



**MORAY INTEGRATION JOINT BOARD**  
**CLINICAL AND CARE GOVERNANCE COMMITTEE**

Thursday, 29 October 2020

**remote locations via video conference**

**NOTICE IS HEREBY GIVEN** that a Meeting of the **Moray Integration Joint Board Clinical and Care Governance Committee** is to be held in **remote locations via video conference**, on **Thursday, 29 October 2020** at **13:00** to consider the business noted below.

**AGENDA**

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **CCG Committee Minute from 27 August 2020** 5 - 10
4. **CCG Action Log of Meeting of 27 August 2020** 11 - 12
5. **HSCM Clinical Governance Group Escalation Report** 13 - 22
6. **Primary Care Out of Hours (GMED) Clinical Governance Group Assurance Report** 23 - 28
  
7. **Health and Social Care Moray Complaints - Procedures and Information for Quarter 2 2020-2021**



**MORAY INTEGRATION JOINT BOARD**  
**CLINICAL AND CARE GOVERNANCE COMMITTEE**

**MEMBERSHIP**

**VOTING MEMBERS**

Mr Sandy Riddell (Chair)  
Councillor Tim Eagle

Non-Executive Board Member, NHS Grampian  
Moray Council

**NON-VOTING MEMBERS**

Mr Ivan Augustus  
Dr June Brown

Carer Representative  
Nurse Director – Health and Social Care  
Partnerships/Interim Deputy Executive Nurse Director  
Interim Chief Officer, Moray Integration Joint Board

Mr Simon Bokor-Ingram  
Ms Karen Donaldson  
Ms Jane Mackie  
Dr Malcolm Metcalfe  
Dr Graham Taylor  
Mrs Val Thatcher

UNISON, Moray Council  
Chief Social Work Officer, Moray Council  
Secondary Care Advisor, Moray Integration Joint Board  
Registered Medical Practitioner, Primary Medical Services  
Public Partnership Forum Representative

**ADVISORS**

Mr Sean Coady  
Dr Ann Hodges  
Ms Pauline Merchant

Head of Services and IJB Hosted Services  
Consultant Psychiatrist  
Clinical Governance Coordinator, Moray Health and Social  
Care Partnership

Ms Jeanette Netherwood  
Mrs Liz Tait

Corporate Manager, Health and Social Care, Moray  
Professional Lead for Clinical Governance and Interim  
Head of Quality Governance and Risk Unit

Sam Thomas

Chief Nurse - Moray





**MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD  
CLINICAL AND CARE GOVERNANCE COMMITTEE**

**Thursday, 27 August 2020**

**remote locations via video conference**

**PRESENT**

Mr Sandy Riddell, Cllr Tim Eagle, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Ms Karen Donaldson, Mrs Jane Mackie, Dr Malcolm Metcalfe, Dr Graham Taylor, Mr Sean Coady, Mrs Jeanette Netherwood, Mrs Liz Tait and Ms Sam Thomas

**APOLOGIES**

Mrs Val Thatcher, Dr Ann Hodges, Ms Pauline Merchant and Dr June Brown

**IN ATTENDANCE**

Also in attendance at the above meeting was Ms Joyce Johnston, Interim Head of Children and Families and Justice Social Work; Cllr Shona Morrison, Moray Council; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

**1. Chair of Meeting**

The meeting was chaired by Mr Riddell.

**2. Welcome and Apologies**

The Chair welcomed everyone to the meeting and apologies were noted.

**3. Declaration of Member's Interests**

The Chair declared his role of Chair of Mental Welfare Commission in respect of Item 11 on the agenda. Mrs Tait also advised she has close links with the Infected Blood Inquiry.

There were no other declarations of Members' Interest in respect of any item on the agenda.

**4. Minute of Board Meeting dated 27 February 2020**

The Minute of the meeting dated 27 February 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

## **5. Action Log of Board Meeting dated 25 June 2020**

The Action Log of the meeting dated 25 June 2020 was discussed and updated accordingly at the meeting.

## **6. Clinical Governance Group Escalation Report**

A report by Dr Graham Taylor, Clinical Lead, informs the Committee of progress and exceptions report to the Clinical Governance Group during Quarter 1 of 2020/21.

