

Meeting:	NHS Grampian Board
Meeting date:	7 April 2022
Item Number:	9.2
Title:	Clinical Governance Committee Report
Responsible Executive/Non-Executive:	Dr John Tomlinson
Report Author:	Jenny Ingram

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to:

The Clinical Governance Committee Meeting held on 25 March 2022.

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Ending Operation Iris and the Transition Period to enter Plan for the Future

The Committee was advised on the recommendations to maintain, modify or cease key approaches described in Operation Iris to facilitate transition into the Plan for the Future. The Committee recognised that at times, managers within the system will have to alter standard practice raising the levels of risk that NHS Grampian is tolerating. There was a view that the Grampian Operational Pressure Escalation System (G-OPES) has been of benefit and the Committee agreed this should be further developed (under Portfolio Executive Leads direction) to become more robust. Thus reducing the likelihood of actions being out with the G-OPES framework providing robust governance for the organisation.

2.2 Board Level Derogations

The Committee was asked to note the risk based approach and associated impact of board level derogations highlighted in the report:

Physical Bed Spacing: There were 10 outbreaks across the system 22 October 2021 – 11 March 2022 where the reintroduction of beds, may have contributed to transmission.

Emergency Department (ED), Acute Medical Initial Assessment (AMIA) and Woodend/Rosewell House Escalation Plan – Corridor Care:

From 18 Feb – 11 March 2022 there were 6 reported adverse events connected to corridor care. These related to professional opinion, maintaining patient dignity and communication.

Safe Staffing Levels: Slightly worsening position, with increasing numbers of wards reporting red RAG status. There has also been an increase in the number of Green RAG status wards. There were 40 staffing adverse events 18 Feb - 11 March 2022 with common themes of: unsafe staffing; high clinical activity; unable to take rest breaks; reduction in service provision; staff unfamiliar with area / bank & agency cover, affecting care delivery; poor communication.

Priorities of Care in Adult Inpatient and Community Setting: There were two adverse events reported during the time frame 18 Feb – 11 March 2022 where the term priorities of care, omissions of care, or fundamentals of care were mentioned in the description field on Datix. Both related to safe staffing levels.

Investigations and Complaints Processes: The Committee is aware of the two joint adverse event reviews that have been completed in conjunction with the Scottish Ambulance Service (SAS). The NHS Grampian Team Lead for Adverse Events & Feedback meets fortnightly with the SAS Clinical Quality Lead to share events and complaints and determine if any require further joint review. Currently there are a further 3 events being progressed on a joint review basis.

To support teams during this period of sustained and unprecedented pressure across the system, NHS Grampian has worked with the Scottish Public Services Ombudsman (SPSO) to develop an agreed framework for triaging complaints and feedback. The SPSO are content with the process that NHS Grampian has produced, subject to small amendments.

The Committee noted the continued balance of risk to patient care in terms of quality, safety and access to appropriate and timely care due to sustained high levels of unscheduled care continuing to impact delivery of elective services.

2.3 Medicines and Unscheduled Care (MUSC) Portfolio

The Committee were informed of the enduring demand of winter pressure (inclusive of respiratory covid pathway) and non-elective admissions continuing to heavily impact the demand on bed footprint and acuity of presentation at the front door.

This means that demand continues to outstrip capacity within the MUSC bed footprint with current bed occupancy incorporating the dependency upon use of assessment rooms as bed spaces, surge beds, occupation of boarders into Combined Short Stay Unit and across ARI site (predominantly surgical pink zone, impacting capacity for elective care). This is resulting in increase in waiting times, patients being boarded and delayed transfers of care to other sites.

Staff are being supported in recognition of the impact from prolonged excessive demand and the need to prioritise inpatient additional workload. The Portfolio continues to monitor staff absence and deliver staff welfare initiatives and staff are being supported to take leave and breaks.

The Committee were updated on the extensive programmes of work being undertaken to support this including:

- The Interface National Care Programme (whole system strategic development of pathways);
- Unscheduled Care Programme Board (e.g. 4 hr standard, discharge without delay)
- Redesign of Urgent Care Programme (e.g. Flow Navigation Centre)
- Whole System Flow Hub, supporting the daily System Connect Meetings
- Review of the RMP4 Delivery Plan (update by 04/04/2022)

The Committee welcomed the update on the current position and wished to be updated on the agreed priorities for unscheduled care, including timescales when this had been finalised.

2.4 Integrated Specialist Care Services Portfolio

The Committee was presented with a review of data from different sources to consider if an adverse rate of harm has been observed with poor performance in tracked cancer pathways. At a national level the greatest number of excess deaths observed during the pandemic have been reported amongst 'other' cancers and the majority of these are where the primary site is unknown. Review of the NHS Grampian surgical waiting list profile has not detected an excess of mortality in the cohort of patients waiting for surgery.

Correlation of excess mortality deriving from failure to meet the 62-day Cancer performance standards is challenging to analyse. Several biological factors require to be standardised before robust conclusions could be supported. The biological behaviour at the level of the cancer cell is likely to be different for different cancer types and important to consider. These variables have not been considered in this review. Within the limitations of local data sources no excess mortality has been identified at 12 months amongst subjects that are in NHS Grampian Cancer pathways that breached recognised 62-day standards. This is in keeping with national data.

In the context of the data presented, the Committee supported the view that no excess mortality has been observed up to the 2020 cohort amongst those subjects that have breached the 62 day Performance indicator in nationally tracked cancer pathways.

2.5 Healthcare Associated Infection (HAI) Report

The Committee noted the national Healthcare Associated Infection Report published in October 2021 and related to Q2 April – June 2021. NHS Grampian Clostridioides difficile infection (CDI) and Escherichia Coli Bacteraemia (ECB) both in community and healthcare settings were below national average. Staphylococcus Aureus Bacteraemia (SAB) figures were above the national average both in healthcare and community settings for this quarter.

Infection Prevention and Control Team (IPCT) representatives are attending a weekly joint meeting with Projects, Maintenance & Technical Services and Property & Asset Development representatives. The purpose of the meeting is to confirm and collate current requests for built environment work from each of the different sources. The

next steps are to establish a prioritisation process which will support identification of the most appropriate direction to allocate limited resources.

The Safer Workplace Team (SWT) has integrated into IPCT. This integration supports the workload of both teams and enables some release of staff time to undertake more specialist aspects of their role. It also enables more efficient working due to synergistic nature of both teams' workstreams.

3 Recommendation

The Board is asked note the summary of the key points discussed at the Clinical Governance Committee meeting on 25 March 2022