NHS Greater Glasgow & Clyde	**Paper No. 20/28**
Meeting:	**NHS BOARD MEETING**
Date of Meeting:	**30/06/2020**
Purpose of Paper:	**For Noting**
Classification:	**Board Official**
Sponsoring Director:	**Dr J. Armstrong, Medical Director** **Dr M. McGuire, Nurse Director**

1.0 Paper Title

Clinical and Care Governance Update

2.0 Recommendation

The Board is asked to:

- Note modified arrangements for clinical governance and healthcare quality were maintained during the early period of the Covid-19 pandemic in Scotland. During the current "recovery phase" the structural arrangements are being re-established.

- Identify areas where further action may be required to ensure the Board is assured the duty of quality continues to be met.

3.0 Purpose of Paper

The purpose of this paper is to provide an overview of how the Board is maintaining responsibility for monitoring and improving the quality of healthcare as NHS GG&C emerges into the "recovery phase" of Covid-19 emergency

4.0 Key Issues to be considered

The report provides information that describes ongoing, though adapted activities, to maintain clinical governance. The CMT has received detailed updates on a monthly basis, with this summary of the most recent report reviewed by the CMT designed to provide assurance regarding key outcomes.

5.0 Any Patient Safety /Patient Experience Issues

N/A

6.0 Any Financial Implications from this Paper

N/A

7.0 Any Staffing Implications from this Paper

N/A

8.0 Any Equality Implications from this Paper

N/A

9.0 Any Health Inequalities Implications from this Paper

N/A

10.0 Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

N/A

11.0 Highlight the Corporate Plan priorities to which your paper relates

Better Care

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Clinical and Care Governance Update
NHS Board 30th June 2020

1.0 Introduction

1.1 The purpose of this paper is to provide an overview of how the Board is maintaining responsibility for monitoring and improving the quality of healthcare as NHS GG&C emerges into the "recovery phase" of Covid-19 emergency.

1.2 The report provides information that describes ongoing, though adapted activities, to maintain clinical governance. The Corporate Management Team has received detailed updates on a monthly basis, with this summary of the most recent report reviewed by the CMT designed to provide assurance regarding key outcomes. The interim Board meeting has also been updated.

2.0 Clinical and Healthcare Governance Arrangements

2.1 NHS GG&C has appropriately maintained its responsibility for clinical and healthcare quality during the NHS response to the Covid-19 pandemic in Scotland. The significant priority attached to the initial emergency response resulted in a number of meetings being postponed. Given the initial uncertainty as to the duration of the initial phase of the pandemic many organisational areas set out a temporary suspension of the clinical governance forums. This was a pragmatic measure reflecting the significant capacity being directed towards the emergency response. This was carried out with minimal risk to the ongoing clinical governance requirements, which were maintained in lead roles and exercised through both the general management arrangements and the Covid-19 tactical groups.

2.2 Monitoring reports, to aggregate the intelligence from local services and provide assurance that responsibility for clinical quality is being maintained, have been created. These have been considered by the HSCP & Acute Covid-19 Tactical Groups, then reviewed by the Corporate Management Team (CMT).

2.3 The decreased level of transmission and the pandemic control measures mean the NHS is now in a recovery phase. The clinical governance forums for the major services areas are now meeting, (or have planned to meet), utilising digital platforms to maintain the prevailing social distancing requirements.

3.0 Person Centred Care

3.1 The normal opportunities for visiting patients in hospital were significantly restricted as part of the national pandemic control measures. NHS GG&C rapidly and successfully mobilised person-centred virtual visiting as an option for families and patients to maintain social contact. The initial deployment to provide all inpatient wards with an allocated iPad, is now being extended. The support from the Endowments Committee means we are able to increase this to two devices per ward. Feedback received from patients, relatives and staff has been very positive. Further applications have been added to the iPads to extend their benefit– AVA (a speech to text app, for those people who cannot hear or lip read due to PPE) and Capita App (interpreting support).

3.2 The volume of feedback received via the two main feedback systems remains significantly lower than in normal circumstances. Of the 71 episodes of feedback were received via the two main central feedback methods between the 27th April 2020 and the 17th May 2020, 42 stories were received via Care Opinion and 29 via NHSGGC's website online feedback system. More than half of the people referenced the ongoing COVID-19 situation in some manner when sharing their experience. Many highlighted praise for the care and treatment they had been provided by staff, with further comment on how caring and compassionate the staff have been and the way this

made patients feel at ease during this difficult time. The top 3 positive themes were: Attitude & Behaviour, Clinical Treatment and Competency. Clinical Treatment and Attitude & behaviour, along with catering were also the main themes in feedback highlighting room for improvement.