Dr Taylor confirmed the Health and Social Care Moray (HSCM) Clinical Governance Group continue to develop lines of communication to support the dissemination of information for sharing and action throughout the whole clinical system in Moray. Any issues that require to be escalated will be taken to this Committee.

After discussion the group felt there may be benefit in a joint Clinical Risk Management (CRM) group meeting with acute sector and x3 partnerships across Grampian.

Cllr Eagle requested further information around 4.8 of the report. Mr Coady responded to advise following the clinical governance workshop held in January 2020 he took the opportunity to seek assurance from NHS Grampian that Senior Charge Nurses (SCNs) would have the capacity to complete these audits. The Director of Nursing investigated the situation and put appropriate support in place for SCNs and formally wrote the Clinical Governance Group to say issue resolved.

Mr Augustus sought clarification on current processes with regards to timescales for responding to complaints as 4.4 of the report highlights a delay in responses to complainants. Mr Coady will seek an update on this from Dr June Brown and offered to prepare a report for the next Committee setting out the process and performance against timescales.

The Committee noted the contents of the report.

## **7. Clinical Governance Group Annual Report 2019-20**

A report by Dr Graham Taylor, Clinical Lead, informs the Committee of the Annual Report from the Clinical Governance Group.

Dr Taylor highlighted section 1.1 of the annual report which outlines the aims of the Clinical Governance Group. Dr Taylor advised independent contractor services are obligated to report through national processes and as such means Moray Integration Joint Board (MIJB) may not be completely sighted on everything.

In terms of adverse events (particularly abuse, violence, disruptive behaviour and accidents) Mr Metcalf asked for more details i.e. benchmarking / more information so learning can be applied to improve situation. Dr Taylor responded this is something the Clinical Risk Management group will look more closely at. Cllr Eagle suggested comparing the figures with previous years, perhaps it shows a downward trend for instance.

The Committee discussed the new digital culture health and social care services now find themselves in and how to measure the quality of care that is given. It was noted that remote areas of Scotland have been doing this for a long time, showing really good outcomes. The Clinical Risk Management group will continue to monitor situation i.e. adverse events / complaints. Mr Metcalfe offered to discuss with NHSG Health Intelligence team to ascertain measures in place.

The Committee noted the Annual Report from HSCM Clinical Governance Group.

## **8. Deaths Involving Coronavirus (COVID-19) up to 28 June 2020**

A report by the Interim Chief Officer informs the Committee of key findings with regards to deaths involving coronavirus in Moray during the period of 16 March 2020 to 28 June 2020.

Mr Bokor-Ingram confirmed this information can be taken regularly to this Committee.

Overall the number of cases in Moray continues to be low compared to the rest of Scotland. Mr Bokor-Ingram credited the community of Moray in terms of compliance and the incredible response from independent care home providers in Moray. Acknowledgement was also given to the HSCM team in Moray who have been working directly with care homes throughout the pandemic and continue to do so on a daily basis.

Dr Taylor added practitioners have to continue to work as is COVID-19 is prevalent which presents some challenges from members of public who feel COVID-19 is no longer a threat. Need to continue local messaging around the facts. It was also noted that Moray is beginning to see a rise in excess deaths; above 5 year average.

The Committee noted the information provided within the report and at Appendix 1 and 2.

## **9. Child Protection Assurance Report**

A report by the Interim Chief Officer informs the Committee of Child Protection activity in Moray during COVID-19 pandemic.

Moray Child Protection Committee retains the overview of Child Protection activity across Moray, assuring appropriate governance, and reports to the Public Protection Chief Officer's Group. Weekly submissions to Scottish Government on a broad dataset focussing on child protection and vulnerable families and also adult protection and homelessness were put in place.

Child Protection has remained a key focus throughout the pandemic, with a weekly standard set for seeing every child on the register – this is higher than the national standard. There has been a decline in child protection activity from Easter; now seeing that level increasing.

In Moray there are around 30 children on Child Protection Register – that is from 17 families. To put into context there are approx. 20,000 under 18s in Moray. There has been an increase in referrals from anonymous sources over last few months, which

could be due to increased adverts / social media campaigns for friends, family and neighbours to be alert and raise concerns. There has been an increase in re-registration of children to the register. Those on the register through lockdown were already known to social work. Neglect and parental drug use is still highest reasons for children to be put on the register.

