Bundle of documents for Oral hearings commencing from 13 May2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 38

Clinical and Care Governance Committee Minutes and Relevant Papers

SCOTTISH HOSPITALS INQUIRY

Table of Contents

BoardC&CG(M)17/01
Minutes: 1 - 13

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the Board Clinical & Care Governance Committee held in the Boardroom, J B Russell House, Corporate Headquarters, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH on Thursday 12 January 2017 at 2pm

PRESENT

Ms S Brimelow - in the Chair

Dr H Cameron	Mrs T McAuley OBE
Cllr G Casey	Dr M McGuire
Mr A Cowan	Mrs A Monaghan
Mr A Crawford	Mr I Ritchie
Dr D Lyons	

IN ATTENDANCE

Jennifer Armstrong	Medical Director
Mr P Cannon	Deputy Head of Administration (To Minute No. 9)
Mr F Gibbons	Prison Healthcare Manager
Mr K Hill	Director, Women and Children's Directorate (To Minute No. 8)
Dr A Mathers	Chief of Medicine, Women and Children (To Minute No. 8)
Margaret Smith	Secretariat Manager

ACTION BY

01. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Professor A Dominiczak, Ms D McErlean and Mr M O'Donnell.

Ms Brimelow welcomed Members to the first meeting of this new committee.

NOTED

02. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

03. INTRODUCTION TO CLINICAL GOVERNANCE

Mr Crawford presented "An Introduction to Clinical Governance" which took the committee through the definition of clinical governance i.e. the

duty of quality, emphasising individual responsibility for the quality of care.

Mr Crawford outlined the key components of clinical governance, informed by NHS Scotland's Quality Strategy: Clinical safety, Clinical effectiveness, Person-centred care and Structures and Support Systems.

Looking at Clinical Risk through the strategy of a learning organisation highlighted the need for effective incident reporting so that meaningful information was available about knowledge of harm. Incident investigation through root cause analysis would give knowledge of causes of clinical risk.

Leading on from this review would be evaluation work providing knowledge of improvement with a need to pitch this response at the right level. Finally, effective practice and systems change.

Mr Crawford took the committee through the tools used in clinical risk management explaining that Datix was used for incident reporting as well as for recording claims, complaints and freedom of Information requests so that there was a triangulation of resources. Mr Crawford outlined the widespread use of Datix amongst NHS Boards in Scotland as well as the robust use of the system with NHSGGC.

The Healthcare Improvement Scotland Adverse Event Framework was developed following the NHS Ayrshire & Arran Review and NHSGGC had taken this seriously as a regulatory framework.

Mr Crawford emphasised the local challenges of maintain a useful risk register in constantly processing and following up on incidents. Whilst NHSGGC had met all the national requirements of doing so, this could constantly present challenges for the Board.

In relation to clinical effectiveness, Mr Crawford highlighted worldwide research and development, and the requirement to keep abreast of national guidelines as well as to review and update local guidelines.

NHSGGC participated in monitoring of clinical effectiveness including clinical audits locally and nationally. The Board offered support for clinical quality improvement through e.g. staff training and the Patient Safety Programme. NHSGGC had ensured quality management through data collection and review meaning that this work could be focussed and prioritised appropriately.

Mr Crawford led the committee through the ways in which person-centred care has been enforced throughout NHSGGC especially given the responsibilities placed on the Board through the Patient Rights (Scotland) Act 2011. He highlighted the value of informed choice and good communication. It was important to remember that patient feedback had demonstrated a 95% approval rating for services within NHSGGC. Review of the care experience required consideration of the staff experience as well as that of patients (as the way staff were perceived to be treated could also have an effect on the patient's overall experience). Mr Crawford emphasised the importance of enabling self–management and the co-productive nature of person-centred care.

Mr Crawford presented a diagram showing "Corporate Level Clinical Governance Arrangements". This detailed the different forums as well as the specialisation of interests into particular fields. This would support the

ACTION BY

exchange between elements of the structure to ensure appropriate clinical governance.

Concluding the presentation, Mr Crawford detailed the support systems which underpin clinical governance. These included professional regulation, education and the dissemination of knowledge. Data and information (eHealth and IT) were of increasing importance. In relation to quality improvement capability, there had been a move away from audit and toward evidence based test environments. The Clinical Governance Support Unit work would include integrating themes and setting priorities across sector and directorate management teams.

Ms Brimelow thanked Mr Crawford for a detailed and helpful guide to clinical governance and opened the discussion to Members of the Committee who expressed their gratitude to Mr Crawford for such for such a clear introduction. Ms Brimelow advised that should Members wish a fuller induction, this could be arranged with the agenda of the committee shaped to accommodate this.

Mr Ritchie asked whether there could be an issue with a corporate view sitting separately from that of daily practitioners. Mr Crawford provided reassurance that within clinical governance there would no longer be a perception of corporate and local agenda diverging. Clinical governance was increasingly led through the addressing the concerns of clinical professionals rather than sitting outwith the delivery of the service.

NOTED

04. DRAFT REMIT

A paper "Draft Remit" (Paper 17/01) from the Deputy Head of Administration, Mr P Cannon asked the Committee to review its remit in light of the impact of the establishment of two new Sub Committees (Clinical & Care Governance and Finance & Planning Committees).

Mr Cannon highlighted that work was ongoing to agree separate remits with each of these committees; further, that changes would also be required to the remit for the Acute Services Committee to reflect this.

The intention was that there should be a high degree of consistency between the remits for the three revised Sub Committees which would be presented to the Board in early 2017. Mr Cannon asked the Clinical & Care Governance Committee Members for their views in shaping and adjusting the remit in this light and confirmed that an updated version of the remit would be circulated at the next meeting.

It was noted that it would be helpful to include the diagram "Corporate Level Clinical Governance Arrangements" from the previous presentation.

Dr Lyons agreed that the draft remit was appropriate and underlined the point that the remits of each of the three Sub Committees needed to be reviewed carefully and in relation to each other to ensure that there was no duplication.

Ms McAuley advised that it had been timely that the Committee had received a reminder that safe effective, person–centred care was at the heart

ACTION BY

of clinical governance and agreed that duplication with other committees should be avoided.

Dr Armstrong advised that the Board Clinical Governance Forum was the overarching forum encompassing acute, primary and mental health services and would be central to the robust structure in place to consider any major risks. The Board Clinical Governance Forum reported directly to the Board Clinical and Care Governance Committee. This would allow assurance in terms of risk as well as the ability to comment on Board strategy.

Dr Armstrong confirmed that there had been debate about the possible duplication between the Sub Committees, however, it was important for there to be Non Executive Board Member oversight. Experience, in the future, would inform the need to adjust each remit if appropriate. Briefly, the Acute Services Committee would continue in its remit to look particularly at performance targets within the acute sector, rather than on finance issues which would be for Finance & Planning; or on the specifically clinical issues that would form the basis of the remit for this committee.

Ms McAuley found this reassuring and added that this would be a helpful forum to consider the impact of service changes before consideration of these at the Board.

Dr Cameron thought that establishment of this committee was a positive development as it provided a system wide look across the Board.

Mr Cowan suggested placing the definition of clinical Governance (from Mr Crawford's presentation) into the remit. He also added that the further guidance from Dr Armstrong was helpful in focusing on where this committee would sit within the framework.

Ms Brimelow thanked Members for their comments and summed up the discussion. Mr Cannon and Mr Crawford would review the definition of clinical governance for suitable wording to be included in the remit. Further, the remit should reflect the system wide assurance of governance and quality. The three Sub Committee remits would be reviewed in conjunction.

Deputy Head of Administration/Head of Clinical Governance

NOTED

05. HAI INSPECTION AT THE QUEEN ELIZABETH UNIVERSITY HOSPITAL – DECEMBER 2016

Dr Armstrong advised that there had been an HAI Inspection at the Queen Elizabeth Hospital during 12th to 15th December 2016. The Nurse Director emphasised that this had been an opportunity to remind staff that responsibility for quality and person-centred care lay with everyone. The report was expected in March 2017, and in accordance with usual practice the improvement plan had been completed and returned to HIS.

Mrs Monaghan thought it positive that HIS come into hospitals to carry out these type of inspections as it helps the Board it its commitment to get care right for patients.

Mr Ritchie wished to record thanks to the team in its work, especially when

the inspection took place during a very busy period.

NOTED

06. REVIEW OF MATERNITY SERVICES IN NHS AYRSHIRE & ARRAN

The Nurse Director provided a verbal report to the Committee in respect of the "Review of Maternity Services in NHS Ayrshire & Arran" carried out by HIS following a request by the Scottish Government to do so.

NHSGGC had also been contacted by the Scottish Government, and were carrying out data and background analysis as a result. The lead on the review was a senior obstetrician and the bulk of the assessors came from outside Scotland. HIS plan was to make an inspection in NHS Ayrshire and Arran and then report to the Scottish Government in March 2017. This would have ramifications for all Boards in terms of clinical and care governance as well as process and systems.

It was noted that the National Maternity Strategy had not been published at the time of the meeting.

The Committee discussed this in further detail and the following points being made:-

- Focus on natural births and community maternity units;
- Aging obstetric population;
- Increase of obesity in obstetric population;
- Impact of artificial conception;
- Increasing demand for caesarean section;
- Need to communicate with patient/family;
- Improvement in rate of still births within NHSGGC.

NOTED

07. PAEDIATRIC CARDIAC SERVICES

A report from the Chief of Medicine, Women and Children's Services (Paper17/02) asked the committee to note the progress to improvement in paediatric Cardiac Services.

The background to this was that paediatric cardiac surgical outcomes are subject to National Review Processes that look at 30 day mortality. In addition, the wider paediatric cardiac services had been subject to internal and external review processes that focussed on human factors.

Dr Mathers provided further background in terms of the clinical complexity of paediatric cardiac surgery and the need for external review and high level of scrutiny. The external review team followed up work carried out in August 2015, with report in December 2015. The Action Plan included with the paper was the most up to date position and demonstrated that a lot of progress has been made both in terms of physical change regarding the geography of the building as well as human relationships within the team.

ACTION BY

Mr Hill reinforced the point previously made in respect of the complexity of this type of surgery. The team sees 240 cases per annum with less than 3-5 diverted to London for specialised care. It was planned to repatriate this work by Summer 2017.

Ms McAuley asked whether there had been a move toward a culture of more cohesion within the team, and also whether there was any adverse clinical impact due to the transfer of patients to London.

Dr Mathers advised that the team had changed over time and that bespoke training had also been implemented which had been considered helpful. In terms of clinical impact, the outcomes were not worse but it should be noted that this was a highly complex and high risk group of patients. There had not been negative feedback from the families regarding the need to travel to London.

Ms McAuley asked whether this was maximising performance of the teams and Dr Mathers gave reassurance that diverting this area of care had assisted in doing so over this period of time.

Mr Ritchie raised the issue of the team structure and relationships within the team, in the context of caring for staff, and asked for reassurance that this issue had been addressed. Dr Mathers confirmed that there this had been addressed appropriately in accordance with Board HR policy and that there had been an open door policy in place to develop the team structure and a more positive tone. Dr Armstrong added that progress had been made with dual operating system in place which had added to stability. She added that that paediatric congenital heart disease (through Central Cardiac Audit Database (CCAD) results were good.

Dr Lyons added his view that the departmental pathologies should be considered as a whole and Dr Mathers agreed that there had been a need to review the team structure. There was a continued focus of training needs.

Ms Brimelow thanked Dr Mathers and Mr Hill for their advice and to the Members for their comments, and summed up that the committee would take note as follows:-

- Review of the Action Plan;
- Note the actions already completed;
- Note outcomes for children (CCAD);
- Record ongoing work to support the team.

NOTED

08. INTERNAL AUDIT (PRICE WATERHOUSE COOPERS) –ACTION PLAN FINAL REPORT

A report from the Head of Clinical Governance (Paper17/03) asked the committee to note the Final Report from the Internal Audit carried out by Price Waterhouse Coopers).

Mr Crawford explained that the first report had been made in early 2015 and reflected a plan made in 2014 which had preceded organisational change within acute services as well as the creation of the HSCPs. For this reason the fieldwork was not completed in 2016 and there had been 3 open

ACTION BY

findings from the previous report.

There had been some anxieties in respect of clinical risk oversight particularly in respect to:-

- Clinical Governance Forums may not have had sufficient oversight of clinical risks from sector, directorates and partnerships.
- Reassurance that the HSCPs would meet their legislative requirements for implementing clinical governance arrangements for April 2016.
- That the Board did not have awareness of full clinical governance framework to allow efficient dissemination of standards and policy.

Mr Crawford confirmed that the 3 open findings had been successfully concluded and asked the committee to accept the report as a reasonable set of descriptors.

NOTED

09. PRISON HEALTH SERVICES

A report from the Service Manager, Prison Healthcare (Paper 17/04) asked the committee to note the content of a report of the HM Inspectorate of Prisons for Scotland following an inspection which took place during 16th to 27th May 2016.

Mr Gibbons led the committee through the report, highlighting that healthcare within [redacted] had received a rating of "satisfactory". This should be seen in the context that 3 previous inspections had been seen as "poor" with NHSGGC taking over the delivery of healthcare within the prison in 2012. Following this report, the prison healthcare service had been asked to share some good practice with other prisons. Professional leadership with respect to clinical governance had been rated as good notably that regular clinical governance meetings were held, Datix was used for incident reporting, there were nurse led clinics in place.

Mr Gibbons provided further background in terms of the numbers of prisoners held in HM [redacted] as well as the possibility of large numbers being transferred from other prisons due to security issues.

The report had also highlighted some areas of concern e.g. risks involved when transporting prisoner to clinics. Mr Gibbons also outlined the different cultures within the prison between prison service and healthcare professionals. Dr Armstrong confirmed that there would be an Action Plan put in place through the Prison Sub Group in response to the report.

There was discussion of the main issues within the report which highlighted the following areas:-

- Patient Confidentiality;
- Pressure to carry out interventions more quickly;
- Safe Cells (as suicide prevention method);
- Risk to staff within the environment;

The report was noted and it was agreed that contact should be made with the Executive Lead, Mr M Smith, and that the committee would return to this

Medical Director/ Nurse Director

ACTION BY

subject for further discussion.

NOTED

10. PUTTING PATIENTS FIRST – IMPLEMENTING THE PATIENTS RIGHTS ACT

A report from the Nurse Director (paper 17/) asked the committee to note the update on developments in implementing the Patients Rights (Scotland) Act 2011as well as an overview of Patient and Carer feedback between August and September 2016.

Dr McGuire provided a high level resume of the key issues relating to communications, staff attitude and behaviour as well as suitability of facilities. She provided an assurance that although progress has been made, there is no complacency in this area and recognition that there was still a lot of work to be completed in this area. It was noted that there were high levels of satisfaction amongst patients using NHSGGC services.

NOTED

11. OVERVIEW REPORT

A report of the Head of Clinical Governance (paper 17/06) asked the committee to note the consolidated strategic overview on clinical governance which drew upon and summarised a range of supporting reports and information.

The committee Members were asked to advise on areas where the information supports assurance, or requires further action. Further, to advise on changes or inclusions to the report so it can be used in more effectively supporting Non Executive oversight and the Board's corporate accountabilities for clinical governance.

Mr Crawford provided an overview of the report, indicating that it was structured around:

- Clinical Safety;
- Clinical Effectiveness;
- Person Centred Care;
- Clinical Governance structure, leadership & developments.

Mr Crawford referred to the table of contributing sources explaining that a summary of each had been provided and that all the reports could be made available if so required. In future, it would be planned to provide thematic report as well as case studies for the committee.

Dr Lyons and Mr Ritchie expressed a desire to access the more detailed reports, and it was agreed that it would be helpful for Non Executives to have a link to this electronically. Mr Crawford agreed to look into this matter for the committee. **Head of Clinical Governance**

Ms MacAulay added that it would be helpful to see thematic report especially relating to cultural issues as this may allow a closer look at the focus on change within the organisation.

ACTION BY

Mr Cowan that SCIs are not a metric of safety as there are a number of SCIs wherein there is no harm to the patient e.g. maternity services using the process is cases of clinical complexity. He also asked why paediatric patients were not included in the universal feedback. Dr McGuire responded that feedback from children cannot be usefully recorded and measured in this format hence the exclusion. There were alternative methodologies in place.

Dr Cameron raised a query in relation to the review of clinical guidelines and how the Board measured the way in which these guidelines were being implemented. Further, the need to look at whether there was a culture of ending poor practice only; or were there proactive steps taken toward good practice, highlighting the need to shift from reactive to proactive culture. Mr Crawford agreed that the practice of clinical audit was no longer considered helpful and that the report demonstrated the impact assessments carried out against clinical guidelines.

NOTED

12. BOARD CLINICAL GOVERNANCE FORUM – KEY POINTS FROM DECEMBER 2016 MEETING

A report from the Head of Clinical Governance (paper17/07) asked the committee to note the key points from the December 2016 meeting of the Board Clinical Governance Forum including:-

- Scottish intensive Care Society Audit Group;
- PDRU Review Report;
- Child Protection Update;
- HSMR at Royal Alexandra Hospital/ Vale of Leven Hospital;
- Workshop Update re Developing a Clinical Governance strategy;
- Risk Management – Datix update;
- Adult Support and Protection;
- Care Assurance Dashboard: Progress Update.

In addition, key updates from the Service leads in relation to: Mental Health, Acute Services, Primary Care, Infection Control, Pharmacy and Research & Development.

Members agreed that this was a very helpful way of highlighting the main issues and Ms Brimelow thanked them for their supportive comments.

NOTED

13. DATE OF NEXT MEETING

Date: Thursday 7 March 2017
Venue: Boardroom, J B Russell House
Time: 1pm - 3pm

BoardC&CG(M)17/02
Minutes: 14 - 26

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the Board Clinical & Care Governance Committee held in the Boardroom, J B Russell House, Corporate Headquarters, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH on Tuesday 7 March 2017 at 1.30pm

PRESENT

Ms S Brimelow OBE - in the Chair

Dr H Cameron
Dr D Lyons (to Item 19)
Ms D McErlean
Mr I Ritchie

IN ATTENDANCE

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Ms G Jordan	Head of Clinical Effectiveness
Dr M McGuire	Nurse Director
Ms M Smith	Secretariat Manager
Dr D Stewart	Deputy Medical Director (for Item 22)

ACTION BY

14. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Professor A Dominiczak, Mr I Fraser and Cllr M O'Donnell.

NOTED

15. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

16. MINUTES

Dr Cameron proposed that the minute of the meeting (which took place on 7 January) was an accurate record and this was seconded by Mr Ritchie.

NOTED

ACTION BY

17. MATTERS ARISING FROM THE MINUTES

(a) Rolling Actions List

- Mr Ritchie raised the availability of the committee papers on Admin Control and it was confirmed that it was the intention to do so moving forward. Mr Lyons also raised the quality of the wifi within Board Headquarters and the possibility of Non Executives being given access to the Board's internal wifi. The Secretary would query this with the Deputy Head of Administration. **Secretary**

- It was noted that the Clinical & Care Governance Committee's Terms of reference were approved at the latest Board meeting which took place on 21st February 2017.

NOTED

18. REVIEW OF GGC DATA ON STILL BIRTHS

Dr McGuire updated the Committee in respect of the "Review of Maternity Services in NHS Ayrshire & Arran" carried out by HIS following a request by the Scottish Government. There had been an extension whereby the report would go to the Cabinet Secretary at the end of April.

The paper being prepared within NHSGGC was not finalised as it needed to take on board the extended timeframe and the data would require to be validated. Dr Mcguire advised that there had been 25 incidents reported between [redacted] and that all cases reviewed to date had found no systemic defects in care. Of the 25, 7 had Significant Clinical Incident (SCI) reviews. 2 were pending decision and 18 were subject to local review. Of the 5 completed SCIs, the recommended actions had been discussed at the obstetric clinical governance committee – the Actions Plans devised would be monitored until complete.

It was noted that this paper will go to the Board Clinical Governance Forum and to this Committee, as assurance that this was subject to internal review. **June Agenda**

Dr McGuire advised the Committee that a report would come to a future meeting in respect of child protection issues, and this would highlight clinical governance **September/ December Agenda**

NOTED

19. OVERVIEW

Dr Armstrong provided the Committee with a verbal update on supporting the Scottish Patient Safety Programme within the Primary Care. There was a discussion in respect of the provision of funding for the SPSP programme. Dr Armstrong advised that the HSCPs were responsible for the continuation of the SPSP programme and that there was a clinical governance structure in place in all of the 6 IJBs. Dr Armstrong would report further to this Committee in this respect at future meetings.

Dr Armstrong confirmed that the GP clusters had all been appointed and

ACTION BY

would work within the Board's clinical governance structure.

There is a system in place to undertake regular reviews of clinical governance within Sectors and Directorates in acute services,

Dr Armstrong provided an overview of the reviews in place. A review in orthopaedics was bringing together all the orthopaedic teams throughout NHSGGC. She updated the Committee in respect of the review of unscheduled care, and highlighted the opportunity to respond as a Committee to the Scottish Government consultation led by Dr H Burns. A response would be prepared and submitted through the Board Clinical Governance Forum firstly.

Reviewing themes taken from SCIs, Dr Armstrong highlighted incidents wherein patients with mental health issues had come into Emergency Departments and then left whilst waiting to be seen and subsequently attempted suicide or self harm. There would be work undertaken in conjunction with Dr Michael Smith, Lead Associate Director for Mental Health. A further theme from SCIs was a review into maternal deaths.

On a national level, Dr Armstrong updated the Committee on the Duty of Candour legislation and suggested that the Committee should take some time to look into the proposed change towards organisational duty of candour. Dr Armstrong outlined the Board's responsibility in providing annual reporting in incidents and staff training. Mr Ritchie commented that this had already come into being in NHS England and so there was an opportunity to learn from their experience

Dr Armstrong provided an update to the Committee on the roll out of Quality Improvement training including QI fellowships. There was an opportunity to link with NHS Lothian to benefit from learning from their QI Plan.

Dr Armstrong also updated the Committee in respect of the Acute Services Review, and advised that a paper had gone to the Acute Services Committee, and this would also be brought to this committee to provide overview of the proposed changes. **June Agenda**

NOTED

20. HEALTHCARE ENVIRONMENT INSPECTIONS

Dr McGuire advised that there had been an unannounced follow up inspection at QEUH, following the previous inspection in December 2016. There would be a full report and this was due 29th March 2017. Following this, Dr McGuire would report further to the Committee. **June Agenda**

NOTED

21. PUTTING PATIENTS FIRST – IMP{LEMENTING THE PATIENTS RIGHT ACT

A paper from the Nurse Director [paper 17/07] asked Members of the Committee to note the update on developments in implementing the The Patients Rights Act (2012) and an overview of patient and carer feedback

ACTION BY

between October and November 2016.

Dr McGuire led the Committee through the report, highlighting the progress made around the delivery of patient centred care where some improvement could be seen. There were some common themes especially relating to communications and work was underway to work with staff groups to help to manage communication skills more effectively.

Dr Cameron commented that the report was very positive as a whole but would like some feedback regarding what was being done about any areas of weakness; and whether it was possible to marry the learning from this report with other areas (e.g. complaints, SCIs) where similar themes may be seen. Dr McGuire agreed that there was an opportunity to do more work in these areas, and emphasised the work already underway with senior nursing staff being asked to feedback significant complaints and the actions taken from those complaints.

Ms Brimelow agreed that it would be helpful to have assurance of actions taken and Dr Cameron echoed this in terms of the importance of structured learning and appropriate escalation. Dr McGuire advised that ward profiles/ dashboards were being developed with Lead Nurses being expected to summarise problems experienced.

Dr Armstrong commented on the positive nature of the report and that this should be fed back to staff as an achievement. Dr McGuire confirmed that this does happen to both nursing and medical colleagues. Ms McErlean emphasised the importance of engaging with staff as a supportive mechanism. It was agreed that it would be helpful for the Chair of the Committee to draft a letter highlighting this for inclusion in a Core Brief. Dr McGuire would liaise with Ms Brimelow in this regard. **Nurse Director/ Chair**

NOTED

22. SPSP ACUTE ADULT DETERIORATING PATIENT – UPDATE

A report from the Deputy Medical Director [paper 17/03] asked Members of the Committee to consider the update on the implementation of the Acute Adult Deteriorating Patient workstream of the Scottish Patient Safety Programme.

Dr Stewart took the Committee through the key issues to be considered.

- Recognising patients at risk of deteriorating in acute adult settings;
- Targeted spread plan across acute services;
- Clinical teams showing process reliability;
- Challenges with the measurement generally;
- Coordinating group to enable continued progress and progress implementation.

Dr Stewart emphasised some to the difficulties in collating data, and the work being carried out asking clinical teams to fill out audit forms when get a cardiac arrest call and ways of making this process meaningful for staff so as to win their engagement. It was important to remember that although this was progressing slowly, there was a huge amount of interest in the project.

The Committee discussed this in more detail and the following points were

ACTION BY

highlighted:

- Variability of staff experience;
- Role of technology in recording vital signs;
- Nursing link with the patients;
- Ceiling of care discussion;
- Frequency of observations.

The Committee noted the report and implementation of this workstream.

NOTED

23. CLINICAL & CARE GOVERNANCE PRIORITIES – DEVELOPING CLINICAL GOVERNANCE & CLINICAL QUALITY IMPROVEMENT

A report from the Head of Clinical Governance [Paper17/04] asked the committee to note and consider the output of a recent engagement process which described how we should develop clinical and care governance, and the actions proposed to respond to these needs. This was being shared with the Committee prior to finalisation to allow Members to influence the plan developed.

The paper described some of the key needs and Mr Crawford emphasised:

- Need to think systematically and act collectively;
- Develop real time clinical data within quality management to support evidence based decision making;
- Enable more effective sharing of knowledge on clinical risks and safety solutions;
- Clearer strategy for developing QI skills.

The initial proposals were:

- Develop QI strategy
- Develop clinical informatics/analytics strategy
- Specific commissions to enable contributions from diverse groups;
- Enhance NHSGGC's reputation for clinical quality with recognised centres of excellence.

This was still in a formative stage and will be co-ordinated through the Board's Clinical Governance Forum, and this Committee would have oversight.

Mr Ritchie commented on the difficulty of disseminating these principles to junior medical staff, and Mr Crawford advised that although strategic oversight was required the intention was to focus on supporting teams at a local level. Ms Brimelow added that this was essential and this focus on QI should also be included within undergraduate programmes. Dr Armstrong advised on the numbers of medical staff attending national groups, and the need for this to develop into locally managed projects.

Ms Brimelow enquired about the QI health fellowships and Ms Jardine clarified how this worked in practice.

Mr Ritchie asked for clarification around how to measure how successfully

ACTION BY

QI principles were being put into effect. Mr Crawford detailed the number of areas of interest within which QI projects were underway e.g. tissue viability. Part of the challenge was to make the work more visible and to evaluate the success of the project work.

Dr Cameron commented on the positive nature of the report, and welcomed the structured approach. At the same time, it was important not to stifle innovation and to emphasise cross-pathways of care thus encouraging collaborative working.

The Committee noted the engagement process and development of a framework document around the QI strategy which would be led by the Head of Clinical Governance.

Head of Clinical Governance

NOTED

24. HOSPITAL STANDARDISED MORTALITY RATIO (HMSR)

A report from the Medical Director [Paper17/05] asked the committee to note and the HMSR figures in the latest publication; and to consider the position of the HMSR at [redacted] Hospitals; to consider the process of ongoing review to identify factors explaining the relatively high HMSR at two locations in NHSGGC.

Dr Armstrong led Committee Members through the detail of the report, describing the HMSR data for the third quarter in 2016 for NHS GGC hospitals and the marked variation in HMSR between the hospital complexes. The data illustrated that for sites with smaller patient volumes, such as the [redacted], small shifts in the predicted mortality could have a large impact on HMSR.

The [redacted] has consistently reported a comparatively high HMSR and was subject to ongoing review, and HIS had indicated that they were content with the action taken. HIS had also advised that the recent notification from [redacted] did not require any specific action. Although it was widely recognised that HMSR is a poor quality indicator, NHSGGC would continue to seek to use the data in a formative way and would continue to work closely with HIS in this regard.

The Committee noted that HMSR figures particularly for [redacted] and [redacted]. The continued review was noted and it was agreed that this would come back to the Committee in the future

NOTED

25. CLINICAL EFFECTIVENESS: OUTLINE AND UPDATE

A report from the Head of Clinical Governance [Paper17/06] asked the committee to note the update on aspects of the centrally supported processes which relate to clinical effectiveness. Further, to consider the "Juran trilogy" and its implications for the scope and quality of monitoring activities relating to clinical effectiveness.

Mr Crawford provided this report to the Committee to support Members understanding of routinely reported information set within a broader

ACTION BY

description of what clinical effectiveness may involve. Mr Crawford outlined the information that was available from a number of well established managed processes to maintain local clinical guidelines and monitor external clinical quality related publications. Mr Crawford provided a brief outline for Members highlighting the following:

- Clinical Guidelines
- Clinical Governance Related Guidance & Clinical Quality Publications
- Quality Improvement capacity and capability
- Quality Improvement projects
- Library Services

Mr Crawford also outlined "Juran's trilogy" – a quality model perspective on local clinical effectiveness activity.

Dr Cameron noted that given the helpful, positive nature of the report, assurance should be sought for the continuation of this work by the Clinical effectiveness team so that this would continue to grow within the ongoing financial constraints. She commented that non patient facing services were essential for quality improvement.

