaints and incidents, it is not pertinent to be too specific, as this may allow individuals to be identified
During the last quarter, a total of **16** complaints were recorded within Datix.

4.9   On review of those taking longer than 20 days, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. On 2 occasions the complaint had been assigned to the incorrect manager which incurred a delay in responding. Complainants had been notified of the extended time required for the investigation.

HSCM Outcome of Complaints

Recording system	Service	Upheld	Partially Upheld	Not Upheld	Being Investi-gated	**Total**
DATIX n=16	GMED	1	2	0	1	**4**
	Mental Health – Adult Health	0	1	3	0	**4**
	Allied Health Professionals	3	1	0	1	**5**
	Community Nursing	0	0	0	2	**2**
	Community Hospital	0	0	0	1	**1**
Total		**4**	**4**	**3**	**5**	**16**

Incidents/Adverse Events

4.10   **Incidents recorded on Datix -** During Quarter 2 there were a total of **360** incidents recorded on Datix. Incidents are mainly NHSG related, with some incidents also pertaining to Local Authority issues as identified by Health care staff, eg Care Homes. Each incident is reviewed by the appropriate line manager, with the relevant level of investigation applied. Analysis of quarter 2 data shows that the majority of incidents (312) were resolved following a local review by the line manager. **3** incidents are currently being investigated across HSCM.

4.11 No incidents met the threshold for Duty of Candour in the last quarter. Of the **360** incidents reported on Datix there were **277** rated as negligible; **70** as minor; **3** as Moderate. There were no Extreme incidents reported during this quarter

Learning from incidents and reviews

4.12 Following a review of practice within GMED, one of the main learning points was the introduction of a new process to support early identification and treatment of a particular condition. A teaching session to support this will be added to the training schedule, with supporting learning materials circulated to all clinicians working for the service.

4.13 Following an adverse event review within Mental Health, lessons identified include; consider the review of current protocols, criteria and arrangements for admitting patients out of area when local beds are not available. Information provided to families regarding carer's support has been improved.

4.14 Following a review of an incident, District Nursing teams will check that Care Homes have the correct information and instructions regarding oxygen concentrators.

4.15 Two investigations took place regarding patient falls. In both cases all mitigating measures and equipment were found to be in place. In one case, multi-disciplinary communication was found to be very effective and communication with the patient and family was prompt and informative.

4.16 All risks held on the HSCM Risk Register are currently being reviewed and risk handlers are in the process of updating these on Datix.

Risks

4.17 New risks identified are discussed at each Clinical Governance meeting.

4.18 There have been no new risks graded as "High" during the reporting period. Each Clinical Service Group/Department discuss relevant risks during their reporting session. Any identified as increasing in risk are escalated through the reporting structure.

Issues for escalation to the Clinical and Care Governance Committee

4.19 Health and Social Care Standards (H&SCS) Self Evaluation. A local framework is to be developed to provide assurance that services are incorporating the standards into service delivery and are collating evidence that demonstrates they are working towards/achieving these. A national meeting is taking place on 4th December, to be attended by the Clinical Governance Lead, to discuss the national H&SCS draft report which will then be shared widely

<u>Care Homes</u>

4.20 Concerns have been raised to the group regarding incidents concerning the quality of nursing care delivery in some care homes. These concerns have been shared with the Commissioning team who are investigating. A member of the commissioning team attended the CGG group to provide a level of assurance through robust scrutiny.

5. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

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.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(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**

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 the 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:

- Chief Officer, MIJB
- Caroline Howie, Committee Services Officer
- Corporate Manager

6.   CONCLUSION

6.1   This report provides a summary of business discussed at the HSCM Clinical Governance Group and provides assurance the clinical services that the Moray HSCP and the IJB are responsible for are safe and effective.

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Background Papers: held by author
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