Ms Johnston added it is not possible to give a guarantee that every child is absolutely safe from harm but can assure the Committee that when concerns are raised they are dealt with appropriately.

Cllr Eagle referred to point 7.4 of the report where it states the reasons for children being placed on the register since March 2020, highlighting that 45% were due to concerns of parental drug misuse and 41% due to concerns of neglect. Cllr Eagle stressed the need to have a strong and sustained approach to drug and alcohol misuse in Moray. Ms Johnston agreed, adding need to understand the wider poverty and deprivation issues around that and mental health issues, noting parents have often experienced similar issues themselves as children.

In terms of concluding the report to give an assurance it was noted that child protection is a multifactorial / multiagency system and there would need to be a qualitative dive into that to give that level of assurance. There is a high level of scrutiny in place around child protection and even more so during this pandemic. The Chair confirmed the report provided him with assurance that local arrangements are providing children on the register with the best support.

The Committee noted the contents of the report.

## **10. Care Homes Update**

A report by the Chief Social Work Officer provides the Committee with an update regarding the current status of the Care Homes in Moray whilst delivering services during the COVID-19 pandemic.

Mrs Mackie highlighted to the Committee that although Moray may not have experienced COVID-19 to a high degree there are ongoing impacts of dealing with the pandemic. Regulations imposed have put pressure on Care Home staff i.e. weekly testing for all staff, different visiting arrangements, expectation of families, PPE requirements etc. It is also worth noting today there are the beginnings of research emerging showing impact of living in an environment where relationships have been disrupted and the negative impact this may have.

Test and Protect could mean large groups of staff may have to be off work. Dr Taylor added living with the long term effect of staff and residents in Care Homes is still to be realised.

In response to a question from the Chair, Mrs Mackie advised plans for implementation of indoor visiting have been submitted to Public Health team for ratification. The daily oversight groups has this item on their agenda.

Staff that have been redeployed to Duffus Wing, Spynie Hospital, are going back to their substantive posts during September. SSSC arrangement in place where social care staff can be deployed through register set up but Moray hasn't required use of that. There is also a mechanism in place via NHS Grampian where staff can be deployed to care homes should there be a need.



The Committee noted the continued work that is being undertaken to support the Care Homes in Moray and the positive results of working in partnership with them.

### **11. Adult Protection Inspection Preparation**

A report by Jane Mackie, Head of Service, informs the Committee of work underway with regards to a review of Adult Support and Protection processes in Moray.

Awaiting confirmation of resumption of inspections of adult services, as yet no timescales or methodology have been received. Review and redesign of adult support and protection processes in Moray will now recommence with COVID-19 in mind.

The Chair confirmed he now attends the Adult Protection Committee.

The Committee agreed to note the contents of this report.

### **12. Lessons Learned from Reducing Delayed Discharges and Hospital Admissions, Health and Social Care Scotland**

A report by Sean Coady, Head of Service, informs the Committee of the report findings from Health and Social Care Scotland in relation to lessons learned from reducing delayed discharges and hospital admissions during the initial period of the COVID-19 outbreak in March and April 2020.

The report has been shared with the Home First Delivery Group (HFDG). This group is working on several work streams that link to managing delayed discharges. The HFDG reports through Moray Transformation Board.

Cllr Eagle asked what performance measures are in place to keep people safe and what resources are available to implement these measures. Mr Coady advised there is a pan Grampian approach to this and locally performance teams have pulled together a dashboard.

Mr Bokor-Ingram stated this will be a whole system shift, a different way of working. Resource is a particular challenge here but focus needs to be on what needs to be prioritised to support people to get them home. Need to invest to stop spending on other areas. A measure of success will be having far fewer people delayed.

Ms Donaldson asked that more communications with regards to Home First are shared with unions. Mr Coady confirmed unions have a seat on delivery group and additional reps are welcome. There is also a weekly briefing in place.

The Committee felt the wording in the Health and Social Care Scotland report around Adults with Incapacity legislative framework being a major barrier wasn't reflective of the situation. Teams certainly don't see this safeguarding as a barrier.