Mr Crawford described the need to acknowledge the requirement to reduce costs but to approach this in ways which minimised the impact. However he also acknowledged that the demand for education and support was already significantly greater than could be supported and other development approaches were required. The Clinical Governance Support Unit will continue to explore ways in which the Board can maximise the value of their support to QI.

The Committee noted that, whilst the budget for the team was affected by the need for savings across the Board, there was assurance that there was ongoing review of different, effective ways of working. The Committee would monitor this and bring this back for review by the end of the calendar year **December Agenda**

NOTED

26. DATE OF NEXT MEETING

Date: Tuesday 6th June 2017
Venue: Boardroom, J B Russell House
Time: 1pm - 3pm

The meeting ended at 4 pm

BoardC&CG(M)17/03
Minutes: 27 - 38

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 6 June 2017 at 1.30pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr H Cameron
Mr A Cowan
Professor A Dominiczak (from Minute 31)
Mr I Fraser (to Minute 34)
Mr I Ritchie

IN ATTENDANCE

Dr J Armstrong	Medical Director
Ms K Cormack	Head of Clinical Risk (for Item 34)
Mr A Crawford	Head of Clinical Governance
Ms L Hall	Lead Professional Nurse Advisor (Mental Health) (for Item 32)
Dr M McGuire	Nurse Director
Ms S McNamee	Associate Nurse Director – Infection Control (For Item 33)
Dr M Smith	Assistant Medical Director Mental Health (For Item 32)
Ms M Smith	Secretariat Manager
Mt T Walsh	Head of Infection Control (For Item 33)

ACTION BY

27. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Ms D McErlean and it was noted that Dr Lyons was present at the Audit & Risk Committee which was taking place simultaneously.

NOTED

28. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

29. MINUTES

Dr Cameron proposed that the minute of the meeting which took place on 7

ACTION BY

March 2017 [C&CG(M)17/02] was an accurate record and this was seconded by Mr Ritchie.

NOTED

30. MATTERS ARISING FROM THE MINUTES

(a) Rolling Actions List

- Dr McGuire confirmed that staff had been contacted with positive feedback. Overall there was a review of how feedback was managed especially in relation to complaints received. Further work was being progressed in the way the Board handled complaints in the context of a new complaints policy as well priorities set by the Chief Executive. Dr McGuire would update the Committee at the next meeting. **Dr McGuire/ September Agenda**

- Dr McGuire advised that the NHS Ayrshire & Arran review of maternity services was not yet available.

NOTED

31. UPDATE FROM EXECUTIVE LEADS – OVERVIEW INCLUDING UNCHEDULED CARE REVIEW/ HEI INSPECTIONS)

Dr Armstrong provided an update in terms of the Unscheduled Care Review, and the work already progressed. It was important to emphasise that work streams had already been put into action pending the submission of the Review report to the NHS Board. For example, the Frailty Assessment Unit would open on 7th June 2017 in the Queen Elizabeth University Hospital (QEUH), and it was hoped that this would impact on the ability to discharge patients home sooner. This would be rolled out to Glasgow Royal Infirmary (GRI). Mental Health nurses were being recruited to be located within Emergency Departments.

Dr McGuire provided an update in regard to the latest report from the Scottish Public Services Ombudsman (SPSO) which included reports and decision letters in respect of acute services whereby in many cases, at least one element was upheld. This had highlighted particular issues relating to communication with the patient's family during the complaints process, as well as a need to be in a position to better demonstrate learning and actions taken. Dr McGuire would follow this up with Mr Crawford to progress an improvement plan in relation to complaints and patient experience.

Mr Fraser commented on the way in which the NHS Board should work closely with the SPSO, and asked if the Duty of Candour legislation would have an impact. Dr McGuire emphasised that the importance of apologising was embedded in the complaints process. Direct contact either by telephone or face to face could help particularly in cases where resolution was difficult. There was a need to respond more consistently to SPSO recommendations with concrete evidence of learning and actions taken.

It was noted that Dr McGuire would update the Committee in relation to HEI inspections under Item 7 on the agenda.

ACTION BY

NOTED

32. NHSGGC RESPONSES TO PROSECUTIONS RELATING TO [redacted]

A paper [Paper No. 17/10] from the Associate Medical Director/ Mental Health Lead Dr M Smith, asked Members to note the actions taken in relation to recent and anticipated legal actions against the Board in relation to [redacted].

Dr Smith led Members through the background, in particular relating to the [redacted] of Patient A at [redacted] and Patient B at [redacted], which had led to formal charges being made against the NHS Board by the HSE. These cases were considered together on [redacted] 2017 at Glasgow Sherriff Court where the NHS Board pled guilty and were fined [redacted].

Dr Smith outlined the actions taken by the NHS Board since these cases came to light including staff training, [redacted] review of the risk management policy, update of the observation policy as well as development of a suicide prevention policy. There was also a review of [redacted] in the acute setting and clarification around the arrangements for the transfer of patients from acute to mental health settings. Full implementation of electronic care records which would enhance communication across [redacted] and acute settings.

There was discussion relating to the way these cases had highlighted the particular challenge of providing a [redacted] within the context of the observation policy. Ms Hall emphasised the de-briefing provided to staff following these events, with reassurance being given from both clinical and management leads. She clarified that the observational policy from 2012 was expanded and operationalised for all wards and services in 2014. Since that time, there have been no further significant changes and national policy was currently awaited.

Professor Dominiczak commented on the difficulty of managing patients with [redacted] within the acute setting a well as transferring to a more appropriate care environment. Dr Smith advised that the [redacted] which applied to [redacted], set out the protocol in these circumstances.

Ms Brimelow thanked Dr Smith and Ms Hall and noted that the issue of transition of patients between acute and [redacted] setting was an area that the Committee may re-visit in the future.

The Committee noted the actions taken in relation to recent and [redacted].

NOTED

33. KEY ACHIEVEMENTS AND CHALLENGES IN THE PREVENTION AND CONTROL OF INFECTION

Before introducing this item, Ms Brimelow asked Dr McGuire to provide Members with an overview of HEI inspections since the date of the last meeting of the Committee.

ACTION BY

Dr McGuire provided an overview and assured Members in respect of the considerable work and focus over the past 6 months. In answer to a question from Mr Cowan, Dr McGuire outlined the framework through which this is reported within the Board, through the Board Clinical Governance Forum and Infection Control Committees, as well as to this Committee. The work of the HEI steering group within the sectors and directorates was noted.

A paper of the Head of Infection Control [Paper No, 17/11] asked the Committee to note that key achievements and challenges within the prevention and control of infection within NHSGGC. Mr Walsh introduced this paper and discussion of the themes followed.

Mr Cowan asked about the programme of education provided by the IPCT (Infection Prevention and Control Team) and Ms McNamee noted the challenge in capturing different staff groups within this programme. This was being led by Ms L Lauder (Head of People & Change). Mr Walsh noted the difficulty experienced in tracking training in different staff groups, and the advantage Learnpro had in doing so.

The report of the national HAI and Antimicrobial Prescribing Point Prevalence Survey 2016 had indicated an overall HAI rate of 3.1% for NHSGGC acute hospitals which was a reduction from 2011 rates and below the 20116 national rate of 4.6%. All hospitals in NHSGGC were below the national prevalence. The prevalence survey would be presented to the NHS Board on 27 June 2017. Mr Fraser asked how NHSGGC compared with other Health Boards Dr Armstrong advised that whilst there was variability on sites within NHSGGC, the Board was performing well overall. Mt Walsh confirmed that at the National Infection Control meeting in May 2017, NHSGGC performance was positive in comparison to peer health boards.

Mr Walsh outlined the changes implemented in collection and reporting of data. The IT system was built around the needs of the IPCT and able to respond to the specific surveillance needs e.g. theatre, microbiology.

Mr Walsh advised that on behalf of the IPCT, he would be happy to receive any further questions from Members and also to arrange a visit to the team for Board Members in the future. **Secretary**

NOTED

34. DUTY OF CANDOUR

A paper from the Head of Clinical Effectiveness [Paper No 17/12] asked Members of the Committee to note The Health (Tobacco, Nicotine etc and Care) Bill which included Duty of Candour. The details of this procedure would be set out in Regulations to be published prior to implementation which was planned for 1st April 2018.

Ms Cormack led Members through a presentation highlighting the main issues including definition candour as the quality of being open and honest. A professional Duty of Candour meant that patients should be well-informed about all elements of their care and treatment. All caring staff had a duty of candour responsibility and the organisation needed to sustain a culture to support staff to be candid.

ACTION BY

Ms Cormack detailed the history within the NHS in the U.K which led to the Duty of Candour Bill in Scotland, to create a legal requirement and consistent responses for health and social care organisations.

Ms Cormack provided an overview of the current position in terms of guidance and recording, training and staff support highlighting the existing Significant Clinical Incident (SCI) policy and procedure. She also outlined the action plan in place to ensure that NHSGGC are ready for implementation in April 2018. The first annual report would be available in April 2019.

Mr Cowan asked about delivery of training given the size of NHSGGC. Ms Cormack advised that much of the work was already underway but the significant change the new legal requirement made was recognised. Training would be progressed through a number of methods including Learnpro as well as targeted train the trainer sessions. Mr Crawford added that the training would be competency based and needs led. The new legal requirement would be for s structured programme to be embedded within staff groups.

Dr Cameron raised the issue of how to define harm to a patient within the new duty of candour, and Ms Cormack clarified that the requirement would be for moderate harm although it was recognised that this could be subjective. The same issue already existed within SCI policy and procedure. Mr Crawford noted that if there was a degree of uncertainty about the need for SCI, then the default position would be to progress along this route; the new Duty of Candour may be handled with a similar sensibility.

Mr Ritchie queried whether the training would be incorporated in training for trainee doctors, and Ms Cormack agreed that this should be the case.

Dr Armstrong confirmed her role here as Executive Lead, with the establishment of a short life working group including Human Resources' representative given the scale of the staff training programme. This was already embedded into acute services and the Integrated Joint Boards (IJBs) would also appoint members to the group as well independent practitioners to allow access to training. Dr McGuire emphasised the importance of a multi-disciplinary approach.

It was noted that the NHS Board would submit a response to the Scottish Government draft regulations and this was being co-ordinated by the Head of Administration. The Secretary would ask Mr Hamilton for an update in respect of including input from this Committee. **Secretary**

Ms Brimelow thanked Ms Cormack for a helpful and comprehensive overview of the new legislation and the preparatory work being carried out by NHSGGC.

NOTED

35. CLINICAL & CARE GOVERNANCE – OVERVIEW REPORT

A report from the Head of Clinical Governance [Paper17/04] asked the committee to review the content and advise on areas where the information supports assurance, or requires further action; advise on changes or

ACTION BY

inclusions to the report so it could be used in effectively supporting Non-Executive oversight and the Board's corporate accountabilities for clinical governance.

Mr Crawford led Members through the paper focussing on the four domains of clinical quality and governance as follows; clinical safety, clinical effectiveness, person centred care and clinical governance system and leadership. Mr Crawford provided the Committee with an outline of the two Clinical Risk Management Reports published each quarter; one for the Acute Services Division and one for Partnerships.

Mr Crawford updated Members that following discussion and agreement at the Board Clinical Governance Forum regarding the potential benefits in introducing the practice of publishing Significant Clinical Incident (SCI) learning summaries of the NHSGGC website. This would enable the NHS Board to demonstrate learning from adverse events and openness with the public. Options for a safe design were being developed and would be presented in the Autumn 2017.

An update was also provided regarding the work streams in the local Scottish Patient Safety Programmes within Mental Health and Primary Care. Mr Crawford updated Members on the publication of the NHSGGC Significant Incident Policy and the NHSGGC Consent Policy on Healthcare Assessment, Care and Treatment. Mr Crawford highlighted the link provided by the Clinical Governance Support Unit for NHSGGC and Healthcare Improvement Scotland (HIS). HIS had agreed to provide a review report on their direct work with HSCPs linked to NHSGGC, and this report was likely to be produced quarterly and shared with the HSCP Chief Officers and the NHS Board's Quality Improvement lead.

In relation to the consent policy, Mr Ritchie noted good practice in obtaining the patient's consent in the outpatient clinical setting which would be long before the proposed date for the surgery allowing detailed consideration and then a re-fresh of this just before theatre. Mr Crawford confirmed that he would bring an update back to the Committee in respect of this type of re-signing process. Dr McGuire noted the importance of stating the key principles at the time of the surgery, and that it should be the person performing the procedure who takes the patient's consent. Mr Ritchie confirmed that the GMC good practice guidelines stipulated that this should be the case.

Head of Clinical Governance

It was noted that the supplementary papers provided on the Admin Control portal for Members had also been helpful, and that the continued provision of the background papers would be welcomed with future papers/ meetings.

Ms Brimelow thanked Mr Crawford for a very helpful summary and overview of the paper.

NOTED

36. BOARD CLINICAL GOVERNANCE FORUM – UPDATE

A report from the Head of Clinical Governance [Paper17/14] asked the Committee to note the key points from the meeting of the Board Clinical Governance Forum which took place in April 2017, which detailed an early draft of the Clinical Quality Improvement Strategy. The report included

ACTION BY

updates on infection Control, Adult and Child Protection, HEI Reports as well as service updates from the following: Mental Health, Acute Services Division, Pharmacy, Research and Development. There had also been updates on developments in implementing the Patient Rights Act and the Midwifery LSAMO report.

NOTED

37. ANY OTHER COMPETENT BUSINESS

Ms Brimelow noted that as Dr Cameron would come to the end of her tenure as a Non-Executive Board Member at the end of June 2017, this would be her last meeting of the Clinical & Care Governance Committee. Ms Brimelow thanked Dr Cameron for her dedication and the valuable contributions she had made to the Committee, and wished her well for the future.

NOTED

38. DATE OF NEXT MEETING

Date: Tuesday 5th September 2017
Venue: Boardroom, J B Russell House
Time: 1pm - 3pm

The meeting ended at 4 pm

NHS GREATER GLASGOW AND CLYDE

CLINICAL AND CARE GOVERNANCE COMMITTEE

Tuesday 5 September 2017,
Boardroom, Board Headquarters,
JB Russell House, Gartnavel Royal Campus, at 1.30pm

A G E N D A

1.	**Apologies and Opening Remarks**	
2.	**Declaration(s) of Interest(s)**	
3.	**Minutes**	CCG(M)17/03
4.	**Matters Arising From The Minutes**	
(a)	**Rolling Action List**	Paper No 17/15

UPDATES FROM EXECUTIVE LEADS

5.	**Overview (including Complaints Policy/Process)**	Verbal Update
	Report of the Medical Director/Nurse Director	

THEMED REPORTS

6.	**HIS Review of Ayrshire Maternity Unit, NHS Ayrshire & Arran**	Paper No 17/16
	Report of the Nurse Director	
7.	**Hospital Standardised Mortality Ratio: Update**	Paper No 17/17
	Report of the Medical Director	
8.	**Child Protection Governance**	Paper No 17/18
	Report of the Nurse Director	
9.	**Clinical & Care Governance - Overview Report: including Clinical Governance Annual Report 2016/17 and Clinical Governance Strategy**	Paper No 17/19
	Report of the Head of Clinical Governance	

10. Board Clinical Governance Forum – Update Paper No 17/20
To Follow

Report of the Head of Clinical Governance

DATE OF NEXT MEETING

11. Tuesday 5th December 2017, at 1.30pm, in the Boardroom, Board Headquarters, JB Russell House, Gartnavel Royal Hospital

Board C&CG(M)17/04
Minutes: 49-61

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the Board Clinical & Care Governance Committee held in the Boardroom, J B Russell House, Corporate Headquarters, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH on Tuesday 5 December 2017 at 1.30pm

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Ms D McErlean
Mr I Ritchie
Ms A Thompson

IN ATTENDANCE

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Mrs S Devine	Nurse Director Infection Control (Item 8)
Mr R Groden	Director, Glasgow City CHP (Item 6)
Mr D Loudon	Director, Facilities (Item 8)
Ms J Miller	Service Manager Prison Healthcare (Item 6)
Dr M McGuire	Nurse Director
Ms C MacIver	Secretariat
Mr I Powrie	Deputy General Manager, Facilities (Item 8)
Ms E Frame	Chief Midwife (Item 7)
Dr C Bain	Consultant Obstetrician and Gynaecologist (Item 7)

ACTION BY

49. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Mr A Cowan and Dr Dominiczak and Mrs J Grant.

Ms Brimelow will contact Cllr McColl directly as no apologies were received and has not yet attended a meeting. **Ms Brimelow**

NOTED

50. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

ACTION BY

51. MINUTES

Ms Thompson proposed that the minute of the meeting (which took place on 5 September 2017) was an accurate record (subject to minor amendment) and this was seconded by Ms McErlean. **Secretary**

NOTED

52. MATTERS ARISING FROM THE MINUTES

(a) Rolling Actions List

Several actions were agreed for closure

Secretary to update the list **Secretary**

NOTED

53. OVERVIEW

Dr Armstrong provided a verbal update on the PWC audit into the process of implementing the mental health risk assessment. The report will be first considered by the Audit Committee and then come to this committee in due course. It is expected that this committee will be responsible for the oversight of the improvement plan.

Action: The report action plan will be added to the forward plan for the Committee Agenda **Secretary**

Dr Armstrong also advised the members of current fieldwork by PwC looking at the role and ways of working for this Committee, to make sure it is functioning optimally. The report will be presented once completed. It was noted that committee felt this was a good idea to support learning and improvement.

Action: The report will be added to the forward plan for the Committee agenda **Secretary**

Dr Armstrong then gave an update on actions taken following the emergence of concerns relating to an Acute Mental Health Ward. Immediate steps were taken to provide additional support for the ward and ensure the quality of care to patients is appropriate. A process to review the issues has also been set up, the findings of which will be reported to the committee on its conclusion.

Action: Dr Armstrong will provide further updates on this situation **Dr Armstrong**

Action: The final report and action plan will be presented to a future meeting of the Committee **Secretary**

Dr Armstrong advised of correspondence on organ donation which confirmed the Board policy approach was generally positive, though some aspects which could be improved were also referenced. Mr Ritchie confirmed that members of organ donation committee held the same view, they were pleased with report but also recognised areas in which we could do better.

Dr McGuire gave an update on older people's inspection at RAH. She advised that all actions were now complete from the Action Plan; however ongoing improvement work was continuing with staff and within wards. The publication date for the report is 14th

ACTION BY

February.

Dr Armstrong then advised committee of an [redacted]

NOTED

54. PRISONER HEALTHCARE

Ms J Miller, Service Manager Prison Healthcare, presented a report on [redacted] which addressed issues raised in the recent inspection into [redacted] relating to prison healthcare, for which the HSCP has a hosting responsibility. Ms Miller advised the inspection of [redacted] took place between [redacted] and [redacted] 2017. The final written report published on [redacted] 2017; Ms Miller advised that the report was [redacted]; out of [redacted] standards [redacted] were reported as [redacted].

Ms Miller advised that there was an ongoing rolling action plan which addressed every issue of the report. Ms Miller went on to advise that the biggest risk and challenge prison health care face is recruitment and retention which is ongoing issue. Ms Miller advised this challenge was common across all prisons, across all health boards. The action plan reflects this priority

Other issues which cause difficulty providing services included prison lock downs; there can be up to 6 lockdowns a day which disrupts the flow of providing healthcare services.

Discussion followed. Committee members wanted to know if progress was being made, how was it being evidenced and how it would be known that actions were making a difference. The Committee was advised that inspectors were coming back to re-inspect on 24th January and it was expected that significant improvement would be demonstrated. Robust evidence would be in place to show inspectors.

The Committee noted the contents of the report, and noted an ongoing robust action plan was in place and being monitored, however they were concerned regarding the underlying issue of staffing problems.

In terms of ongoing governance Dr Armstrong advised Dr S Sutton, Clinical Director, Renfrewshire HCP has been asked to monitor the improvement action plan via the Primary Care Clinical Governance Forum and to ensure updates are made at the Board Clinical Governance forum.

Committee members pointed out that the Prison Healthcare paper and other papers on the agenda had no covering sheet with it explaining what committee was expected to do. Committee need to know what they are looking at and what is expected from them.

Dr McGuire advised that all reports coming to committee should be clear on why & what they are for; need purpose background and recommendation so committee know what they are to consider. This would be addressed for future items.

Action: A template should be agreed to ensure the Committee are directed to the key issues and recommendations in every submission

Secretary

NOTED

ACTION BY

55. MATERNITY SERVICES

Dr McGuire introduced Ms E Frame, Chief Midwife & Dr C Bain who were in attendance to provide an overview of Maternity Services within GGC and their Clinical Governance Structure and also to update committee on work progressing in relation to;

- Clinical Risk Management
- Significant Clinical Incidents
- National Maternity Reports
- GGC Stillbirth Review
- MCQIC SPSP
- Patient Experience
- Service Developments

Ms Frame explained that Maternity Services with support of the Clinical Governance Support Unit have focussed on continuing to develop their clinical risk management processes and in translating the learning on Significant Clinical Incidents (SCI) to ensure the recommendations generated from each case are implemented. The service now has the capability through the actions module on DATIX to monitor and close recommendations. This is done at a local unit level and overseen but transferralble across all sites under the Obstetric Clinical Governance Group feeding into the Women and Children's CG group. Learning summaries and clinical risk updates are being developed in cases where there is identified systemic learning.

Discussion followed, committee felt assured by the report and the amount of detail provided however the pace of improvement was unclear.

Committee agreed a report with robust timescales should come back to a future meeting

NOTED

56. INFECTION CONTROL

Dr Armstrong introduced S Devine, LN Infection Control, Mr I Powrie, Estates, Deputy General Manager & Mr D Loudon, Director of Facilities.

It was confirmed that infection rates on the QUEH site are some of the lowest on the board and are in line with Scottish infection rates standards.

However it was recognised that the QUEH was planned and designed in 2007/08 which has meant a number of structural changes link to changes in case mix form the original planning assumptions are required. Committee were advised that there has been a series of issues raised by a small number of micro biologists associated with the facilities in QEUH and RHC and the structure of the Infection Prevention and Control (IPCT) Service within NHS Greater Glasgow and Clyde.

Ms Devine explained the Chief of Medicine for Diagnostics and members to the IPCT Senior Management team met with the consultants to discuss all the concerns raised. The consultant microbiologists tabled a list of concerns and it was confirmed that all of the issues have been reviewed and where required acted upon to address all concerns

The Committee noted that the paper was clear and gave assurances.

ACTION BY

Committee thanked Mrs Devine, Mr Louden and Mr Powrie for attending.

NOTED

57. CORPORATE RISK REGISTER

Mr Crawford presented the Corporate Risk Register paper and explained the Audit Committee suggested that the Standing Sub-committees of the Board, including the Clinical and Care Governance Committee, take direct oversight of the relevant corporate risks.

Committee noted the contents of the report. It was agreed it was a work in progress. Discussion followed; it was agreed that agenda items should be linked/themed around risks. It was also agreed to bring to committee every 6 months and review annually. **Future Agenda**

NOTED

58. CLINICAL & CARE GOVERNANCE – OVERVIEW REPORT

A report from the Head of Clinical Governance (paper 17/26) asked Committee to review the content and advise on areas where the information supports assurance or requires further action.

Mr Crawford led members through the paper, giving an update on the most recent publication of HSMR. Mr Crawford advised the group that HIS visited VoL on the 30th November; he advised that the Clyde team provided an impressive presentation on their approach to addressing the issue which received good feedback. Mr Crawford advised findings of the visit would be confirmed formally by HIS and brought back to the group, at a later date.

An update was given on Mental Health Safety Programme. There are a number of different workstreams active with the programme. Mental Health Services have been running a patient safety programme for some years. A significant focus of the local programme is the development of a strong safety climate as an area of collective leadership. A number of formal interventions are in place as part of the approach. An annual staff survey is conducted in participating wards with the help of the Clinical Governance Support Unit. Eleven 2017 staff surveys have been completed to date with 1 currently in progress and the remaining 4 scheduled. Wards are able to compare each year's results with previous year's results, and act individually on the findings. Mr Crawford advised work was ongoing and an update would be brought back to a future meeting as part of routine reporting.

Members advised they were assured by the paper Ms Brimelow thanked Mr Crawford for the paper.

NOTED

59 BOARD CLINICAL GOVERNANCE FORUM - UPDATE

A routine report from the Head of Clinical Governance (Paper 17/27) summarised the key topics considered within the most recent meeting of the Board Clinical Governance Forum.

ACTION BY

Committee noted the contents of the report.

NOTED

60. FUTURE LOOK

Members noted Future dates for 2018 Board Clinical& Care Governance Meetings and proposed items for discussion.

Members were advised to contact Chair or Secretary if they would like to see any items added.

Members noted the content of the paper.

NOTED

61. DATE OF NEXT MEETING

Date: Tuesday 6th March 2018
Venue: Boardroom, J B Russell House
Time: 1.30pm

The meeting ended at 4.55

Board C&CG(M)18/01
Minutes: 01-14

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 6 March 2018 at 1.30pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Ms D McErlean
Ms A Thompson
Mr A Cowan

IN ATTENDANCE

Dr J Armstrong	Medical Director
Ms A Carlin	Assistant Chief Nurse/Midwife
Mr A Crawford	Head of Clinical Governance
Miss K Donald	Interim Secretariat Manager
Mr G Forrester	Deputy Head of Administration
Mr D Mann	Head of Operational Development
Dr M McGuire	Nurse Director

ACTION BY

01. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Mr I Ritchie and Mrs J Grant.

The Committee agreed that future meetings could begin at 1.00pm but noted that this would be dependent on the running time of Board Seminars. The Committee agreed that the meeting scheduled for 12 June 2018 would begin at 1.00pm.

Ms Brimelow welcomed Ms A Carlin, Mr G Forrester and Mr D Mann to the meeting.

NOTED

02. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

03. MINUTES

Mr Lyons proposed that the minute of the meeting (which took place on 5 December

ACTION BY

2017) was an accurate record and this was seconded by Ms Thompson. **Secretary**

NOTED

04. C&CG TERMS OF REFERENCE

A report from the Deputy Head of Administration (Paper 18/01) asked the Committee to review its remit as part of the annual review process to ensure that the remit remains fit for purpose.

Mr Forrester presented his paper to the Committee and noted that this was antecedent to the Board's annual review of Corporate Governance. Mr Forrester acknowledged that the previous review was August 2017 but that he would align future reviews with the financial year. The Committee were asked to consider the current Terms of Reference and decide whether these are appropriate. Any amendments to the current Terms of Reference would be considered by Mr Forrester and shared at the NHS Board Meeting in June 2018.

The following comments were made by the Committee:

3.11 – The Committee agreed that there should be consistency regarding calendar days and working days. There was also a discussion regarding realistic timescales for the return of minutes as well as documenting that Administrative Support will manage the Committee's 'Forward Look' document.

7.1 – The Committee noted that the Committee's Annual Review may appropriately form part of the Board's Annual Review and Clinical Governance, and that Dr Armstrong and Mr Crawford would consider content and timelines for this report. **Dr Armstrong/Mr Crawford**

Mr Forrester noted the above suggestions. **Mr Forrester**

MATTERS ARISING FROM THE MINUTES

05

(a) Rolling Actions List

The Committee agreed that Minute 43 should be moved to the Committee's Forward Look document.

Dr Armstrong highlighted the work currently being carried out in relation to '*Update on rapid access clinical for paediatric dentistry RHC*' and advised that Mrs M McLaughlin, Mr K Hill and Mr G Jenkins would be invited to a future meeting to provide the Committee with an update.

Secretary to update the list **Secretary**

NOTED

(b) HIS REPORT HMSR

Discussed under item 9 on the agenda.

(c) UPDATE ON HIS INSPECTION – [redacted]

Dr McGuire explained that the inspection was carried out on [redacted] 2017 and the report was issued to the Board on [redacted] 2018 with [redacted] recommendations. Dr McGuire assured the Committee that a robust improvement

ACTION BY

plan has been developed and shared with HIS who have agreed the actions set out by the Board. The Committee discussed the recommendation regarding medication reconciliation following transfer and sought assurance that this would not pose a safety risk. Dr McGuire explained that current process is an audit of the prescriptions by a senior member of the medical team upon admission and that HIS have not raised any concerns about this.

Dr Armstrong noted the introduction of Orion software which would allow online prescribing, however, as this is not yet complete it has not been mentioned within the action plan.

ACTION

Dr McGuire to share the action plan with the Committee.

(d) UPDATE ON HMIP INSPECTION – [redacted]

Dr McGuire explained that the HMIP Inspection of [redacted] was carried out from [redacted] 2018. Dr McGuire is still awaiting the final report, however, initial findings from the verbal feedback from the inspection:

- Recruitment – progress being made to fill vacancies, improvement of staffing within the Addiction team and an additional MH Nursing post.
- Models of Nursing – development of 'Hall Based Nurses', improvement in provision and access to Long Term Condition Management noted as very positive.
- Control of Infection –Gold Award for meeting Infection Control Standard Precautions
- SPS Regime – impact of current regime in Low Moss on the ability to deliver clinical service and loss of 10 hours clinical time per week
- Staff Governance – significant improvement in staff having completed their appraisals and PDP. Staff supportive of improvements and in general felt very positive.

Dr McGuire highlighted the positive feedback in the recognition of improvements already made. Dr McGuire also assured the Committee that the Board and Glasgow City HSCP continue to have a strong focus on improvement within the Prison Healthcare Service.

