

Agenda Item 6

Clinical Governance Covid-19 Highlight Report



Falkirk IJB Clinical and Care Governance Committee

28 August 2020

Clinical Governance Covid-19 Highlight Report

For noting

1. Executive Summary

- 1.1 This report provides Committee with an update on Covid-19 related Clinical Governance activities for NHS Forth Valley across areas of patient safety and clinical governance.
- 1.2 This report highlights the additional activities undertaken by Clinical Governance to ensure patient safety remained a priority whilst normal Clinical Governance committees were stood down during the Covid-19 pandemic.

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 note the breadth of activity related to Covid-19.

3. Clinical Governance Highlight Report

- 3.1 NHS Forth Valley put in place additional Clinical Governance processes during the pandemic to provide assurance that safety and managing risk were the overriding priority at this time. These include the following:
- 3.2 **Care Home Response**
The response to Covid within local Care Homes was led by Public Health, in close collaboration with Acute and Local Authority colleagues. Daily meetings take place to review the current status of all Care Home, with assurance visits and targeted support available as escalations, all focused on delivering safe care. The Care Home Strategy Group reports to the Care Home Assurance Group.
- 3.3 **Staffing and Workforce**
Changes to staffing requirements that changed during the pandemic were addressed to ensure safe, well trained staff were in the optimal areas. This occasionally required additional training. Examples were GPs working in assessment centres, hospital medical staff working very different rotas, trainee doctors changing departments and senior nurses deployed to support care homes.

3.4 **Service Recovery**

Recovery planning is in place at both strategic and operational levels. The strategic team have twice weekly meeting led by Head of Efficiency, Improvement and Innovation with representatives from planning, performance, public health, clinical governance and finance all core members of the group. The corporate risk register, clinical governance and patient safety are discussed as part of this strategic decision making.

- 3.5 Clinical governance is also represented on the operational level recovery planning meetings to ensure clinical risk and patient safety is the key priority in the decision making process as services both re-establish service provision but also adapt and redesign realizing the benefits of the changes to service provision during the pandemic. An example of this is the benefits of virtual consultations including 'near me' to patients unable to attend clinic or GP appointments in person.

3.6 **Death Certification**

A new process for death certification was introduced across FV as a result of discussions with Consultant teams. This new process enabled Consultant and clinician time to be freed up, to no detriment to the system.

3.7 **Scottish Patient Safety Programme (SPSP)**

The SPSP programme support was stood down during the pandemic as many of the Scottish Government (SG) SPSP team was deployed into clinical posts. This programme recommenced in June and there have been several virtual meetings to establish the best way the SPSP team can support health boards moving forward based on feedback and lessons learned during the pandemic.

4. **Conclusions**

- 4.1 Although modified considerably during Covid-19, Clinical Governance key processes have continued and adapted and, despite the many challenges clinical teams have had to respond to, there is evidence and assurance of safe care in all areas.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The report provides assurance of safe care during the Covid-19 period.

Legal & Risk Implications

The report provides assurance of safe care during the Covid-19 period.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

5. Report Author

Lynda Bennie, Head of Clinical Governance and Andrew Murray, Medical Director

6. List of Background Papers

n/a

7. Appendices

None