The Committee agreed to note the findings of the report and the lessons identified and the intention to incorporate this learning into the development of the Home First strategic theme.

### **13. COVID-19 and Impact on Governance System – Discussion regarding email from MIJB Chair 06.08.20**

Mr Bokor-Ingram is of the view that the Committee is sighted on the right issues, the Chair agreed stating reports are informative and the Committee has good, helpful discussions. The Committee agreed there is a good level of oversight and scrutiny in place. Committee meetings are timetabled for the remainder of this financial year and the formal Committee meetings have now resumed.

It was agreed a report will be submitted to September's MIJB meeting highlighting the state of play and the processes in place to provide assurance to the MIJB Chair.

### **14. Confidential Item – Health and Social Care Moray Complaints for Quarter 1 2020-2021**

A report by the Chief Nurse informed the Committee of the complaints and the work is ongoing with teams to ensure consistency and quality of responses. Sharing learning across the whole system, including independent contractors. As previously discussed the CRM meeting has oversight of all complaints, lessons learned and actions taken.

Going forward it was acknowledged there needs to be more focus on the 'so what?' for example have the numbers of that type of complaint fallen since actions/measures put in place. This will provide the Committee with more assurance that changes across the system are having a positive impact.

Mr Metcalfe advised he would like to see more detail around the complaints i.e. how long have they been in the system and reason for not meeting timescales and who decides if complaints are upheld or not.

The Committee agreed to consider and note the totals, lessons learned and action taken for complaints submitted and completed within the last quarter and requested more information about lessons learned, patterns and actions undertaken in future reports.



**MEETING OF MORAY INTEGRATION JOINT BOARD**  
**CLINICAL AND CARE GOVERNANCE COMMITTEE**

**THURSDAY 27 AUGUST 2020**

**ACTION LOG**

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Review of Clinical and Care Governance – Output from Workshop	Final draft action plan to be provided to a future meeting for approval.	October 2020	Jeanette Netherwood
2.	Deaths Involving Coronavirus (COVID-19)	Regular update to be provided.	Ongoing	Simon Bokor-Ingram
3.	COVID-19 and Impact on Governance System	Report to go to MIJB setting out position and arrangements in place for CCG Committee reporting.	September 2020	Jeanette Netherwood
4.	H&SCM Complaints for Qtr 1 2020-2021	Report to be taken to this committee setting out the framework for complaints across HSCM.	October 2020	Jeanette Netherwood
5.	Clinical Governance Group Annual Report 2019-20	Discuss with NHSG Health Intelligence Team to ascertain measures in place for Clinical Risk Management.	October 2020	Malcolm Metcalfe





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

**SUBJECT: HSCM CLINICAL GOVERNANCE GROUP ESCALATION REPORT**

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

### **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 2 of 2020/21 (1 July up to 25 September).

### **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 (item 7) (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 (item 6) (para 3.2 of the minute refers).
- 3.3. 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. 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.

## 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.

- Healthcare Improvement Scotland (HIS) – Safe and Clean inspections and Older People in Acute Hospitals (OPAH) inspections. Letter informing inspections to be reinstated.
- HIS Improvement Action Plan:- Review and update of HIS Safety and Cleanliness of Hospitals Improvement Action Plan following inspection in August 2019.
- Mental Welfare Commission (MWC) – Review and update of Action Plan following inspection in January 2020, at Seafield Hospital, Muirton Ward. (updated June 2020)
- Clinical and Care Governance – Structure review
- Primary Care Service update
- Forres/ Lossiemouth Locality Service update
- What happens as the Dust Settles – Quality Governance integrated approach to governance.
- Duty of Candour Annual Report
- Overview of Adverse Events attributed to COVID-19
- GMED Service update
- Drug Related Deaths Report
- Moray Integrated Drug and Alcohol update
- Adverse Events
- Feedback and Complaints

### 4.2 **Areas of achievement good practice**

- Implementation of a Superintendents' Group in the Buckie Locality, supporting multi-agency overview of service delivery. The aim is to evaluate this group with a view to rolling the model out across Moray.
- A Collective Sense Making exercise has taken place with Mental Health staff having the opportunity to contribute their views on the pandemic response.

