

NHS Greater Glasgow & Clyde	Paper No. 20/27
Meeting:	Interim Board Meeting
Date of Meeting:	2nd June 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Jennifer Armstrong, Medical Director and Margaret McGuire, Nurse Director

1.0 Paper Title

Clinical and Care Governance Update

2.0 Recommendation

The Interim Board is asked to:

- Note the ongoing monitoring of clinical and care governance during the COVID-19 pandemic in providing assurance to the Interim Board, acknowledging that the Clinical and Care Governance Committee meetings have been suspended at present.

3.0 Purpose of Paper

3.1 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 during the NHS response to COVID-19 emergency.

3.1 The report provides information that describes ongoing, though adapted activities, to maintain clinical governance. The Corporate Management Team (CMT) receive a detailed update on a monthly basis. This summary is designed to provide assurance regarding some key activities during the COVID-19 lockdown period. It is noted that in respect of infection control the Interim Board receive the bimonthly HAIRT.

4.0 Key points for noting by the Interim Board

- The report was developed to sustain corporate oversight of clinical governance in the context of COVID-19-19 pandemic in Scotland.
- The Strategic Executive Group (SEG) approved adaptations to the arrangements for governance of healthcare quality early in COVID-19 response. This included suspension of the strategically supported Quality Improvement programmes, revisions to processes for clinical guidelines, audit and clinical incident management. The creation of this overview report was also agreed by SEG, who confirmed the governance structure for the report is via initial presentation to the Acute Services and

HSCP Tactical Groups for consideration and onward escalation of the report with key issues to the CMT thereafter.

- The information available at the time of producing reports confirms that there is an ongoing effort within services to maintain oversight of healthcare quality and clinical governance issues during this time.
- Patient feedback mechanisms are being sustained, with monitoring and responses continuing, albeit in a prioritised form. A programme to enable virtual visiting has been well received.
- The SCI process is being maintained, in a modified form, and we are observing a marked reduction in Significant Clinical Incidents (SCIs) and reporting of adverse incidents. This is in line with the reduction in activity levels with hospital occupancy levels around 60%. Reviews will continue to ensure there are no other factors involved.
- A similar reduction can be seen in activity within Complaints and in use of central patient and carer feedback mechanisms.
- Recognition that the NHS is experiencing a deceleration of COVID-19 related activity and is now entering a partial recovery phase, will enable further consideration in respect of the governance arrangements moving forward.

5.0 Maintaining Clinical Quality and Healthcare Governance during COVID-19 outbreak

5.1 Given the ongoing pressures presented in managing the challenge of COVID-19, it has not been possible to maintain the normal range of clinical and care governance and functions. Acute, Partnership and Board Clinical Governance Forums are currently suspended, with individual services asked to confirm the maintenance or temporary suspension of these governance arrangements within their own area of responsibility.

5.2 It is however important to note that the legal duty of quality and the requirement to maintain health and care quality continue to be standing obligations, therefore where local arrangements cannot be sustained, operational oversight of healthcare quality and clinical governance has to be maintained by embedding the following essential functions in the local management arrangements:

- Responding to any significant patient feedback
- Responding to any significant clinical incident
- The approval and monitoring of any clinical guidelines or decision aids that are required for COVID-19 pandemic emergency
- Responding to any significant concerns about clinical quality

5.3 This report, produced by the Clinical Governance Support Unit, will ensure continued oversight of these essential functions during this period, with presentation to the CMT via the Acute and Partnership Tactical Groups (until such time as the clinical governance forums are re-established).

5.4 We have confirmed that all service areas (notably HSCPs, Acute Sectors and Directorates) have now reviewed their governance arrangements, including decisions on retention of normal arrangement or operating an alternative approach. With the exception of Diagnostic Directorate and East Renfrewshire HSCP, who retain prior arrangements, all other services have maintained a modified model of clinical governance.

