

## Clinical Governance Committee Assurance Report to Grampian NHS Board

---

### Purpose of Report

This report summarises the key matters considered by the Committee under the revised governance arrangements approved by the Board. In line with these 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 mobilisation plan.

### Recommendation

The Board is asked to note the following key points and assurances from the Committee on clinical governance processes and clinical risk identification and mitigation. It was agreed at the Committee meeting on the 18.06.2020 that due to COVID-19, the Quality and Safety strategic risk (ID 2507) should remain as High.

### Ethical Decision Making Advisory Group

The group is now meeting fortnightly with the aim to promote and maintain an ethical approach to clinical practice and patient care pathways across Grampian. The group includes lay representation, clinicians with ethical expertise, and representatives with a wide range of backgrounds including acute care, mental health, spiritual care, public health, primary care and social work. The group also includes representation from NHS Orkney and NHS Shetland with open invites to NHS Highland, Western Isles and Tayside.

The group has a dedicated email address for referrals which has been promoted to staff via the Daily Brief and a dedicated page on the COVID website. In April and May, there were 10 referrals requesting advice (e.g. current visiting restrictions, protective equipment and cardiopulmonary resuscitation, outdoor exercise restrictions for long term patients, care home communications with families and the ethical considerations around data sharing). Group members have also brought scenarios from their particular areas for pre-emptive discussion. The group foresees a potential increase in referrals for ethical discussion in the coming months from key areas;

- clinical outcomes which are potentially compromised due to lack of access to specific medical interventions;
- quarantine and the infringement of individual rights;
- ethnicity and severity of COVID-19

### Care Homes

Existing arrangements in Health and Social Care Partnerships have been enhanced with each Partnership having a Care Home Professional Clinical and Care Oversight Group. To complement these arrangements, providing system wide assurance, learning and support, a Grampian-wide Assurance and Support Group has been established. The Oversight Groups comprise of representatives of the Director of Public Health, Executive Nurse Director, Medical Director, Chief Social Work Officer and HSCP Chief Officer. In addition, the Care Inspectorate relationship manager is also invited to the oversight group.

As part of the continued review of governance arrangements, a table top exercise was conducted on 5th June 2020. This involved 70 participants from across the Health and Social Care system and feedback showed that the establishment of the local oversight groups had been welcomed and really strengthened partnership working. This in turn had provided reassurance that issues in care homes as a result of COVID-19 were being identified, actioned and escalated in a collaborative way. There was a consensus that the continuation of these oversight groups/increased partnership beyond COVID-19, albeit at a reduced frequency post-pandemic, would continue these strengthened relationships and support for care homes across Grampian.

Scottish Government have clarified the requirement for testing of all care home staff on a weekly basis and the requirement for surveillance testing in care homes with no positive cases of COVID-19. Progress towards these requirements is now provided in a weekly return to Scottish Government. To ensure that local capacity is retained for other types of testing, the weekly testing of care home staff will be channelled through the UK Government Social Care Portal. The routine surveillance sampling plan for 'green' care homes has been developed in conjunction with colleagues from HSCPs. All care homes across Grampian will undergo surveillance sampling of all residents on a 10 week rolling programme. These results will be processed through the NHS Grampian laboratories.

Colleagues from Health Intelligence worked with the Medical Director and Aberdeenshire Chief Officer to conduct a retrospective assessment of patients who were discharged to Care Homes from March 2020. This is to increase our understanding about processes and to enable learning for improvement. In addition a 'commission' is being developed by the Chief Officers with involvement from Local Authority Chief Executives to look at lessons learnt and how can this inform the development of Operation Home First.

## **Clinical Prioritisation**

Since the turndown in elective activity on 30th March 2020, the number of diagnosed cancer patients with and without planned surgical dates for surgery as first treatment has been reported weekly to the Clinical Board and the Acute Leadership Team. The number of potential undiagnosed patients who will subsequently be diagnosed in the remobilisation phase has been modelled to inform service planning, and as a result of this modelling, the cancer surgery recovery plan was commissioned.

The cancer surgery recovery plan is having a positive impact on the diagnosed patients waiting for surgery, and the rate of rise of predicted undiagnosed patients has slowed as primary care referral rates have recovered to almost pre-COVID levels. The time critical patients to receive surgery by the end of June 2020 is on trajectory and has considered:

- **Physical Capacity:** including medical, surgical, critical care and theatre capacity;
- **Patient Pathway:** Pre-operative assessment capacity, patient isolation, swabbing, concierge service for patients being tested and the DOSA service recommencement;
- **Planning and Coordination:** Project management in place working with the operational teams to deliver the plan;
- **Workforce:** Planned over a four week period and longer term planning as part of the remobilisation plan.

Haematology/Oncology day case and Oncology inpatient activity was moved to minimise risk of exposure to Covid for a highly vulnerable patient cohort. New locations compliant with physical spacing requirements have been identified and both services will be relocated in the coming fortnight as part of the remobilisation phase.

Nationally, the Scottish Government Cancer Treatment Response Group (CTRG) formulated guidance for modification to radiotherapy (RT) treatment. The CTRG is now replaced by the National Cancer Recovery Group (NCRG) chaired by Prof Aileen Keel. The NHS Grampian Service Clinical Director, is the RT Lead for both the CTRG and NCRG, and so NHS Grampian is well represented and informed at a national level.

**Joyce Duncan,  
Chair, Clinical Governance Committee**

Attachment: NHS Grampian Clinical Governance Committee Agenda – 18 June 2020

A **Virtual** meeting of the **NHS Grampian Clinical Governance Committee** will be held on  
**Thursday 18 June 2020 at 10.00am**

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. Welcome and apologies	JD	#
1005	2. Minute of meeting held on 21 May 2020	JD/ALL	*
1010	3. Ethical Decision Making Advisory Group	LG	*
1020	4. Care Homes: 4.1 Governance Framework 4.2 Performance Report	SW	*
1040	5. Systems, Quality, Safety and Risk: 5.1 Clinical Governance Reporting: • Quality and Safety of Care profile • Clinical Directorate Control Room Update 5.2 Assurance on strategic risk ID 2507	JI JD/ALL	* #
1100	6. Clinical Prioritisation: 6.1 Cancer Services 6.2 Time Critical Surgical Backlog	NF HB DL	# ~ *
1120	7. Reporting to The Board	JD/ALL	#
1125	8. AOCB	JD/ALL	#
1130	9. Date and Time of Next Meeting: The next meeting is on the <b>20 August 2020</b> from <b>10.00-12.00</b> .	JD	#

*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.*

Key  
 \* Attached  
 # Verbal Report  
 ~ To follow