3.3 In the last fortnight, the number of complaints received has begun to increase, to around 35-40% of normal activity. This compares to the circa 20-25% of normal activity we had been seeing since the start of lockdown. Themes of complaints are broadly the same, in that they tend to be about clinical treatment, waiting times and attitude/behaviour. In spite of the significant organisational priority on responding to Covid-19 we continue to maintain a focus on complaints management in services. A ten point plan aiming for a higher performing, quality complaints service was shared with the Chief Operating Officer and Director of Nursing at the beginning of May 2020. Since then, there has been a tangible improvement in complaints handling performance.

3.4 The unusual circumstances of providing care in the Covid-19 pandemic have promoted many innovations and adaptations of practice to maintain person-centred care. Some examples include; helping children to recognise staff in full PPE by using infection control approved wipe down badges has been positively evaluated - Support and Information Services have responded to an increase in referrals for crisis intervention relating to food, fuel and money at discharge - new and practical information on what to expect when someone is dying during the Covid-19 pandemic that includes death certification, funeral arrangements, the Funeral Support Payment grant and wider bereavement support – the Corporate Carers Group has supported unpaid carers to access PPE for personal care – The Volunteer Service has established 'Give and Go Service' in the major hospitals to ensure patients in our hospitals receive packages of nightwear/underwear from home.

3.5 As part of bereavement support since March 2020/Covid response a campaign was initiated for knitted hearts as mementoes at time of death, in particular for relatives who were not able to be with loved ones when they died. This was approved by Strategic Executive Group (SEG) and we worked with Communications Team. One heart goes with person who has died and one or more with relatives. Knitters who supply an address get a letter from the Chief Executive, Jane Grant. This has been gratefully received by relatives and public, with positive feedback and replicated by other boards in Scotland. Our initiative has also been chosen to go in Museum of Scotland exhibition regarding covid artefacts. In addition, we have replicated this project in care homes in the Greater Glasgow and Clyde area. In our bereavement response we are also carrying out bereavement support calls to relatives of people who have died of covid19 in our acute hospitals. This was planned carefully, approved by SEG and is being led by Professor Johnston with 2 experienced band 7 nurses carrying out the calls. So far the feedback has been positive. We will evaluate this and write up afterwards. The aim is to complete this by end July.

4.0 Effective Care

4.1 The Covid-19 pandemic has altered the face of healthcare. This has resulted in the need for a large number of revisions to guidance that support effective clinical care and practice. All of the services have been reviewing and creating bespoke clinical guidelines. The major areas of clinical guidance have been overseen by senior groups to ensure appropriate governance. We have approved and published 146 new documents specific to care within the Covid-19 emergency response. The transition to the recovery phase has also prompted a number of external agencies to provide new guidance on clinical care whilst maintaining the required transmission control measures. We are currently working through 65 such publications to ensure the latest guidance is being incorporated into our clinical care.

4.2 Medicines are perhaps the most important treatment option so maintaining the effective medicines management has been a major priority and challenge. The governance of medicines has been well maintained through the key role Pharmacy and Prescribing Support Unit with links into the senior groups. A range of adaptations and innovations have been developed into practice including changes to minimise waste in critical care settings, significant collaboration with national

procurement to maintain supply, improved stock control and access that supports palliative care in the community, and improved use of digital systems to enable neurology specialists to remotely authorise outpatient prescriptions and remote advice to prescribers in primary care.

4.3 The Board's Healthcare Quality Strategy and eHealth Strategy both emphasise the principle of making best use of information to support high quality care and effective decision making. There are numerous examples of data developments to collect and collate information necessary to manage the Boards response to the pandemic. These information flows have also been applied in support of a number of national research projects to better define the viral disease, its prevention and management. Local clinicians have been instigating an increasing number of clinical audits looking at quality of care. We are currently setting up a new process to more effectively ensure that this intelligence is collated to support both current management and future research through links with the data store in the Safe Haven managed by the Research and Development Directorate.

4.4 The COVID-19 pandemic has presented the Research and Development Directorate with many challenges. Oversight, patient safety and data integrity of trials have been maintained whilst implementing new practices using digital resources. The Directorate team have also had addressed the fast emerging COVID-19 trials using existing committees overseeing high risk trials and managing non-compliances as they emerge.

