

<b>Meeting:</b>	<b>NHS Grampian Board</b>
<b>Meeting date:</b>	<b>2 June 2022</b>
<b>Item Number:</b>	<b>12.1</b>
<b>Title:</b>	<b>Clinical Governance Committee Report</b>
<b>Responsible Non-Executive:</b>	<b>Dr John Tomlinson</b>
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### 1. Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to:**

The Clinical Governance Committee Meeting held on 6 May 2022.

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

### 2. Report Summary

#### 2.1 Clinical Risk Management

Prior to NHS Grampian's response to the COVID-19 pandemic, high level clinical metrics from the Weekly Clinical Risk Management (CRM) meeting were included within the Clinical Quality and Safety subgroup report to the Committee. This continued during the first three COVID wave responses. During this period derogations were considered across many areas of operational business with decision outcomes through the Command structures. In addition a risk based derogations approach has been implemented to support Operation Iris.

To assist this risk based approach, the CRM and the Weekly System Decision Making group now receive and monitor data specific to each derogation. Decisions based on this data are recorded. The key is early identification of new or increasing clinical risks which are then shared to enable system-wide discussion and appropriate management of performance against national standards.

Discussion at the Chief Executive Team supported the strengthening of reporting to the Clinical Governance Committee with a combined CRM and Derogations report. This approach was welcomed by the Committee to provide more focus on clinical risks, and the proposal to continue to provide two distinct reports quarterly on the work of the Clinical Quality and Safety Subgroup and a summary of clinical metrics from the weekly CRM meeting was approved by the Committee.

## **2.2 Integrated Family Services Portfolio**

The Committee was updated on the decision announced by the Cabinet Secretary on Wednesday 30 March 2022 that NHS Grampian, in collaboration with NHS Highland, was to progress to the foundation destination point of a Community Maternity Unit prior to progressing to the final destination point of a full Consultant-Led Maternity Unit at Dr Gray's. Formal expectations for clear timelines on reaching these destinations; a plan for achieving a Community Maternity Unit with links to Raigmore is required by the end of June 2022 and a plan for achieving a full Consultant-Led Maternity Unit is required by the end of 2022. It was agreed the Committee would continue to be updated on the quality and safety aspects of this.

The Committee was informed that Maternity Services has had one multidisciplinary workshop with another planned in the next week to carry out a local self-assessment of the essential and immediate actions identified in the Ockenden Report. It is the intention to pull together a report following these sessions which will be shared with the Clinical Governance Committee once approved.

## **2.3 Dental Services**

The Covid-19 pandemic continues to have an adverse impact on provision of dental services with a significant reduction in service capacity culminating in reduced access to dental services (e.g. 3 practices have deregistered the majority of their patients resulting in about 5000 NHS patients losing registration).

Socioeconomic variation in access to dental service has worsened during the pandemic with a fall in participation (i.e. attendance) of 20.5% in the most deprived areas compared to 16.2% in the least deprived areas across Grampian. As the NHS does not have access to data for private patient activity, it is difficult to fully answer if there was a proportionate share of access for NHS patients. However, the NHS data for last year was at 53% of pre-pandemic activity and this has increased to 65% at March 2022. It is envisaged that this will continue to improve with the relaxing of COVID measures and the revised payment arrangements that came into effect in April 2022, which are linked to activity levels.

A key challenge for Scotland is the availability of workforce due to pandemic interruptions to training programmes and the reduced mobility of workforce due to Brexit. Work is ongoing with the Scottish Government and the General Dental Council to increase training places and simplify the process for registration of international dental graduates to then fill the gap.

The Committee noted that despite the mitigation provided by the new payment arrangement, concerns have been expressed about the proposal to review the additional 'multiplier' element of this on a regular basis. The risk of NHS patients deregistration's then remains due to the ongoing uncertainty about the long term commitment of independent dental contractors to NHS dentistry. The Committee requested to be updated on progress with this at a subsequent meeting.

## **2.4 Healthcare Associated Infection (HAI) Report**

The Committee noted the national Healthcare Associated Infection Reporting Tool (HAIRT) relating to Q4 Oct – Dec 2021. The report is assuring in relation to the rest of Scotland, and Grampian is not an outlier in any of the reported parameters.

There has been an increase of Staphylococcus Aureus Bacteraemia (SAB) incidence rates for Q4 and 2021 year-end in the healthcare settings. In the community, SAB incident rates were marginally above the national average for Q4 and remains below national average for year-end 2021. The rise in SAB rates has been noticed across Scotland, and Grampian was not an outlier in this context.

The Committee was informed that the local report shows Methicillin-Resistant Staphylococcus Aureus (MRSA) Clinical Risk Assessment (CRA) screening compliance within NHS Grampian (65%), was below the Scottish average (81%). There is a delay in the reporting of these figures to the Clinical Governance Committee due to the process to verify data and reporting via the HAI Executive Committee. The Committee was updated that compliance is increasing and the Infection Prevention and Control Team are supporting areas with actions to improve compliance. The issue with compliance is multi-factorial and has been added to by Covid-19. The Committee will be updated at the August meeting on progress.

## **2.5 Clinical Governance Committee Constitution**

The Board Secretary shared the intention for all Committees to hold delegated authority to obtain assurance on behalf of the Board. Committees would then report to Board on an exception basis only, with the approved minute of each meeting continuing to be shared. This approach was supported by the Committee with a requirement to clearly define the process for escalations to the Board.

Further, referenced professional governance and to explicitly highlight whether this role is, or is not taken on by Committee. Discussion then focussed on independent contracted services as an example. From a delivery of service point of view, it was agreed this sits with IJBs but the complexity lay with the professional governance aspect. It was proposed that it may be beneficial for professional governance to fall within the Committee remit, with a formal link to Staff Governance. It was agreed that the Board Secretary would support discussion on this between the Executive Nurse Director, Medical Director and the Director of People and Culture.

It was agreed that Primary Care, are perhaps a special example, however for some services essentially delivered by direction of IJBs, the Board and Council decide on direction of delivery and vehicle is Health and Social Care Partnership. Consequently, the Board has a part in being accountable for quality of delivering service, as directed by IJB. In addition the Portfolios span services and pathways of care that are both hospital and community settings and the IJBs have an interest in the range of those services and pathways, and the Health Board are directly involved.

There are existing mechanisms for IJBs and the Chief Executive Team (CET) to meet as a group, including the North Group which IJB Chairs and Vice-Chairs form part of and Chief Executive of NHSG can be invited to. The 3 Chief Officers also form part of Chief Executive Team and are embedded in the Senior Management of NHSG. However, it was felt that a joint session around discussing service delivery and professional governance routes to provide assurance would be beneficial. This would support how we work together to be effective, and provide overall assurance on delivery of safe system.

## **3. Recommendation**

The Board is asked note the summary of the key points discussed at the Clinical Governance Committee meeting on 6 May 2022