Dr McGuire reinforced that workforce development, planning and modelling is a focus for the HSCP and work is ongoing to enhance training and development opportunities for staff, as well as capacity building and better access to bank staff.

Dr McGuire also highlighted that there is a renewed focus on exploring opportunities to improve the interface between prison healthcare and other HSCP services. This will allow the Board and HSCPs to work towards the goal of the prison population having equality of access and experience to healthcare provision as far as is practicably possible.

The Committee thanked Dr McGuire for the update and noted the work towards an improved interface with the HSCPs and hosted services.

Dr McGuire noted that Jackie Kerr is meeting with HIS and a date has yet to be set for the final publication.

NOTED

ACTION BY

06. OVERVIEW

Dr Armstrong noted the increased pressure on unscheduled care due to the red weather warning issued on 28 February 2018. Dr Armstrong commended staff for their efforts to get to work and maintain the service in the dace of very challenging circumstances.

Dr Armstrong noted the discharge requirements of the Queen Elizabeth University Hospital (QEUH) and the increased number of GP referrals to the Immediate Assessment Unit (IAU).

The Committee acknowledged that this was an unusual circumstance but queried whether the Board had contingency plans in place to ensure the safe staffing of services. Dr Armstrong explained that there are checks that are carried out and that there are ongoing debates regarding bed modelling for the QEUH. Dr Armstrong noted that work is being carried out to increase flow through the Emergency Department.

Mrs Brimelow queried whether the Rapid Access clinics were useful. Dr Armstrong explained that due to the narrow funnelling of patients at the front door there can be difficulties in patients reaching the Rapid Access clinics. She also noted that medical staff are deployed to the emergency areas due to the numbers of patients coming in and that this results in Rapid Access and Hot Clinic models not being fully utilised.

The Committee noted the difficulties experienced by colleagues across the Board due to the extreme weather and noted their gratitude for the hard work and dedication of staff during this period.

NOTED

07. CLOSURE OF WARD 15 RAH

Dr Armstrong confirmed that Ward 15 Royal Alexandra Hospital (RAH) closed on 7 February 2018. Dr Armstrong was pleased to note that the family 'Open Door' event in advance of the closure was successful. This event included focus and group work as well as one to ones with clinicians.

Dr Armstrong highlighted a debate regarding the ambulance bypass protocol to Inverclyde Royal Hospital and a potential cost attached to this.

The Committee acknowledged the seamless move from Ward 15 RAH to the Royal Children's Hospital (RHC) but noted that the media did not seem to reflect the positives of the transfer. Dr Armstrong agreed and the Committee noted potential learning for future initiatives.

Mrs Brimelow queried the environment of the RAH Accident & Emergency and whether this was suitable for children. She also queried whether children would be seen in A&E at RAH and whether this was appropriate.

ACTION

Dr Armstrong

Dr Armstrong agreed to review this and provide the Committee with an update at a future meeting.

ACTION BY

NOTED

QUALITY OF CARE WITHIN INPATIENT MENTAL HEALTH

Dr McGuire explained that, as a result of [redacted], HIS had requested assurance about the quality of care on the [redacted] A robust action plan has been developed and staff development and training is at the forefront. Dr McGuire wanted to assure the Committee that both she and Dr Armstrong will be directly monitoring the implementation of both the action and improvement plan.

Dr McGuire noted that the Mental Welfare Commission (MWC) has visited and that a response to their report is due to be submitted by [redacted] 2018.

Both Mrs Brimelow and Dr Lyons noted the significance of this work and the importance of this feeding in to the Mental Health Strategy.

ACTION **Dr McGuire**

08. Dr McGuire agreed to share a copy of the improvement plan with the Committee as well as the letter of assurance to both HIS and the MWC.

NOTED

HEALTHCARE QUALITY STATEGY AND CLINICAL GOVERNANCE STRATEGY

Dr McGuire introduced Mr D Mann, Head of Operational Development, who was in attendance to provide the Committee with an update on the Healthcare Quality Strategy and to its place within the Clinical Governance Structure. The main points of consideration were:

- The document should be considered a 'call to action'
- The strategy will consider staff, patient and public view of quality
- The strategy will require coordination with Primary and Secondary Care as well as Third Sector
- There will be a person centred approach and complaints/feedback will be considered
- A Clinical Governance sub-committee will be created to develop and implement the strategy
- Social Care will be included within the strategy as part of a longer term plan

The Committee raised concerns regarding the development of a further sub-group and noted pressures on time. Dr McGuire and Mr Mann agreed to review the governance structure.

Mrs Brimelow and Mr Cowan noted their attendance at a QI session regarding quality strategies across the Health Boards and highlighted the importance of shared learning. The Committee agreed that wider attendance at these sessions would be beneficial. Mr Crawford to be invited to future sessions.

Dr Armstrong and Mrs McErlean highlighted the need for the patients rights, Duty of Candour and the Carers legislation to be included within the strategy's development.

ACTION BY

Mr Crawford presented the Clinical Governance Strategy to the group and highlighted the following:

- The potential impact of Moving Forward Together on the strategy and models
- Shared learning with other Health Boards, including NHS Highland and NHS Lanarkshire
- E-Health and improved use of current systems
- Supporting staff in their commitment to delivering quality
- Noting that this is a statutory function and the importance of reporting

The Committee noted the ongoing work on development and implementation of the Healthcare Quality and Clinical Governance strategies.

NOTED

09. CLINICAL GOVERNANCE FORUM

A routine report from the Head of Clinical Governance (Paper 1804) summarised the key topics considered within the most recent meeting of the Board Clinical Governance Forum as follows:

Duty of Candour
Mr Crawford noted the implementation of the Duty of Candour policy on 1st April 2018 and that the final document will be shared with the Committee in due course. Mr Crawford has explained that Datix has been updated to allow the capture of Duty of Candour cases which will allow the Board to report on this information.
Mr Crawford noted that 90% of SCI reports are already shared with patients and families but the policy has been developed separately to highlight the legal requirement of the Board.
Mr Crawford also explained that one of the requirements is to provide an initial meeting with the patient/family, however, experience has shown that these meetings are spontaneous and that a meeting at the end of an investigation has proved more meaningful. Mr Crawford has advised that the policy's wording will reflect our interpretation of the requirement.

HSMR
Mr Crawford highlighted the changes to SMR forms and coding which has seen a drop of 2000 patients in our reporting at the [redacted]. Mr Crawford noted the [redacted] and that there is a review underway regarding this with ISD.

Mental Health Risk Assessment
Mr Crawford confirmed that the report and action plan had been shared with the Board Clinical Governance Forum and that Dr M Smith, Medical Director for Mental Health Services, will be sharing an updated version of both with the forum in June prior to it coming to the Committee. Mrs Brimelow asked that a copy of the PwC report be shared with the Committee in advance.

The Committee thanked Mr Crawford for his work on the Duty of Candour policy and noted his ongoing commitment to the HSMR reports.

NOTED

ACTION BY

10. SCI REPORT

A report from the Head of Clinical Governance (Paper 18/05) asked the Committee to note the benefits and importance of thematic analysis of SCIs.

Mr Crawford explained that SCI reports are processed on a quarterly basis and provided the Committee with a thematic report of the management of diabetes. Mr Crawford noted the importance of this work and the possible risk associated with increased resource and time being applied to the investigation stages of SCIs. Mr Crawford noted that the management of diabetes SCI report will be shared with the Operational Management Group who will review and confirm recommendations.

Mrs Brimelow queried the reporting and monitoring of outcomes. Mr Crawford confirmed that actions associated with SCIs are tracked using Datix,. Dr Lyons reinforced the importance of a strategic response to these reports as well as recommendations and action plans.

ACTION

The Committee agreed that this should be reviewed at a future meeting and added to the Forward Looks document. **Secretary**

NOTED

11. MIDWIFERY SUPERVISION

Dr McGuire introduced Mrs A Carlin, Assistant Chief Nurse/Midwife who presented an update on midwifery supervision to the Committee.

Ms Carlin highlighted a change in legislation which has resulted in clinical supervision transferring from the Nursing and Midwifery Council (NMC) to the Health Board. The Scottish Government have been clear that the Restorative Model should be at the centre of this transfer.

Ms Carlin confirmed that we have appointed 35 supervisors and that there are a mix of NMC previous SoMs and new Board supervisors. She is hopeful that the mix of experience and new staff will be positive for the development of the new model. Ms Carlin also noted that NES are developing a supportive education package for all of the supervisors.

Ms Carlin noted the introduction of mindfulness into midwifery and that this is in conjunction with HIS and Mindfulness Scotland. By September 2018 trained midwives should be in a position to train incoming midwives in mindfulness.

Dr Lyons noted the importance of mindfulness training across Mental Health as well as Acute Services.

Mrs McErlean also noted the wider importance of mindfulness training in succession planning.

Ms Thompson expressed an interest in mindfulness training being rolled out to Primary Care Pharmacists in light of the changes to the GP contract.

The Committee thanked Ms Carlin for attending.

NOTED

ACTION BY

12. MOVING FORWARD TOGETHER (MFT)

Dr Armstrong updated the Committee regarding the MFT Programme and noted that all groups were multidisciplinary and that each group had a GP member. Dr Armstrong also highlighted that there are currently 650 clinicians involved.

The Committee noted the update.

NOTED

13. BEATSON HIS REPORT

A report from the Medical Director (paper 18/08) asked Committee to note the response to HIS (including the HAU and CCO report).

Dr Armstrong explained the ongoing work relating to the four recommendations for HIS and that there has been further engagement from Consultants within the Beatson.

Dr Armstrong led the Committee through the High Acuity Unit (HAU) and Critical Care Outreach (CCO) report and noted that this information demonstrates that the service within the Beatson has been stabilised.

Both Dr Armstrong and Mrs J Grant are scheduled to meet with HIS on 14 March 2018 to discuss the response to the recommendations and a further update will be provided to the Committee in due course.

The Committee thanked Dr Armstrong for her ongoing commitment to risk management and noted their contentment with the risk mitigation regarding the Beatson.

NOTED

14. DATE OF NEXT MEETING

Date: Tuesday 12 June 2018
Venue: Boardroom, J B Russell House
Time: 1.00pm

The meeting ended at 5.05

OFFICIAL SENSITIVE
NOT YET APPROVED AS A CORRECT RECORD

Board C&CG(M)18/02
Minutes: 15-30

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 12th June 2018 at 1.00pm

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Ms D McErlean
Mr A Cowan
Mr I Ritchie

IN ATTENDANCE

Dr J Armstrong	Medical Director
Mrs E Vanhegan	Head of Board Administration
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nursing Director
Ms M Kane	Associate Director of Facilities (item 8)
Dr T Inkster	Consultant Microbiologist (item8)
Mr I Beattie	Head of Health & Social Care
Dr C Jones	Chief of Medicine, Clyde (item 9)
Dr M Smith	Lead Associate Medical Director, Mental Health (item 6)
	Consultant Psychiatrist (item 6)
Dr R Ward	
Ms C MacIver	Secretariat

ACTION BY

15. APOLOGIES & WELCOME

Ms Brimelow welcomed everyone to the meeting and introductions were made round the table.

Apologies for absence were intimated on behalf of Mrs A Thompson and Professor Dame Anna Dominiczak.

Concern was raised, given the small membership of the Committee, that there could be problems remaining quorate. Mrs Vanhegan agreed to review the membership of the Committee. **Mrs Vanhegan**

NOTED

ACTION BY

16. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

17. MINUTES

Ms McErlean proposed that the minute of the meeting which took place on 6th March (Paper No. CCG(M)18/01) was an accurate record and this was seconded by Dr Lyons.

Ms Brimelow thanked Interim Secretariat Manager, Ms Kim Donald, for her help over the past few months.

NOTED

18. Matters Arising from the Minutes/Rolling Action List

The Committee reviewed the items on the RAL (Paper No. 18/09).

Members were content to remove any complete actions from the list. **Secretary**

Secretary to update list.

NOTED

19. OVERVIEW

Dr McGuire informed members that initial feedback had been positive following an inspection of older people's care in-patient ward at the [redacted], formal feedback was expected within 6 weeks. She went on to advise members that the [redacted] Improvement Plan had been completed and a copy of the plan would be shared with members. **Secretary**

Dr Armstrong informed members that an outbreak of astrovirus had been identified within Ward 2a at the RHC. [redacted] had been infected and control measures were in place to address this.

Dr Armstrong also advised members of the current consultant staffing difficulty within Radiology. Assistance from NHS Lothian was being utilised to ensure minimal disruption to service provision and locum cover would be identified as a priority.

NOTED

ACTION BY

20. Mental Health Risk Assessment Internal Audit Report and Management

Dr M Smith & Dr R Ward were introduced to give members an update on the Mental Health and Risk Assessment Internal Audit Report (Paper No. 18/09). Price Waterhouse Cooper (PWC) completed an Internal Audit Report into [redacted] in NHS Greater Glasgow and Clyde in [redacted] 2017. The audit recognised the significant volume of work ongoing within NHSGGC to improve and consolidate the Board's approach to [redacted].

Dr Smith advised members that the audit identified four areas that required action:-

- Risk assessment procedures were not operating in practice; staff training had been updated and performance audited
- Lack of co-ordinated framework to govern [redacted] a Board-wide guidance document on [redacted] had been updated to provide that coordination
- Absence of a robust approach to mental health training; following updated guidance from Scottish Government in March 2018, training arrangements were reviewed.
- Information about referral options in Emergency Departments needed to be updated; this had been completed.

Dr Smith & Dr Ward summarised the [redacted] activities which were currently taking place in clinical services.

Members thanked Dr Smith & Dr McKee for the update and acknowledged the huge amount of work taking place within [redacted].

Members also noted the range of [redacted] work taking place across the Board.

NOTED

21. HSMR Report

Dr Armstrong introduced and gave members an update on HSMR (Paper No. 18/11), before Mr Crawford gave a presentation on the Hospital Standardised Mortality Ratio (HSMR), for October to December 2017, which was publicly released on 15th May 2018. The data indicated the HSMR at [redacted] was notably different to the Scottish average.

Mr Crawford advised members of a range of actions which had been implemented to address issues linked to the HSMR at the [redacted] Recent analysis has confirmed an additional set of concerns regarding the quality of clinical information linked to the coding process and it was identified that a number of patients had been coded inappropriately. There is now ongoing work with the Managers, Clinical Staff & Coding teams to correct and resubmit a number of SMR1 forms for the period of January to March by the deadline of the 12th July. Alongside the work on

information quality, there is an accompanying review of the quality of clinical care, the routine governance arrangements and the various quality improvement activities within the hospital.

There were local monitoring processes in place with regular reporting links from the Head of Clinical Governance and the Clyde Chief of Medicine to the ASD CG Forum and the Board Clinical Governance Forum.

Members noted the update, and thanked Mr Crawford for the presentation and noted the ongoing actions and governance of this issue. Members also noted the significant number of actions being undertaken to resolve these issues.

NOTED

22. Review of Water Incident at QEUH and RHC

Dr Armstrong introduced Dr T Inkster, Consultant Microbiologist, who presented an update on the Water Contamination incident at QEUH, and RHC which included current and future infection control measures (Paper No. 18/12).

Dr Inkster informed members that following the detection of an unusual bacterial infection on a patient in Ward 2a RHC, water sampling was undertaken and water tests were positive. Immediate infection control measures were implemented. Despite chemical dosing, water testing results from outlets on the ward remained positive. Further testing revealed evidence of a more widespread problem in RHC and QEUH.

Dr Inkster advised members that work was ongoing and described short term and long term plans in detail. Filters have been installed in high risk areas on taps and showers and other areas where immunocompromised patients may be present. These were considered as a short term control measure only. Due to a lack of experience with the use of filters and significant contamination, evidence of filter efficacy was sought. This was done using two indicator and Wards 2a and 4b were sampled weekly. Following evidence of filter efficacy repeat testing has been discontinued.

NHSGGC have been working closely with Health Protection Scotland and Health Facilities Scotland throughout and an SLWG has been established to develop long term control measures. Two site visits have been undertaken by Susanne Lee and Tom Makin, national water experts. The SLWG would produce an action plan which would include plans for chemical dosing, review of taps and flow straighteners and long term use of filters in some areas.

Members thanked Dr Inkster for the update and noted the concerns raised in relation to the QEUH and RHC water supply in an ever changing situation.

Members noted the short term controls in place and were assured by long term preventative methods in conjunction with UK water experts.

NOTED

ACTION BY

23. Update on Staphylococcus aureus bacteraemias (SABs) from NHSGGC SAB Steering Group

Dr Chris Jones was introduced to give members an update on SABs within NHSGGC (Paper No. 18/13). Dr Jones advised that the NHSGGC SAB Steering Group was reconvened in May 2018. Rates of SAB within NHSGGC remained a significant challenge and a number of additional interventions were being progressed, including a "Summit" meeting with colleagues from Boards with lower rates of SAB.

The Committee noted and thanked Dr Jones for the update and noted the significant ongoing work however members remained concerned about the number of SABs within NHSGGC. **Update from Medical Director**

Members noted the work currently being done to address SABs and welcomed hearing about the summit meetings with other Health Boards.

NOTED

24. Review of Child and Adult Protection Governance

Dr McGuire gave members an update on Child and Adult Protection Governance (Paper No. 18/14). She advised that governance arrangements for Child Protection and Adult Support Protection would be combined under one Board-wide Group. Work was continuing and a further update would be brought back to a future meeting.

Dr McGuire advised that governance arrangements for Chief Officers were well established and oversee the collective multi-agency responsibilities in the form of Chief Officer Groups and Child and Adult Protection Committees.

Members noted the content of the report on the outcomes of both Child Protection and Adult Support and Protection Reviews.

Members thanked Dr McGuire for the update and were content to see governance arrangements for child protection & adult support and protection governance and reporting structures under one Board wide group.

NOTED

25. Review of [redacted] 1st and 2nd Quarter 2016

Dr McGuire presented the paper on [redacted] (Paper No. 18/15), the report was prepared by Dr A Mathers, Clinical Director, and Women and Children's Directorate.

Members noted the contents of the report and the conclusions.

It was agreed further discussion with the author was required and that significant

ACTION BY

governance review process had to be followed to ensure a more robust action and improvement plan was put in place. Members need assurances that actions are followed and lessons learned.

Dr McGuire to feedback to author and this would be brought back to the Committee in 6 months. **Dr McGuire**

NOTED

26. Clinical & Care Governance Internal Audit Report and Management Actions

Mrs Vanhegan presented the C&CG Internal Audit Report (Paper No. 18/16).

Members noted the content of the report.

Mrs Vanhegan advised members that two low risk findings were noted within the audit report. She advised that some inconsistency was identified within the quality of papers submitted to the Committee, and secondly, plans for the Committee to undertake a self-review were not scheduled in the Committee's 'Future Look' agenda planning document.

Mrs Vanhegan advised that she would work with the Chair and Members to ensure there is a consistent approach across all Committees of the Board. **Mrs Vanhegan/Chair**

Thanks were given to Mr Ritchie and Mrs Brimelow who spoke with the internal auditors.

NOTED

27. Joint Strategic Inspection of Adult Health and Social Care in Renfrewshire

Mr I Beattie, Head of Health & Social Care, presented the report of the Joint Strategic Inspection (Paper No. 18/17).

Mr Beattie advised members that at this early stage in the integration of health and social care, the aim is to ensure that the integration authorities have building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely: A shared vision; Leadership of strategy and direction; A culture of collaboration and partnership; Effective governance structures; A needs analysis on which to plan and jointly commission services; Robust mechanisms to engage with communities; A plan for effective use of financial resources; A coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

Members noted the positive outcomes arising from the inspection report and noted that Renfrewshire HSCP were making significant progress on improving residents health and social service.

Mr Beattie advised that an Action/Improvement Plan would be presented to the next meeting of Renfrewshire's Integration Joint Board (IJB). Once agreed, it is expected that the IJB would monitor progress over the next 12 months.

Members thanked Mr Beattie for the report and noted that the Inspection report

ACTION BY

has been published and that the HSCP will take a report to the next Renfrewshire Integrated Joint Board (IJB) to approve an action plan in response to the recommendations.

NOTED

28. Clinical Governance Annual Report

Mr Crawford apologised that Annual Clinical Governance Report was not yet available to Members. He advised that an electronic version of the report would be circulated as soon as possible and hoped members would be satisfied to comment via email. **A Crawford**

Members were content to comment via email.

NOTED

29. Clinical Governance Overview Report

Mr Crawford gave members an update on the Clinical Governance Overview Report (Paper No. 18/19). The report updated on four areas including, Duty of candour; The Clinical Governance Strategy; A review of the Clinical Governance Support Unit and the April meeting of the Board Clinical Governance Forum.

Members noted the content of the report and thanked Mr Crawford for the update, noting the extensive work ongoing across clinical directorates with support from the Clinical Governance Support Unit.

NOTED

30. DATE OF NEXT MEETING

Date: Tuesday 4th September 2018
Venue: Boardroom, J B Russell House
Time: 1.00pm

The meeting ended at 4.35

Board C&CG(M)18/03
Minutes: 31 - 44

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 4th September 2018 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair
Mr I Ritchie – Vice Chair

Cllr C Bamforth
Dr D Lyons
Mr A Cowan

IN ATTENDANCE

Mr J Brown CBE	Chairman, NHSGG&C (From Item 37)
Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nurse Director
Mrs S Manion	Chief Officer, East Dunbartonshire HSCP (To item 38)
Ms L Johnstone	Clinical Services Manager, Oral Health Directorate (To item 28)
Mr D Aitken	Joint Adult Services Manager (To item 37)
Ms E Vanhegan	Head of Corporate Governance and Administration
Mr C Brown	Partner, Scott-Moncrieff
Dr A MacLaren	Lead Pharmacist, Clinical Governance (To item 36)
Mr A Bishop	eHealth Consultant (To item 36)
Mrs G Mathew	Secretariat Manager

ACTION BY

31. APOLOGIES & WELCOME

Ms Brimelow welcomed everyone to the meeting and introductions were made.

Ms Brimelow welcomed Cllr Caroline Bamforth as a new member of the Committee following some changes to Committee representation. Mr Simon Carr also joined the Committee as a new member, however Mr Carr was unable to attend today's meeting.

Ms Brimelow also noted that Mr Alan Cowan would be demitting from office; therefore this would be Mr Cowan's last Committee meeting. Ms Brimelow thanked Mr Cowan for his contributions on behalf of the Committee.

ACTION BY

Apologies for absence were intimated on behalf of Mrs A Thompson, Professor Dame Anna Dominiczak, Mr Simon Carr and Mrs Dorothy McErlean.

NOTED

32. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

33. MINUTES

The Committee considered the minute of the meeting which took place on Tuesday 12th June 2018 [Paper No. CCG(M)18/02]. The Committee approved the minute as an accurate record of the meeting.

Ms Brimelow noted thanks to both Dr Armstrong and Dr McGuire for assisting with production of the minute and noted a commitment from Ms Vanhegan that Committee minutes would be circulated to Committee members within 10 working days.

Ms Brimelow noted thanks to Ms Vanhegan for ensuring consistent Secretariat support and noted that Mrs G Mathew would provide this function. Mrs Mathew can be contacted on [redacted] or at Geraldine.mathew[redacted] should any Committee members have any queries.

APPROVED

34. MATTERS ARISING FROM THE MINUTES

a) Rolling Action List

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 18/20].

Mr Cowan noted an error in "Minute 25" – this should read [redacted] **G.Mathew**

Ms Vanhegan provided an update in relation to Minute 15, and confirmed that a review of Committee membership had been undertaken as part of a wider review of all Governance Committees membership and some changes were made. The Committee accepted this action as complete.

Ms Vanhegan also provided an update in relation to the action of Minute 26 and noted that a review of all Committee governance processes and terms of reference would be undertaken in the coming months.

Mr Crawford provided an update to the Committee on Minute 07. The Committee accepted action as complete.

The Committee accepted the action of Minute 09 as complete.

ACTION BY

Secretary to update the Rolling Action List. **G.Mathew**

Ms Brimelow would welcome a review of the design of the Rolling Action List template and Ms Vanhegan advised that this would be considered as part of an overall review of governance systems. The Chair and the Committee would await the conclusion of Ms Vanhegan's review.

Neuro-Interventional Radiology

Dr Armstrong provided an update to the Committee on work undertaken to resolve issues regarding the above service. A service review was underway in conjunction with NHS Lothian to determine the best way to develop the service in the interim and the review is likely to report in October 2018.

Some early indications suggested patient follow up could be improved and the Directorate had been asked to review this. Dr Armstrong acknowledged the ongoing issues and pressures within service the due to a shortage (UK wide) of suitably qualified candidates.

Ms Brimelow thanked Dr Armstrong for the update and invited questions and comments from members.

Mr Ritchie noted on behalf of the Committee that this was an area of serious concern and Dr Armstrong agreed and noted that efforts continue to address this as a priority.

SAB Summit

Dr Armstrong provided an update on the learning points and changes of practice following the SAB Summit including the implementation of different processes in relation to removal of cannula devices. The subsequent reduction in SAB cases would indicate that this has had a positive impact however it is important to ensure this reduction is sustained. A full report on SAB cases would be presented to the next Committee meeting.

Ms Brimelow thanked Dr Armstrong for the update and the Committee would expect a detailed report at the next meeting. **Dr Armstrong**

[redacted]

Dr McGuire informed the Committee that following presentation of a paper to the Committee at the June meeting, a paper would be presented to the Committee meeting in December. Dr McGuire further noted that the Acute Clinical Governance Forum followed up on the [redacted] report and a meeting had taken place to ensure that robust plans were in place. Ms Brimelow requested that the Committee were presented with the revised Action Plan at the next Committee meeting in December 2018.

Ms Brimelow thanked Dr McGuire for the update and the Committee would expect an update paper and revised action plan at the next meeting. **Dr McGuire**

NOTED

ACTION BY

35. OVERVIEW

Dr McGuire informed members of an unannounced inspection of older people's in-patient care at [redacted]. The results of the inspection were [redacted] and a number of [redacted] have been highlighted including the [redacted] would be submitted to Healthcare Improvement Scotland this week and the full report from HIS was expected in September. NHSGGC Board would be informed of the report and actions to address the findings.

Ms Brimelow thanked Dr McGuire for the update and invited questions from members of the Committee.

Mr Ritchie asked if there was any data which indicated that there was a link between [redacted] Dr McGuire noted that there had been a recent Chief Nurse vacancy and interviews for the post would take place on 10th September. The post would incorporate a wider overview of services to [redacted]. Dr McGuire also noted the re-establishment of the Older People in Acute Care Group.

Mr Cowan asked if there were any leadership processes in place to identify areas that [redacted]. Dr McGuire noted the quality assurance processes in place including unannounced inspections, audits, and safety walk rounds undertaken by colleagues out with NHSGGC although Dr McGuire noted that a more systematic approach to the implementation of [redacted] was required.

Ms Brimelow thanked Dr McGuire for the update and the Committee would expect further updates on this when available.

Water Update

A summary report was being drafted by HPS/HFS at the request of the Scottish Government and officers of NHSGGC await this. Dr Armstrong noted that no further cases of infection had been identified to date, however there remained strict surveillance on the Paediatric Ward in the Royal Hospital for Children to detect any new cases. A number of short term actions have been implemented, with medium and long term actions identified. Extensive cleaning, introduction of filters and replacement of spigots had been completed as part of the short term actions. Replacement of taps and pulsing of the water supply with chlorine dioxide require to be implemented as part of the medium to long term actions. Dr Armstrong noted that Mr Tom Steele had recently been appointed as Director of PPFM and would shortly take up post and Dr Armstrong felt that Mr Steele would be crucial in discussions to implement the long term plans.

Ms Brimelow thanked Dr Armstrong for the update. There were no questions noted by the Committee.

NOTED

ACTION BY

36. MEDICINES RECONCILLIATION – IMMEDIATE DISCHARGE LETTER

The Committee considered a paper "Medicines Reconciliation Immediate Discharge Letter" [Paper No. 18/21] presented by the Medical Director. Dr MacLaren, Lead Pharmacist and Mr Bishop, eHealth Consultant were in attendance at the meeting to provide an update on the project. The paper described the implementation of a digital application to improve the quality of medicines information recorded on admission to hospital and communicated in the immediate discharge letter to Primary Care at discharge. Dr MacLaren provided an overview of the key issues. Mr Bishop provided a summary of the process and key features, the pilot work conducted at the Beatson and IRH, delivery of training in clinical areas, the lessons learned as the programme developed and the potential to use this learning as foundations for the implementation of the new Hospital Electronic Prescribing and Medicines Administration (HEPMA) system.

Ms Brimelow thanked Dr MacLaren and Mr Bishop for the update and invited comments and questions from the Committee.

In response to questions from the Committee, Dr MacLaren advised that aspects of the process remain the same however the areas that have changed have reduced time and repetition.

Dr Lyons suggested that there may be issues in relation to implementation within areas where there was a much slower admission rate such as Learning Disability. This would likely impact the length of time required for staff to learn to use the new system. Dr Lyons also noted the potential for electronic prescribing to highlight many interactions and Mr Bishop agreed that work needed to be done to agree on a Board wide basis how many interactions should be displayed to avoid "alert fatigue" amongst staff.

Dr Armstrong commended Dr MacLaren and Mr Bishop for their efforts to develop an excellent project and suggested this work could be showcased on a national basis to share learning.

Ms Brimelow noted thanks to Dr Maclaren and Mr Bishop for presenting this excellent work and commended the rollout across most of the Acute site.

