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 14.05.2021. 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 and the transition from this.

Recommendation

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

1. Dr Gray's Maternity Services

The Board agreed recommendations to progress work on the immediate pathways with NHS Highland and partners, including the Scottish Ambulance Service. A regional collaboration group including Grampian and Highland Maternity, Neonatal and Gynaecology services has now met twice with monthly meeting dates agreed for the remainder of 2021. The Terms of Reference for the group has been established and work is progressing both within and out with the meetings to deliver on these recommendations.

- To work with NHS Highland to ensure intrapartum transfers from DGH at all stages of labour are transferred to Raigmore.
- Work with the SAS to ensure that all community based maternity emergency calls are transferred directly to Raigmore or Aberdeen with the exception of women expected by the MLU at DGH.

In addition the Committee was updated on the recent developments with regard to a Scottish Government review commissioned in March 2021, of maternity services in Moray. The Review Team is led by Ralph Roberts, Chief Executive, NHS Borders and a chronology of all key events since the change in service delivery has been shared. The timescale for the Review Team is to produce a report for the consideration by the Cabinet Secretary for Health and Sport by the end of June 2021. NHS Grampian is working supportively and collaboratively with the Review Team and at the same time, continue the remobilising and progression of the Best Start North programme.

2. Public Protection Annual Report

Over the past year, the Public Protection Team has recruited to key posts allowing for an increase in capacity alongside offering greater specialist expertise and support. One of the most substantial elements of risk relating to all public protection domains is staff awareness and understanding of how to recognise and respond when issues of vulnerability/harm arise, and this has become a more significant risk during COVID-19. The Team has concentrated on boosting awareness and confidence regarding public protection across NHS Grampian, focussing on a publicity model of the 5 R's for Public Protection (Recognise, Respond, Report, Record, Reflect). New publicity materials have been created to prompt staff recognition and response to those at risk.

Initially postponed due to COVID-19, it is still expected that scrutiny will occur at some point in 2021 and the Team are currently making preparations based on that working assumption. The full inspection methodology has not yet been published but will require 130 patient records to be digitised and made available for file reading 'virtually' by the

inspectors, which is likely to place significant demands on administrative support. These demands will be reported to the System Leadership Team once the scrutiny bodies have fully formulated their inspection methodology. The self-evaluation activity and subsequent development of an Improvement Action Plan is intended to deliver significant progress in regards to adult protection quality in NHS Grampian – it will require the organisation as whole, however, to prioritise the improvement activities.

During lockdown in 2020 and subsequently, there had been ongoing concern about the potential for 'hidden harm' due to reduction in face-to-face services via statutory agencies (including NHS Grampian), alongside more general reduced contact from families, friends and the third sector. This is being closely monitored by the Public Protection Team alongside the relevant statutory public protection committees. There has been a concerted effort to put in place some control measures to mitigate this risk. The three Child Protection Committees (CPCs) met more frequently during COVID to ensure a strategic multi-agency response to the fast changing situation. The three Adult Protection Committees (APCs) also met more frequently during COVID to ensure a strategic multi-agency response. Each of the Committees have a specific risk of COVID- 19 on their risk registers. This has ensured that all agencies are aware of the particular arrangements that effect adult and vulnerable children and young people at risk across Grampian.

3. Safer Workplaces Programme

In the first 3 months of their roles, the Safer Workplaces Team, have become a cohesive and well supported team whose role is to visit all NHS Grampian sites in a scheduled process, assuring, supporting, monitoring and embedding the key principles of Safer Workplaces within clinical and non-clinical teams.

The Safer Workplaces Group continues to meet fortnightly. This is a whole-system pan-Grampian group, with membership from sectors, all three HSCPs, health & safety, service management, IPCT, occupational health, psychology, physical resources, finance, IM&T, and Information Governance. Members of the group also represent other professional groups, creating links and connections to others, thereby embedding one robust and holistic approach. The group reports to the Safer Workplaces Assurance Group, and S-ORT. Thereafter the Safer Workplaces group reports to the Occupational Health, Safety and Wellbeing Committee and the Clinical Governance Committee.

The Safer workplace Facilitators have completed 292 Assurance visits in the last 3 months. They have covered a wide geography throughout NHS Grampian in areas as diverse as sterile services, laundries, kitchens, libraries, custody suites, vaccination centres and clinical sites in all aspects of the health economy where NHS Grampian staff work. Two key areas for continued work are:

- Maintaining physical distancing is the most challenging aspect of behaviour change to sustain compliance with in the workplace, amidst other competing priorities for staff. The Team are working closely with Corporate Communications and the next key message will be on the importance of physical distancing. As an organisation, we appreciate how difficult this is and will continue to highlight how often this is occurring, as well as look at innovations to make it easier to adhere to.
- Ongoing nosocomial outbreaks across the system impact on patient safety, flow and potentially care. We are mitigating this by the continued employment of the Team and further development of links to Infection Prevention and Control and Health and Safety teams.

