

## **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 13.11.2020. In line with organisational arrangements, the business of the Committee has been focused on the key matters in relation to clinical governance relevant to the Board's response during the period of the COVID-19 remobilisation plan.

### **Recommendation**

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

#### **1. Dr Gray's Maternity Services**

The Best Start North Programme will identify a sustainable solution for Dr Gray's Hospital with agreement to extend the original deadline of November 2020 to April 2021 due to the commitments of service delivery during COVID-19. The Moray Transformation Programme Board and maternity services delivered in Grampian and Highland sit within that context from a governance perspective and three specific pieces of work in progress are;

- Securing the transfer of women in stage 1 and 2 to Raigmore Hospital;
- Securing position on the hybrid model that mitigates risks identified relating to it;
- The continuation to seek and improve experience for women and their families travelling from Moray to Aberdeen.

#### **2. Grampian Area Drug and Therapeutics Committee (GADTC) Annual Report**

The Committee and its sub-groups are clinically led and clinically driven ensuring medicines issues are addressed across the health system and adequate systems and processes relating to medicines governance are in place. Some key points to note:

- A local decision was reached within 90 days for all of the SMC advice. Additionally all of the Formulary Group decisions were published within 14 days of the decisions being made;
- The NHS Grampian Medicines Management Team host the North of Scotland Patient Group Directive (PGDs) network and provide leadership and administration to the collaborative arrangements among the six North of Scotland NHS Boards to develop, review and publish shared PGDs;
- The Prescription and Administration Records Group lead the governance framework giving assurance that the production of all prescription and administration records (PARs) is controlled ensuring that all medication is prescribed and administered safely and effectively in NHS Grampian.
- Medication Safety groupings under the GADTC have been rationalised and saw a strengthening of the acute and mental health medication safety group and a recognition that primary care medication safety work was split across a number of groupings. This led to a pragmatic decision to integrate the primary care medication safety agenda into the Primary Care Prescribing Sub-Group of GADTC;
- Supportive work for the business case for regional HEPMA (Hospital Electronic Prescription and Medicines Administration);
- Assessment and planning for BREXIT impacts on medicines.

### 3. Supporting Ethical Decision Making Advisory Group

The group has considered several requests, the themes of which have been wide ranging and relating directly to the complex and challenging decisions made by clinical decision makers in the response to COVID-19. There is a need to develop clear pathways to escalate areas of ethical concern so they can be addressed timeously. To date this has been possible due to the links with the clinical directorate, clinical board and the bronze control rooms but in the phase of living with COVID-19, additional resource and manpower will need to be identified to ensure sustainability. Contact with National Leads has been made by the NHS Grampian group with a view to providing an overview of emerging issues and how we share wider learning across Boards.

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

- The improvement plan is underway to deliver the identified actions following the unannounced inspection on the combined safety and cleanliness and care of older people at Woodend Hospital in August 2020;
- Mitigations are now in place with the eye outpatient clinic and invasive treatment relocated to a different environment. This action was taken in response to the incidence of data exceedance of endophthalmitis. From a Clinical Governance Committee perspective the risk for patients was mitigated other than access, which is an issue for all specialities related to COVID-19;
- Due to COVID-19 there had been a delay in validating the data containing NHS Grampian's surveillance data and associated infection rates as reported in Health Protection Scotland's (HPS) Quarterly Epidemiological Data for Quarter 4 of 2019 and Quarter 1 of 2020. The Committee was then presented with two quarterly HAIRT reports and the areas highlighted in the latest report were;
  - The recording of the surveillance activity in terms of HAI infection is continuing, but not as it was before the pandemic. This has been nationally agreed as occupational activity in hospital setting is different, hence the present focus is on COVID-19;
  - Staphylococcus aureus bacteraemia (SAB) cases reported to HPS represented were below the national average. In the community associated infections incidence rates were also below the national average;
  - Total number of Clostridium difficile infections (CDI) cases in patients reported to HPS was below average. In the community CDI rates were slightly above average but were not an outlier;
  - The Scottish COVID-19 Infection Prevention and Control Addendum for Acute Settings guidance was published. The Infection Prevention & Control Team (IPCT) circulated information throughout the organisation to support the new guidance being implemented in clinical areas. The IPCT also prepared a local guidance document for staff and offered each division a question and answer session to allow discussion on any challenges they may face with implementation of the guidance.

### 5. Tactical Plan of Action

**Objective 1:** Direct and assure the provision of healthcare environments that minimise the risk to staff, patients and the public.