NOTED

37. JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN EAST DUNBARTONSHIRE

The Committee considered a paper 'Joint Inspection of Adult Support and Protection in East Dunbartonshire' [Paper No. 18/22] presented by Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP. Mr David Aitken, Joint Adult Services Manager, also attended to provide an overview of the findings of the report. The Inspection was completed using a different approach. Six partnership areas were selected for inspection with an overall report produced detailing findings across the six partnerships, followed by findings for the partnerships individually. Key findings of the East Dunbartonshire specific inspection were that there was a significant amount of good work going on locally to support adults at risk of harm.

ACTION BY

Ms Brimelow thanked Mrs Manion and Mr Aitken for the update and invited comments from the Committee.

In response to questions from the Committee in relation to the development plans to improve the score of "good", Mr Aitken noted that there was work underway to consider the recommendations made across all of the partnerships to extract the learning points from other areas. An implementation plan would then be developed within the next 3 months.

Dr Armstrong stressed the importance of ensuring that feedback regarding the outcome of referrals was communicated to the referring individual and asked that this was addressed.

In response to questions from Mr Brown regarding the feedback from staff on page 115 paragraph 3.11 and the possible causes of the comments regarding workload, Mr Aitken and Mrs Manion assured the Committee that this was not related to shortages of staff, staff vacancies or funding issues and was related to structural changes which were being implemented at the time the feedback was collected. Mr Aitken assured the Committee that there were no vacancies within the team and that the team had a full complement of staff.

Ms Brimelow thanked Mrs Manion and Mr Aitken for the helpful discussion on this paper and the Committee were assured that an improvement plan was being developed, that effective governance, clear and easy to follow policies and staff training were in place.

NOTED

38. RAPID ACCESS CLINIC FOR PAEDIATRIC DENTISTRY AT RHC UPDATE

The Committee considered a paper 'Paediatric Pain and High Caries Dental Pathway' [Paper No. 18/23] presented by Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP. Mrs Manion was accompanied by Ms Lisa Johnstone, Clinical Services Manager, Oral Health Directorate. The Committee were asked to note the pathway of care for patients attending with dental pain and high caries, the progress made to reduce waiting times and theatre capacity issues. Ms Johnstone noted the areas of progress.

Ms Brimelow thanked Mrs Manion and Ms Johnstone for the update and invited comments from the Committee.

Dr Armstrong clarified that this issue was raised initially by the GDP Sub Committee, with concerns regarding the waiting times and the number of very young, vulnerable children that were awaiting dental treatment which required sedation/general anaesthetic with anaesthetic support. Dr Armstrong had hoped to see some statistics in the report which outlined the numbers of children on the waiting list, what the current resource was and what the plan was to address this issue. Mrs Manion apologised that the report did not include this information and was happy to provide data in terms of statistics. Mrs Manion also noted that this issue was discussed at the GDP Sub Committee meeting of Monday 3rd September.

Dr McGuire echoed the comments of Dr Armstrong, that these were a very

ACTION BY

vulnerable group of children and although this was implicit in the document it would be helpful to state this directly.

Mr Brown was pleased to note that theatre sessions were being increased from 8 sessions per week to 10 sessions per week, however expressed concerns regarding the time it had taken to identify the issues and suggested a greater focus on learning from implementation of service changes was required.

Ms Brimelow thanked Mrs Manion and Ms Johnstone for the report and the Committee noted the progress made through new pathways, the implementation of a waiting list initiative and the increase of theatre sessions, however noted that there remained issues to be addressed and the Committee would await further assurance on waiting times for this vulnerable group of children. **Mrs Manion**

NOTED

39. GOVERNANCE AND QUALITY OF SURGICAL CARE – DISCUSSION

Further to a recent BBC television programme entitled Harmed By My Surgeon Mr John Brown led a short discussion on the governance arrangements around the quality of care provided by surgeons and how Boards sought assurance about the quality of individual surgeons care. He asked the question how can Boards be assured that governance arrangements are robust. Discussion took place about the indicators used to monitor doctors performance.

Dr Armstrong agreed to consider this matter further and to report back to the Committee in due course. **Dr Armstrong**

NOTED

40. HOSPITAL STANDARDISED MORTALITY RATIO: QUALITY OF CARE DRAFT INTERIM REPORT

The Committee considered the paper 'HSMR: Update on recent figures and Quality of Care Report' [Paper No. 18/24] presented by the Medical Director. Dr Armstrong noted that the Committee had previously discussed coding problems and Mr Crawford noted that the results from the last quarter would suggest that the interventions to address the coding issue had been successful. The Quality of Care Report had been shared with Health Improvement Scotland however no feedback had been received to date. There were no issues about the quality of clinical care highlighted at a national level regarding the RAH and the local conclusion is that there were no significant concerns regarding the process.

Ms Brimelow thanked Dr Armstrong and Mr Crawford for the update and invited comments from the Committee.

In response to questions from Committee members regarding possible backdating exercise over the last year rather than just the quarter, Mr Crawford noted that October to December was flagged as above the control limit however the whole year was within the control limit. Mr Crawford also noted that due to this being regression analysis, the previous quarter figures would impact on the next quarter figures.

ACTION BY

Ms Vanhegan noted the importance of continuing to ensure the Clinical & Care Governance Committee monitored an overview of HSMR on a rate basis.

Ms Brimelow noted an excellent report which provided high levels of assurance that there were no significant concerns about the quality of clinical care at the Royal Alexandra Hospital (RAH). However questions remained regarding staff shortages, both nursing and medical, and the need for increased engagement with staff regarding quality issues. The Committee would await a further update on the HSMR figures to the next meeting for further assurance that the measures put in place had addressed this issue. **Mr Crawford**

NOTED

41. DRAFT CLINICAL GOVERNANCE ANNUAL REPORT

The Committee considered the paper 'Draft Clinical Governance Annual Report' [Paper No. 18/25] presented by the Head of Clinical Governance. The Committee were asked to review and comment on the draft annual report and identify areas of development necessary before endorsement of the report. Mr Crawford provided the Committee with an overview of the report and advised that the report was scheduled to be presented to the Board Meeting of 16th October. The Committee acknowledged that the report was in draft format and agreed that further work was required before endorsement. Given the timeframes for submitting to the Board, it was agreed that the Committee would expect an updated version of the report to be circulated electronically for comments to Mr Crawford, with a final version to be circulated to the Committee for endorsement before submission to the Board. **Mr Crawford**

Ms Brimelow thanked Mr Crawford for the report. The Committee would await a further version for comment, and a final version for endorsement, to be circulated electronically.

NOTED

42. CLINICAL GOVERNANCE OVERVIEW REPORT

The Committee considered a paper 'Clinical Governance Overview Report' [Paper No. 18/26] presented by the Head of Clinical Governance. The report provided a brief update on key issues impacting on clinical governance priorities and arrangements and included a summary of the meetings of the Board Clinical Governance Forum. Mr Crawford highlighted three key areas including the release of the Orkney Pilot Report undertaken by HIS, the Health Care and Quality Strategy and National Audits.

Ms Brimelow thanked Mr Crawford for the report.

NOTED

43. CHILD PROTECTION POLICY AND PROCESS IN ED UPDATE

The Committee considered the paper 'Emergency Department Child Protection Bundle, Education and Training Strategy' [Paper No. 18/27] presented by the Nurse Director. The paper asked the Committee to note the developments from

ACTION BY

the Child Protection Service (CPS) including the development of an Emergency Department (ED) Child Protection Bundle, arrangements to deliver board wide ED/MIU child protection educational briefing sessions covering ED bundle and recent learning from Significant Case Reviews (SCRs) and a refresh of NHSGGC Child Protection Education and Training Strategy.

In response to questions from the Committee regarding how success of the measures being implemented would be determined, Dr McGuire noted that an increase in the number of notification of concerns would be expected and further auditing of Datix would be carried out to confirm this.

Ms Brimelow thanked Dr McGuire for the report. The Committee noted and endorsed the key developments in the report and would expect a further report on the refresh of the Training Strategy in 2019. **Dr McGuire**

NOTED

44. DATE OF NEXT MEETING

Date: Tuesday 4th December 2019
Venue: Boardroom, JB Russell House
Time: 1.30pm

The meeting concluded at 4.30pm.

Board C&CG (M) 18/04
Minutes: 45 - 62

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 11th December 2018 at 1.00pm

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Mr S Carr
Mrs A Thompson

IN ATTENDANCE

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nurse Director
Mrs D McErlean	Employee Director
Ms E Vanhegan	Head of Corporate Governance and Administration
Mrs J Haynes	Board Complaints Manager
Mr T Steele	Director of Estates and Facilities (For item 48)
Dr M Smith	Lead Associate Medical Director (To item 49)
Mrs E Frame	Chief Midwife (For item 55)
Dr C Bain	Consultant Obstetrician and Gynaecologist (For item 55)
Mrs W Mitchell	Chief Nurse and Head of Child Protection Unit (For items 57 & 58)
Mrs G Mathew	Secretariat Manager

ACTION BY

45. APOLOGIES & WELCOME

Ms Brimelow welcomed everyone to the meeting and introductions were made.

Ms Brimelow welcomed Mr Simon Carr as a new member of the Committee, following some changes to Committee representation.

Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak, Mr Chris Brown, Mr Ian Ritchie, Mrs Jane Grant, Cllr Caroline Bamforth and Mr John Brown.

Mrs Brimelow expressed apologies to members for cancellation of the meeting scheduled to take place on 4th December and thanked members for accommodating the rescheduled date.

NOTED

ACTION BY

46. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

47. MINUTES

The Committee considered the minute of the meeting which took place on Tuesday 4th September 2018 [Paper No. CCG (M) 18/03]. The Committee approved the minute as an accurate record of the meeting, subject to the following amendment:

Page 4, Item 35 – Overview, Water Update, paragraph one, line 4, should read, "strict surveillance on the Paediatric Ward in the Royal Hospital for Children to detect any new cases related to the water."

APPROVED

48. MATTERS ARISING FROM THE MINUTES

a) Rolling Action List

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 18/28] and the following updates were provided.

Minute 40 – HSMR Figures

Mr Crawford noted that the HSMR (Hospital Standardised Mortality Rate) figures released in November were within acceptable limits across all hospital sites in NHS GG&C, with the Royal Alexandra Hospital (RAH) reporting the lowest level. Mr Crawford noted that the quarter April to June was within the spring/summer period, therefore it was expected that there could be seasonal fluctuation. Mr Crawford went on to note the conclusion of the quality of care investigation at RAH. Information had been submitted to Health Improvement Scotland and feedback was awaited. Dr Armstrong highlighted incorrect coding as one of the main issue contributing to the problems and was confident that this had been rectified. In addition, other factors had been reviewed. Dr Armstrong agreed to share the HSMR response with the Committee once available. The Committee were content to accept this action as complete. **Secretary**

Minute 41 – Clinical Governance Annual Report **Secretary**

This had been presented to the NHS Board Meeting in October and the Committee were content to accept this item as complete.

Minute 04 – Reporting timelines for Clinical Governance Annual Report

It was clarified that this action related to the timelines applied to the production of the Clinical Governance Annual Report. The Committee noted that whilst October was deemed late in the year from a governance perspective, there were implications in terms of the type of information that could be compiled earlier in the year. On that basis, the Committee agreed that a further discussion out with the Committee would be beneficial. The Committee were content to accept this **Secretary**

action as complete.

Mrs Brimelow invited Committee Members to raise any further matters of note, not included within the agenda.

Interventional Neuro-Radiology

Dr Armstrong provided Committee Members with an update on the Interventional Neuro-Radiology service. A meeting with all of the clinicians across the two teams in Glasgow and Edinburgh was scheduled to take place on 8th January 2019, where improving the quality and sustainability of the service would be discussed. Dr Armstrong noted the positive progress achieved to date to stabilise the service and promote better working relationships.

Mrs Brimelow thanked Dr Armstrong for the update and was assured of the steady progress.

Water Update

Mr Steele noted that the installation of the chlorine dioxide plant to dose the water supply was now complete. An additional 12 localised dosing sites were being installed in the next few weeks and work would be complete by January 2019. Ongoing reviews of the efficacy of the dosing would be undertaken. Health Improvement Scotland (HIS), Health Facilities Scotland (HFS) and external advisors continue to undertake investigation of the cause. Mr Steele went on to note that an extensive replacement programme was undertaken including replacement of basins, taps, drainage outlets with additional work being done to replace the flooring, decor, entry systems, lighting and ventilation. Work was required to replace one of the air handling units which would mean that the 17 bed area would be out of use for some months.

Mrs Brimelow thanked Mr Steele for the update and invited questions from the Committee.

In response to questions from Committee Members in relation to the original design of the facility, Mr Steele advised that work was underway to consider all of the identified issues across the site in relation to the original spec requirements of the building.

Cowlairs Decontamination Unit

Mr Steele advised that the site had now re-opened following withdrawal of the certificate of authority. The Unit had now returned to full production. An investigation into the cause of the incident would be undertaken.

Mrs Brimelow thanked Mr Steele for the update and invited questions from Committee Members.

In response to questions from Committee Members in relation to Business Continuity Plans, Mr Steele noted that the Business Continuity Plan had been updated in 2017, however an urgent review of these plans on a Scotland-wide basis was underway along with a review of the lessons learned and information sharing.

NOTED

49. [redacted] IN EMERGENCY DEPARTMENTS

The Committee considered a paper [redacted] in Emergency Departments" presented by Dr Michael Smith, Lead Associate Medical Director, Mental Health. The paper provided an overview of progress of the recommendations made following the audit conducted by PwC at the beginning of 2018. One of the recommendations made were improvements to the training programme. Dr Smith noted that a specialist tool had been developed. Six Mental Health trainers were now in post to deliver training to staff within Emergency Departments. Dr Smith also indicated that six Mental Health Liaison Nurses were in post to support staff within Emergency Departments. Other areas of work being progressed included the development of safe haven resources and partnership working with Police Scotland.

Mrs Brimelow thanked Dr Smith for an informative update and invited questions from Committee members.

In response to comments from Committee members in relation to the service model, specifically the first 90 minutes of a patient arriving at an Emergency Department, and staff understanding of duty of care and responsibilities, Dr Smith agreed to consider these points. Dr Smith would also consider how the effectiveness of the training provided could be measured.

In summary, the Committee welcomed the update provided, noted the audit undertaken and the recommendations made following the audit.

NOTED

50. OVERVIEW

Dr Armstrong noted that she had no further issues to report as updates had been provided under item 48a.

Healthcare Environment Inspectorate (HEI) Visit to [redacted]

Dr McGuire informed the Committee of a recent HEI visit to [redacted]. The visit took place over 2 days and a number of areas were visited including Acute Medical Unit, Emergency Department, Medical Assessment Unit, Special Care Baby Unit (SCBU), Ward 4 Stroke, Ward 20 Surgical Receiving, Main & Maternity Theatres, Ward 11 Medicine, Ward 24 Surgery and Ward 28 Urology.

The overall topics concentrated on included education of staff, policies, procedures and guidance, insertion and maintenance of invasive devices and decontamination.

Dr McGuire advised that there were a number of positive areas highlighted including examples of education recording and compliance with Learnpro modules, staff could explain infection control advice and policies with a positive relationship with the Infection Control Team, several prevention and control audit systems were in place in all areas, good action plans were in place to address non-compliance and staff shared audits and safety briefs. All areas demonstrated good hand hygiene compliance, protective equipment use and linen management and staff demonstrated good knowledge regarding blood and body fluid management.

ACTION BY

There were some areas of improvement required e.g. an unlocked clinical waste bin was reported within the Emergency Department, two SCBU milk fridges were out with the range temperature, a significant amount of domestic cleaning issues were reported within Ward 4 and the Emergency Department, laptop tables were dirty, a significant amount of estates issues such as damaged wooden surfaces, flooring and skirting boards in 2 areas, and a number of patient transport chairs, although clean, were visibly damaged.

Dr McGuire noted that most of the problems reported were rectified on the day of the visit and Mr Steele had been notified of the estates related issues.

The full report on the visit was expected in February 2019 and an action plan to address the issues raised was being developed. Dr McGuire would present these to the Committee at a future meeting. **Dr McGuire**

Mrs Brimelow thanked Dr McGuire for the update. The Committee would anticipate the full report and action plan in due course.

HEI Visit to [redacted]

Dr McGuire provided a summary of the full report issued following the HEI Visit to IRH in July and August 2018. A number of [redacted] These included [redacted] Dr McGuire noted that a number of these actions were complete and advised that the updated improvement plan would be circulated to the Committee with the minutes of the meeting. **Dr McGuire**

Mrs Brimelow thanked Dr McGuire for the update and invited questions from Committee members.

In response to questions from Committee members regarding discussions at previous Committee meetings in relation to [redacted], Dr McGuire noted that Ms Christina McKay had recently been appointed as Chief Nurse for Clyde Sector. Dr David Raeside had been appointed as Chief of Medicine. Additional staff had been recruited to [redacted] following the recent recruitment of 458 newly qualified nurses. Dr McGuire was hopeful that these developments would have a positive impact on these issues.

NOTED

51. [redacted] INSPECTION OF OLDER PEOPLES CARE

Covered under item 50.

52. COMPLAINTS AND PATIENT EXPERIENCE FEEDBACK REPORT

The Committee considered the paper "Patient Experience Report" [Paper No. 18/38] presented by the Director of Nursing, Dr Margaret McGuire.

Ms Elaine Vanhegan, Head of Corporate Governance and Administration, provided a summary of the work being undertaken to review the governance processes and reporting mechanisms for the Committee and also the wider Board Standing Committee structure, which would be completed by March 2019. As part of the review process, consideration was being given to the topics considered by the Clinical and Care Governance Committee and it was agreed that patient experience was a key theme. Ms Vanhegan introduced Mrs Jennifer Haynes, Board Complaints Manager. Mrs Haynes was keen to hear feedback from the Committee on the report.

Dr McGuire thanked Mrs Haynes and colleagues for developing the attached report. Dr McGuire noted that the report remained in development and advised the Committee of the intention to include Ombudsman data in future reports.

Dr McGuire noted that 87% of Stage 1 complaints were resolved within 5 working days however was disappointed to note that 57% of Stage 2 complaints were responded to within 20 working days. There were a number of issues highlighted and Dr McGuire assured the Committee of the commitment to improve these response rates and a number of actions had been identified.

Dr McGuire also described the pathways by which patient feedback was received, including the patient experience website and the Care Opinion website. Dr McGuire receives all of the patient feedback received via these methods, however felt that improvements could be made to maximise the use of these.

Mrs Brimelow thanked Dr McGuire, Ms Vanhegan and Mrs Haynes for the update and invited questions from Committee members.

Dr Lyons welcomed the report and was pleased to note the quality of data included, the responses and actions taken. In response to questions from Dr Lyons in relation to the governance structure for the reporting of complaints and patient feedback information, Ms Vanhegan assured the Committee that the Board would continue to have an overview of this via the totality report which is presented to the Board on a quarterly basis. Ms Vanhegan indicated that review of information flows would form part of the overall review of governance being conducted.

The Committee commended Mrs Haynes and colleagues for producing a clear and detailed analysis report, and noted the identified actions to address complaints and feedback and the use of learning points to improve services.

NOTED

53. SAB REPORT

The Committee considered the SAB (*Staphylococcus aureus* Bacteraemia) Report [Paper No. 18/29] presented by Dr Jennifer Armstrong, Medical Director and Dr Margaret McGuire, Director of Nursing. The paper detailed the strategy to reduce

ACTION BY

the number of SAB infections. Following the SAB summit in June of this year, a number of actions were identified including the introduction of a new PVC Care Plan, the introduction of PVC Procedure Packs, SAB Ward rounds, awareness raising and focus on safe insertion and maintenance of vascular access devices (IVAD). Dr Armstrong noted a steady decline in the numbers reported.

Mrs Brimelow thanked Dr Armstrong and Dr McGuire for the update. The Committee were pleased to note the actions implemented to reduce SAB infections following the SAB summit and commended Dr Armstrong, Dr McGuire and colleagues for their efforts to improve this.

NOTED

54. GOVERNANCE AND QUALITY OF SURGICAL CARE ASSURANCE

The Committee considered the paper 'Governance and Quality of Surgical Care Assurance' [Paper No. 18/31] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided assurance of the range of protocols and procedures developed by NHSGG&C to review complaints relating to clinical practice. Dr Armstrong noted that NHSGG&C employed a series of metrics in order to ensure early identification of surgical care issues and positive feedback had been received from Scottish Government on the issues of surgical safety and M&M reviews at the national event which took place on 4th December 2018.

Mrs Brimelow thanked Dr Armstrong for the report. The Committee welcomed the work undertaken to ensure the quality of surgical care, and were assured by the report that the appropriate checks and balances were in place. The Committee suggested that it would be appropriate for this paper to be presented to NHSGG&C Board. **Dr Armstrong**

NOTED

55. LOCAL [redacted] AUDIT, ARRIVING FROM HIS REPORT ON NHS AYRSHIRE & ARRAN

The Committee considered the paper 'An Investigation Audit of [redacted] in first and Second Quarter 2016' [Paper No. 18/30] presented by the Director of Nursing, Dr Margaret McGuire. Dr McGuire introduced Mrs Evelyn Frame, Chief Midwife, and Dr Catrina Bain, Consultant Obstetrician and Gynaecologist to Committee members. The paper provided an update on the improvement plan following the presentation of the audit of [redacted] in the first and second quarter of 2016.

Dr Bain noted that the paper described the evolution of how care was being reviewed with regards to [redacted] and the process to ensure [redacted] were reviewed from an educational, clinical and risk perspective. A robust process had been developed and actions identified following the review presented previously to the Committee. An extensive suite of audits had been identified along with sessions delivered on documentation and standard approaches. Dr Bain also noted that NES were currently developing a national standard and this was expected shortly.

ACTION BY

Mrs Brimelow thanked Dr McGuire, Mrs Frame and Dr Bain for the report and invited questions from Committee members.

In response to questions from Committee members in relation to the educational courses available both locally and through NES, Dr Bain noted that the back to basics course included some of the NES material covered and indicated that this formed part of the core mandatory training. Dr McGuire went on to note that a national discussion was underway with regards to Continued Professional Development (CPD) and the requirement of 25 hours per year of mandatory training. This may have resource implications.

Dr Armstrong felt that information on the NHSGG&C rate in comparison with the national rate would be helpful. In addition to this, data which detailed avoidable incidents and unavoidable incidents would also be useful. Dr Bain was hopeful that further data would be available once the new tool had been adopted within NHSGG&C.

In summary, the Committee noted the progress of the improvement plan, noted the development of a national tool and noted plans to participate in national reporting. The Committee would welcome a further report to a future meeting. **Dr McGuire**

NOTED

56. CLINICAL AND CARE GOVERNANCE RISK REGISTER

The Committee considered the paper 'Extract from the Corporate Risk Register' [Paper No 18/33] presented by the Head of Clinical Governance, Mr Andy Crawford. The paper requested that the Committee consider the extract from the Corporate Risk Register that related to risks that come under the remit of the Clinical and Care Governance Committee. The Committee were asked to review the risks included to ensure that these were aligned with the agenda of the Committee and to advise of any gaps with regards to the risks noted. Discussion took place regarding the risk related to Child and Adult Protection staffing, and Mr Crawford advised that this issue had been raised through the Risk Management Steering Group. Mr Crawford assured the Committee that this had been addressed with Mr Michael Gillman, Financial Governance Manager. Following discussion about the potential for risks to be reviewed by the wrong Committee, Mr Carr noted that the Audit and Risk Committee receive an annual report of which Committees have reviewed which risks. Mr Carr indicated that there was confusion about how this was administered and that Mr Mark White, Director of Finance would produce a briefing note on this.

The Committee noted concerns regarding some risks including those without a target date allocated, confusion with regards to the Infection Control risks and the omission of HSMR.

Ms Brimelow thanked Mr Crawford for the report. In summary, the Committee were content that HSMR (Hospital Standardised Mortality Rate) was being addressed through other processes and therefore did not require to be included. The Committee would expect a further update on the risk register at the next meeting in March 2019. **Mr Crawford**

NOTED

ACTION BY

57. CHILD PROTECTION SIGNIFICANT CLINICAL INCIDENTS OVERVIEW REPORT

The Committee considered the paper 'Introduction of Child Protection Significant Clinical Incident Protocol' [Paper No. 18/36] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire introduced Mrs Wendy Mitchell, Chief Nurse and Head of Child Protection Unit to the Committee. Mrs Mitchell advised that the paper provided an update following the introduction of the Child Protection Significant Clinical Incident (CPSCI) protocol in February 2017. Mrs Mitchell noted that, to date, 9 SCIs had been conducted, which had identified learning and changes required. Work has been undertaken to address issues with compliance, and Dr McGuire has written to HSCP Chief Officers with regards to this. Improvement with compliance would be monitored and reported.

Mrs Brimelow thanked Mrs Mitchell and Dr McGuire for the update and invited questions from Committee members.

In response to questions from members with regards to compliance within HSCPs, Mrs Mitchell was hopeful that this would improve given the endorsement by the Board, however recognised that further work was required to ensure understanding and clarification of guidance and responsibilities.

In summary, the Committee were satisfied to note the content of the report.

NOTED

58. IMPLEMENTATION OF NHSGG&C CHILD PROTECTION LEARNING AND EDUCATION STRATEGY

The Committee considered the paper 'Implementation of NHSGGC Child Protection Learning and Education Strategy 2019' [Paper No. 18/37] presented by the Director of Nursing, Dr Margaret McGuire.

The paper described the development and implementation of a Child Protection Learning & Education Strategy (CPLES) for 2019, to be delivered by the Child Protection Service (CPS).

Mrs Brimelow invited questions and comments from Committee members.

In response to comments from Committee members in relation to the tiered approach to training, it was agreed that a further discussion was required to clarify monitoring, training requirements for individual staff groups, when training would take place and responsibilities of key individuals.

Mrs Brimelow thanked Mrs Mitchell and Dr McGuire for the report and the Committee were content to note the report and agreed the direction of the Education Strategy. The Committee would expect a further paper detailing information on the implementation of the strategy at a future meeting. **Dr McGuire**

NOTED

59. HEALTHCARE QUALITY STRATEGY

The Committee considered the paper 'Healthcare Quality Strategy' [Paper No. 18/32] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire noted that the paper would be presented to the Board Meeting in February 2019. The aim of the strategy was to ensure that the care that we provide to our patients and their families/carers is person-centred and meets high standards of clinical quality. Dr McGuire highlighted page 13 which detailed the actions required and noted that work was already underway to deliver these.

The Committee would review the document further and would submit any further comments to Dr McGuire and Mr Crawford.

Mrs Brimelow thanked Dr McGuire for the update. The Committee noted that the strategy was in draft and that this would be presented to the Board in February 2019. The Committee were comfortable with the overall direction of the strategy, however suggested the inclusion of more information on the deliverables.

NOTED

60. ACUTE CLINICAL RISK REPORT INCLUDING UDPATE ON DUTY OF CANDOUR

The Committee considered the paper 'Acute Services Clinical Risk Report (including update on Duty of Candour)' [Paper No. 18/34] presented by the Head of Clinical Governance, Mr Andy Crawford.

Mr Crawford provided an overview of the report and noted that a total number of 40 events were being tracked. All events were in line with the Duty of Candour policy. A total number of 133 investigation reports were shared with patients and Mr Crawford was pleased to note early adoption of the transparency principles.

Mrs Brimelow thanked Mr Crawford for the report and invited comments and questions from Committee members. Concerns were noted in relation to high risk areas, in particular, events within Pain Teams. Mr Crawford described the process of change, and noted the significant changes in practice required across lots of small areas. Mr Crawford did not think it would be beneficial to issue a directive in respect of this issue, but felt that a commitment to implement changes in practice would be of greater benefit.

Further discussion took place about consistency of approach, a more active approach to monitoring and clearer guidance.

In summary, the Committee were content to note the report and update on the implementation of the Duty of Candour policy. The Committee noted that the policy had now been implemented and were satisfied that this was being managed in line with policy requirements.

NOTED

61. BOARD CLINICAL GOVERNANCE FORUM

The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 1st October 2018 [Paper No. 18/39].

Mr Brimelow was in attendance at the meeting and gave a brief overview of the items discussed, in particular, the HSMR (Hospital Standardised Mortality Rate) report. Mrs Brimelow commended the work of the Board Clinical Governance Forum and encouraged Committee members to consider attending a future meeting.

NOTED

62. DATE OF NEXT MEETING

The Committee noted the schedule of dates for 2019 [Paper No. 18/40].

Date: Tuesday 5th March 2019
Venue: Boardroom, JB Russell House
Time: 1.00pm

The meeting concluded at 4.30pm.

Board C&CG (M) 19/01
Minutes: 01 - 14

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 5th March 2019 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Mr S Carr
Mr I Ritchie
Cllr Caroline Bamforth
Mrs A Thompson

IN ATTENDANCE

Ms J Grant	Chief Executive
Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Ms E Vanhegan	Head of Corporate Governance and Administration
Mr T Steele	Director of Estates and Facilities
Ms M Gardner	Chief Nurse, South Sector
Dr D Dodds	Chief Of Medicine, Regional Services
Ms S Devine	Interim General Manager for Infection Control Team
Dr T Inkster	Lead Clinician for Infection Control Team
Mrs G Mathew	Secretariat Manager

ACTION BY

01. APOLOGIES & WELCOME

Ms Brimelow welcomed everyone to the meeting and introductions were made.

Ms Brimelow noted that, due to other commitments, Mr Carr would only be in attendance for 1 hour.

