REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 26 MAY 2022

SUBJECT: OUT OF HOURS PRIMARY CARE (GMED) REPORT

BY: OUT OF HOURS PRIMARY CARE (GMED) SERVICE MANAGER

1.   REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee of learning and education initiatives from adverse events and complaints in the GMED service.

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. GMED Service has been asked to prepare this report following a request from the Clinical and Care Governance Committee on 24 February 2022 (para 6 of the minute refers). This report was prepared to provide assurance to the Committee that GMED Service Management Team identifies learning from adverse events and complaints; and that this learning is shared with the organisation.

Complaints and Feedback

3.2. Within GMED, complaints are received on Datix (NHSG Quality system) in accordance with the appropriate policy and procedure.

3.3. Complaints received:
Overall, a total of 29 feedback letters have been received by the service between 02 May 2021 and 01 May 2022; of those 3 were compliments, 25 were complaints and one concern.
Of the 22 complaints closed:
- 7 of these have been closed under Early Resolution stage.
- 8 were fully upheld, 5 were partially upheld, and 8 were not upheld.
- 7 complaints remain under investigation.

Closed complaints: Quarter	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Sent to relevant department	Total
2021 Q2	1	0	0	0	1
2021 Q3	2	0	3	0	5
2021 Q4	3	4	3	0	10
2022 Q1	1	0	2	1	4
2022 Q2	1	1	0	0	2
Total	**8**	**5**	**8**	**1**	**22**

Adverse Events

3.4. Within the GMED Service, complaints are received on Datix (NHSG Quality system) in accordance with the appropriate policy and procedure.

3.5. Overall, between 02 May 2021 and 01 May 2022, there were 68 adverse events recorded. The table below outlines Adverse Events by Category and Level of Review Reported on Datix. Data was extracted on 02 May 2022.

- Category with the highest number of adverse events is 'Medication' (17 adverse events), followed by 'Access, Appointment…' (14 adverse events) and 'Consent, Confidentiality or Communication' (6 adverse events').

	Level 3	Level 2	Level 1	Total
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	14	0	0	14
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	4	0	0	4
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	0	1
Consent, Confidentiality or Communication	6	0	0	6
Diagnosis, failed or delayed	1	0	1	2
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	2	0	0	2
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	3	1	0	4
Medical device/equipment	3	0	0	3
Medication	17	0	0	17
Other - please specify in description	6	0	0	6
Patient Information (Records, Documents, Test Results, Scans)	4	0	0	4
Security (no longer contains fire)	2	0	0	2
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	1	0	3
Total	**65**	**2**	**1**	**68**

- A report was extracted to identify the severity and type of adverse events recorded on Datix in the specified timeframe. The majority of adverse events is recorded as 'negligible', with 75 adverse events assessed to be of this severity following review. When it comes to type (i.e. who/what was affected), 29 adverse events were recorded as patient/resident and 20 as provision of service.

	Breach of Information / IT Security	Patient / Client / Resident	Staff (including Volunteers)	Visitors, Relatives or member of the Public	Provision of Service	Contractor/s	Property / Equipment	Total
NEGLIGIBLE:	2	25	11	1	17	1	18	75
MINOR:	0	3	1	0	3	0	0	7
MAJOR:	0	1	0	0	0	0	0	1
Total	**2**	**29**	**12**	**1**	**20**	**1**	**18**	**83**

4. <u>FINDINGS AND LESSONS LEARNED FROM INCIDENTS, COMPLAINTS AND REVIEWS</u>

4.1 Learning was also identified with the aim of improving practice, professionalism and promoting positive patient care plan and experience.

4.2 Following a Level 1 review, it has been recommended that all staff should make themselves aware of the NHSG headache protocol, that the GMED service reviews clinical supervision arrangements for GP Speciality Trainees (GPSTs) and support frameworks for all staff. Following review of recommendations, GMED also arranged a Continuous Medical Education Event on Headache Presentations led by the GP with special interest who was involved in the Level 1 review.

4.3 Following a Level 1 review, it has been recommended that all clinical and medical staff are reminded of the importance of robust note taking as well as that the telephone triage training frameworks are reviewed. GMED conducts annual clinical note audit, where the quality of clinical assessment and the note itself is assessed to ensure patient-centred and appropriate care delivery. The next audit is due in May 2022. Each Advanced Nurse Practitioner should have a telephone triage component embedded in their training, whereas GPs should identify training needs via appraisal.