Dr Brown highlighted that this was an important area of work to support nosocomial risk reduction across all healthcare sites. Some elements of the work plan to deliver a safe environment were working well however, other areas required further improvement. For this reason she was currently unable to provide full assurance to the Committee on this objective. In response to this the Safer Workplace Group has been challenged to expedite all areas where the agreed standard has and has not been achieved. Given the importance, this issue has also been escalated to the Chief Executive and a paper presented to the Chief Executive Team on Tuesday 17 November 2020 which advocated the Programme Management Office model and escalation from level 2 to level 3 to provide the focus required. Subsequently Dr Brown was asked by the Board Chair and Chief Executive to develop a paper as an Appendix to this report in order to update the Board on the progress made since the Committee meeting.

#### **Objectives 2-4:**

Mr Bachoo proposed that in 2021 the Committee receive updates on the Tactical Plan of Action at each meeting and provide a 'clinical governance lens' focussing on what this means for issues of safety and quality of clinical care, rather than a performance management account of the programmes of work. As an example Objective 2 (Direct and assure that we continue to provide critical clinical and non-clinical services) requires us to ensure that our clinical pathways of care, guidelines and protocols are cognisant of national advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, Professional advisory structure, Partnership and the Public. This proposal was approved by the Committee members in attendance.

#### **Risk**

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

It was agreed, given the discussion at the Clinical Governance Committee that this risk should remain categorised as High.

**John Tomlinson,  
Chair, Clinical Governance Committee**

A Virtual meeting of the **NHS Grampian Clinical Governance Committee** will be held on  
**Friday 13 November 2020 from 10.00-12.30pm**

**AGENDA**

**The Clinical Governance Committee is the assurance source for the following strategic risk: ID 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 – high risk.

Approx. Timing	Item	Lead	Ref
1000	1 <b>Welcome, apologies and minute of meeting held on 20 August 2020</b>	<b>JT</b>	*
	2 Matters Arising:	JT	#
1005	2.1 Maternity Services at Dr Gray’s Hospital, Elgin	CH	#
	3 Systems, Quality, Safety and Risk:	JT	#
1010	3.1 Grampian Area Drug and Therapeutics Committee (ADTC) Annual Report	DP	*
1025	3.2 Healthcare Associated Infection Quarterly Reporting Framework	NE/GJ	*
	3.2.1 Healthcare Associate Infection (HAI) Quarterly Report – May 2020		*
	3.2.2 Healthcare Associate Infection (HAI) Quarterly Report – August 2020		*
1045	3.3 NHS Grampian Ethical Advice and Support Group – Progress Report	LG/SW	*
1105	3.4 Clinical Quality & Safety Subgroup Quarterly Report	JJ	*
1115	<b>Break for Tea/Coffee</b>		
1130	4 Living with COVID-19: Tactical Plan of Action	JB	*
	4.1 Overview of the Tactical Objectives	JB	#
	4.2 Tactical Objectives summary for the Clinical Governance Committee	JB	#
	4.2.1 Objective 1: Provision of healthcare environments that minimise the risk to staff, patients and public	JB	*
	• Nosocomial Risk Reduction Report		
	4.2.2 Objective 2: Provide protected and critical, clinical and non-clinical services	PB	#
	4.2.3 Objective 3: Integrated whole system Winter Response	PB	#

4.2.4 Objective 4: Plan, direct and assure an increase in the volume of health service delivery

PB/JB \*

- Increase Volume of Health Delivery Report

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Approx. Timing	Item	Lead	Ref
1150	5 Public Health Report	SW/JE	~
1205	6 NHS Grampian Short Life Working Group: Letter from Chair - NHS Grampian Renewal and Report to Grampian NHS Board – Thursday 6 August 2020  • Discussion i.e. consideration of the recommendations and the overlap with your existing work programme	JT/ALL	*
1220	7 AOCB 7.1 Standing agenda items for the coming year • Living with COVID-19 • Public Health • Brexit • HAIRT • Clinical Quality & Safety Report	JT/ALL JT	# #
1225	8 Reporting to: 8.1 The Board 8.2 Assurance on the strategic risk	JT/ALL	#
1230	9 Date and time of next meeting 9.1 The next meeting is on the <b>12 February 2021</b> from <b>10.00-12.30pm</b> 9.2 Noting: Clinical Governance Committee 2021 meeting dates	JT JT/ALL	# *

*It is intended to digitally record this meeting. These recordings will be used to assist with the preparation of minutes and to ensure that decisions are accurately recorded. As soon as the minutes are approved at the next meeting the relevant MP3 file will be deleted.*