Ms Brimelow welcomed Ms Morag Gardner, Chief Nurse, South Sector, who was in attendance on behalf of Dr Margaret McGuire.

Ms Brimelow welcomed Dr David Dodds, Chief of Medicine, Regional Services, who was in attendance to provide an update on Item 10 – Interventional Neuro-radiology.

Ms Brimelow also welcomed Dr Teresa Inkster, Lead Infection Control Doctor, and Ms Sandra Devine, Associate Nurse Director, Infection Prevention and Control, who were in attendance to provide an update on Item 6 – Recent Infection Incidents Update, and Item 9 – Report on Concerns raised regarding QEUH and

ACTION BY

RHC – Updated Position.

Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak, Dr Margaret McGuire, and Mrs Dorothy McErlean.

NOTED

02. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

03. MINUTES

The Committee considered the minute of the meeting which took place on Tuesday 11th December 2018 [Paper No. CCG (M) 18/04]. On the motion of Mrs Thompson, seconded by Dr Lyons, the Committee approved the minute as an accurate record of the meeting, subject to the following amendment:

Page 2, Item 48 – Matters Arising from the Minutes – a) Rolling Action List – Minute 40 – HSMR Figures – the second last sentence of the paragraph should read "Dr Armstrong agreed to share the HIS response with the Committee once available".

Page 5, Item 50 – HEI Visit to [redacted] – this should read "OPAH Visit to [redacted]

APPROVED

04. MATTERS ARISING FROM THE MINUTES

a) Rolling Action List

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/01] and the following updates were provided.

Minute 54 – Governance and Quality of Care

Dr Armstrong clarified that this item was in relation to the previous paper considered by the Committee at the meeting of 11th December 2018, in relation to assurance of the quality of surgical care. Ms Brimelow recommended the closure of this action, given that this was a matter for the Board. The Committee were content with this. **Secretary**

Minute 57 – Future reports to be linked/themed around Clinical Risk Register

The Committee were content to close this action. **Secretary**

ACTION BY

Other Matters Arising

Cowlairs Decontamination Unit
Ms Grant noted that a full review of the incident was underway. A report would be presented to the Acute Services Committee in due course.

PVC Procedure Packs
Dr Armstrong noted that this would be covered under the main report.

NOTED

05. OVERVIEW

Dr Armstrong provided an overview of topics not included on the agenda. Dr Armstrong advised the Committee of the HPS report on the water at Royal Hospital for Children (RHC) and the Queen Elizabeth University Hospital (QEUH), which was published on 22nd February 2019. Dr Armstrong advised that further information would be detailed within the main report under Item 9. Dr Armstrong noted the recent announcement by the Health Secretary, Jeane Freeman, of the appointment of two co-chairs to lead the independent external review of the QEUH, Dr Brian Montgomery, former Medical Director and Interim Chief Executive of NHS Fife; and Dr Andrew Fraser, Director of Public Health Science, NHS Health Scotland. An internal review by NHSGG&C had also commenced.

Ms Brimelow thanked Dr Armstrong for the update.

NOTED

06. RECENT INFECTION INCIDENTS UPDATE

The Committee considered a paper 'Recent Infection Incidents Update' [Paper No. 19/02], presented by Infection Prevention and Control Team, Dr Teresa Inkster, Lead Clinician for Infection Control Team and Ms Sandra Devine, Interim General Manager for Infection Control Team. The report asked the Committee to note the contents of the paper which provided an update on recent outbreaks or incidents which scored Amber or Red using the National Healthcare Infection Incident Assessment Tool. There had been four significant incidents/outbreaks across NHSGGC between [redacted] 2018 and [redacted] 2019. The paper summarised the incidents which had occurred and the actions taken to control them and prevent further infection.

Dr Teresa Inkster, Consultant Microbiologist, went on to provide an overview of each of the incidents.

Cryptococcus neoformans
Two cases were identified between [redacted] 2018 and [redacted] 2018. This was considered an exceptional infection episode and was therefore reported, managed and controlled as per Chapter 3 of the National Infection and Prevention Control Manual. The incident was downgraded to green on the [redacted]

There have been no further cases reported since [redacted] 2018. Dr Inkster described a number of actions completed and the outcomes of each including a review of drugs given to patients by the aseptic pharmacy, a review of the plant

room on the roof of the adult hospital, professional clean of plant rooms, air sampling of ward areas, prescribing of antifungal prophylaxis medication, installation of HEPA air filters and samples of bird droppings obtained and sent for testing. A number of samples had revealed the presence of Cryptococcus albidus, but not Cryptococcus neoformans. The initial hypothesis suggested a plant room could have been a source, however air sampling results did not support this. A short life expert advisory group with input from UK experts was set up to explore a number of hypotheses as to the source of the Cryptococcus.

Ms Brimelow thanked Dr Inkster for the update and invited questions from Committee members.

In response to questions from Committee members in relation to the existing air filters, Dr Inkster advised that following the learning points from this incident, a review of air filters had been undertaken. She also confirmed that HEPA air filters were being installed in Wards 2a and 2b.

In response to questions from Committee members in relation to national recommendations and guidance about the use of HEPA air filters, Dr Inkster noted that HEPA air filters were recommended for patients undergoing bone marrow transplant and those with acute lymphoblastic leukaemia. [redacted] Dr Inkster noted that installation of HEPA filters had been extended to include conditions and treatment which compromised the immune system within the QEUH.

In response to questions from Committee members in relation to the fungus, Dr Inkster advised that whilst exposure to the fungus is common, infection following exposure was rare and usually in patients with severe immuno-compromised system.

Following discussion, Dr Inkster noted that the short life expert advisory group continued to explore all possible hypotheses to identify the source, however stressed that the safety of patients and the prevention of further infections remained the highest priority.

<u>Mucoraceous Mould</u>

[redacted] cases of infection were identified within the QEUH ICU department on [redacted] 2019 and results on [redacted] confirmed them as Mucoraceous. Dr Inkster noted a number of actions undertaken to identify the source, including samples taken from a dialysis point in Room 23, review of near patient equipment, linen swabs taken, and air sampling. There were no further cases reported since [redacted] 2019. There had been no source identified. This fungus is widespread in the environment generally.

<u>Stenotrophamonas maltophilia</u>

[redacted] confirmed cases of S.maltophilia had been identified within the [redacted]. Dr Inkster described a number of actions undertaken including a deep clean, twice daily enhanced cleaning, hard surface environmental swabbing carried out, screening of all patients in the unit, water outlets sampled pre and post flush, and an audit of hand hygiene. There had been no further cases since [redacted]

Ms Brimelow invited questions from Committee members.

ACTION BY

In response to questions from Committee members regarding the hand hygiene audit, Ms Devine noted that the results of the audit highlighted improvements required in technique used. Hand hygiene audits were regularly undertaken in all areas, and the Hand Hygiene Coordinator conducted random audits across NHSGG&C. Dr Lyons was interested to note that the results of the hand hygiene audit conducted at [redacted] were reported as two distinct categories: - opportunity and technique, however the routine hand hygiene audit results were not usually recorded in this way. **Ms Devine**

In response to questions from Committee members in relation to bank and agency staff and hand hygiene audits, Ms Devine assured the Committee that hand hygiene audits include a proportion of all staff groups present in the department at that time.

In response to questions from Committee members in relation to vacancies reported within the domestic teams, Mr Steele assured Committee members that work was underway with both HR and the Recruitment Team to improve the pace of the recruitment process.

Staphylococcus aureas Bacteraemia (SABs)

[redacted] confirmed cases and one possible case of an unusual strain of Staphylococcus aureaus Bacteraemia (SAB) had been identified within the [redacted] at [redacted], and subsequently, the [redacted] (RAH). Dr Inkster noted the actions underway to address this including a full terminal clean using hydrogen peroxide vapour, increased daily cleaning measures, hand hygiene audits, environmental screening, staff screening and weekly screening of [redacted] in all units. Dr Inkster also noted the communications process followed to inform [redacted] within the affected units.

Ms Brimelow invited questions from Committee members.

In response to questions from Committee members in relation to the hand hygiene audits carried out and the outcomes of these, Ms Devine agreed to share information with the Committee. **Ms Devine**

Ms Brimelow thanked Dr Inkster and Ms Devine for the assurance provided. The Committee would expect a further report from Ms Devine in relation to hand hygiene audits at the next Committee meeting.

NOTED

09. REPORT ON CONCERNS RAISED REGARDING QEUH AND RHC – UPDATED POSITION

The Committee considered the paper 'Report on Concerns raised regarding QEUH and RHC – Updated position' [Paper No. 19/05] authored by the Infection Control Management Team. The paper provided an overview of the progress being made in relation to a number of issues highlighted in the previous report of 5th December 2017 [Paper No.17/24]. Key areas of progress were noted including the inclusion of 34 rooms on the PPVL schedule; compliance with SHFN 30 HAI Scribe Programme and process for refurbishment; the 12 month capital plan for upgrade

of the ventilation system of Ward 2a at RHC; significant reduction in Central Line Associated Bacteraemia Infections (CLABSI) due to improvement work carried out since 2017; compliance with SHTM 04-01 Part B- operational Management testing for Legionella and HSE Legionnaires disease "Microbiological Monitoring" HSG 274; establishment of local water safety groups and testing including exception reporting and escalation; and review of ICD roles and responsibilities including development of ICD Job Description.

In response to questions from Committee members in relation to the issues associated with the Adult and Paediatric Bone Marrow units moving into the QEUH when the facility opened in 2015, Dr Armstrong set out that in the case of the Adult BMT, the unit had higher than optimal particle counts. As patient safety is paramount, patients were moved back to the Beatson while extensive refurbishment took place. Patients were not moved back until extensive air testing and engagement with clinical directors, clinicians, infection control and estates colleagues had been undertaken.

In response to questions from Committee members regarding the number of vacancies within the Estates Team, and the level of training and experience requirements, Mr Steele noted that extensive work was underway in partnership with universities, to develop expertise in required areas and create modern apprenticeship and management opportunities. Work was being progressed with HR and Recruitment colleagues to streamline the recruitment process.

Mr Ritchie asked Dr Inkster if she and her colleagues were content with the progress of actions taken to address their concerns. Dr Inkster replied that she and her colleagues were content with the good progress made on all of the areas.

The Committee were assured of the actions being undertaken to address the issues and to ensure the safety of patients. The Committee commended the efforts of the Medical Director who asked the Microbiologists to document all concerns in 2017 with all meeting and developing an action plan to address concerns directly. The Committee noted thanks to the various teams work to address these issues.

In summary, the Committee noted that progress had been made, were content that patient safety remained the top priority and were pleased to note that there had been no further water incidents in the last 6 months.

NOTED

10. UPDATE ON INTERVENTIONAL NEURO-RADIOLOGY REPORT

The Committee considered the paper 'Update on Interventional Neuro-radiology Report' [Paper No. 19/06] presented by the Medical Director, Dr Jennifer Armstrong. An action plan has been developed to address the recommendations following the external review of the INR service. Dr Armstrong introduced Dr David Dodds, Chief of Medicine, Regional Services. Dr Dodds provided an overview of the areas within the action plan to address the three areas of recommendation following the review including staff governance, establishment of a national service and national governance.

ACTION BY

Ms Brimelow thanked Dr Armstrong and Dr Dodds for the update and invited questions from Committee members.

In summary, the Committee noted the report, noted the tabled Action Plan, and would await further updates to the Committee as this work progressed.

NOTED

07. UPDATE ON RAPID ACCESS CLINIC FOR PAEDIATRIC DENTISTRY

In the absence of a written report, Ms Grant provided a verbal update to the Committee. Ms Grant noted the significant challenges for a number of specialties in relation to anaesthetic support. Ms Grant advised that 2 additional Paediatric Anaesthetists had been recruited, in addition to the 2 vacant posts, which had now been filled. Additional support from other NHS Board areas had also been received. The number of patients waiting over 12 weeks had been significantly reduced, and there were currently a total of 134 patients waiting longer than 12 weeks. Work was also being progressed to identify the underlying causes of the increase in numbers of children requiring treatment.

In summary, the Committee were content to note the recruitment of 2 additional Paediatric Anaesthetists, along with the recruitment of the 2 vacant posts and noted that there were currently 134 patients waiting over 12 weeks. The Committee were content that this issue would be considered by the Acute Services Committee as part of the overall waiting times report, and therefore recommended the closure of this item. **Secretary**

NOTED

08. HEI VISIT TO [redacted]

The Committee considered the paper 'Unannounced Healthcare Associated Infection (HAI) Inspection [redacted] 4th – 6th Dec 18' [Paper No. 19/04[presented by the Chief Nurse, South Sector, Ms Morag Gardner, on behalf of the Director of Nursing. The paper highlighted the requirements and recommendations of the report, details the action plan and progress of improvements made.

Following the visit, there were 8 requirements and 1 recommendation made and the Board have completed and returned improvement action plans to address these. Ms Gardner noted that all requirements highlighted had been addressed, including the removal of the damaged clinical waste bin; replacement of the fridges for breast milk; removal of bladeless fans; cleanliness issues within Emergency Department rectified and continuity of domestic services being addressed by the Facilities Manager; review of all chairs and transport chairs for damage and added to cleaning schedule; immediate work carried out to replace damaged wooden surfaces within theatre areas; and immediate reorganisation of storage area within theatres to allow additional storage for sterile trays.

Ms Gardner described the positive feedback received following the visit including feedback received from patients; standard of equipment; cleanliness; hand hygiene; and use of personal protective equipment.

ACTION BY

Ms Brimelow thanked Ms Gardner and Ms Devine for the update and invited questions from Committee members.

In response to questions from Committee members in relation to the current domestic staff capacity at [redacted], Mr Steele advised the Committee that the issues related to access to areas in order to carry out cleaning. Committee members were disappointed to note a high volume of low level estates matters; however Mr Steele provided assurances that this was being addressed, along with a review of the cleaning processes.

In response to questions from Committee members in relation to a potential gap within the Emergency Department between 1.30pm and 4pm, Mr Steele assured the Committee that work was underway to address this.

In summary, the Committee were content to note the report and thanked Ms Gardner, Ms Devine and Mr Steele for the assurances provided.

NOTED

11. UPDATE ON HISTORICAL CHILD ABUSE INQUIRY

The Committee considered a paper 'Scottish Child Abuse Inquiry – Lennox Castle Hospital' [Paper No. 19/07] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The Inquiry commenced in October 2015, and in September 2018, NHSGG&C were notified that Lennox Castle Hospital would be included within the Inquiry. Ms Vanhegan described the 4 sections required in the response and noted that sections A & B had been submitted on 1st March 2019. Sections C & D require to be submitted by 31st May 2019 and work continued in partnership with the Central Legal Office and the Local Authority, to gather the information required.

Ms Brimelow thanked Ms Vanhegan for the update. In summary, the Committee were content to note the report, the progress made, and the submission of sections A & B.

NOTED

12. COMPLAINTS AND PATIENT EXPERIENCE FEEDBACK REPORT

The Committee considered a paper 'Patient Experience Report – Quarter 3 – 1st October to 31st December 2018' [Paper No. 19/08] presented by the Chief Nurse, South Sector on behalf of the Director of Nursing.

Complaints

Ms Gardner noted the areas included within the report including Acute, Partnerships and Prisons. She advised the Committee of the common complaint themes and highlighted that clinical treatment was the most common theme reported, followed by date of appointment; communication; and attitude of staff. Ms Gardner noted an increase in the number of complaints received related to [redacted] and across the Board area. She advised that a series of training sessions had been organised by Complaints colleagues to encourage early resolution of complaints.

ACTION BY

Ms Brimelow thanked Ms Gardner for the update and invited questions from Committee members.

In response to questions from Committee members in relation to the percentage of complaints related to interactions with staff, Ms Gardner advised that work was underway to include complaints and communications with patients as part of the induction process for new members of staff. Newly qualified nursing staff were being trained on how to respond to conflict; how to break down communication barriers; and the empowerment of staff to encourage early resolution.

Feedback

Ms Gardner provided an overview of the positive areas of note within patient feedback including examples of care and compassion and access. She also noted the negative feedback received in relation to attitude and behaviours. Ms Gardner noted that in addition to the induction programme as mentioned, a positive behaviours video was being developed for staff and would be available soon.

Ms Gardner described recent postal surveys conducted, and the key themes emerging from this, notably patients wishing to be more involved in their care and decisions about their care. Actions have been developed following this survey and were detailed within the report.

In summary, the Committee were content to note the report, and wished to thank Mrs Haynes for her production of the report and the teams involved in delivering the actions noted.

NOTED

13. BOARD CLINICAL GOVERNANCE FORUM

The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 3rd December 2018 [Paper No. BCGF (M) 18/12].

Mr Crawford noted the key points from the meeting including a presentation given on the Scottish Stroke Improvement Programme, CQI Project Update, Healthcare Quality Strategy, [redacted] Inspection Report, and the five main service area reports.

In response to questions from Committee members in relation to the concerns raised by foundation Orthopaedic trainees, Mr Crawford advised that a full report would be presented to the Acute Clinical Governance Committee, before being presented to the Board Clinical Governance Forum, to consider the matter fully.

The Committee felt it would be helpful to hear the presentation by Ms Marie Farrell on the Scottish Stroke Implementation Programme and Dr Armstrong would be happy to ask Ms Farrell to attend a future meeting. This item would be included on the forward planner. **Secretary**

Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the minute.

NOTED

ACTION BY

14. DATE OF NEXT MEETING

Date: Tuesday 11th June 2019
Venue: Boardroom, JB Russell House
Time: 1.00pm

The meeting concluded at 4.30pm.

NHS Greater Glasgow & Clyde

Clinical & Care Governance Committee

Dr Jennifer Armstrong **5th March 2019** **Paper No: 19/02**
Medical Director

Infection Prevention and Control – Incidents and Outbreaks

Purpose of Paper:-

Update on recent Outbreaks or Incidents which scored AMBER or RED using the National Healthcare Infection Incident Assessment Tool (HIIAT) December 2018 February 2019.

Recommendations:-

Note the contents of the paper.

Short Summary of Key Issues:-

There have been four significant incidents/outbreaks across NHSGGC between [redacted] 2018 and [redacted] 2019. This is a summary of these incidents/outbreaks and the action that has been taken to control them and if appropriate prevent then re-occurring.

Author – Dr T Inkster, Lead Infection Control Doctor & Mrs S. Devine, Associate Nurse Director Infection Prevention & Control
Tel No - [redacted]
Date - 26 February 2019

January 2019 - QEUH – *Cryptococcus neoformans*

HIIAT RED 20 December 2019.
HIIAT GREEN 15 February 2019.

Situation/Summary
Two cases of *Cryptococcus neoformans* in patients' blood cultures between the [redacted]/18 and the [redacted]/18. Both were [redacted] patients – [redacted].
.
This is considered an exceptional infection episode and therefore should be and was reported as per Chapter 3 of the National Infection Prevention and Control Manual. This was done at the outset and continued until the incident was downgraded to Green on the 15 February.

There have been no new cases since [redacted] 2018.

Background
Cryptococcus species is harmless to the vast majority of people and rarely causes disease in humans. It is caused by inhaling the fungus Cryptococcus. These fungi are primarily found in soil and pigeon droppings.

Actions/Outcomes
An initial Problem Assessment Group meeting was held on the 18 December. This was followed by 12 Incident Management Team (IMT) Meetings, the first of which was held on the 20 December and the last on the 15 February. The following are the actions taken and the outcomes.

- Review of drugs given to patients by the aseptic pharmacy.
    - **Outcome** – No links identified.
- Review of Paediatric Intensive Care Unit (PICU) to review possible contamination with pigeon excrement on window ledges etc
    - **Outcome** – There was significant contamination of window ledges. These were cleaned and additional anti pest control devices installed throughout the hospital in areas identified by IMT.
- Review of plant room on the roof of the adult hospital.
    - **Outcome** There was contamination of the plant rooms with bird droppings. Plant room air sampling was positive Cryptococcus albidus this was also found in pigeon droppings. This finding supported the hypothesis that this could be due to contamination of the ventilation system. This hypothesis and others are currently being explored by a short life expert advisory group.
- Professional clean of plant rooms was completed. *Completed Dec 20-24*
    - **Outcome** Completed Dec 20-24
- Air sampling of ward areas.
    Outcome:
    Plant rooms positive – 7 January 2019, *Cryptococcus albidus*
    Ward 6a positive -16 January 2019 *Cryptococcus albidus*
    Ward 4C positive – 16 January 2019 *Cryptococcus albidus*
    PICU positive – 11 January 2019 *Cryptococcus albidus*
    Floor 7 QEUH positive – 17 January 2019 *Cryptococcus albidus*
- Patients thought to be at risk were prescribed antifungal prophylaxis.
    - **Outcome** Communication went out to all clinicians in areas where patients might be immunocompromised, this included; Infectious Diseases Unit, Renal, Haematology/Oncology etc.
- Samples of bird droppings were sent to a vet laboratory in Ayr for analysis.
    - **Outcome** Positive for Cryptococcus albidus. Further samples sent and results awaited

- Patient isolates sent for typing to a specialist laboratory.
    - **Outcome** Results not available as yet.
- Epidemiological review by Public Health Protection Unit.
    - **Outcome** Completed no real conclusions due to low numbers. Evidence of sporadic community cases as expected. HPS contacted (Vet) to ask if there was and information regarding the general bird population but this organism is not under vetinary surveillance so no useful intelligence was gained from this
- Consultation with UK ventilation and mycology experts was ongoing throughout incident.
    - **Outcome** UK expert now part of expert advisory sub group
- Thermal imaging report on window seals commissioned.
    - **Outcome** No major issues noted.
- Water tanks reviewed.
    - **Outcome** Tanks are covered so unlikely to be a source.
- Review carts taking patient supplies to ward to ensure clean
    - **Outcome** Reviewed by IPCT and they were covered and clean. Also checked storage facility in Hillington, again no issues with bird dropping reported.
- Portable High Energy Particulate Air (HEPA) filters were placed in areas defined by IPCT with patients who were considered to be potentially vulnerable to this type of infection.
    - **Outcome** Air sampling post placement was optimal. HEPA filters will remain on 6A until ward 2b is returns to the RHC. Ongoing fortnightly air sampling will continue indefinitely.
- Ongoing surveillance – clinicians and microbiologists will consider as part of differential diagnosis and send serum antigen and blood cultures.
- Plant rooms will now be inspected every two weeks for evidence of pest, infestations.
    - **Outcome** In place.
- Review of Helipad – contamination evident.
    - **Outcome** *Tac mats reviewed and purchased for this area.*
- In order to review all results and hypotheses, a short life Expert Advisory Group has been convened which will report to the IMT. Included in this group are representatives from Health Protection Scotland, Health Facilities Scotland and a UK expert on ventilation as well as representatives from Greater Glasgow and Clyde.
    - **Outcome** – Meetings are ongoing.

Communications

- Patient/relatives of both patients were spoken to by clinical staff.
- 13/1/19 All staff and inpatients given written brief, alongside verbal communication.
- 18/1/19 Proactive press statement released. Communications prepared for patient and parents. Members of IPCT and SMT Women's and Children's continue to make themselves available to address specific concerns of patients, parents and staff.
- Letter to patients/parents approved by CEO and issued by W & C Directorate in January and February (outpatients and inpatients).

16 January 2019

On the 16th of January air sampling confirmed the presence of Cryptococcus in the samples taken from the ward (6A) environment, although these were not the same type i.e. *Cryptococcus albidus*. During the detailed investigation, a separate issue was identified with the sealant in some of the shower rooms. In order for remedial works to be completed some [redacted] were [redacted] and the remaining [redacted] in the [redacted]

The Cabinet Secretary for Health and Sport visited the hospital on 22nd January to speak to staff, management and patients and families about the issue. She has commissioned a external review of the Queen Elizabeth University Hospital, this will include a review of the design, commissioning, and maintenance programme.

12 February 2019

Repairs are now complete and air sampling results confirm that the air quality in ward 6a is now optimal. Children were returned to ward 6a on the 12 February 2019.

Current Position

No new cases since [redacted]
Control in place as per actions
Incident now GREEN

January 2019
QEUH – Two patients with Mucoraceous Mould found in clinical specimens.
HIIAT RED. 21 January 2019
HIIAT GREEN 14 February 19

Situation
The microbiology department reported two cases of Mucoraceous Mould in patients in the Intensive Care Unit in QEUH on the [redacted] January 2019. [redacted]

This is considered an exceptional infection episode and therefore should be and was reported as per Chapter 3 of the National Infection Prevention and Control Manual.

Background

Mucormycosis (sometimes called zygomycosis) is a serious but rare fungal infection caused by a group of molds called mucormycetes. These fungi live throughout the environment, particularly in soil and in association with decaying organic matter, such as leaves, compost piles, or rotten wood.

People get mucormycosis by coming in contact with the fungal spores in the environment. For example, the lung or sinus forms of the infection can occur after someone inhales the spores from the air. These forms of mucormycosis usually occur in people who have weakened immune systems. Mucormycosis can also develop on the skin after the fungus enters the skin through a cut, scrape, burn, or other type of skin trauma.[i]

Actions/Outcomes
An Incident Management Team meeting was held on the 21 January 2019 (three IMTs held) the last on the 15 February 19. The following are the actions taken and the outcomes.

- The dialysis point in room 23 (ITU1) was reported to be leaking on 4th January 2019; the repair to this is recorded as complete on 6th January 2019. Room 23 was closed for further environmental investigation.
    - **Outcome** The area was found to be dry and intact but some debris, possibly a result of backflow from another area, was evident. Samples have been sent to the specialist laboratory in Bristol for further analysis. Results - negative for mucor, positive for another mould [redacted]
- Near patient equipment was reviewed.
    - **Outcome** No identified shared patient care equipment was identified therefore no opportunity for cross transmission via this route.

- The general environment was surveyed by IPCT.
    - **Outcome** No issues with ventilation or vents identified. Celinigs were intact and not marked. There was no evidence of water ingress.
- No reported issues with damp linen (recent outbreak in the literature was associated with damp linen).
    - **Outcome** Linen was swabbed and found to be negative.
- Lab contamination was excluded.
- Air sampling of both ITUs was undertaken.
    - **Outcome** – Air sampling was negative for mucor.
- Cleaning schedule for of all respiratory equipment and common store areas were reviewed: no issues were identified.
    - **Outcome** No issues identified. Kit was cleaned according to manufacturers instructions.
- Revalidation of the room was undertaken by estates**.**
    - **Outcome** The room passed all validation tests.
- Ultrasound machine was a item of equipment that goes patient to patient.
    - **Outcome** This equipment was sampled and was negative.

.
On [redacted] January the patient who was [redacted] was discharged home.
Investigation is now concluded into the potential source of these fungi. It is possible the dialysis point was the source as mould was grown from the area. No cases have been reported since the [redacted] January 2019 and this source has been remedied. Alternatively this fungus is ubiquitous and may have been present in the air at the time.

Communications
ITU consultant spoke to [redacted] families on the [redacted] January. A proactive press statement was issued on 22 January.. [redacted]. Lead ICD also spoke to the family on [redacted] February 2019.

On [redacted] January the patient who was [redacted] was discharged home.

Current Position

No new cases since [redacted] January
Incident now GREEN

[i] Centre for Disease Control USA

February 2019
[redacted], ITU/HDU *Stenotrophamonas maltophilia*
HIIAT GREEN 29 January
HIIAT RED 5 February
HIIAT GREEN 11 February

Situation
[redacted] patients were found to be positive for *S. maltophilia.* [redacted] who had been in [redacted] were positive for *S. maltophilia* between [redacted] January 2019, one further patient was found to be positive on the [redacted] February.

The [redacted] patient had a time place connection in [redacted] with [redacted] of the patients from [redacted] of the [redacted] patients were treated for infection with this bacteria. 6 IMTs were held to assess this incident.

Background
Stenotrophomonas maltophilia is a Gram-negative bacterium found in a variety of environments including soil, water, and plants. It also occurs in the hospital environment and may cause bloodstream infections, respiratory infections, urinary infections and surgical-site infections. Clinically-significant infections usually only occur in those with significantly impaired immune deficiencies, such as severely immuno-compromised patients. Infections in previously healthy patients are unusual.

Actions/Outcomes
An IMT was held on the 29 January; at this time this incident continued to be assessed as green. On 5 February the IPCT received notification from the reference lab that the specimens from the [redacted] patients identified with *Stenotrophomonas maltophilia* in [redacted] were the same type. Incident was HIIAT RED at this point due to the confirmation of typing and the [redacted]

Actions implemented in ICU/HDU

- Deep clean completed 24.01.19.
- Twice daily enhanced cleaning commenced 24.01.19 stopped 12.02.19.
- Hard surface environmental swabbing carried out in ICU on 25.01.19 (35 samples). Results negative
- All patient screened in the unit. All patients were negative
- Water outlets sampled pre and post flush on 31.01.10 1 sample positive in water cooler pre-flush. Reported on 05.02.19. Sent for typing and it was confirmed that this was not the same type as the bacteria found in the patients. It is common in environmental incidents for typing results to differ .Water cooler was taken out of use on the 24.01.19.
- Hand hygiene audit done. Results, 95% of opportunities taken, technique scored 75%.
- IPCAT audit undertaken. Results, 93%.
- Request made to Antimicrobial Pharmacist to review antimicrobial usage within ICU.

