

## Clinical Governance Committee Assurance Report to Grampian NHS Board

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### 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 the changes that have been made to clinical governance processes whilst ensuring continuation of adverse events, complaints management and clinical risk identification and mitigation.

### Risk Management

- The draft PricewaterhouseCooper's (PwC) audit of risk management within NHS Grampian has been received with 9 identified findings in total, 7 of which relate to operating effectiveness of the controls and processes that are in place.
- The new role of Risk Management Advisor has been appointed to and the post holder began working on 13.04.2020. They are currently reviewing both the PwC draft report recommendations and the current Risk Management Policy.
- Risks are being reported on the DATIX system re COVID-19 with a range of workforce, compliance, quality and resources categories.
- All Bronze Control rooms are currently completing a spreadsheet of the critical activity that is continuing, activity that has been amended and activity that has been suspended. A risk assessment and grading is being utilised for each of these with impact and consequence. This is being led by Silver Command and will give an organisational risk register and support recovery planning.

### Clinical Risk Data

- There has been a reduction in the overall number of adverse events reported in the last month, however, the rate of reporting is stable and areas are continuing to report clinical incidents. Discussion at the Clinical Risk Meeting (CRM) agreed that this should be looked at in terms of the down turn in both in-patient and out-patient activity across the system. The Quality Improvement and Assurance team are working with the DATIX/Health Intelligence team to identify the rate of adverse events per occupied bed days in order to analyse this data fully.
- A new code of COVID-19 has been added to the DATIX system and events are being reported using this code. The CRM is continuing to meet weekly and is reviewing these events to identify possible themes.
- PPE is being led by the Health & Wellbeing & Safety Bronze Control Room through the Board Single Point of Contact (SPOC). All enquires are being directed here and issues discussed at the Operational Response Team meeting x 3 a week where all Bronze Control Rooms are represented.
- For our most vulnerable groups a risk profile has been developed by the Director of Public Protection for both Adult and Child Protection for COVID-19.

- The Feedback service is fully operational but the level of complaints received is significantly reduced. The Scottish Public Services Ombudsman (SPSO) complaints are still being progressed to meet agreed deadlines. Some staff within the Feedback service have been redeployed to support the Bronze Control Rooms.

### **Clinical Governance Processes**

- The CRM continues to meet weekly. A high level report is sent to Silver Command and the Chair of the Clinical Governance Committee following the meeting. This is included in the daily brief for the System Leadership Team (SLT).
- The Clinical Quality & Safety subgroup of SLT met virtually on 15.04.2020 and agreed to continue to meet, as usual six weekly. The focus is to;
  - share information and provide effective support for cross-system clinical and care risk management, improvement and assurance;
  - record decisions made by the group on what is continuing and what has been paused in terms of clinical governance activity within their local arrangements;
  - coordinate any response required from the subgroup on action from or to the Board Control Centre or Bronze Control Rooms.
- The meeting of the Clinical Quality and Safety subgroup held on 04.03.2020 was a workshop focussing solely on exploring, clarifying and agreeing the subgroup approach for clinical and care governance arrangements cross-system. Three breakout groups looked at creating a new model of how data flows relating to clinical and care governance through the system to point of care, statutory bodies and accountable officers to understand where accountability sits for health and social care. It was agreed that the subgroup members would begin conversations from the output of this workshop locally and contribute to further discussion at the next subgroup meeting. The subgroup meeting on the 15.04.2020 continued the conversation. It was agreed that during COVID-19 the subgroup would continue to refer to the proposed outcomes for this piece of work to support thinking and planning moving forwards i.e. how do we:
  - Develop the clinical and care governance arrangements of hosted services;
  - Enable NHS Grampian to enact its accountability to the Integration Joint Board (IJB) for relevant healthcare services;
  - Strengthen clinical and care governance to enhance the ability of the IJB in its strategic commissioning function;
  - Embed clinical and care risk management, improvement and assurance across our system;
  - Develop shared clinical accords and care pathways;
  - Support staff to develop informed and transparent decisions ensuring continuous quality improvement.
- It was agreed that due to COVID-19 the Quality and Safety strategic risk (ID 2507) should remain as High.
- The Clinical Governance Committee will continue to report monthly to the Board with the next report on the 21.05.2020. The Committee agreed that this would include the full clinical quality indicator report as would have been presented to the in person Clinical Governance Committee which was due to take place on the 15.05.2020.

### **Ethical Advice and Support Group**

To support NHS Grampian's whole system response to the COVID-19 Pandemic an Ethical Advice and Support Group has been formed to promote and maintain an ethical approach to clinical practice and patient care pathways throughout NHS Grampian by providing a point of contact for structured and rigorous ethical discussion and advice.

The group aim is to ensure changes to 'business as usual' care pathways/organisational policies are considered from an ethical perspective to minimise the risk of unintended consequences/unwarranted harm, ensuring decisions are realistic and compassionate.

The group is chaired by Luan Grugeon, Non-Executive Board Member at NHS Grampian, supported by Dr Shonagh Walker, Associate Medical Director for Professional Performance and Deputy Responsible Officer, and meets weekly on a Tuesday at 6pm.

In line with the Scottish Government Ethical Advice and Support Framework, the group includes lay representation, clinicians with ethical expertise, and representatives with a range of backgrounds including acute care, mental health, spiritual care, public health, primary care and social work.

The group have also developed a process for providing urgent ethical advice and will adapt according to changes to the pandemic response and the associated ethical considerations.

A regular report on the work of the group will be submitted to the Clinical Governance Committee and to the Chief Executive and Board Chair.

### **Matters referred to other Board Committees**

Following the Committee meeting on the 16.04.2020 the Chair of the Clinical Governance Committee shared the above points with the Performance Governance Committee on 23.04.2020 for cross system information and learning.

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

Attachment: NHS Grampian Clinical Governance Committee Agenda - 16 April 2020

A **Virtual** (by Microsoft Teams) meeting of the **NHS Grampian Clinical Governance Committee** will be held on **Thursday 16 April 2020 from 10.00-11.00**

## 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 Matter Arising:</b>	<b>JD</b>	#
	Action Maternity Services at Dr Gray's Hospital Elgin No. 20 Update	NF	#
1005	2 Clinical Board 2.1 Cancer Services	NF	#
1010	3 Supporting Ethical Decision Making Advisory Group	NF	#
1015	4 Systems, Quality, Safety and Risk:	JD	#
	4.1 Clinical Governance Reporting:		
1020	• Clinical Quality & Safety Subgroup Quarterly Report including:	Jl	*
1030	• Quality and Safety of Care risk profile		
1040	• Clinical Risk Meeting		
1045	• Clinical Directorate Control Room Update		
1050	4.2 Assurance on the strategic risk ID 2507	JD/ALL	#
1055	5 AOCB	<b>JD/ALL</b>	#
1100	6 Date and Time of Next Meeting The next meeting is on the <b>21 May 2020 from 10.00-11.00pm.</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.*