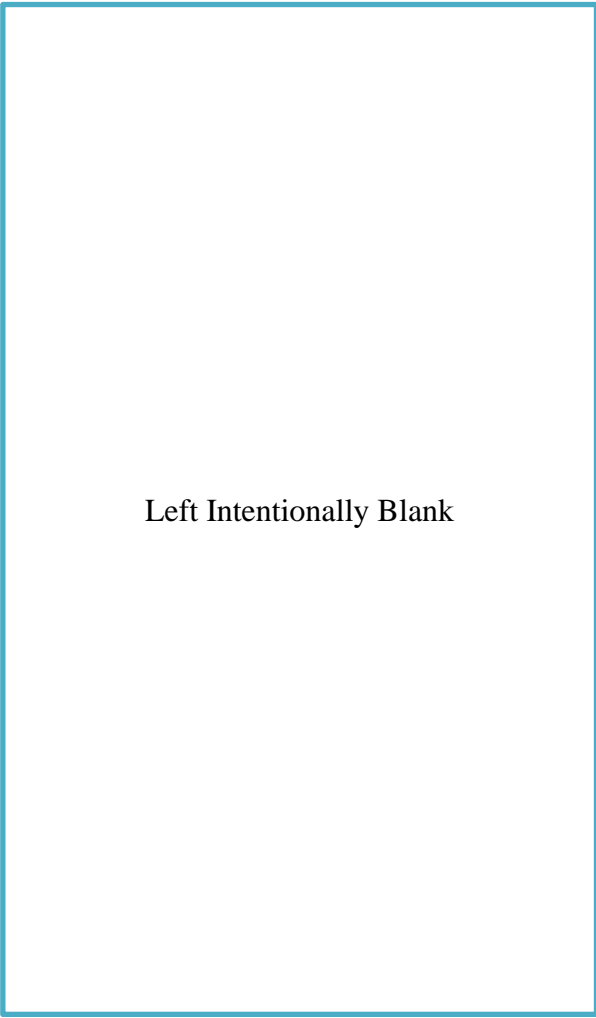
### 4.3 **Clinical Risk Management (CRM)**

The Clinical Risk Management (CRM) group now 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. The group is attended by members of the senior management team and clinical governance coordinator. An action log is produced following each meeting and is administered and monitored. The new procedure for CRM has met 3 times now and the process is felt to be much more streamlined and effective, giving assurance to the leadership team. Individual services can be invited to attend to offer further scrutiny and assurance. There will be a focus on lessons learned which will be reported quarterly to the HSCM Clinical Governance Group. A process for recording lessons learned is currently being

developed which will support easier recognition of trends and sharing of information.

4.4 **Complaints and feedback**

A separate complaints report has been tabled to the Clinical and Care Governance Committee.



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## 4.5 Adverse Events

### 4.5.1 Adverse Events by Category and Event date Reported on Datix (Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2	Negli- gible	Minor	Mod- erate	Level of review *		
						1	2	3
Abusive, violent, disruptive or self-harming behaviour	61	<b>102</b>	12	26	2	0	2	96
Access, Appointment, Admission, Transfer, Discharge including Absconders)	9	<b>14</b>	14	0	0	0	0	14
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Radiation, Needlesticks or other hazards)	90	<b>98</b>	68	30	0	0	0	90
Clinical Assessment (Investigations, Images and Lab Tests)	2	<b>0</b>	0	0	0	0	0	0
Consent, Confidentiality or Communication	10	<b>9</b>	9	0	0	0	0	8
Fire	7	<b>4</b>	4	0	0	0	0	4
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	14	<b>9</b>	6	3	1	0	0	9
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	4	<b>12</b>	10	2	0	0	1	10
Medical device/equipment	3	<b>4</b>	3	1	0	0	0	3
Medication	14	<b>17</b>	16	1	0	0	3	14
Occupational Disease	1	<b>6</b>	6	0	0	0	0	6
Other - please specify in description	13	<b>15</b>	13	2	0	0	0	10
Patient Information (Records, Documents, Test Results, Scans)	4	<b>4</b>	4	0	0	0	0	4
Security (no longer contains fire)	4	<b>5</b>	4	1	0	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	<b>2</b>	1	1	0	0	0	2
<b>Total</b>	<b>238</b>	<b>312</b>	170	67	3	0	6	274*

\* Not all adverse events allocated a level of review at time of reporting.