Actions taken after case associated with HDU

- Screen patients in HDU. Results, all patients were negative.
- Environmental screens obtained 08/02/19. *Stenotrophomonas maltophilia* isolated from swabs from 3 taps in the kitchen. Isolates to be sent for typing. All other environmental screens are negative. Sinks and surrounding areas underwent a deep clean.
- Water samples obtained from all outlets in HDU. Results, all outlets were negative.
- Terminal clean of HDU done 9 February.

Communications
All patients were spoken to by ITU/HDU consultants.
Holding press statement prepared but this was issued on the 7 February.

Current Position

There was a [redacted] on [redacted] February. This [redacted] and it had been more than 14 days since the last case. An IMT was held and additional control measures e.g. weekly screening, put in place as a precaution.

Incident now GREEN

January 2019
[redacted] **SABs**
HIIAT RED 24 January 2019
HIIAT GREEN 5 February 2019
HIIAT AMBER as time of writing 22 February 2019

Situation
There have been [redacted] confirmed and [redacted] case of an unusual strain of *Staphylococcus aureus* in [redacted] babies. [redacted] of these babies had bacteraemias. [redacted] and do not have any signs of infection.

Background
Every case of *S. aureus* bacteraemia is reviewed by the local IPCT. This is a national requirement and NHS Greater Glasgow and Clyde are fully compliant with this directive. This was identified as an incident when [redacted] with the same type of *S.aureus* was identified and a review was triggered. This complies with the requirement of chapter 3 of the national Infection Prevention and Control Manual, i.e."Two or more linked cases with the same infectious agent associated with the same healthcare setting over a specified time period; or a higher than expected number of cases of HAI in a given healthcare area over a specified time period".

Actions
This is an ongoing incident

Actions [redacted]

- NICU had a full terminal clean and twice daily enhanced cleaning was put in place. This was extended to include the Special Care Baby Unit (SCBU) on 30 January 2019 and continues to date.
- An initial round of microbiological swabbing of the environment was undertaken and was found to be negative. Another type of *S. aureus* was isolated from a second round of screening from the bottom of an incubator (heat exchange unit) this was dealt with immediately and cleaning of this equipment was reviewed. Approximately 30 environmental swabs were taken.
- Weekly screening of all babies in place – negative as of 15 February [redacted]).

15 February 2018
An [redacted] with the same distinct antibiogram has been identified in [redacted] This baby had been in [redacted] before control were put in place, had tested negative twice but this baby had been transferred to [redacted] and then to the [redacted].

Actions [redacted]

- All babies in [redacted] and [redacted] were screened. One was positive in [redacted].
- Environmental screening was undertaken. Results Negative.
- Staff screened in [redacted].
- Additional environmental screening.
- Weekly screens of all babies in all units will continue indefinitely.
- Enhanced cleaning of incubators in all units with Actichlor plus (note strain chlorhexidine resistant).

- Babies who are colonised and their families are undergoing decolonisation therapy with a nasal ointment and a body wash.

Communications

- Clinical staff in the unit kept the families of the affected babies informed throughout.
- 28th January 2019 – holding press statement prepared
- 30th January – press statement released
- 30th January – all parents of babies in NICU and SCBU informed of the increased incidence of *Staphylococcus aureus* and the measures taken to prevent further spread of infection, including the parents of the babies [redacted]
- 30th January – ongoing; all staff updated at morning briefings.
- 15th February – Information given to all parents in RHC and [redacted].
- 20 February – Press release.
- 21st February – Information leaflet given to parents about decolonisation

National Support Framework

On the 29 January Greater Glasgow and Clyde invoked the National Support Framework for NHS Boards and HPS were formally invited to review our actions in relation to this incident. HPS were previously invited and attended the IMT held on the 28 January. SBAR was issued on the 14 February and will be discussed by IPCT SMT at the next meeting of this group. It may be that this SBAR will be updated in light of new cases in other units.

NHS Greater Glasgow & Clyde

Clinical & Care Governance Committee

Infection Control Management Team **5th February 2019** **Paper No: 19/05**

Report on Concerns Raised re Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC)

Purpose of Paper:-

The purpose of the paper is to provide assurance and overview of progress being made in relation to a number of issued raised originally on the 5th December 2017 (Paper 17/24) regarding concerns about the facilities in QEUH and RHC.

Recommendations:-

The Committee is asked to note the:

- Progress being made in relation to the issues raised on 5th December 2017 in the attached and updated SBAR action plan;
- Request for additional information provided to HEI following their unannounced visit at the QEUH between the 29th and 31st January 2019.

Short Summary of Key Issues:-

During September 2017, a number of consultant microbiologists in the South Sector raised a series of concerns about the facilities in QEUH and RHC and the structure of the Infection Prevention and Control (IPCT) Service within NHS Greater Glasgow and Clyde.

An SBAR was requested by the Medical Director and this was discussed on the 3rd October 2017. A number of themes and issues were identified from this discussion and an action plan was presented and agreed at the Clinical and Care Governance Committee on the 5th December 2017.

This paper provides a further update on progress made across a number of areas and key themes identified back in 2017. The key areas of progress include:

- 34 rooms now on PPVL schedule across QEUH/ RHC
- Compliance with SHFN 30 HAI Scribe programme and process for refurbishments
- Planned work[redacted] and 12 month capital plan for upgrade of Ward 2A RHC
- Significant reduction in Central line Associated Bacteraemia Infections (CLABSI) due to improvement work carried since 2017.
- Compliance with SHTM 04-01 Part B- operational Management testing for Legionella and HSE Legionnaires disease “Microbiological Monitoring”. HSG 274.

- Establishment of local water safety groups and testing including exception reporting and escalation.
- Review of ICD roles and responsibilities including development of ICD Job Description.

Author – Infection Control Management Team
Date – 27th February 2019

NHS GREATER GLASGOW AND CLYDE

HEI UNANNOUNCED INSPECTION TO QEUH FEEDBACK – 4 FEBRUARY 2019 - ACTIONS

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
1.	Review processes within ED for nursing and domestic staff to ensure they have access to clean areas.	Review options to ensure access to clean.	JB	• Meeting with Facilities, IC staff and ED operational staff – reinforce process for access and escalation – group will meet weekly. • System for documentation will be put in place. • Once weekly deep clean schedule now in place. • Additional scrutiny will be undertaken by the FM team.	Review 2 weeks
2.	Review process for prioritisation of estates jobs at ward level.	Process to be checked.	TS	• Review underway.	1 month
3.	Cleaning of ventilation above beds to be checked.	Review process and update.	TS	• Immediate cleaning that was required, completed. • Remedial works to flooring on level 7 continue with cleaning of ventilation units in each area on completion of flooring work. • Reviewing frequency of ventilation checks/cleaning across the site in conjunction with infection control.	Complete Review 1 month

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
4.	DSR in Ward 61 – out of use.	Check and also review risk assessment.	TS	• Asbestos survey has been instructed, full strip out and refit of room required. GGC Capital Planning are assisting and will instruct contractor. • Risk review underway.	2 months for completion
5.	Flushing regime (whole site) – assurance around roles and responsibilities. Confirmation of process in less frequently used locations and identification of dead ends.	Provide clarification.	TS	• Formal flushing regime and documentation process under review. • Areas are identified to Estates Dept through a combination of the output of the Water Systems Risk Assessment and quarterly WS01 'Little Used Outlets SOP' which are collated by the Lead AP for Water Systems. All identified outlets are placed on a 'LUO' register and twice weekly flushing is implemented until removal of the outlet can be agreed and arranged. Procedure attached.  InternittentUsedOutlets.pdf	March 2019

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
6.	Absence rates in domestic staff.	Provide data.	TS	Detail.doc All Domestic sickness absence.do • Attached data relates to both QEUH and Board wide rates. • On average QEUH rates are 1% less than total GGC average. • Challenges overall in terms of absence with focussed work on long term sickness to address this - reduction in year 18/19.	Action Complete
7.	Nursing workforce	Provide detail.	MMcG	• Information sent to HIS. Datix information being quality assured and will be returned 8/2/19.	Action complete
8.	Vacancy level of maintenance staff.	Provide summary data.	TS	ESTATES VACANCIES Feb 2019 Recruitmer Attached data describes the current position 40 WT vacancies – 8 in the South. • Recruitment is underway for all posts however challenges exist in attracting staff	Action complete

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
				acknowledging competing industries e.g. hospitality. Work underway to look at lengthy disclosure check period.	
9.	IPCAT audit process – assurance needed on detail.	Review 30 audits to establish if any issues. Locate audit of concern. Provide details of governance processes.	MMcG	• Review of IPCAT audits and action plans undertaken – all satisfactory. • There is a clear reporting and assurance structure from SCN to CN and through infection control and clinical governance processes. • Data and reports visible on synbiotix The audit referred to was Ward 64 INS. The red section was *quality assurance* not *facilities*. *Red section refers to :* 1. *Patients with a CVC have an up to date care plan with all sections completed appropriately.* 2. *Patients with an indwelling urethral urinary catheter (UUC) have an up to date care plan with all sections completed appropriately.* • We are currently reviewing the process.	Complete

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
				 ipcat-schedule-and-process-strategy-july-20  Ward 64.docx	
10.	Bladeless fans	Guidance to be reviewed.	MMcG	• Following the publication of the HPS SBAR 2018, we issued a statement to clinical teams advising of HPS recommendations including risk assessment for high risk areas and patients. • The SBAR was tabled at our BICC in November 2018 and discussed at our AICC in January 2019 at which guidance was requested by our clinical teams to support a risk assessment. All use of fans is currently risk assessed. • Following the publication of NHS SCOTLAND E&F report (January 2019) we have drafted a guideline for consultation with staff. This is based on advice and guidance references in the alert. • The alert of the 11th Jan states Deadlines for action Actions underway: 05 February 2019 Actions complete: 02 April 2019. We	2nd April 2019.

ISSUE	DETAIL	ACTION	LEAD DIRECTOR	UPDATE /EVIDENCE 8/2/19	TIMESCALE
				are working to these deadlines.  01a - SBAR Electric Portable Fans.pdf	
11.	Exception reporting for Legionella in South sector review testing regime.	Position to be checked.	TS	• To be confirmed Tuesday 12th	Ongoing
12.	SBAR report commissioned by Medical Director 2017	Evidence to be provided of actions taken and current position.	JA	• Update on previous actions being undertaken • An updated Action Plan will be submitted Thursday 14th February	14th February
14.	Review support for Infection Control Team		JA	• Support for Infection Control reviewed. Staff supporting areas of intensity across GGC. Additional project management support being identified.	W/B 11th February
15.	Point of contact	Confirm to IS	MMcG	• Confirmed – Elaine Vanhegan	Complete
16.	Further feedback	Confirm to IS	MMcG	• Confirmed 7/2/19	Complete

8TH February 1600hrs EV

Board C&CG (M) 19/02
Minutes: 15 - 30

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 11th June 2019 at 1.00pm

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Mr S Carr
Mr I Ritchie
Cllr Caroline Bamforth

IN ATTENDANCE

M McGuire present for start and finish of meeting

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Ms E Vanhegan	Head of Corporate Governance and Administration
Mrs D McErlean	Employee Director
Mrs P Ralphs	Planning Manager
Ms J Rodgers	Chief Nurse, Paediatrics and Neonates
Mrs G Mathew	Secretariat Manager
Mrs L Russell	Secretariat Officer

		ACTION BY
15.	**APOLOGIES & WELCOME**	
	Ms Brimelow welcomed everyone to the meeting and introductions were made. Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak and Mrs Audrey Thompson. <u>NOTED</u>	
16.	**DECLARATION(S) OF INTEREST(S)**	
	One declaration of interest was raised. Mr I Ritchie declared an interest as Chair of the Organ Donation Committee for Item 29, Board Clinical Governance Forum.	
	<u>NOTED</u>	

		ACTION BY
17.	**MINUTES**	
	The Committee considered the minute of the meeting which took place on Tuesday 5th March 2019 [Paper No. CCG (M) 19/01] and were content to approve this as an accurate record, subject to the following amendments: The Committee received correspondence from Dr Teresa Inkster, Lead Infection Control Doctor NHSGGC, in relation to information provided at the Committee meeting in March regarding the recent infections (item 6) and the report on concerns raised regarding QEUH and RHC (item 9). The Committee considered the amendments suggested by Dr Inkster, in addition to the secretaries written notes of the meeting, and, following reflection, agreed to the following amendments:- Item 6 – Cryptococcus neoformans – Paragraph 6 "Dr Inkster noted that installation of portable HEPA filters had been extended to include haemato-oncology patients within QEUH" Item 6 – Mucoraceous mould – Paragraph 1 "It is possible the dialysis point was the source as mould was grown from the area. No cases have been reported since the 18 January 2019 and this source has been remedied. Alternatively, this fungus is ubiquitous and may have been present in the air at the time". Item 9 – Report on concerns raised regarding QEUH and RHC –Updated Position – Paragraph 4 "Mr Ritchie asked if colleagues were reassured by the actions that had been taken to address the issues and if there were any further concerns raised in relation to recent events. Dr Inkster advised that one colleague had since retired; other colleagues had not raised any further issues with her" APPROVED	
18.	**MATTERS ARISING FROM THE MINUTES**	
a)	Rolling Action List	
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/08] and were content to accept the recommendation that 7 actions be closed. **Other Matters Arising** Paediatric Dentistry Dr Armstrong noted that an update had been given at the Committee meeting in March and the matter was subsequently closed. The Committee agreed however that a further update would be requested at a future meeting. Short Life Expert Advisory Group – Air Samples Mr Carr requested assurance of the reporting mechanisms for the above group. It was clarified that the group would report findings via the Internal Review of the QEUH/RHC structures. NOTED	

		ACTION BY
19.	**REVIEW OF COMMITTEE TERMS OF REFERENCE**	
	The Committee considered the paper 'Review of Clinical and Care Governance Committee Terms of Reference' [Paper No 19/09] presented by Head of Corporate Governance and Administration, Ms Elaine Vanhegan. Members were asked to review the current remit of the Committee and ensure it remains, at this stage, fit for purpose. Following the national process to implement 'A Blueprint for Good Governance' and the publication of the Ministerial Strategic Group (MSG) Review of Progress of Integration with Health and Social Care, the proposed amendments to the Committees Terms of Reference take account of these priorities by ensuring that the Board's corporate governance framework suitably applies a 'whole system' approach to oversight of the Board's functions. Committee members noted the inclusion of clinical governance of the West of Scotland Research Ethics Committee. Clarity has been provided on the format of the minute of a meeting and rolling action list and the addition of a Chairs Report template for providing feedback to the Board. Ms Vanhegan agreed to circulate the Scheme of Delegation following approval at the next Audit and Risk Committee meeting on Tuesday 18th June 2019. Mr Crawford suggested some amendments including the addition of Duty of Candour, and Clinical Governance Strategy. Ms Vanhegan and Mr Crawford agreed to discuss this further following the meeting. In summary, the Committee were content to endorse the revised Terms of Reference, subject to amendments as discussed by Mr Crawford and Ms Vanhegan, for submission to the Audit and Risk Committee, and final approval by the Board. NOTED	**Ms Vanhegan** **Ms Vanhegan/Mr Crawford**
20.	**OVERVIEW**	
	Dr Armstrong provided an overview of topics not included on the agenda. Interventional Neuro-Radiology (INR) Dr Armstrong provided an update on activities underway following the development of an action plan to address the recommendations made by the external review. These included ongoing discussions with colleagues in Edinburgh and Glasgow, training placements and additional locum support. Dr Armstrong was pleased with the progress made to implement improvements. In relation to INR, Dr Armstrong advised that a proposal would be presented to the Managed Service Network this week, requesting support from the Managed Service Network to support INR and establish a lead clinician to provide clinical leadership to the service. NOTED	
21.	**INTERNAL REVIEW OF QEUH/RHC – CLINICAL REVIEW**	

		ACTION BY
	The Committee considered the paper 'QEUH/RHC – Internal Review – Interim Report on Clinical Outcomes' [Paper No 19/10] presented by Head of Clinical Governance, Mr Andy Crawford. The paper provided an update on progress to date in relation to the internal review of clinical outcomes and provided further information on additional commissioned areas of review including Deanery feedback from the recent visit to QEUH in February 2019. A Programme Board was recently established to coordinate the review of the QEUH/RHC. The internal review encompasses 3 work streams: Review of the facilities and environmental issues, review of capacity and flow to assess position now against the original model and planning assumptions and review of clinical quality and outcomes. Committee members noted that the interim report focused on the latter. The internal report will be used to provide local assurance. In response to questions from the Committee in relation to cross over with the external review, Mr Crawford assured members that the team working on the external review will be updated with reports and the internal review will inform parts of the external review. Dr Armstrong informed Committee members that a review of estates was underway. Mr Jonathan Best will also carry out a review and prepare a report on whether the original capacity assumptions made remain adequate. Committee members reviewed the report and noted the following comments: • Administrative errors with the calculation of the indicators on page 5 of the report. Mr Crawford will check the calculations. • Include more detail on team working and highlight some of the different issues. Mr Crawford agreed to include more detail on SCI's and confirm if they were resolved • Broaden on tissue viability to drill down instances of pressure ulcers. Assurance was required that avoidable pressure ulcers were not occurring. In response to a question from the Committee on including accreditation of laboratories in the report, Mr Crawford agreed to discuss this with Dr Armstrong. Dr Armstrong informed Committee members that a letter was received from General Medical Council addressed to the Chairman in relation to the volume of admissions to Intermediate Assessment Unit (IAU) at the QEUH. This issue will be included in the report. The issues were mainly in relation to availability of beds and that the unit was very busy. Additional beds had been identified for use by IAU. The Committee noted that a review of the front door was carried out in March 2018 and no SCI's were noted. The report, and the full response from the Chairman, will be shared with the Committee in due course. The Committee was assured by the update provided that the internal review being carried out will offer an accurate account of developments. <u>NOTED</u>	**Mr Crawford** **Mr Crawford** **Mr Crawford**

		ACTION BY
22.	**HEI INSPECTIONS – UPDATE REPORTS**	
	a) RAH INSPECTION	
	The Committee considered the paper 'Unannounced Healthcare Associated Infection (HAI) Inspection RAH 4th – 6th Dec 18 Progress Update' [Paper No 19/11a] presented by the Director of Nursing, Dr Margaret McGuire. The paper highlighted the requirements and recommendations from the report, detailed the action plan and progress of improvements being made. Dr McGuire informed the Committee that the post inspection 16 week ward and theatre action plans were submitted to Healthcare Improvement Scotland on 23rd April 2019. Following the recommendation of removal of bladeless fans, Dr McGuire informed the Committee that in the interim suitable bladed fans, which could be cleaned, have now been sourced. The issues identified with environmental cleanliness within ED have been rectified. The gap in cleaning staff has been resolved and a 24/7 cleaning service for ED was being maintained. Following the recommendation to review storage options, in particular the stacking of sterile trays, immediate action was taken to reorganise storage to allow additional storage for sterile trays. An alternative location to store less frequently used equipment was in the process of being identified. In response to questions from Committee members in relation to continuity of domestic services, staff levels and recruitment and retention of staff, Dr McGuire informed members that this was being addressed through the healthcare quality improvement strategy. The importance of staff feeling valued at work was recognised. Mrs Dorothy McErlean informed the Committee that the Staff Governance Committee was reviewing the cultural framework to address issues. In response to questions from Committee members in relation to the reporting of broken and fatigued equipment and current backlogs, Dr McGuire assured members that work was being carried out to address this. Dr McGuire assured members that staff were more aware of prompting when actions were outstanding and working in conjunction with the Estates team. Dr McGuire informed members that the Director of Facilities and Estates, Mr Tom Steele was considering ways to manage risk associated with ensuring adequate staffing. Chief Nurse for Paediatrics and Neonates, Ms Jennifer Rodgers, informed Committee members that a successful Learning for Excellence test had been carried out. The main aims were to improve staff morale and promote excellence. Reporting good pieces of work has been very positive and was improving performance. The Committee noted completed actions and the progress made. NOTED	
	b) QEUH INSPECTION	

		ACTION BY
	The Committee considered the paper 'Unannounced Safety and Cleanliness Inspection QEUH (including Institute of Neurosciences and Royal Hospital for Children) 29th – 31st January 2019 Progress Update' [Paper No 19/11b] presented by the Director of Nursing, Dr Margaret McGuire. The paper highlighted the requirements and recommendations from the HIS report, and updates on further progress reports submitted to Healthcare Improvement Scotland (HIS) 12th April and 10th May. Dr McGuire informed the Committee that monthly update reports were being submitted to Healthcare Improvement Scotland, for onward submission to the Scottish Government. Following the recommendation to consider the use of red/amber/green indicators, these have been amended to include percentage and clear explanation of where points have been lost. In response to questions from Committee members about governance issues highlighted by the inspection, Dr Armstrong assured members that work was progressing to address these issues. A Built Environment Group was in the process of being created to provide oversight to three Sub-Groups which were theatres, ventilation and water. This group will be chaired by Director of Facilities and Estates, Mr Tom Steele. The Terms of Reference for the group were in the process of being drafted. Dr Armstrong reported that Mr Steele was also carrying out a review of all estates issues. Some concerns were noted by Committee members in relation to the timescale in addressing these issues. Ms Rodgers assured members that actions for the Royal Hospital for Children were complete within 4 weeks. Mr Donald Lyons requested that acronyms were explained in the document. Ms Brimelow thanked Dr McGuire for the assurance provided and noted the progress made and close scrutiny from the Scottish Government. The Committee expect a further report with a detailed action plan for addressing the outstanding governance issues to be presented in due course. The Director of Facilities and Estates will be invited to attend the meeting to provide an update on the report. NOTED	**Secretary**
23.	**PURSUING EXCELLENCE IN HEALTHCARE**	
	The Committee noted the paper 'Pursuing Excellence in Healthcare' [Paper No 19/12]. The Pursuing Excellence in Healthcare: NHS GGC Healthcare Quality Strategy has been revised in line with feedback received from the NHS Board on 19th February 2019, and was remitted to the Committee by the Board, for approval. The Committee noted the amendments made and were content to approve the Strategy. APPROVED	

		ACTION BY
24.	**HAND HYGIENE AUDITS UPDATE**	
	The Committee considered the paper 'Update on Hand Hygiene Audits' [Paper No 19/13] presented by Dr Armstrong and Ms Rodgers, Chief Nurse, Paediatrics and Neonates. The paper provided additional information in relation to the Hand Hygiene Audits discussed at the Committee meeting in March 2019. Ms Rodgers assured members that hand hygiene audits were carried out routinely on a number of different levels. Committee members noted the two different percentage targets, one for opportunity and one for technique. Mrs Brimelow thanked Ms Rodgers for the assurance provided and the Committee were content to note the update. NOTED	
25.	**STROKE IMPROVEMENT PROGRAMME UPDATE**	
	The Committee considered the paper 'Stroke Improvement Programme Update' [Paper No 19/14] presented by Planning Manager, Mrs Pamela Ralphs on behalf of the Clyde Sector Director. The paper highlighted progress of the NHSGGC Stroke Improvement Plan. Mrs Ralphs highlighted the key points. Scanning targets changed in January 2019 from 95% access within 24 hours to achieving 90% within 12 hours of presenting. Following this the bundle performance had improved. Mrs Ralphs reported that there have been some continuing challenges in [redacted] and work had begun to review activity against the current bed model with a view to redesigning this within the sector. Mrs Ralphs provided an update on changes to the Acute Stroke Pathway for Inverclyde residents. The proposed pathway change would see QEUH take an average of 16 direct patient admissions per month from the Inverclyde area. To date, the changes have not yet been implemented and no timescale has been agreed to implement these. Discussions remain ongoing with the Scottish Ambulance Service to agree the pathway for the repatriation of patients. The front door responsibility target is 100% in 4 hours which is challenging. Mrs Ralphs reported that GG&C was achieving 85%. Staff training continued to be rolled out and exception reporting carried out. Dr Armstrong noted that positive progress has been made on the Stroke Improvement Plan. Work was ongoing with the TIA pathway and planning for Thrombectomy. A Standard Operating Procedure for Water Swallow has been drafted and will be approved by the Stroke Improvement Group. Mrs Ralphs agreed to circulate this to Committee members following approval. Following the redesign of the South Glasgow clinic, the process was still being embedded. There was local ambition to move to a 24 hour target to prevent/reduce incidences of strokes.	**Mrs Ralphs**

		ACTION BY
	In response to a question raised by the Committee regarding adequate staffing levels for INR to provide the service, Dr Armstrong informed members that the team were not at full compliment. There was discussion about ensuring thrombolysis pathways are clearer. For this reason, the lead clinician for stroke for Clyde was working with the Chief of Medicine and the Stroke Review Group to develop this pathway. Mrs Brimelow thanked Mrs Ralphs for the report and update. Committee members requested further updates on clinical input from Professor Keith Muir, SINAPSE Professor and Consultant Neurologist. The Committee members noted the significant work being carried out to improve quality, and noted the national work being carried out to develop a national stroke Thrombectomy service. NOTED	
26.	**UPDATE ON LEARNING STRATEGY FOR CHILD PROTECTION**	
	Ms Rodgers presented the paper 'Update on the Implementation of NHSGGC Child Protection Learning and Education Strategy 2019' [Paper 19/15] which provided an update on the development and implementation of a Child Protection Learning & Education Strategy (CPLES) for 2019, to be delivered by the Child Protection Service (CPS). The Strategy aims to deliver high quality learning opportunities that meet the needs of staff protecting children. Ms Rodgers reported that the learning strategy has been well received by medical and nursing teams. Between January 2019-March 2019, 629 members of staff have received face to face training. Sessions have been well received however releasing staff from their day to day role has been challenging. Work was taking place with CPS to develop a dynamic approach to delivery of training in order for staff to attend the training course. In response to Committee member's questions seeking assurance that staff were being given the opportunity to attend training, Ms Rodgers informed members that training courses were available board wide. The courses were being delivered locally to allow more members of staff the opportunity to attend the course. The Committee noted the development and implementation of the Strategy however, the Committee requested a more detailed report on the Strategy and learning for the future. More detail was required on evaluation, in particular how the University West of Scotland (UWS) level 4/5 CP experts were being evaluated. NOTED	**Ms Rodgers**
27.	**EXTRACT FROM CORPORATE RISK REGISTER**	
	Mr Crawford presented the paper 'Extract from Corporate Risk Register' [Paper 19/16] The risk register identifies 5 key areas. Mr Ritchie sought assurance that the controls in place to mitigate the risk of failure to comply with recognised policies and procedures in relation to infection control were effective. The work done in relation to Peripheral Venous Catheter's (PVC) was recognised, however further actions were	

		ACTION BY
	required. The Committee noted that nurses do remove cannulas as soon as it is no longer required, however they do not make the decision on whether the cannula is required. Nurses are encouraged to change cannulas as quickly as possible. Mr Crawford noted that more detail will be added regarding patient standards as this does not reflect current practice. Committee members noted that a Public Protection Forum has been established for Adult and Child Protection. This will help to ensure actions were joined up however members suggested that another item around adult protection should be added to the risk register. Committee members noted that Health and Social Care Partnerships (HSCP's) were involved in the formulation of the risk register. Ms Brimelow thanked Mr Crawford for the update. NOTED	
28.	**UPDATE ON HISTORICAL CHILD ABUSE INQUIRY**	
	Committee members noted the paper 'Scottish Child Abuse Inquiry – Lennox Castle Hospital [Paper 19/17] which provided the Committee with a further update of work undertaken in relation to the Scottish Child Abuse Inquiry. Sections A & B of the response were submitted to the Scottish Child Abuse Inquiry on 1st March 2019 and Sections C & D were submitted on 31st May 2019. Directors and senior Councillors reviewed section C & D prior to submission. In summary, the Committee were content to note the report and the submission of Sections C & D. NOTED	
29.	**BOARD CLINICAL GOVERNANCE FORUM**	
	The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 4th February 2019' [Paper No. BCGF (M)19/01] and Monday 8th April 2019 [Paper No. BCGF (M)19/02] In response to questions from Committee members in relation to Clinical Governance Support Unit (CGSU) staffing issues, Mr Crawford informed members that the high turnover of staff was mainly due to staff moving to promoted posts, out with NHSGG&C. Nine members of staff have recently moved on to promoted roles. The team use iMatters and have team and individual sessions to ensure awareness of any staff issues. No underlying issues have been highlighted. Committee members noted that Women and Children's (W&C) Services remain below the 70% target for completed actions from closed SCI's. This has been flagged and engagement has been made with W&C Services. Committee members noted positive reports were received from the Mental Health Welfare Commission visits. Members were assured that updates from the Mental Health Welfare Commission were visible through the Board Clinical Governance Forum minutes. Any concerns can be highlighted to members and drawn as an individual action.	

		ACTION BY
	The Committee noted, as per the minute of Board Clinical Governance Forum of 8th April 2019, that there had been an increase in the number of solid organ donors in the period April to September 2018, compared with the same period of the previous year. However, concerns were raised regarding the below average performance in NHSGGC for SNOD (Specialist Nurse Organ Donation) presence when approaching families about organ donation. Mr Crawford advised that the Acute Clinical Governance Team were aware of this issue and had requested an update from Professor Rooney to the next meeting in August. Questions were raised about the most appropriate governance reporting route for organ donation matters, and Ms Vanhegan advised that this was a matter being considered as part of the recent review of governance. Mr Crawford added that the operational issues regarding organ donation remained within the remit of the Acute Clinical Governance, with Clinical and Care Governance Committee retaining oversight of this on behalf of the Board, via the Board Clinical Governance Forum. Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the minute. NOTED	
30.	**DATE OF NEXT MEETING**	
	Date: Tuesday 3rd September 2019 Venue: Boardroom, JB Russell House Time: 1.00pm The meeting concluded at 4.30pm.	

