

Clinical Governance Committee Assurance Report to Grampian NHS Board

Purpose of Report

This report summarises the key matters considered by the Committee at the meeting held on 12.02.2021. In line with organisational arrangements, the business of the Committee has been focused on clinical governance topics relevant to the Board's response during COVID-19 under Operation Snowdrop.

Recommendation

The Board is asked to note the following points from the Committee discussion.

1. Operation Snowdrop Objective 1: *Provision of healthcare environments that minimise the risk to staff, patients and public.*

The Executive Lead had been unable to provide full assurance on the safer workplaces objective to the previous Clinical Governance Committee in November 2020. Following this, and escalation to the Chief Executive Team, a decision was taken to move this from Level 2 to Level 3 of Operation Snowdrop, with increased support and scrutiny and progression to a Programme Management Office (PMO) model. The PMO model formally commenced on 18th January 2020 with the appointment of a Programme Manager who is undertaking a review of existing work streams and assurance and governance arrangements. The priorities agreed for the next three months are:

1.1 Safer Workplaces Assurance Visits

The capacity to assure workplaces has been enhanced with the appointment of 4.0 WTE Workplace Facilitators who are providing consistent review across Grampian. The reports of their visits are collated to promote good practice, support specific action and to identify shared learning. This along with the learning from Datix and Infection Prevention and Control (IPC) Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) is being utilised to support prevention of repeat issues.

1.2 Safer Workplaces Signage

The installation of the initial instruction to affix consistent and appropriate signage in Aberdeen Royal Infirmary and Woodend Hospital was completed in December. The remaining key facilities across each Health and Social Care Partnership were prioritised and work commenced in January with expected completion date of mid to end February. Additional and/or adapted staff rest areas has also been progressed through the Staff Health, Safety and Wellbeing group and supported by Endowments.

1.3 Safer Workplaces Communication

Messaging continues via the daily brief as well as podcasts, letters, social media and the simple messaging that the "Brian the Brain" mascot enables. A robust communication strategy which supports learning from adverse events and delivers innovative methods of communication back to the whole organisation is required and Corporate Communications are supporting this development.

1.4 Staff Education

Specific focus on developing e-learning on safer workplaces in Turas working closely with the Staff Health, Safety and Wellbeing group on this and consistent messaging.

The Clinical Governance Committee noted the considerable progress made since the November report and welcomed the governance arrangements proposed.

2. Operation Snowdrop Objective 2: *Provide protected and critical, clinical and non-clinical services.*

As a result of the escalating COVID-19 situation NHS Grampian moved to a Level 4 civil contingencies position on 04.01.2021 under Operation Snowdrop. The overall impact of this resulted in the available bed base for the Division of surgery to fall to critically low levels. Whilst a detailed prioritisation system is in operation to match clinical priority to available resource, the Committee heard how available scheduled capacity had fallen to a level where the prioritisation system may not be able to adequately mitigate against the risk of harm.

The Medical Director for Acute Services updated the Committee that one of the unintended consequences of this response has been an increase in the waiting list size for the Elective Surgical Categorisation System (ESCatS) urgent cases requiring treatment within 30 days (category 1) and cases requiring escalation due to a change in clinical urgency (category 0). The data demonstrate that this patient group is growing, hence demand and capacity are not in balance.

A plan has been developed to maintain activity during Operation Snowdrop for ESCatS 1 & 0 with the aim to operationally deliver adequate time critical surgery and maintain a level of risk that in the current context of the pandemic is tolerated. A risk has been added to the register and the maintenance plan was approved by Silver Command on 01.02.2021 and will be reviewed on 01.04.2021. The plan identifies a number of challenges and the actions being taken to deliver on the plan under Operation Snowdrop. This includes:

- Whole System Response to Deliver Physical Capacity for Surgical (& MTOP) Patients;
- Patient Identification and Scheduling;
- Patient Pathways;
- Workforce reconfiguration;
- Theatre and Critical Care Capacity;
- Planning and coordination;
- Timing.

Recognition of success of the plan will be a reduction in the rate of increase in the number of patients waiting for ESCatS 1 & 0 surgery, and an increase in performance against the 31 and 62 day cancer targets.

The Committee acknowledged the significant work that has gone into development of the plan and requested an update on progress at the meeting on 14 May 2021.

3. Healthcare Associated Infection Reporting Template (HAIRT) & Quarterly Report

3.1 Nosocomial Position & Learning

At the time of reporting there were nine cross system COVID-19 incidents open to PAGs/IMTs. Since April 2020 an additional 37 COVID-19 incidents have been investigated and closed. There has been extensive learning from the IMTs, which has shaped local guidance and the approach to implementing safer workplaces. This includes:

- Leadership and culture changes are key to enable physical distancing to be fully adopted across Grampian. It is recognised that we are asking staff to behave abnormally at present and pinch points exist in the workplace for safe distancing e.g. break areas, handover stations etc.

- Continued communication with staff is required to ensure awareness of current guidance (e.g. testing is not a substitute for IPC measures; recognition of atypical presentations of COVID-19 illness in the frail elderly population; consider a “Safe to Work” check at start of day/shift to support staff affirming they don’t have symptoms).
- IPC must be involved if moving services, even for short term, to support consideration of risks in the new environment and principles apply to shared office spaces too.
- Ensure effective communication with patients re self-isolating on discharge. Visitors also require communication as they can put patients, staff and themselves at risk if non-compliant with IPC measures.

3.2 Update position on Eye Out Patient Department

The immediate measures to mitigate clinical risk have been implemented and a plan is in place to follow up actions from the previous IMT. The level of risk is now Low as the patients are relocated and the status is currently downgraded to Green and has been updated to Health Protection Scotland. The Committee noted that this means the infection risk to patients is currently mitigated but there is ongoing action in progress regarding the completion of the ventilation remedial works and subsequent ventilation re-balancing.

3.3 Exception Reporting

The Scottish Government published mandatory Healthcare Associated Infection and Antimicrobial Resistance policy requirements (DL [2019] 23). This set Health Boards ambitious targets in three priority areas (Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Clostridioides difficile infection) with initial reductions set for 2021-22 based on local baseline surveillance data from 2018-19.

Due to the COVID-19 temporarily pausing enhanced surveillance and planned initiatives to address these targets, local surveillance data indicates there is a High risk NHS Grampian will not meet the proposed reductions. To date there is no further information from the Scottish Government concerning the targets given the unprecedented demands on the Health Service across Scotland. The position will be reviewed at the next Committee on 14th May 2021.

4 Dr Gray’s Maternity Services

Review of the Hybrid Model was included at a closed meeting of the Clinical Governance Committee and the output from this meeting and an update on progress will be shared with the Committee at the meeting on 14 May 2021.

Risk

The Clinical Governance Committee is the assurance source for the strategic risk **2507: Quality and Safety of Care:** *There is a risk that the focus on quality and safety of care across NHS Grampian and partner organisations could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on new evidence based guidance, evidence from quality audits, independent assessment, patient experience and recorded incidents.*

The Committee noted the work that is underway to revise the strategic risk and it was agreed, given the discussion that this risk should remain categorised as High.

**Dr John Tomlinson,
Chair, Clinical Governance Committee
February 2021**

A Virtual meeting of the **NHS Grampian Clinical Governance Committee** will be held on
Friday 12 February 2021 from 10.00-13.00

AGENDA

The Clinical Governance Committee is the assurance source for the following strategic risk ID: 2507:

There is a risk that the focus on quality and safety of care across NHS Grampian and partner organisations could be compromised due to culture, service and financial pressures and/or a failure to monitor and implement improvements based on new evidence based guidance, evidence from quality audits, independent assessment, patient experience and recorded incidents – high risk.

Timing	Item	Lead	Ref
1000	1 Welcome and apologies	JT	*
1005	2 Note of meeting held on 13 November 2020	JT	*
1010	3 Matters Arising and Meeting Planning log:	JT	*
	3.1 NHS Grampian Ethical Decision Making Advisory Group Terms of Reference for noting		
	3.2 Public Representative		
	3.3 SWLG Update		
1015	4 Standing Items:		
	4.1 Living with COVID-19: Tactical Plan of Action	JT	#
1015	4.1.1 Operation Snowdrop Level 4	NF	*
	Objective 1: Provision of healthcare environments that minimise the risk to staff, patients and public	JT	#
1030	4.1.2 Nosocomial Risk Reduction (Obj 1: 1.1-1.3)	JB	*
1050	4.1.3 Public Health Report (Obj 1: 1.5-1.6)	JE	*
1110	Break	ALL	
1125	Objective 2: Provide protected and critical, clinical and non-clinical services	JT	#
1125	4.1.4 Critical & Protected Services (Obj 2: 2.1 – 2.6)	PB	*
1145	4.1.5 Operation Snowdrop Level 4 critical & protected services – system examples (Obj 2: 2.2 – 2.6)	NF	*
1150	Objective 3: Plan, direct and assure an integrated whole system Winter Response - Tactical Operating Model (WR-TOM)	JT	#
	4.1.6 Winter Surge & Flow Programme Update (Obj 3: 3.1 – 3.5)	IR	*
1210	4.2 Healthcare Associated Infection Quarterly Reporting Framework	NES/GJ	*
1225	4.3 Clinical Quality & Safety Subgroup Quarterly Report	JJ	*
1240	4.4 Brexit – Programme Update for noting from Alan Gray	JT	*
1240	5 AOCB	JT/ALL	#
1250	6 Reporting to:	JT/ALL	#
	6.1 The Board		
	6.2 Strategic risk		
1300	7 Date and time of next meeting is 14 May 2021, 10.00-13.00	JT	#

It is intended to digitally record this meeting. This will be used to assist with the preparation of minutes and to ensure that decisions are accurately recorded. Once the minute is approved at the next meeting the relevant MP3 file will be deleted.

Key: *Attached #Verbal Report ~ To follow