4.5.2 Adverse Events by Category and Event date Reported on Datix  
(Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2
Occurrence with no injury, harm or ill-health	169	<b>204</b>
Occurrence resulting in injury, harm or ill-health	51	<b>77</b>
Near Miss (Occurrence prevented)	16	<b>26</b>
Property damage or loss	2	<b>5</b>
Death	0	<b>0</b>
<b>Total</b>	<b>238</b>	<b>312</b>

4.5.3 Adverse Events by Severity Reported on Datix  
(Quarter 2, 2020/21)

	20/21 Q1	20/21 Q2
55		<b>241</b>
Minor		<b>68</b>
Moderate		<b>3</b>
<b>Total</b>		<b>312</b>

#### 4.5.4 Findings and Lessons Learned from incidents and reviews.

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. Of the 2 level one reviews that were commenced during the last quarter, one has been completed, with the report shared with the Commissioning Officer to facilitate agreement and allow development of the action plan. No single root cause could be identified, however there were some contributing factors. Lessons learned from this review include:

- The NHSG Headache Protocol is fit for purpose and does not require revision at this time.
- There was not enough written evidence of the rationale for the decision not to admit the patient within the notes.
- There is advice available out of hours from doctors at both ARI and GMED to support decision making.

Good practice noted included the fact that members of staff have engaged in reflective practice, and there is evidence of good engagement with patient and their spouse.

A number of recommendations have been made and these will be agreed and included within the action plan, implemented and monitored.

Following initial review of the second incident, it was found that a Level 1 review was not required.

#### 4.6 **Risk Register**

New risks identified on Datix are discussed at each Clinical Governance Group and CRM. No new risks identified as “Very High” or “High” during this reporting period.

Each Clinical Service Group/Department will highlight risks associated with their service, 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. An overview of the Risk Register is shown in **Appendix 1**.

Within Social Care, 2 Red Risk have been identified – Hospital discharge Team and the Mental Health Officer cover reducing due to retirement. Meetings have been held to discuss mitigating options and will continue to review.

#### 4.7 **Duty of Candour**

One event is currently being considered for Duty of Candour.

#### 4.8 **Items for escalation to the Clinical and Care Governance Committee**

- Social Care representatives now attend the group. The group will subsequently be called the HSCM Clinical and Care Governance Group.
- The Practice Governance Group are updating their Risk Register: Care at Home has been identified as an increasing risk.