5.5 The following sections provides some the key headlines, which are most pertinent to major dimensions of healthcare quality for the Interim Board. This is intended to illustrate that

although appropriate adaptations have been put in place, significant monitoring has continued throughout the initial phase of the emergency response. It provides assurance that the essential functions of healthcare quality and clinical governance continue to be monitored at this time, and that issues requiring escalation to CMT are progressed.

4. Person-Centred Care Update

4.1 Person centred virtual visiting (PCVV)

Over 400 iPads have been delivered to wards and are being used to Skype, FaceTime or Zoom relatives. The Corporate Equality and Human Rights Team are supporting PCVV with the inclusion of various apps that support people with hearing loss and interpreting needs.

An evaluation of the approach taken to Person-Centred Virtual Visiting is underway. The feedback so far is overwhelmingly positive, as illustrated by the following example:

“we were able to connect a patient with her daughter and new granddaughter via the iPad...she hadn't been able to see her new granddaughter since she was born, due to self-isolation and illness for both. There were many happy tears shed by the staff, who I feel proud of as the SCN, to have the facility to connect this family in this way – lifting our patient's mood saying how much she loved it. It is so nice for them, and for us.” Lomond Ward, Vale of Leven hospital

4.2 Support and Information Services

The Support and Information Services continues to offer all patients (emergency, inpatient, day cases and outpatient services), families and staff with access to health, wellbeing and financial support. The expansion of Support and Information Services for the duration of COVID-19 pandemic will ensure a range of supports including:

- All patients at risk of food insecurity receive 3 day emergency food supply at time of discharge
- All patients in hospital and in need of toiletries receive them
- All patients or carers with concerns about discharge due to Gender Based Violence have an opportunity to access support safely.
- Family members have a single point of access to pick up bereavement bags on each hospital site and receive these from a trained member of staff, sensitive to their needs and able to provide access to bereavement support if required.

4.3 Complaints

The volume of complaints received for Acute Services and the Board has been significantly lower on a week to week basis; around 25% of normal activity. However, the acuity of complaints is greater, with more complex issues. Main themes of complaints remain around clinical treatment, attitude and behaviour and waiting times.

Whilst performance has been an issue over recent months, a real focus has gone into improving this since the start of May, with an SBAR and Action Plan circulated to the Complaints Team and Acute Directors. In addition, both the Board Complaints Manager and Lead Complaints Manager for Acute Services are reviewing every open complaint on a daily basis, to help resolve any bottlenecks and support clinical staff.

4.4 Patient and Carer experience feedback

The PEPI Team are exploring innovative ways to gather the views and experiences of patients and families particularly using digital approaches. They are supporting services through the

production of monthly reports for senior management teams within all acute sectors and directorates summarising total episodes of feedback, breakdown of positive and critical feedback and improvement themes

In total there were **60** episodes of feedback received via the two main central feedback methods that the Patient Experience Public Involvement (PEPI) Team manage between the 1st April 2020 and the 26th April 2020. Out of the 60 episodes of feedback, **26** stories were received via Care Opinion and **34** were received via NHSGGC's website online feedback system.

Of the total feedback we received, 68% was positive. In general, NHSGGC staff were praised highly for the care and treatment they had provided and there was also comment on how caring and compassionate the staff were and how this made patients feel at ease during this difficult time. Of those who posted negative comments, the main themes were communication, clinical treatment, attitude and behaviour.

5.0 Incident reporting rates

5.1 Clinical Incident reporting declined sharply at the beginning of March 2020, however, this has now stabilized at around 60% of normal reporting levels. The reduction in events has seen a 50% reduction in the number of SCIs commissioned since 1 March 2020.

5.2 A COVID-19 reporting field has been developed to aid staff in reporting incidents related to the outbreak. For the fortnight 12 - 25 April 2020, there were 48 clinical incidents reported either under COVID-19 related category on Datix or where COVID-19 was noted to be a factor. The main themes from these issues are the indirect impact on services of COVID, challenges in managing patients in the current context within Mental Health settings and issues in the communication of COVID status.