4.5 The Recovery trial has received significant press coverage. It was rapidly set-up across UK hospitals and is the world's largest randomised trial of drugs to test COVID-19 patients, which so far has randomised over 11,000patients. Our Principal Investigators for RECOVERY are anaesthetists, respiratory physicians, medicine for the elderly, paediatricians, obstetrics and gynaecology supported by a team of trained nurses and pharmacy teams across GRI, QEUH, RAH and IRH. The trial has shown that dexamethasone, a cheap and readily available drug, reduces 28-day mortality substantially among patients who received oxygen or ventilation at the time of randomisation. Among participants receiving oxygen alone, the risk of death was reduced by 20%, and among participants receiving ventilation the risk of death was reduced by 35%. These results are incredibly important and have immediate applications with dexamethasone now considered to be standard care for these patients. The trial has also importantly shown that hydroxychloroquine, an antimalarial drug is not of benefit in the treatment of patients with COVID-19.

4.6 The Research and Development Directorate has also been important in enabling the rapid establishment of the Ethics Advices and Support Group. In April the Chief Medical Officer asked all NHS Boards to create these groups to support clinicians and managers who may be faced with challenging decisions that had ethical dimensions. The public partners, clinicians and support staff in the research ethics structures were quick to volunteer and set up the new group. As the national measures helped limit spread the initial concern over ethical dilemmas have abated. The group has however considered and advised on two issues: patients seeking to influence normal allocation rules in drug studies by requesting access to specific drugs in research trials and adapting the consent process to ensure patients are suitably informed of any Covid-19 related risks. The group's advice on consent has been valuable in reinforcing the approach to provide supporting information for both clinicians and patients that will enable shared decision making and informed consent.

4.7 The research literature consistently affirms the importance of collaboration and team working in providing high quality care. The importance of this behaviour in adapting to the emergency has been very prominent in the routine service reports. Senior staff have repeatedly recognised and acknowledged the overwhelmingly helpful and positive collaborative effort and assistance that has been evident in staff both in clinical teams and their supporting services. Public support has been greatly appreciated and public relations has also highlighted as an area to build in upon during the "recovery phase".

5.0 Safe Care

5.1 Monitoring clinical safety through the incident reporting and investigation arrangements has been maintained throughout the emergency period. Incident reporting rates are around 75% of normal levels but this reduction is consistent with reduced activity in elective patient pathways and is therefore not considered significant. The only significant variation in reporting themes has been an increase in reports of pressure ulcer damage in critical care settings - 11 pressure ulcer incidents have been reported by critical care across GGC. All patients affected were being treated for Covid-19 and each event is being reviewed but is thought to be linked to the need to care for these patients in a prone position the majority of the time.

5.2 Public protection remains a key organisational priority. Child Protection reporting is being maintained via current processes. Emerging themes have been increased alcohol consumption leading to Child Protection concerns and domestic violence. The Inter-agency Referral Discussion (IRD) has been adapted to facilitate more rapid agreement on potential referral and follow up. Each of the HSCP's has worked with all partners to ensure there is a safe and clear pathway to all required services in each area. After an initial reduction in calls to the child protection advice lines they have risen to normal levels; over the last 2 weeks the demand for IRD's have exceeded pre-covid 19 levels. This is due to Social Workers and Health Visitors resuming face to face contacts. All AP1 / Datix raised around Adult Support and Protection are now sent to Chief Nurse – Public Protection; any reports pertaining to Care Homes or Care at Home are then escalated to Chief Nurses in Community to allow timeous follow up within their allocated HSCP area. There is already a process in place escalating acute reports to Acute Chief Nurses. Adult and Child protection support and training continues, with staff being encouraged to access the online training whilst classroom based training is suspended. As part of the recovery plan both Child and Adult Protection virtual training is being further developed. Public protection is closely monitored with each HSCP submitting a weekly report to Scottish Government and the Boards Public Protection Committee met in May to maintain direction and oversight.

5.3 The most recent publication of the national statistic on Hospital Standardised Mortality Ratio (HSMR) occurred on 12th May 2020. This publication included data up to December 2019. The HSMR for each of NHS GG&C hospitals in the 12 month period of Jan 2019–Dec 2019 is within acceptable limits (i.e. is within less than two standard deviations from the mean). This quarter precedes the arrival of the Covid-19 pandemic in Scotland and adjustment to the national mortality statistic from its impact on hospital activity and mortality has not yet been declared.

5.4 The routine service reports on clinical governance are now highlighting the key safety focus is on prioritising the recommencement of elective care based on the most urgent need, whilst maintaining social distancing and infection control precautions.

6. Conclusion and further actions

This report summarises the fuller reports that support effective internal governance and seeks to provide assurance of the maintenance of governance arrangements for monitoring and reviewing healthcare quality during the Covid-19 pandemic, noting that in this "recovery phase" gradual reintroduction of the normal range of governance structures and functions has begun.