## 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:

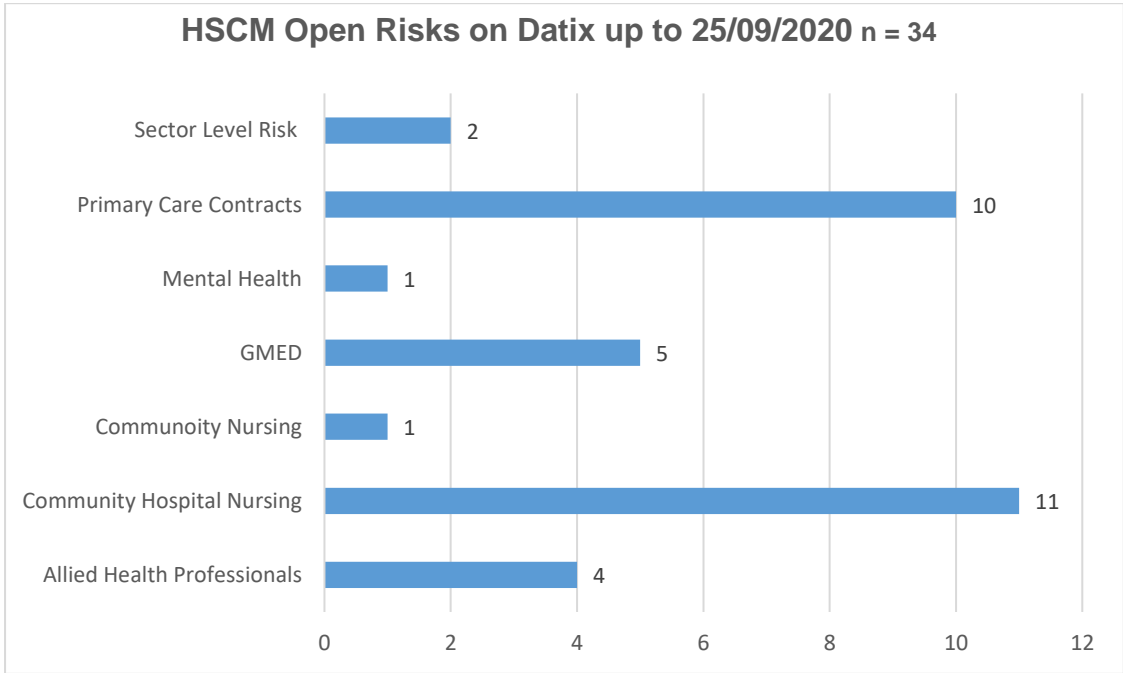
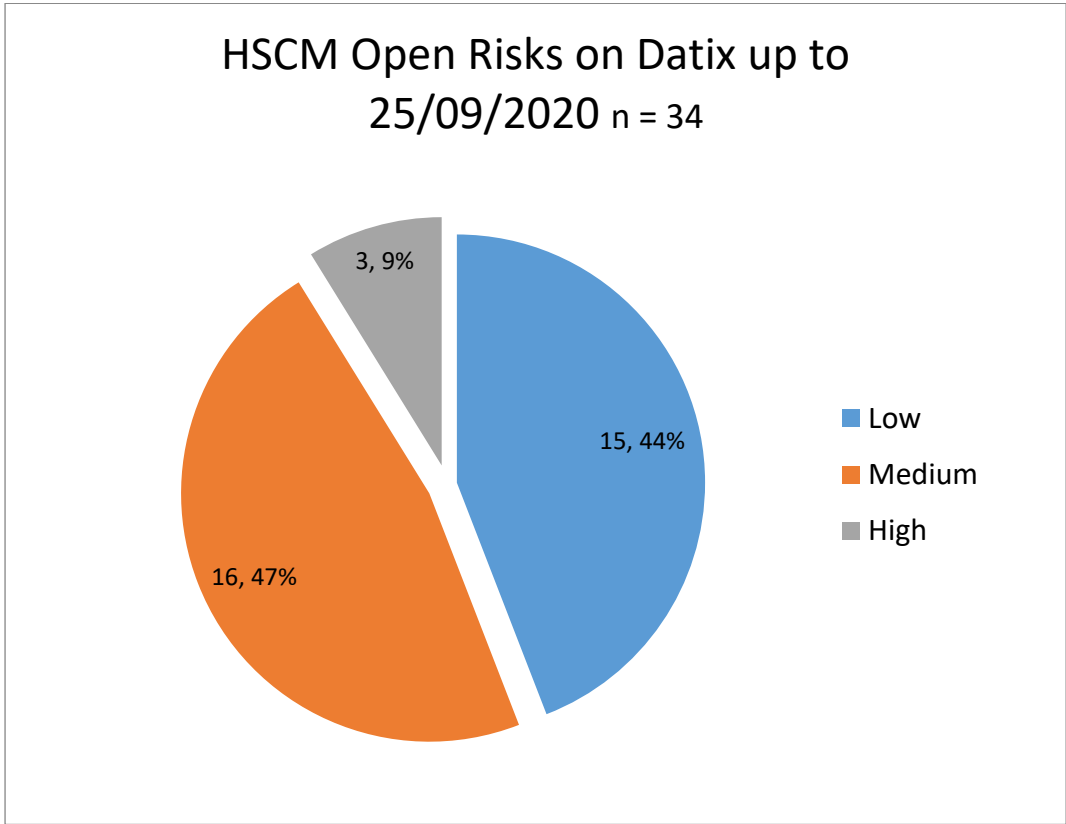
- Graham Taylor, Clinical Governance Group Chair
- Liz Tait, Head of Clinical and Care Governance Moray Alliance
- Sam Thomas, Chief Nurse Moray.
- Jeanette Netherwood, Corporate Manager

**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: with author  
Ref:

Datix Risk Register Overview







**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
<b>Total</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>20</b>

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

Ref: