|  |  |  |
| --- | --- | --- |
| Board Meeting: | 26th March 2020 | GJF RGB WITHOUT STRAPLINE |
| Subject: | Clinical Governance Contingency |
| Recommendation: | Board members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | X | | Note for Information only |  | | |
|  |  | |

## Background

This is an update on the current contingency arrangements that are in place for clinical governance process within the organisation.

* We have reviewed activity and contingency based on a 12 week period of focus on critical activity only across both the Safe and Effective teams
* All scheduled CG meetings cancelled as with all other meetings – review of an urgent issues ongoing and linking to Division Management Teams
* National reporting of Serious Adverse Events Review suspended
* Proposals for reporting and rapid review of any SAE agreed – will utilise the Initial Assessment for SAERs and outcome code to support review of any issues and identification of any immediate learning that needs to be taken.  CG will collate and review to monitor for any trends and support needed.  Post COVID we will consider what needs a full retrospective SAER commissioned.
* Patients/ relatives of all ongoing SAERs (including any Duty of Candour) have been written to advising of situation and that we will contact them with conclusion of process as soon as we are able to
* Complaints activity being maintained – SG has not been explicit re timelines but pointed us to the extension option.  Standard line in all acknowledgements that timelines unlikely to be met due to situation.  Looking at standard responses to any complaints re waiting times or cancellations which will be issued and closed.  More complex ones will be reviewed to assess if we are able to respond – possible link to SAE rapid review process if needed.
* Clinical improvement activity suspended – HIS have suspended all Acute Adult Improvement work
* Clinical Governance will continue to monitor outcomes and respond appropriately with links to SAE rapid review where needed
* Policies & Guidelines – routine process suspended, review of anything breaching in 12 weeks to identify anything high risk and confirm with leads that appropriate to continue.
* Contact being made with clinical areas to support ensuring the have hard copies of all guidelines are available in contingency boxes
* Support to areas being offered in considering new guidelines/ Standing operating Procedures to support new clinical practice – we are working up an abbreviated template and approval route for these.

**2 Conclusion/Recommendation**

The Board are asked to note and discuss this update and the attached newsletter.

**Anne Marie Cavanagh Mark MacGregor**

**Director of Nursing & AHP’s Medical Director**

**26th March 2020**