BOARD OFFICIAL

CCG(M) 19/03
Minutes: 31 - 45

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held in the Boardroom, JB Russell House, on Tuesday 3rd September 2019 at 1.00pm

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Mr Simon Carr
Dr Donald Lyons (From item 38)	Mr Ian Ritchie (Vice Chair)

IN ATTENDANCE

Mrs Jane Grant	..	Chief Executive
Dr Jennifer Armstrong	..	Medical Director
Mr Andy Crawford	..	Head of Clinical Governance
Dr Margaret McGuire	..	Nurse Director
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Dr Michael Smith	..	Lead Associate Medical Director Mental Health (For item 40)
Dr David Anderson	..	Respiratory Consultant (For item 35)
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)

			ACTION BY
31.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak, Ms Dorothy McErlean, and Mrs Audrey Thompson. NOTED		
32.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. There were no declarations made. NOTED		
33.	**MINUTES OF THE MEETING HELD 11th JUNE 2019**		
	The Committee considered the minute of the meeting which took place on Tuesday 11th June 2019 [Paper No. CCG(M)19/02] and were content to approve this as an accurate record, subject to the following amendments: Item 21 – Internal Review of QEUH/RHC – Clinical Review		

	Paragraph 5 – "Dr Armstrong informed Committee members that a review of estates *issues* will be carried out *by Mr Tom Steele, Director of Estates and Facilities*." Paragraph 8 – "Dr Armstrong informed Committee members that a letter was received from GMC addressed to the Chairman in relation to the *high number of patients reviewed and admitted via the* Intermediate Assessment Unit (IAU) at the QEUH. This issue will be included in the report. The issues were mainly in relation to availability of beds and that the unit was very busy. Additional beds *have now* been identified for use by IAU. The Acute Service Clinical Governance Forum monitored a review of SCI/ Adverse events in the IAU within QEUH (and within all of the Acute Sectors) to confirm completion of all actions that were developed. APPROVED		
34.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/15] and were content to accept the recommendation that 5 actions be closed. In addition, the following actions were discussed: Item 25 – Stroke Improvement Programme Update Dr Armstrong noted actions being taken in relation to thrombolysis and discussions continued with colleagues within Clyde Sector, to improve outcomes. The Committee agreed that an update on this would be presented to the Committee meeting in March 2020. Item 22b – Internal Review of QEUH/RHC – Estates Work stream The Committee discussed the reporting process of the Internal Review of QEUH/RHC, specifically, the three work streams – Estates and Facilities; Clinical Review; and Demand and Capacity Flow. It was agreed that the Estates and Facilities work stream would report to the Finance, Planning and Performance Committee, as previously agreed by the Board. Therefore, it was agreed that this action could be removed from the Rolling Action List. Ms Brimelow highlighted that the discussions the Committee had were in relation to the clinical impact, if any, of cleanliness standards. It was agreed that Ms Vanhegan, Head of Corporate Governance and Administration, would consider the most appropriate governance structure for this matter. AGREED		**Ms Vanhegan**
35.	**OVERVIEW OF MANAGED CLINICAL NETWORK FOR COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)**		
	Dr David Anderson, Respiratory Consultant, Clinical Lead for Respiratory MCN, Clinical Lead for Pulmonary Rehabilitation; and Clinical Lead for Glasgow City Community Respiratory Team, was welcomed to the meeting.		

	Dr Anderson provided a presentation which detailed the NHSGGC COPD Service. He provided an overview of the condition, and noted that COPD affected approximately 129,000 people in Scotland, with a predicted increase of 33% within the next 20 years. COPD was the most common cause of presentation to hospital in Scotland and accounted for 6% of all deaths in Scotland. Dr Anderson described the COPD service in NHSGGC; the impact of pulmonary rehabilitation on survival rates; the challenges associated with the management of the condition and potential solutions. The Chair thanked Dr Anderson for providing a helpful and informative presentation and invited questions and comments from Committee members. In response to questions from members in relation to the views of staff and the challenges and impact of this, Dr Anderson noted that a series of educational sessions had been undertaken to break down barriers and improve multi-team working. Questions were raised in relation to outcomes for those within the most deprived areas and what other factors were being considered. Dr Anderson advised that the introduction of Safehaven has allowed collection of data for everyone with a diagnosis of COPD and deprivation index. He noted that patients within deprived areas were less likely to stop smoking, however other factors such as finance, nutrition and birth weights all played a contributory role. The Pulmonary Rehabilitation Team provide advice and assistance to address lifestyle factors. In response to questions from members in respect of solutions to address the issues described, Dr Anderson was of the opinion that the most effective solution to ensuring the best outcomes for patients would be to develop a team of multi-disciplinary staff to manage the care of patients with COPD. The Committee noted that, despite a number of factors, such as reduction in prevalence of smoking and better nutrition, prevalence of COPD continued to rise. Dr Anderson explained that this was due to the time delay associated with the causes of COPD, therefore interventions today would likely not yield an impact on prevalence rates until 10 years from now. He also noted that the condition was an accelerated ageing process frequently caused by smoking; however it was not unusual to see milder forms of the condition in older adults, attributable to the natural ageing process. In response to questions from members in relation to the outcomes of the evaluation of the Hospital at Home service, Dr Anderson advised that this was still being evaluated, however initial evidence demonstrated a reduction in bed days and the financial effect of this was being assessed. There were questions raised in relation to the potential to track COPD patients who present at hospital, with the intervention of the COPD Team to manage their care. Dr Anderson advised that there was software available which allowed all patients with COPD to be identified, however there was currently no capability within the software to identify the reason for the presentation and/or admission to hospital. In response to questions from members in relation to utilisation of genotyping, Dr Anderson advised that the genetic markers associated with COPD were not yet fully understood, however he did acknowledge that there were biochemical		

	markers associated with the disease, which may be useful in early identification and targeted treatment. In summary, the Committee noted the presentation and thanked Dr Anderson for the informative report. The Committee were keen to offer support to Dr Anderson and colleagues in identifying solutions to improve outcomes for patients with COPD. NOTED		
36.	**OVERVIEW**		
	Dr McGuire, Nurse Director, provided an overview of topics not included on the agenda. Health and Care (Staffing) (Scotland) Bill Dr McGuire noted that a paper was presented to the Corporate Management Team and further direction was awaited from Scottish Government colleagues. Best Start Dr McGuire advised that following the implementation of new arrangements for Neonatal care on 19th June 2019, there had been no mothers under 26 weeks gestation and at risk of delivery or babies under 26 weeks transferred to the care of the QEUH to date. HEI Inspection of Inverclyde Royal Hospital (IRH) Dr McGuire advised members that an unannounced inspection of IRH took place in July. The formal outcome of the inspection and associated improvement plan would be presented to the Committee once available. Dr Armstrong, Medical Director, provided an overview of topics not included on the agenda. Discontinuation of Paper Reports Dr Armstrong advised the Committee that, as of Monday 2nd September, results for tests ordered on TrakCare from Laboratories and Imaging will only be produced electronically for acute based services across the whole of NHSGGC. She noted that there remained some exceptions e.g. Pathology. Work would be undertaken to monitor implementation, and Mr Crawford, Head of Clinical Governance and Dr Chris Deighan, Deputy Medical Director – Corporate, would undertake a review in early 2020. Dr Armstrong noted that the final evaluation report would be presented to the Audit and Risk Committee, once available. Ward 6A, QEUH Dr Armstrong informed the Committee that no further infections had been identified in relation to Ward 6A of the QEUH over the last month (02/08/19-03/092019), however the Ward remained closed to new admissions. Interventional Neuro Radiology (INR) Dr Armstrong provided an update on the position within the INR department, and noted that 2 consultants had returned to the service. Work continued in partnership with the INR service in Edinburgh to ensure continuity of service and A review of INR would be undertaken and the Committee would receive an update on this once complete.		**Dr McGuire** **Dr Armstrong**

	Precision Medicine Dr Armstrong noted progress in relation to precision medicine including recent exploratory discussions regarding bio-medical testing to predict responses to drugs. Dr Armstrong noted that further information with regards to this would be presented to the Board at a Seminar meeting in due course. The Chair thanked Dr McGuire and Dr Armstrong for the update. There were no questions noted by members. NOTED		**Dr Armstrong**
37.	**CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Corporate Risk Register: Additional Clinical Risks' [Paper No. 19/16] presented by the Head of Clinical Governance, Mr Andy Crawford. The paper described two additional risks to be considered for inclusion in the Corporate Risk Register, those being Person Centred Care and Clinical Quality. Mr Crawford noted that the additional risks had been reviewed by the Board Clinical Governance Forum (BCGF) and the Risk Management Steering Group (RMSG). The Committee noted an error in relation to the risk rating associated with the Clinical Quality Risk. Mr Crawford acknowledged that this should be 20, and not 25 as stated in the document. Dr McGuire was nominated as the Corporate Lead for the Person Centre Care risk and Dr Armstrong was the nominated Corporate Lead for Clinical Quality. Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the inclusion of the additional risks in the Corporate Risk Register, and were content to approve the amendments as noted above. **APPROVED**		
38.	**EQUALITY AND HUMAN RIGHTS COMMISSION LEGAL CHALLENGE**		
	The Committee considered the paper 'Equality and Human Rights Commission – Legal Challenge' [Paper No. 19/17] presented by the Nurse Director, Dr Margaret McGuire. The paper provided an update to the Committee on the legal challenge made by the Equality and Human Rights Commission (EHRC) regarding accommodating adults with incapacity at the Quayside and Darnley Care Homes. Dr Lyons declared an interest as a Medical Member of the Mental Health Tribunal, however noted that his role does not consider NHSGGC cases. Ms Brimelow thanked Dr McGuire for the update. The Committee recognised governance oversight through the Committee; noted the discussions underway; and noted the prioritisation of patient care. The Committee fully support the		

	Chief Executive and the Corporate Team in continuing to afford patients the best possible clinical care in the most appropriate setting, whilst addressing the legal challenge. NOTED		
39.	**INTERNAL REVIEW OF QEUH/RHC – CLINICAL REVIEW**		
	The Committee considered a paper 'Internal Review of QEUH/RHC – Clinical Review' [Paper No. 19/18] presented by the Head of Clinical Governance, Mr Andy Crawford. The paper provided a summary of an internal review of information relating to the QEUH campus including the Royal Hospital for Children (RHC). The report brings together and reconsiders information processed through the existing governance arrangements for services at the Campus. Mr Crawford noted that the report had been presented to the Board Clinical Governance Forum (BCGF) and the Forum were satisfied that there were no unrecognised concerns about clinical quality; that actions were underway where concerns had been identified; and that there was evidence of good levels of quality of care. Ms Brimelow thanked Mr Crawford for the update and invited comments and questions from members. In response to questions from members in relation to the patient experience report of QEUH and whether this could be compared to other hospitals out with the Board area, Dr McGuire informed the Committee that there was national data collected through Patient Experience reports, however it was difficult to compare QEUH with other hospitals nationally, due to its uniqueness. Dr McGuire agreed that the themes of the Patient Experience report could be included in the report, as this would describe that the patient experience was consistent with the prevailing pattern. The Committee also agreed the inclusion of the Scottish Patient Experience Survey results. The Committee requested that further information be included within page 12 of the report, on the TIA section (Transient Ischemic Attack), to include additional explanation of current performance. In summary, the Committee were content to approve the report in principle, subject to the amendments outlined and were assured of the Clinical Quality of the service provided at QEUH. The Committee were content to endorse the report for presentation to the Board. APPROVED		
40.	**MENTAL HEALTH STRATEGY AND REVIEW OF INPATIENT DEATHS**		
	The Committee considered the paper 'Mental Health Services Update' [Paper No. 19/19] presented by the Lead Associate Medical Director Mental Health, Dr Michael Smith. The paper provided an overview of ongoing service development and governance issues in mental health services, specifically the Mental Health Strategy Implementation Plan; a review of inpatient deaths; Mental Welfare Commission local visits; and a summary of progress of the Moving Forward Together (MFT) Mental Health Care work stream.		

	Ms Brimelow thanked Dr Smith for the update and invited comments and questions from Committee members. In response to questions from members in relation to the recruitment of staff, Dr Smith noted that there were challenges recruiting across all staff groups nationally. Committee members expressed difficulty in assessing progress of implementation of the strategy, given that there were no timelines detailed within the paper. Dr Smith clarified that implementation of the strategy was reported to a number of fora including the Mental Health Programme Board; IJBs (Integration Joint Boards), and the MFT Mental Health Work Stream. Each report included a different level of granularity dependant on the audience. Dr Smith was happy to provide the timescale detail regularly reported to the Mental Health Programme Board. There followed discussion about the measures of success and the expected outcomes. Dr Smith advised members that this detail was included within the information presented to the MFT work stream group, and Dr Smith would be happy to share this information with Committee members. In response to questions from Committee members in relation to the review of deaths, Dr Smith noted that the review considered all deaths of those patients subject to the Mental Health Act. He noted that there were no patterns identified from the data. Dr Smith agreed to consider a review of all deaths. In relation to the Mental Welfare Commission reports of local visits, Mrs Grant acknowledged that these reports were shared within HSCP's, however further discussion was required to ensure that, in addition, the reports were also reviewed by the Executive Team. Dr Smith assured the Committee that reports were routinely reviewed to identify Board-wide implications, however agreed to discuss the best mechanism by which the Board Executive Team were kept informed. In summary, the Committee were content to note the report, including the three strands of work described. The Committee suggested greater focus on development of the expected outcomes. <u>NOTED</u>		**Dr Smith** **Dr Smith** **Dr Smith** **Dr Armstrong/Dr Smith**
41.	**CLINICAL GOVERNANCE ANNUAL REPORT**		
	The Committee considered a paper 'Clinical Governance Annual Report' [Paper No. 19/20] presented by the Head of Clinical Governance, Mr Andy Crawford. The paper provided a selection of quality improvement examples and other developments, with an appraisal of the prevailing clinical governance arrangements. Mr Crawford noted that the report also contained the Duty of Candour Annual report which required to be published as a specific legal obligation. He noted that the Board Clinical Governance Forum (BCGF) had reviewed and approved the report at its last meeting in August. Ms Brimelow thanked Mr Crawford for the update and invited comments and questions from members.		

	In response to questions from Committee members in relation to the data contained within page 18 of the report, specifically the decrease in the number of SCIs recorded, Mr Crawford highlighted that the levels of SCIs reported generally fluctuates. He did not consider there to be one specific reason for the fluctuation and did not consider SCIs as a metric of clinical quality, more so, that both a significant increase and a significant decrease in reporting would be a cause for concern. He assured the Committee that the level of SCI reporting for the Board remained within expected levels. A question was raised in relation to page 20 of the report, specifically about the information on policies and procedures. Mr Crawford clarified that this related to all staff members and was undertaken as part of the induction programme. In response to questions from members regarding SCIs that have not yet been concluded, Mr Crawford advised the Committee that SCIs were routinely reviewed by the Board Clinical Governance Forum, via the Acute Clinical Governance Forum, and formed part of routine clinical governance monitoring. Discussion took place regarding the level of SCIs reporting for the Women and Children's Directorate. Mr Crawford explained that there was evidence that SCI reporting was being used as an audit tool. He added that an improvement plan had been requested and guidance on the use of maternal audit tools provided. In relation to the number of deaths noted within the Duty of Candour section of the report, members suggested the inclusion of more qualitative information for the next report. Discussion took place about the level of detail contained within the Duty of Candour report. Mr Crawford explained that this was a legal requirement, was in line with transparency, and was included to enhance openness and transparency. Committee members felt that consideration was required to the type of language used and to ensure that relatives were informed of the inclusion of the information in the report. It was also agreed that Mr Crawford and Ms Vanhegan, would discuss the governance process required for Board approval. Mr Crawford would also share the report with the Scottish Government colleagues to obtain feedback, and would seek information on the reports being developed by other Boards. In summary, the Committee were content to approve the report, subject to the amendments suggested, and noted the sensitivities of the Duty of Candour information. APPROVED		
42.	**PATIENT EXPERIENCE REPORT**		
	The Committee considered a paper 'Patient Experience Report – Quarter 1' [Paper No. 19/21] presented by the Nurse Director, Dr Margaret McGuire. The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman Investigative Reports and Decision Letters, and feedback opportunities.		

	Dr McGuire noted amendments made to the format of the report. She thanked all staff involved in the production of the report. Dr McGuire highlighted the key themes of complaints received including communication, attitudes and behaviour of staff and waiting times. She also noted that the main theme arising from Prison Healthcare complaints was clinical treatment. She described a range of work underway with staff teams, led by the Complaints Team, to improve care, patient experience and how complaints are handled. The Complaints Team were currently designing a training package for roll out to staff. Work was also underway with the Scottish Public Services Ombudsman (SPSO) to improve performance in relation to complaints referred to the SPSO. Dr McGuire was pleased to note that performance in relation to Stage 2 complaint responses had improved dramatically, and she commended the staff involved in achieving this. She acknowledged that further work was required and advised that she would be working closely with Ms Vanhegan, Mrs Jennifer Haynes, and Ms Angela Carlin, to further improve the position. Ms Brimelow thanked Dr McGuire for the update and invited comments and questions from members. In response to questions from members in relation to staff awareness of Care Opinion, Dr McGuire highlighted that further sessions had been planned with a range of staff including Doctors, Allied Health Professionals (AHPs), and nursing staff, to increase awareness of Care Opinion. There were questions raised in relation to the percentage of upheld pharmacy complaints and the themes of these. Committee members noted concern regarding prescription errors and the impact of these on patient safety. Dr McGuire described the difficulties associated with obtaining complaints information from pharmacies, given that they are independent contractors, however Dr McGuire agreed to contact the Community Pharmacy Team in order to discuss ways in which this could be improved. In response to questions from members in relation to the methods available to patients to provide feedback, Dr McGuire described a range of methods available in addition to Care Opinion, including the Universal Feedback forms provided to patients on discharge. She informed members that work was underway with colleagues within the eHealth Team to identify ways in which the paper based Universal feedback forms could be replaced with electronic devices. Members also noted concern about how patients with conditions such as dementia, were supported to complete Universal Feedback forms and Dr McGuire agreed to follow this up with relevant colleagues. In summary, the Committee were content to note the report; the improvements made to the structure of the report; and the actions being taken to improve performance in these areas. <u>NOTED</u>		**Dr McGuire** **Dr McGuire**

43.	**BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETINGS**		
a)	**27TH MAY 2019**		
	The Committee considered the minute of the Board Clinical Governance Forum meeting of 27th May 2019 [Paper No. BCGF(M)19/03]. Mr Crawford highlighted to members that, as part of the review of governance, it had been agreed that feedback from the Board Clinical Governance Forum meetings, would be presented to the Corporate Management Team. Mr Crawford agreed to discuss this further with Dr Armstrong. In response to questions from members in respect of the Hospital Standard Mortality Rate (HSMR) data and the previous coding issues, Mr Crawford advised Committee members that the data included was a 12 month rolling average of HSMR. He noted that reviews of case records and coding was being undertaken regularly. Coding quality had shown improvement and there was no evidence from the new data published that would indicate any further issues in relation to coding. There were questions raised about the fraudulent consultant psychiatrist case, and Dr Armstrong informed members that a Task Force had been established to identify all patients that Dr Z.A had treated. A review was being undertaken and contact made with patients by letter. Dr Armstrong agreed to provide an update on this to the Committee in due course. Discussion took place regarding the impact of challenges associated with the recruitment of consultant posts. Dr Armstrong provided an overview of the current position within Gynaecology, Urology and Paediatric Ophthalmology. The Committee were content to note the minute of the meeting. <u>NOTED</u>		**Mr Crawford** **Dr Armstrong**
44.	**CLOSING REMARKS AND KEY MESSAGES**		
	Ms Brimelow covered the key messages to the Board including:- 1. Overview of Managed Clinical Networks for COPD 2. Extract from the Corporate Risk Register 3. Equality and Human Rights Commission Legal Challenge 4. Internal Review of QEUH/RHC – Quality of Care 5. Mental Health Services Update 6. Clinical Governance Annual Report 7. Patient Experience Report 8. Board Clinical Governance Forum – Minutes of meeting held 27th May 2019		
45.	**DATE OF NEXT MEETING**		
	Tuesday 10th December 2019, 1.00pm, Boardroom, JB Russell House, Gartnavel Royal Hospital.		

BOARD OFFICIAL

CCG(M) 19/04
Minutes: 46 - 57

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held in the Boardroom, JB Russell House, on Tuesday 10th December 2019 at 1.00pm

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Mr Simon Carr
Dr Donald Lyons	Mr Ian Ritchie (Vice Chair)
Mrs Audrey Thompson	Ms Dorothy McErlean
Dr Jennifer Armstrong	Dr Mags McGuire

IN ATTENDANCE

Mr Andy Crawford	..	Head of Clinical Governance
Dr Scott Davidson	..	Deputy Medical Director - Acute
Dr Iain Kennedy	..	Consultant in Public Health Medicine
Mr Kevin Hill	..	Director, Women & Children's Directorate
Ms Jen Rodgers		Chief Nurse, Paediatrics and Neonates
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Cheryl MacIver	..	Secretariat Officer (Minutes)

			ACTION BY
46.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak & Ms Jane Grant NOTED		
47.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. There were no declarations made. NOTED		
48.	**MINUTES OF THE MEETING HELD 3rd SEPTEMBER 2019**		
	The Committee considered the minute of the meeting which took place on Tuesday 3rd September 2019 [Paper No. CCG(M)19/03] and were content to approve this as an accurate record, subject to the following amendments: Item 37 – Corporate Risk Register Paragraph – 4		

	"Dr McGuire was nominated as the Corporate Lead for the Person Centre Care Risk *and Dr Armstrong for Clinical Quality & Governance"* APPROVED		
49.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/22] and were content to accept the recommendation that 5 actions be closed. AGREED		
b)	**DUTY OF CANDOUR REPORT**		
	Mr Andy Crawford, Head of Clinical Governance advised that the Duty of Candour report had been presented to and approved by the CMT for publication on the website. Previous concerns were raised regarding the inclusion of sensitive information within the report and Mr Crawford confirmed that this issue had been addressed. Members were keen to ensure the organisation maintained a candid approach whilst preserving patient confidentiality. The Committee were fully supportive of the management approach and were assured by the actions taken. NOTED		
50.	**OVERVIEW**		
	Dr McGuire, Nurse Director, provided an overview of topics not included on the agenda. BEST START Dr McGuire advised that following the implementation of the new arrangements for neonatal care, the transfer of babies who were less than 27 weeks was now in place. [redacted] since implementation of the new arrangements. Dr McGuire noted her thanks to the Transport Team and Neonatal Team who liaise with NHS Ayrshire & Arran colleagues on a daily basis and have robust systems in place. Evaluation will take place in due course when data is available. RAH HAI REPORT Dr McGuire advised that all actions were complete on the final improvement plan with the exception of 2 actions linked to environmental issues. These actions were being addressed as a matter of urgency. All risk areas have been completed. A work programme has commenced for further work which requires to be carried out. EHRC CHALLENGE Dr McGuire advised a provisional court date has been set for January 2020. Following advice from Central Legal Office (CLO) and new counsel appointed.		

	NHSGGC will pursue options to settle this matter out of court. Dr McGuire advised there were 2 options identified, those being Community Treatment Orders and Interim Guardianships. Dr McGuire assured the Committee that patients were being cared for in the most appropriate setting. The Committee fully support the Chief Executive and the Corporate Team in continuing to afford patients the best possible clinical care, whilst addressing the ongoing legal challenge. Dr Armstrong, Medical Director, provided an overview of topics not included in the agenda. PRISONS [redacted] Dr Deighan, Deputy Medical Director, was reviewing these cases with the Clinical Director for Glasgow City. Further update would be given in due course. <u>INTERVENTIONAL NEURO RADIOLOGY (INR)</u> Dr Armstrong informed the Committee that a paper had been presented to the Acute Clinical Governance Forum, and would be presented to the Board Clinical Governance Forum and the Clinical and Care Governance Committee in due course. NHSGGC continued to manage Acute patients, with NHS Lothian providing care for elective cases. A meeting with colleagues from NHS Lothian would take place in the coming weeks to discuss ongoing issues. <u>IMMEDIATE ACCESS UNIT</u> Dr Armstrong informed members that a Deanery visit would take place on 4th February 2020. Preparations for the visit were underway. <u>LEVEL 4 ESCALATION</u> Dr Armstrong advised that NHSGGC has been escalated to Stage 4 of the NHS Board Performance Escalation Framework by the Scottish Government. This was in respect of issues relating to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children and communication and engagement with patients and families. The Chair thanked Dr McGuire and Dr Armstrong for the update. <u>NOTED</u>		**Dr Armstrong**
51.	**REVIEW OF CLINICAL QUALITY: QEUH/RAH**		
	The Committee considered the paper 'Internal Review of Quality of Care QEUH/RHC' [Paper No. 19/23] presented by the Medical Director, Dr Jennifer Armstrong and Andy Crawford, Head of Clinical Governance. The review of Clinical Quality, formed part of the overall Internal Review of QEUH/RHC commissioned by the Chief Executive in February 2019. The reports were presented to and reviewed by the Board Clinical Governance Forum and members were satisfied that there were no areas or issues of serious concern evident in the review, and that the prevailing clinical governance arrangements were appropriate in ensuring issues were recognised and resolved. Members were asked to review and comment noting specific changes in the following documents;		

	o No4 Review of Infection Control data against National Performance Standards (minor revision to include 2019 information in table 2) o No7 Review of national services provided in the Royal Hospital for Children where there is an opportunity for external comparisons of the quality of care. o No 9 Addendum 2019 Assurance Review (new addition for approval) o No 0 Summary Report (updated to reflect new changes) Following review of the additional papers, the Committee provided feedback on specific areas of the reports. Whilst members were assured by the information presented, it was agreed that some areas within the reports required additional information to confirm the outcomes of action taken. Appropriate labelling of the tables contained within paper number 7 of the pack was required and as the embedded documents contained within paper number 19/23i – could not be opened, Mrs Mathew would upload these individually to Admin Control for members to review electronically. In addition, Mrs Mathew would circulate the improvement Action Plan following inspection of Inverclyde Royal Hospital in 15th and 16th July 2019 to members by email. In conclusion, members were content to approve the report for onward submission as part of the overall Internal Review to be presented to the NHS Board meeting on the 17th December 2019, subject to refinement of the reports contained within the paper, as discussed. The Committee were assured by the report that NHSGGC had maintained an appropriate set of clinical governance arrangements within services responsible for patient care in QEUH and RHC. NOTED		**Secretary**
52.	**PAEDIATRIC HAEMATOLOGY/ONCOLOGY**		
	Members received a presentation from Dr Scott Davidson, Deputy Medical Director for Acute Services and Dr Iain Kennedy, Consultant in Public Health Medicine. Mr Kevin Hill, Director of Woman & Children's' Directorate and Ms Jen Rodgers, Chief Nurse Paediatrics & Neonates were also in attendance to comment and answer any questions from members. The presentation covered Infection Prevention and Control; Governance and Accountability Framework within NHSGGC; Incident Management Team; definition of outbreak; 2018/2019 incident and actions undertaken; Water Quality and Control; and Patient Engagement, Communication and Whistleblowing. In conclusion, Dr Davidson advised that: • No single source of infection had been found. Infection rates were within range or better than other Boards. • Water related incidents in 2018; a managed response was taken by the organisation through robust monitoring and assurance process. • The organisation continued to seek external advice to help manage incidents and provide independent assurance. • A diligent approach and due process had been followed. • Communications were complex due to individual patient cases and there was limited availability for the organisation to respond. • In respect of whistleblowing, some concerns had not been raised through the correct process.		

