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

SUBJECT: **PRIMARY CARE OUT OF HOURS (GMED) CLINICAL GOVERNANCE GROUP ASSURANCE REPORT**

BY: **SEAN COADY, HEAD OF SERVICE**

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of the Clinical and Care Governance arrangements that are being established and embedded in the Primary Care Out of Hours (OOH) Service (GMED).

2. RECOMMENDATION

2.1 It is recommended that the Committee consider and note the arrangements outlined and the actions undertaken during the period July to September 2020.

3. BACKGROUND

3.1. The Primary Care OOH Service (GMED) Clinical Governance Group (CGG) was established on 29 April 2020. The CGG for OOH Service meets on a monthly basis, with the following in attendance: Scottish Ambulance Service (SAS), NHS 24, Covid Hub Clinical Lead, patient representative and Health and Social Care Moray (HSCM) Clinical Governance Coordinator. The meeting is chaired by GMED Clinical Director.

3.2. The governance frameworks in the service are further enhanced by weekly meetings of the Quality and Performance Group, where adverse events, complaints and staff performance are reviewed with Deputy Chairperson for Local Medical Committee (LMC) attending to provide input and guidance.

3.3. 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.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Audit, Guidelines, Reviews and Reports

4.1 Relevant audits, guidelines, reviews and reports are tabled and discussed. This includes local and national information relevant to GMED.
4.2 The next clinical notes audit is scheduled for 19 October 2020.

Areas of achievement good practice

4.3 Regular Quality and Performance meetings, where adverse events, complaints and staff performance are discussed. Notes and agendas of the meeting are taken.
4.4 Supernumerary Clinical Supervisor (CS) role introduced on shift. CS meetings to be held on a monthly basis. First meeting held on 29 September 2020.
4.5 Telephone Triage training developed and implemented for Advanced Nurse Practitioners.
4.6 Redirection protocols between Covid-19 hub and GMED established and working well.
4.7 Regular staff briefs are in place.
4.8 Links with GP Sub-Committee and GP Professional Performance Committee are established and GMED represented. This enables the service to promptly identify any operational or clinical issues impacting on the clinical practice or sustainability of the service as well as escalate any risks and concerns. The GP Sub Committee links into the Area Clinical Forum.
4.9 Robust recruitment process set up for bank GPs which improves the clinical staff governance and performance. New starts go through full recruitment and induction process.

Complaints and feedback

4.10 Responses to complaints and feedback to other services provided in a timely manner, with delays occurring only when Medical & Dental Indemnity Protection UK (MDDUS) opinion is sought by clinician.
4.11 Good feedback channels established with NHS 24. Monthly update meetings set up to promptly identify any operational or clinical issues.

Adverse Events

	2020 Q3
Near Miss (Occurrence prevented)	4
Occurrence with no injury, harm or ill-health	14
Occurrence resulting in injury, harm or ill-health	2
Property damage or loss	0
Death	0
Total	20

2020 Q3	Abusive, violent, disruptive or self-harming behaviour	Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Radiation, Needlesticks or other hazards)	Consent, Confidentiality or Communication	Diagnosis, failed or delayed	Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	Medication	Security (no longer contains fire)	Total
Access, admission, transfer, discharge other	0	1	0	0	0	0	0	0	0	1
Accident of some other type or cause	0	0	1	0	0	0	0	0	0	1
Admission could not be arranged / failure to admit	0	1	0	0	0	0	0	0	0	1
Ambulance Transport - Drop off / Pick up Issue	0	1	0	0	0	0	0	0	0	1
Breach of confidentiality of staff records or information	0	0	0	1	0	0	0	0	0	1
Communication failure within the team	0	0	0	2	0	0	0	0	0	2
Consent, Confidentiality or Communication - other	0	0	0	1	0	0	0	0	0	1
Controlled drug misbalance	0	0	0	0	0	0	0	1	0	1
Equipment Failure	0	0	0	1	0	0	0	0	0	1
Expired medication	0	0	0	0	0	0	0	1	0	1
Failure to act on adverse symptoms	0	0	0	0	1	0	0	0	0	1
Implementation & ongoing monitoring/review - other	0	0	0	0	0	2	0	0	0	2
Lack of suitably trained /skilled MEDICAL staff	0	0	0	0	0	0	1	0	0	1
Organisation or provision of out of hours care	0	1	0	0	0	0	0	0	0	1
Other breach of security or public order	0	0	0	0	0	0	0	0	1	1
Storage of medicine incorrect e.g. failure in cold chain storage	0	0	0	0	0	0	0	1	0	1
Verbal abuse or disruption	2	0	0	0	0	0	0	0	0	2
Total	2	4	1	5	1	2	1	3	1	20

4.12 There were 20 adverse events recorded in 2020 Q3. Four of these events were a near miss, 14 were an occurrence with no injury or harm, and 2 resulted in injury/harm.

4.13 The highest number of adverse events within the service was recorded within Consent, Confidentiality or Communication category. Second highest number is within the Access, admission, transfer, discharge other category. Within both of those categories, there are adverse events that

have highlighted issues around staff governance and performance that impact on the service delivery as well as communication between the department and SAS.

4.14 Appropriate action is taken to rectify and improve the performance and governance of individuals:

- Letter sent out to all staff regarding working practices.
- Individual clinicians to be asked to meet with the Service Manager and Clinical Director to identify appropriate support measures

4.15 Issues relating to transport and admission of patients will be highlighted at the next Clinical Governance Group meeting and discussed with SAS representative.

4.16 Adverse events relating to medication and controlled drugs are investigated by Advanced Nurse Practitioner Team Leader, Controlled Drug Policy is currently being reviewed and once updated will be shared with all staff.

4.17 Finally, any learning coming from adverse events is shared with all staff via Friday staff brief. The service intends to run regular educational sessions for all clinical staff where invited speakers/ experts in the field will discuss any learning coming from the adverse events. This is led by a GMED Clinical Advisor.

Risk Register

4.18 Risks are reviewed and discussed at each GMED Clinical Governance Group. Very high and high risks are escalated to the HSCM Clinical Governance Group.

4.19 Currently there are no high or very high risks for GMED in the system.

Duty of Candour

4.20 Two Duty of Candour reviews have been completed.

4.21 Reports have been produced and uploaded onto Datix. An Action plan needs to be completed for an Adverse Event as the review was concluded on 23 September 2020.

4.22 Review teams have identified learning for the organisation around IV Fluids and Headache Protocols. Both Protocols have been shared with staff.

4.23 An educational session will be arranged for clinicians to discuss Headache Protocols.

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 area 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.

Appropriate learning is identified and shared with the organisation on the completion of the investigation/ review via staff brief.

Educational Sessions to be set up.

Performance/ Clinical Appraisal meetings to be set up with salaried staff initially.

(e) Staffing Implications
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:

- Linda Harper, Lead Nurse
- Dr Jamie Hogg, Clinical Director
- Pauline Merchant, Clinical Governance Coordinator

6. CONCLUSION

6.1. This report aims to provide assurance to this Committee that there are effective systems in place to reassure, challenge and share learning being developed, established and sustained within Primary Care OOH Care (GMED).

Author of Report: Magdalena Polcik, Interim Service Manager
Background Papers: with author
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