5.3 NHS Louisa Jordan was added to GGC Datix and training module updated for users at NHS Louisa Jordan. The NHS Louisa Jordan has however a governance structure independent of NHS GGC.

6.0 COVID-19 Guidance

6.1 A range of COVID-19 related guidance has been required. All new guidance documents are being reviewed and approved by the Tactical Groups before being published on the dedicated COVID-19 section of the established Guidelines Directory on Staffnet. Additionally, all guidance which is designated as Board-wide, Acute/ All inpatient, and Primary Care is hosted on the Right Decision/ MyPsych app. Some local guidance has also been developed which are area specific, and have been subject to their own local governance processes.

6.2 Over 92 guidance documents have been developed, or adapted, for COVID-19 since the 27th March. Monitoring of the number of 'hits' on the website is undertaken to ensure sufficient uptake and review.

7.0 Medicines Update

7.1 The supply of medicines for patients in critical care areas and at end of life during COVID-19 pandemic have been challenging but effectively managed. Mitigation has been through access to UK supply routes, close monitoring of stock / orders and identification of therapeutic alternatives should shortages arise. In particular, the close collaboration and team working between critical care teams, pharmacy distribution centre, preparative services and medicines governance have been successful in mitigating the high risk of drug shortages in critical care.

8.0 Public Protection

8.1 The Public Protection Forum last met on the 27th May 2020 and continues to oversee this key area of activity. Each of the HSCP's has a continuity plan and all partners input to this and work closely to ensure there is a safe and clear pathway to all required services in each area. Each partnership also submits a weekly Public Protection report to SG

8.2 Child Protection: The response to COVID-19 pandemic has resulted on some delays to Significant Clinical Reviews reporting, however, if urgent review is necessary this is actioned and risk managed. An emerging theme arising on calls to the Child Protection Unit is substance misuse, specifically increased alcohol consumption leading to Child Protection concerns. To ensure a timeous response to this issue, again, further considerations have been added to the IRD to facilitate agreement on potential referral to Alcohol and Drugs Service.

Another emerging theme is the issue of Domestic Violence and this is shared with Police and Social Work colleagues as part of the Inter-agency Referral Discussion (IRD) which takes place within 48 hours of referral. If the situation requires an immediate response this is actioned.

Following COVID-19 lockdown there was a decrease in the number of calls to the CPU advice lines, the number of Notification of Concerns and the number of IRD's. In the last 2 weeks there has been an increase to all the afore-mentioned, back to pre-covid levels and this is attributed to Social Workers and Health Visitors resuming face to face contacts which has uncovered hidden issues within families.

8.3 Adult Protection: It has been noted that the number of AP1 (Adult Support and Protection referrals) from acute sectors has also decreased since Lockdown. This is attributable to the decline in numbers of attendances at Emergency Departments and admissions to hospital wards in general. As above the response to COVID-19 pandemic is creating delays in reviewing Significant Clinical events.

Face to Face training for both Child and Adult protection has been suspended and venues which may facilitate appropriate social distancing rules are being considered for later in the year, with Louisa Jordan being considered for this use. In the meantime, training for both is available via Learnpro modules at Levels 1 and 2. The Unit is currently investigating remote ways of Level 3 training via Microsoft Teams, Webinars, Podcasts and video – link facilitated by the Medical Illustrations Department.

Currently Child Protection and Adult Protection within NHSGGC sit separately and a scoping exercise looking at national models of Public Protection is underway to bring both under one umbrella as the NHSGGC Public Protection Unit.