4.4 Following a review of a complaint, Sepsis guidelines have been shared with staff. The manual for managing Covid-19 presentations in Primary Care was reviewed to reflect the learning, i.e. taking into consideration patient demographic information, the nature of the patient's illness, physical and mental wellbeing and any aspects of patient's history that would indicate that the presentation and symptoms are not normal for the patient.

4.5 Following a review of a complaint, learning has been identified for the individual clinician involved in a paediatric case. A paediatric learning event is to take place.

4.6 All staff are encouraged to utilise available access to electronic systems to supplement available information.

4.7 Following review of a number of medication-related adverse events, controlled drug protocols have been reviewed in conjunction with ARI Pharmacy. A Learning session is to be organised. The recently appointed GMED Lead Pharmacist is now attending regular GMED staff meetings and Advanced

Nurse Practitioner (ANP) training sessions to ensure that staff are aware of existing protocols and how to apply these in their day-to-day practice.

4.8 Following a review of a complaint, learning has been identified for an individual clinician involved in the lumbar spine patient presentation. GMED Service also delivered a lumbar Spine symposium that focused on low-back pain presentations, Cauda Equina Syndrome, diagnostics and pain management.

4.9 Following feedback regarding mental health presentations in the out of hours period, an educational session was delivered by a Senior Mental Health Consultant.

4.10 Following staff and external partner feedback regarding lack of clarity regarding death verification in community in the out of hours period, a session to discuss National Death Verification protocol was delivered.

4.11 When feedback received relates to communication between departments or transferring patients to secondary/emergency care, these adverse events are shared with appropriate stakeholders so as to identify service or cross-service improvements that will positively enhance and improve the patient journey.

5.   KEY MATTERS RELEVANT TO RECOMMENDATION

Areas of achievement / Good Practice
5.1 There is a regular Quality and Performance (Q&P) group, where adverse events, complaints and staff performance are discussed which enhance governance frameworks in the service.

5.2 Complaints and adverse events are investigated/ reviewed according to the NHS Grampian Clinical Governance standards using appropriate available systems and tools.

5.3 GMED is represented at the HSCM Clinical Risk Management Group and HSCM Clinical Governance Committee.

5.4 GMED has also strengthened the complaints review process by ensuring that the staff involved in the review process (review managers) are aware of their responsibilities around identifying learning for the service and sharing that learning with the Q&P group. The group then decides how the learning should be shared with the organisation/ staff. Review of the complaints governance process took place as learning has been identified around management of one of the complaints received in 2019 and escalated to SPSO.

5.5 GMED implemented Educational Sessions that are delivered on a regular basis to all clinical and medical staff using TEAMs. These sessions provide a platform for sharing operational issues, protocols or policies that deployed externally (e.g. Scottish Government or NHS Grampian) or created internally (GMED specific codes of practice and guidance), any other relevant service updates, learning from adverse events and complaints that have been identified through conducting reviews in line with NHSG protocols, appraisal process or staff feedback.

- In 2021 there were 9 sessions delivered, whereas in 2022 2 sessions have been delivered so far. Time spent during the session can be applied to the total time of continuous professional development (CPD).
- Staff find the events helpful and informative, as they are relevant to their clinical practice – both in- and out of hours, specifically when topics of presentations relate to improving awareness of specific conditions or enhancing clinical skills.
- Following feedback from Clinical Supervisors (CS) and in order to develop and further embed the role of the CS within the service, GMED Clinical Lead linked up with Lothian Clinical Lead and an awareness and training session was delivered jointly. That session enabled CSs to build a shared understanding of out of hours services challenges, build on each other's experiences and knowledge as well as identify areas for improvement.

5.6 Since June 2020 GMED has been distributing a service wide staff brief on a weekly basis. This update contains most relevant information that has been collected over the course of the week, it is a tool that allows staff to be appraised of service developments or policy updates as well as information of the on-call manager arrangements for the upcoming weekend (brief is distributed on Friday).

6. 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.

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.

(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) Directions
None directly arising from this report.

(j) 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:

- Pauline Merchant, Clinical Governance Officer, HSCM
- Tracey Sutherland, Committee Services Officer, Moray Council
- Sean Coady, Head of Service, HSCM

7. CONCLUSION

7.1 Considering the impact of Covid-19 over a considerable length of time, GMED continues to strengthen and improve learning and educational opportunities within the service. This contributes directly to staff and patient experience within the Out of Hour Primary Care Service.

Author of Report: Magda Polcik, Out of Hours Primary Care Service Manager, GMED, HSCM

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