An unannounced inspection by Healthcare Improvement Scotland took place in Aberdeen Royal Infirmary 23 – 25 March 2021. The inspection methodology was adapted to specifically focus on COVID-19 and the safe delivery of care against Healthcare Associated Infection (HAI) standards (2015). The inspection resulted in nine areas of good practice, which was welcomed and noted by the Committee. The inspection also resulted in three requirements and an improvement plan has been developed and delivery of this is underway. A further update will be shared with the Committee on completion of actions.

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

From January 2021, the quarterly HAI Reports will be split into two separate reports, to provide figures in as timely a manner as possible. The two reports are:

The National Report

This will be the national quarterly report from ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) Scotland, but with an additional two-page NHS Grampian summary. This report will be emailed to the Clinical Governance Committee as soon as it is available for information as the data has already been verified nationally. The report for Quarter 3 (July-Sept 2020) which was published on 12th January 2021 is included with this report.

A Local Report

This quarterly report will only contain locally gathered data, for ratification by the various committees in NHS Grampian. The Committee was presented with the report containing local data for the period Oct – Dec 2020. The local report was welcomed by the Clinical Governance Committee and in particular the inclusion of a front page Executive summary that highlights where we are above target, below target and any additional information that is relevant. This report is also included. In summary:

NHS Grampian Above Target

- Cleaning compliance (93%). Same as the previous quarter.
- Estates monitoring compliance (95%). Same as the previous quarter.
- AHP Hand hygiene (99%). Increase from the previous quarter (98%)
- Ancillary staff Hand hygiene (96%). Decrease from the previous quarter (97%).
- Medical staff Hand hygiene (97%). Increase from the previous guarter (96%).
- Nursing staff Hand hygiene (99%). Same as the previous quarter (99%)

NHS Grampian Below Target

- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) screening compliance (83%). Increase from the previous quarter (81%).
- Carbapenemase Producing Enterobacteriaceae (CPE) Clinical Risk Assessment (CRA) screening compliance (82%). Decrease from the previous quarter (93%)

NHS Grampian Additional Information

- Wards closed due to enteric illness: **0. Same** as the previous quarter (0)
- Incident Management Team meeting: 45. Increase from the previous quarter (14)
- Preliminary Assessment Group meeting: **25. Increase** from the previous quarter (15)

Risk

The Clinical Governance Committee is the assurance source for the strategic risk **2507: Quality and Safety of Care:** The Committee noted the work that Professor Fluck

is leading to revise the strategic risks and supported the development of the Bowtie method of risk assessment. This creates a visualisation giving a single integrated overview of issues and solutions providing transparency, connectivity, traceability and interactions between cause, effect and control. A session will be held with the Chief Executive Team on development of this and the clinical quality and safety of care risk will be utilised as an example. The output of this will be shared with the Committee.

Dr John Tomlinson, Chair, Clinical Governance Committee, May 2021

A Virtual meeting of the **NHS Grampian Clinical Governance Committee** will be held on Friday 14 May 2021 from 10.00-13.00

AGENDA

The Clinical Governance Committee is the assurance source for strategic risk ID 2507Quality 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.

Approx. Timing	Item		Lead	Ref
1000	1	Welcome and apologies	JT	#
1005	2	Note of meeting held on 12 February 2021	JT	*
1010	3	Matters Arising and action log	JT	*
1015	4	Ovarian Cancer Services	PB	#
1025	5	Dr Gray's Maternity Services	JMc/SBI	*
1045	6	Public Protection Annual Report	SC	*
1105	BREA	AK .	ALL	
1115	7	Standing Items:		
		7.1 Transition from Operation Snowdrop	JT	#
		7.1.1 Remobilisation Plan and focus for the Clinical Governance Committee	NF/ALL	*
		7.1.2 Safer Workplaces	JB	*
1150		7.2 Public Health Quarterly Report	JE	*
1210		7.3 Healthcare Associated Infection Reporting Framework	NES/GJ	*
1225		7.4 Clinical Quality & Safety Subgroup Quarterly Report	JI	*
1240		7.5 EU Transition Programme Update for Noting	JT/ALL	*
1245	8	Committee Constitution Review & Development Session	JT/ALL	*
1255	9	Reporting to the Board	JT/ALL	#
1300	10	Next meeting: 20 August 2021, 10.00-13.00	JT	#

This meeting will be digitally recorded to assist with the preparation of minutes and to ensure that decisions are accurately recorded. On approval of the minute, the relevant recording will be deleted.