9.0 HSMR analysis: latest quarter release for Jan 2019 - Dec 2019p as at 24th April 2020 (provisional)

The most recent public release of HSMR was on 12th May 2020. At NHSGGC level, 195,252 patients were treated in participating hospitals. The SMR for the last 12 month period is summarised in the next table:

Table 1: Hospital Standardised Mortality Ratio in NHSGGC

12 month period	SMR
Jan 2019 – Dec 2019p	0.98

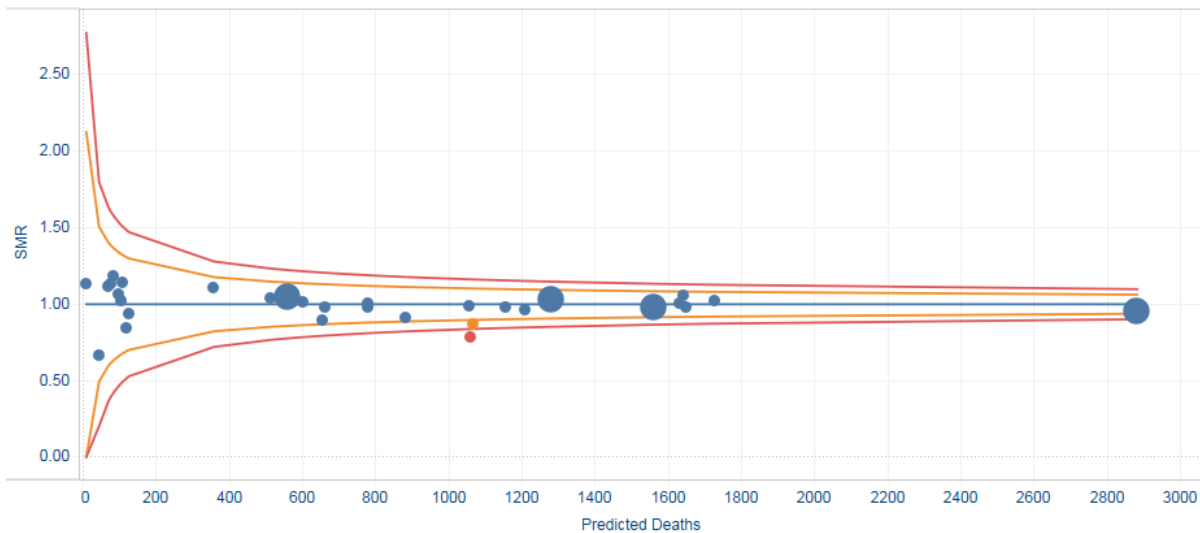
The HSMR for NHSGGC hospitals in the 12 month period of Jan 2019 –Dec 2019p is summarised in the following table and Funnel Plot. The HSMR for all hospitals in NHS GG&C are within acceptable limits (which is less than two standard deviations from the mean).

Table 2: Hospital Standardised Mortality Ratio in NHSGGC by Site

Hospital	HSMR at Jan 2019 - Dec 2019p	No of pts in Year
QEUH / GGH	0.95	82,176
GRI / Stob	0.98	50,701
RAH / VoL	1.03	28,757
IRH	1.04	12,964

Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



10.0 Additional Issues for information

10.1 Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) – Reviews

10.1.1 The Independent Review of the QEUH and the RHC, led by Drs Frazer and Montgomery, is nearing completion with the final report expected in June. Final discussions were held with key staff in the past three weeks.

10.1.2 We continue to work with Scottish Government colleagues to finalise the work of the Oversight Board and sub groups. Although the process was suspended during the initial phase of COVID-19 pandemic, activity to report on the work of the sub groups and inform the final Oversight Board report is underway. It is anticipated that this should also be complete by the end of June into early July.

11.0 Conclusion

This report provides an overview of the current structures in place for monitoring and reviewing healthcare quality and clinical governance during COVID-19-19 pandemic, in the absence of the normal range of governance structures and functions.

There is a further process to confirm all outstanding areas of follow up from the main clinical governance forums, including the Clinical and Care Governance Committee, are being appropriately resolved.

Members are asked to note this report and the key points provided for consideration.