	The Chair thanked Dr Davidson, Dr Kennedy, Mr Hill and Ms Rodgers for providing an informative presentation. She invited comments and questions from members. In response to questions from members in respect of the water reports, it was clarified that all actions identified by the 2015, 2017, and 2018 reports, had been completed. Furthermore data was available from 2015 and extensive water sampling was conducted throughout this period. Questions were raised about work being carried out in relation the whistleblowing cases. Dr Davidson confirmed that the outcome of the latest whistleblowing case was awaited however work was underway across the organisation in respect of organisation culture. In addition work was underway within the Microbiology Teams to support relationships and behaviours. The Chief of Medicine and the Director continue to meet with the team on a weekly basis. Dr Armstrong assured members that a vigorous process had been undertaken, with the development of the 27 Point Action Plan. The Plan was shared with the microbiologists who had raised concerns and all of the actions had been completed. The Committee had previously noted concern regarding the relocation of children to the adult hospital during the refurbishment works within RHC and were assured by the work of Dr Davidson and Ms Jen Rodgers to minimise disruption to the children and their families and engagement by the clinical teams. Ms Rodgers noted that a comprehensive piece of work was undertaken following the relocation, including the installation of door locks, the conversion of a room to create a family room and the creation of a play room. Furthermore, a play therapist was also present within the ward. In respect of points raised by member in relation to communication and engagement with families, Ms Rodgers explained the communication with inpatient families including briefings with families and staff on the wards 6a and 4b, following each IMT meeting, with key colleagues present to answer any questions. Communication with outpatient families was more challenging, however there was a commitment to address this in a person-centred way. A closed Facebook Group had been established and this was useful to gain feedback from families. Dr McGuire added that several members of the Executive Team, including herself, the Chairman and the Chief Executive had visited to speak with families and staff. She wished to note appreciation to Ms Rodgers and the wider teams for their efforts to ensure that families received regular communication and answers to their questions. Mr Hill acknowledged the challenges and emphasised that the care of the patients and their families remained the first and foremost priority. He thanked all staff for their efforts and recognised the skills and competence of the clinical teams. In summary, the Committee were content to note the presentation and were fully assured by the information provided. <u>NOTED</u>		

53.	**CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Corporate Risk Register: Additional Clinical Risks' [Paper No. 19/24] presented by the Head of Clinical Governance, Mr Andy Crawford. Members reviewed and requested that the risk below was remitted back to the Audit & Risk Committee. • Failure to Comply with recognised policies and procedures in relation to infection control Members noted the risks, and were satisfied the scope of risks described were correct; that risks and controls were described appropriately; and that the organisation was taking the required action to mitigate the risks. Mr Crawford agreed to remit back to the Risk Management Sub Group of the Audit & Risk Committee to review risk controls taking account of prevailing situation at the RHC. Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the report. **NOTED**		**Mr Crawford**
54.	**PATIENT EXPERIENCE REPORT**		
	The Committee considered a paper 'Patient Experience Report – Quarter 1' [Paper No. 19/25] presented by the Nurse Director, Dr Margaret McGuire. The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman) Investigative Reports and Decision Letters, and feedback opportunities. The report provided an insight as to how complaints, concerns, comments, and feedback were used to bring about improvements in services for patients. It included performance data on complaints and feedback received throughout NHSGGC for the reporting period. It considered complaints received locally, by the Scottish Public Services Ombudsman (SPSO) and detailed information on feedback received from the centrally managed feedback systems operating across NHSGGC. Dr McGuire advised the structure of the report had been redesigned so that reporting on complaints and patient feedback was intertwined, rather than delivered as two separate sections. As the Board was required to report quarterly against the national Complaints Handling Procedure Key Performance Indicators (KPIs), this has largely informed the structure of this report. In summary, the Committee commended an excellent report and noted thanks to the Complaints Team. Members noted the performance and methods used to identify opportunities to bring about service improvements. NOTED		

55.	**BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETINGS**		
	27TH MAY 2019 & 28th October		
	The Committee considered the minute of the Board Clinical Governance Forum meeting of 19th August 2019 [Paper No. BCGF(M)19/04] and 28th October 2019 [Paper No. BCGF(M)19/05]. The Committee were content to note the minute of the meetings. NOTED		
56.	**CLOSING REMARKS AND KEY MESSAGES**		
	Ms Brimelow covered the key messages to the Board including: 1. Internal Review of Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC): Review of Clinical Outcomes 2. Paediatric Haematology/Oncology Presentation 3. Extract from the Clinical Risk Register 4. Patient Experience Report 5. Board Clinical Governance Forum – Minutes of meetings held on 19th August 2019 and 28th October 2019		
57.	**DATE OF NEXT MEETING**		
	Tuesday 3rd March 2019, 1.00pm, Boardroom, JB Russell House, Gartnavel Royal Hospital.		

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

CCG(M) 20/01
Minutes: 01-16

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held in the Boardroom, JB Russell House, on Tuesday 3rd March 2020 at 1.00pm

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Dr Mags McGuire
Dr Donald Lyons	Mr Ian Ritchie (Vice Chair)
Mrs Audrey Thompson	Ms Dorothy McErlean
Dr Jennifer Armstrong	

IN ATTENDANCE

Mr Andy Crawford	..	Head of Clinical Governance
Ms Amanda Mackintosh	..	Deputy Head of Clinical Governance
Mrs Gail Caldwell		Director of Pharmacy (Item 7)
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Cheryl MacIver	..	Secretariat Officer (Minutes)

			ACTION BY
01.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Mr Simon Carr and Ms Elaine Vanhegan. NOTED		
02.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. Dr Lyons declared an interest in respect of the Royal Hospital for Children (RHC) Care Experience and Feedback Report. The Committee were content to note this. NOTED		
03.	**MINUTES OF THE MEETING HELD 3rd SEPTEMBER 2019**		
	The Committee considered the minute of the meeting which took place on Tuesday 10th December 2019 [Paper No. CCG(M)19/05] and were content to approve this as an accurate record, subject to the following amendments: Page 3 Overview Item 50 – amended to:- "*Intermediate* Access Unit"		

	APPROVED		
04.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/01]. It was agreed that the action related to the Queen Elizabeth University Hospital (QEUH) Inspection could be removed as this was included on the agenda. AGREED		**Secretary**
05.	**OVERVIEW**		
	Dr McGuire, Nurse Director, provided an overview of topics not included on the agenda. BEST START Dr McGuire advised that following implementation of the new arrangements for neonatal care, the system continued to work well. [redacted] but as yet no babies had been born. The Neonatal Team continue to liaise with NHS Ayrshire & Arran colleagues and robust systems remain in place. RAH HAI REPORT Dr McGuire advised work was still in progress and all actions were being addressed as a matter of urgency. EHRC CHALLENGE Dr McGuire advised that the Central Legal Office (CLO) were satisfied with progress made and NHSGGC remained on track with ongoing arrangements. There were [redacted] within NHSGGC and Dr McGuire assured members that these patients continued to be cared for in the most appropriate setting. [redacted] Following an incident where an inmate was [redacted], a review of the care of this patient was underway. Significant actions taken in the light of the initial findings included:- • Nurse staffing, recruitment and retention of staff • Nursing Observation, Quality of Care and record keeping Following questions regarding the recent [redacted] within prisons it was advised a formal report would be presented to the Board Clinical Governance Forum. CHILD PROTECTION CASE Following media attention in respect of a child protection case and the investigation of a senior member of staff, Dr McGuire advised that the Court had decided there was not sufficient evidence to pursue a case. [redacted] Continued work was ongoing with the CLO.		**Dr Deighan**

	Dr Armstrong, Medical Director, provided an overview of topics not included in the agenda. INTERVENTIONAL NEURO RADIOLOGY (INR) Dr Armstrong advised that following review changes were being made to the way in which the way patients were followed up. [redacted] had been identified during review period and each [redacted] would be followed up with a formal report by a locum. Recruitment to the service was underway and there were currently 3 post advertised within NHSGGC. The service was currently stable with continued liaison with Edinburgh colleagues. New equipment was being procured for both the Glasgow and Edinburgh service and a business case was being developed in respect of redevelopment of the Glasgow site and this would be presented to the relevant Committee in due course. ASSESSMENT UNIT AT QEUH Following inspection at the Intermediate Assessment Unit within the QEUH, a range of improvements have been put in place. Following discussion, members felt it would be helpful to see what improvements had been made for assurance. It was agreed that the formal report and action plan would be presented at the next meeting. The Chair thanked Dr McGuire and Dr Armstrong for the update. NOTED		**Dr Armstrong**
06.	**SCOTTISH GOVERNMENT LEVEL 4 ESCALATION**		
	Dr Armstrong provided a verbal update of the Level 4 Escalation. She advised a range of meetings in respect of the development plans as part of the escalation to Level 4 of the NHS Boards Performance Framework. A number of sessions had taken place including meetings with non-Executive Directors and Chairs of Committees. She also noted a range of meetings with other stakeholders such as the Chief Executive of Health Improvement Scotland, and meetings with the Oversight Board Chairs with the Chief Executive, as well as meetings with Prof Marion Bain, Prof Craig White and Mr Calum Campbell. The Committee were assured that NHSGGC continued to work in partnership with a range of colleagues to progress the issues in respect of escalation. NOTED		
07.	**SAFE AND EFFECTIVE USE OF MEDICINES IN NHSGGC**		
	The Committee considered the paper 'Safe and Effective Use of Medicines in NHSGGC' [Paper No. 20/01] presented by Ms Gail Caldwell, Director of Pharmacy. The paper provided an overview of the medicines governance arrangements and systems, and initiatives to improve the safe and effective use of medicines across NHSGGC. Ms Caldwell advised that medicines were the most frequent healthcare intervention. The volume of medicines prescribed continued to grow year on		

	year, as does the proportion of patients on multiple medications (polypharmacy). While medicines were effective in treating a variety of conditions they were not without adverse effects and risks. Therefore it was important to ensure systems were in place to support the safe and effective prescribing, supply and administration of medicines and that these systems were continually improved. In addition to the management of clinical risk from medicines NHSGGC must also ensure mitigation of financial risk from the overall growth in medicines use. Ms Caldwell went on to highlight that Controlled Drugs (CDs) were subject to additional legal requirements and the Director of Pharmacy acted as the Board's Accountable Officer for Controlled Drugs. Processes were in place to ensure the safe management, use and destruction of CDs in accordance with legislation. An annual report was submitted to the Board's Clinical Governance Forum to provide assurance on the safe and effective management of Controlled Drugs. She advised electronic prescribing has long been established in primary care settings and in the prescribing of cancer medicines which enabled data on medicines use to be analysed and made available to healthcare professionals to support better decision making, address unjustified variation and make cost efficiencies. Digital developments such as the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system would begin to address this information gap in Acute Services. Following discussion, the Committee were content to note the paper and were assured by the information provided. Members thanked Ms Caldwell for the update. NOTED		
08.	**HEI UNANNOUNCED INSPECTION REPORT – QUEEN ELIZABETH UNIVERCITY HOSPITAL (INCLUDING INSTITUTE OF NEUROLOGICAL SCIENCES AND ROYAL HOSPITAL FOR CHILDREN**		
	The Committee considered the paper 'Unannounced Healthcare Associated Infection (HAI) Inspection QEUH 19th to 21st November 2019 [Paper No. 20/03] presented by the Nurse Director, Dr Mags McGuire. The paper provided an overview of the report received following the inspection and the related Action Plan. It was noted that since the previous inspection, the standard of environmental cleaning had improved in the emergency department and initial assessment unit. It was also noted that a number of domestic staff had been recruited including additional staff to ensure flexibility of domestic cover. Members noted concern in areas in which NHSGGC could perform better, e.g. the Institute of Neurological Sciences (INS) Building. Assurances were given that all recommendations and ongoing work would be addressed. Ms Brimelow thanked Dr McGuire for the update. The Committee were content to note the report. Members commended Dr McGuire and all teams and staff who have been instrumental in improving performance. The Committee were		

	assured that the issues identified and subsequent recommendations would be addressed as a matter of urgency. **NOTED**		
09.	**PATIENT CENTRED CARE – RHC CARE EXPERIENCE & FEEDBACK REPORT**		
	The Committee considered the paper 'Person Centred Care – RHC Care Experience and Feedback Report October 2019 - January 2020' [Paper 20/04], presented by the Nurse Director, Dr McGuire. The paper provided a summary of the range of Patient and Carer Experience Feedback gathered via the Person-Centred Health and Care Team one-to-one conversations between 1 December 2019 – 31 January 2020 in Ward 6A (Haemato-Oncology Day-case and In-patient Ward), Ward 4B (Bone Marrow Transplant), and Ward 3C (Renal), Royal Hospital for Children. A further sixty-five pieces of feedback from Care Opinion and the NHSGGC feedback systems were included in the report, received, between 1 October 2019 - 31 January and 2020. Following discussion, members noted that the collection of feedback had provided specific areas of practice for team reflection, learning and improvement which had already been discussed, and actions were being progressed by teams to take these forward. In summary, the Committee commended the high quality of the report and noted the feedback received. The Committee were assured that feedback was being used to promote learning and develop new ways of working, however acknowledged that further work was required. NOTED		
10.	**PATIENT EXPERIENCE REPORT**		
	The Committee considered a paper 'Patient Experience Report – Quarter 3' [Paper No. 20/05] presented by the Nurse Director, Dr Margaret McGuire. The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman) Investigative Reports and Decision Letters, and feedback opportunities. The report provided an insight as to how complaints, concerns, comments, and feedback were used to bring about improvements in services for patients. It included performance data on complaints and feedback received throughout NHSGGC for the reporting period. It considered complaints received locally, by the Scottish Public Services Ombudsman (SPSO) and detailed information on feedback received from the centrally managed feedback systems operating across NHSGGC. In response to questions from members in relation to the work being done to improve feedback from mental health services, Dr McGuire highlighted that the Chief Nurse, Glasgow City Health and Social Care Partnership (HSCP), was undertaking a significant piece of work to improve this. She acknowledged a number of factors which had an impact on this including unofficial feedback,		

	and custom and practices. Work was required to further promote the use of Care Opinion amongst this patient group. There were comments made in respect of the overall focus of the report on throughput. It was felt that there was not enough emphasis on the outcomes achieved. Furthermore, as the report detailed the percentage of complaints not upheld, it was difficult to ascertain if there had been an improvement or a decline in performance. Greater focus was required on the emerging trends. Dr McGuire clarified that the Annual Report would provide information on the trends. She noted that work was underway as part of the Healthcare Quality Strategy to develop the way in which patients, carers and families were communicated with and to ensure this was in a compassionate, supportive and dignified way. Concerns were raised regarding performance of HSCP complaints and independent contractor complaints. Dr McGuire explained that the management of complaints within HSCP structures differed from that of the Board, as did the process in respect of independent contractor complaints. Mrs Grant assured members that complaints performance was an area considered as part of the HSCP performance reviews. In addition, performance in this area was also routinely reviewed by Integration Joint Boards (IJBs). In summary, the Committee commended an excellent report and noted thanks to the Complaints Team for their efforts. Members were assured by the performance and methods used to identify opportunities to bring about service improvements. The Committee noted that further work was being done in respect of mental health complaints and feedback, and noted that improvement were required in respect of HSCP and independent contractor complaints performance. <u>NOTED</u>		
11.	**NATIONAL SERVICES IN RHC SUMMARY REPORT**		
	The Committee considered a paper 'National Services in RHC Summary Report' [Paper No. 20/06] presented by the Head of Clinical Governance, Mr Andy Crawford. The report provided a summary of an internal review of information relating to the provision and benchmarking of national services provided at Royal Hospital for Children. The report brought together and reconsidered information that was processed through the existing governance arrangements for those national services. It formed part of a larger assurance exercise to confirm that the prevailing governance was satisfactory, that there were no unrecognised concerns about clinical quality and that action was underway where concerns were identified. The overall report was a review of clinical quality, which was commissioned by the Board, as part of the ongoing assessment of the overall situation at the Queen Elizabeth University Hospital and the Royal Hospital for Children. During the process of approving the reports the Board Clinical and Care Governance Committee raised concerns about updates that were incomplete. These reflected a position when the report was initially prepared but as time		

	has elapsed since that point the report need to be updated. The report has now been redrafted. It was reviewed by the Board Clinical Governance Forum who were satisfied that there were no areas or issues of serious concern evident in this report. Discussion took place regarding national services and benchmarking. It was acknowledged that there were some services that provided a national service and did not have a comparable service to benchmark against. Furthermore, the Committee requested that timescales be included within the report to provide additional assurance. In summary, the Committee were content to note the report. The Committee instructed that a further National Benchmarking Activity Report be presented to the Committee in 6 months, which included all benchmarking activity for all national services. NOTED		**Mr Crawford**
12.	**REVIEW OF TERMS OF REFERENCE**		
	The Committee considered the paper 'Review of Terms of Reference' [Paper No. 20/07] presented by the Deputy Head of Board Administration, Mr Graeme Forrester. Members were asked to review the Terms of Reference including the remit of the Committee, as part of the annual review process to ensure the remit remained fit for purpose. Mr Forrester highlighted the proposed minor amendments. It was acknowledged that a number of Short Life Working Groups (SLWGs) had been established in response to the recent escalation, and would consider a number of aspects of corporate governance. As such, there was a likelihood that, the recommendations of these groups, would impact on the remit of some governance committees, including the Finance, Planning and Performance Committee and the Acute Services Committee. As such, it was agreed that it would be prudent to review this again, following the outcomes of the SLWGs. In addition, a number of amendments were suggested by the Committee in respect of: • Declarations of Interest – Amendments were suggested to reflect that interests may be declared, however the member may not necessarily withdraw from discussions. This should be amended in line with Standards Commission guidance. • Amendment to CHP to state this in full – Complaints Handling Procedure • Amendment to the responsibility of Safe Staffing Legislation – to include "and onwards to the Board". • Consideration of patients, families and carers within paragraph 5.1. It was agreed that the above amendments would be made and circulated to members electronically for consideration and approval.		**Mr Forrester**

	NOTED		
13.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Extract from Corporate Risk Register' Paper No. [20/08] presented by the Head of Clinical Governance, Mr Andy Crawford. The Board's Audit and Risk Committee has the responsibility to ensure that there were effective risk management systems in place throughout the organisation. The Clinical and Care Governance Committee must provide assurance on the governance over the risks relating to their remit, confirming that they were being managed appropriately. Discussion took place about deep dives on individual risks. The Committee were content to note the report, and agreed that the Risk Register would be discussed at the next Clinical Care & Governance agenda set meeting, to consider the proposal to undertake a deep dive of an individual risk at each Committee meeting. NOTED		
14.	**BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETING 2nd DECEMBER 2020**		
	The Committee considered the minute of the Board Clinical Governance Forum meeting of 2nd December 2020 [Paper No. BCGF (M) 19/05]. A comment was made in relation to the undertaking of risk assessments in Mental Health. Mr Crawford highlighted that this formed part of a broader system wide issue and as such would be considered at the next meeting of the Board Clinical Governance Forum. The Committee were content to note the minute of the meeting. NOTED		
15.	**CLOSING REMARKS AND KEY MESSAGES**		
	Ms Brimelow covered the key messages to the Board including: 1. Safe and Effective Use of Medicines in NHSGGC 2. HEI Unannounced Inspection Report – Queen Elizabeth University Hospital (including Institute of Neurological Sciences and Royal Hospital for Children 3. Person Centred Care – RHC Care Experience and Feedback Report 4. Patient Experience Report 5. National Service in RHC Summary Report 6. Review of Terms of Reference 7. Extract from Corporate Risk Register 8. Board Clinical Governance Forum – Minutes of meeting held on 2nd December 2019		

16.	**DATE OF NEXT MEETING**		
	Tuesday 2nd June 2020, 1.00pm, Boardroom, JB Russell House, Gartnavel Royal Hospital.		

OFFICIAL SENSITIVE

CCG(M) 20/02
Minutes: 17-33

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Monday 17th August 2020 at 1.15pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Ms Amina Khan
Mr Ian Ritchie (Vice Chair)	Ms Paula Speirs

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Professor John Brown	..	Chairman
Mr Andy Crawford	..	Head of Clinical Governance
Ms Jane Grant	..	Chief Executive
Dr Margaret McGuire	..	Nurse Director
Ms Amanda Mackintosh	..	Deputy Head of Clinical Governance
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Dr Mark Devlin	..	Clinical Director INS & Spinal (Item 8)
Dr Scott Davidson	..	Acute Medical Director (Item 8)
Professor Angela Wallace	..	Executive Director, Infection Prevention & Control (Item 27)
Ms Sandra Devine	..	Associate Nurse Director Infection Control (Item 27)
Professor Julie Brittenden	..	Medical Director, Research & Development (Item 28)
Ms Judith Godden	..	Scientific Officer for Research Ethics (Item 28)
Ms Gillian Duncan	..	Executive Assistant to Chairman
Ms Cheryl MacIver	..	Secretariat Officer (Minutes)

			ACTION BY
17.	**WELCOME AND APOLOGIES**		
	Ms Brimelow welcomed those present to the first meeting of the Clinical and Care Governance Committee to be held which comprised some members joining via video conferencing and a socially distancing gathering of some members within the Boardroom of JB Russell House. Ms Brimelow also welcomed the two newly appointed members to the Committee, Ms Paula Speirs and Ms Amina Khan, following changes to Committee representation. Apologies for absence were intimated on behalf of Ms Audrey Thompson. <u>NOTED</u>		
18.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were declared.		

	NOTED		
19.	**MINUTES OF THE MEETING HELD 3rd March 2020**		
	The Committee considered the minute of the meeting which took place on Tuesday 3rd March 2020 [Paper No. CCG(M)20/01] and were content to approve this as an accurate record, subject to the following amendments: Item 5 Overview – Paragraph 5 - Child Protection Case "*Dr McGuire updated on recent media attention about a senior member of staff in the Child Protection Unit. A family made allegations about this member of staff and have since referred her to the NMC. The NMC investigation is in progress and the Board has provided the information requested. Advice sought from the CLO*." Item 5 Overview – Paragraph 5 – INR Dr Armstrong advised that following review changes were being made to the way in which patients were followed up. "*An audit of INR spanning a period approximately 30 months identified 17 patients who had deceased during this period. The focus was to ascertain whether follow up had been appropriate. The results will be reported at the next meeting"* APPROVED		
20.	**MATTERS ARISING FROM THE MINUTES**		
a)	Item 10 Patient Experience Report – Paragraph 5 "*Concerns were raised regarding performance of HSCP complaints and independent contractors".* Mr Ritchie asked if there was an update available on how HCSP and independent contractor complaints were handled. Dr McGuire, Nurse Director, advised that the HSCP and independent contractors are required to follow the National NHS Complaints Handling Procedure, the same way the Boards are and these are reported to the corporate complaints manager. NOTED		
b)	**ROLLING ACTION LIST**		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/07]. It was agreed that the action relating to SCIs could be removed as this was included on the agenda. It was also agreed the Stroke Improvement Programme Update and the Clinical Governance Terms of Reference could be removed as both had now been circulated to members.		

	Mr Crawford, Head of Clinical Governance, proposed that the National Benchmarking Activity Report be put on the forward planner as the process had been paused during the pandemic. Members were content with this. The Secretary would circulate Terms of Reference to new members. The Secretary would update the Rolling Action List AGREED		**Secretary** **Secretary**
21.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, provided an overview of topics not included on the agenda. This included an update on Best Start, the recent HAI inspections at the Queen Elizabeth University Hospital and Inverclyde Royal Hospital, EHRC, prison healthcare and the current position in care homes. Ms Brimelow thanked Dr McGuire for the update. NOTED		
22.	**CLINICAL GOVERNANCE AND HEALTHCARE QUALITY REPORT**		
	The Committee Considered the paper 'Clinical Governance and Healthcare Quality Report' presented by Mr Andy Crawford, Head of Clinical Governance [Paper 20/08]. The paper provided an overview of the current structures in place for monitoring and reviewing healthcare quality and clinical governance. Mr Crawford advised the report was initially developed to provide assurance that the Board was maintaining responsibility for monitoring and improving the quality of healthcare during the NHS response to the Covid-19 emergency. He advised that as the transition through recovery is made, and the governance structure for the report evolves, so too will the content. Ms Brimelow thanked Mr Crawford for the report and invited comments and questions from members. Ms Khan enquired if a list of abbreviations could be included within the report, Mr Crawford advised that the Clinical Governance Unit would be taking a more proactive role in assuring the content of the report in future and a list of abbreviations would be included. In response to questions from members in relation to INS Surgical Site Infections, Mrs Sandra Devine, Associate Nurse Director, Infection Control, advised that a screening programme had been implemented and ongoing surveillance was being carried out within the INS. In response to a query regarding hospital acquired Covid-19, Mrs Devine explained there was a UK definition which outlined that if a patient had been in hospital for 15 days and developed Covid-19 this would be considered hospital onset. In response to queries regarding adult protection cases, Dr McGuire confirmed there had been an increase in adult protection, child protection and domestic		

	abuse cases. Dr McGuire advised a detailed report on AP1s (adult protections forms) had been produced and close monitoring of the situation was ongoing. Dr McGuire also advised that each of the partnerships reported Child and Adult Protection cases to the Scottish Government on a weekly basis. In response to a Freedom of Information request received regarding pharmacy services, Cllr Bamforth enquired if this was related to a particular drug or prescription. Mr Crawford would follow this up and clarify. In response to questions in relation to the Vale of Leven stroke pathway, Dr Armstrong advised that this would mean that the Scottish Ambulance Service would take any patient with a suspected stroke directly to the Royal Alexandria Hospital Stroke Unit, to avoid any delay in treatment. Dr Armstrong advised that communication was ongoing with the Scottish Ambulance Service in relation to both this and the pathway for paediatric blue light patients. In response to questions related to complaints, Dr McGuire advised the report showed a brief snapshot of performance and a more detailed quarterly report on complaints was on the CCG agenda. Dr McGuire also confirmed that performance over the fortnight period against Stage 2 complaints related to closed complaints. In response to a question relating to governance arrangements, Mr Crawford confirmed that all Governance meetings had now been scheduled and would be taking place within the coming months. During discussion, Members noted that the report was lengthy and contained a great deal of duplicated detail that they were also receiving in different Forums. Members also felt there should be a greater focus on quality improvement as well as quality assurance. However, Members appreciated the report and noted it was in the early stages of development. Mr Crawford thanked members for their comments which he noted and confirmed that the report would be further developed. In summary, the Committee noted the broad reaching report and were assured that appropriate Clinical and Care Governance arrangements during Covid-19 were in place. <u>NOTED</u>		**Mr Crawford**
23.	**CLINICAL AND CARE GOVERNANCE ANNUAL REPORT**		
	The Committee considered the paper 'Clinical and Care Governance Annual Report' [Paper No. 20/01] presented by Mr Andy Crawford, Head of Clinical Governance. Mr Crawford advised that The Annual Report described the maintenance of the Board's clinical governance arrangements, and included a range of examples to illustrate the progress made in improving person centred, effective and safe care. Mr Crawford explained that due to the emergency response to the Covid-19 pandemic, services had been unable to publish their usual individual annual reports. The Committee were content to approve the Annual Report and were assured by the information provided. The report would now be taken to the NHSGGC		

	Board meeting on 25th August 2020 and be made publicly available via the NHSGGC website. APPROVED		**Mr Crawford**
24.	**DUTY OF CANDOUR REPORT**		
	The Committee considered the paper 'Duty of Candour Report' [Paper No. 20/03] presented by Mr Andy Crawford, Head of Clinical Governance. Mr Crawford explained that the Duty of Candour annual report was a legal requirement which follows the nationally agreed template and provides assurance that NHSGGC has followed the Duty of Candour policy and procedures. Following discussion Mr Crawford noted comments received and agreed to update the report accordingly. The Committee were content to approve the Duty of Candour Report with the agreed changes and were assured by the information provided. The report would be embedded within the Clinical Governance Annual Report which would be taken to the NHSGGC Board meeting on 25th August 2020 and made publicly available via the NHSGGC website. Ms Brimelow recorded her thanks to the Clinical Risk team for preparing the report. APPROVED		**Mr Crawford**
25.	**INR UPDATE**		
	Dr Scott Davidson, Deputy Medical Director for Acute Services, and Dr Devlin, Clinical Director INS & Spinal, provided an update on the INR service. [Paper No. 20/10]. Members were informed that an INR review had been completed providing details including procedures and follow up of [redacted] who presented with an acute intracranial vascular issue between [redacted].2016 to [redacted].2018. The review had been led by an independent INR practitioner commissioned through the Chief of Medicine for Regional Services. The report outlined that: • The majority of patients were medically unsuitable for further investigation or treatment and deceased following conservative management or through effects of concomitant medical issues. • None of the patients died while awaiting an INR procedure. Dr Devlin advised that funding approval was being sought to replace the Bi-planar suite and scoping work was underway with Capital Planning around the potential location for a replacement unit. The new location was being considered in line with two bi-planar units being purchased to future proof for the demand that thrombectomy would bring. Members were assured that the service was stable and noted the ongoing plan to recruit additional Consultant staff members. It was also noted that work was underway to review radiology equipment within Glasgow and the Committee noted the conclusion of two audits. The Committee were content to note the report and the progress made to date. NOTED		

26.	**PRISON INCIDENTS UPDATE**		
	Dr Margaret McGuire, Nurse Director, presented the paper Prison Healthcare:Commissioning of Significant Clinical Incidents [Paper 20/11]. The paper described the review of events and procedures following the reporting of prison deaths in the media. In addition a review of procedures to ensure effective integration of Board and Prison practices was also completed. Members asked for assurance that robust measures were in place within prison health care. Dr McGuire advised that significant work was underway between health and prison staff to ensure action and improvement plans were in place across any areas of concerns. Dr McGuire also advised that there had been approval to recruit a Senior Nurse Consultant post and Dr J O'Dowd had recently taken over as lead for Prison Healthcare. Members highlighted three actions where progress had not been recorded in the document and Dr McGuire would follow these up and provide feedback. Members noted the content of the report, however, they asked that the issues they had highlighted be clarified and incorporated into the report. Members also noted that procedures were in place to review prison deaths. <u>NOTED</u>		**Dr McGuire** **Dr McGuire**
27.	**ACHIEVEMENT OF SCOTTISH GOVERNMENT TARGETS FOR HAI**		
	Professor Angela Wallace, Executive Director of Infection Prevention and Control, and Ms Sandra Devine, Interim Infection Control Manager, presented a paper on the Achievement of Scottish Government Targets for Reduction in Healthcare Associated Infections. [Paper 20/12]. Ms Brimelow thanked Professor Wallace for the report and invited comments and questions from members. In relation to a question on SAB figures and cannulas, Ms Devine provided context on the figures reported and advised there were targeted interventions in place in areas where there were higher numbers of SABs. Ms Devine assured Members that work was ongoing to reduce number of SAB's.. Members agreed that it would be helpful to have sight of an analysis of progress. Professor Wallace advised that updates on performance would continue to be produced through the HAIRT report and also advised she would be happy to return to a future Committee meeting to give a more detailed report of process and progress made. The Committee were content to note the report and were assured that there was no evidence of significant risk and were also assured by the ongoing work on invasive procedures to reduce SABs. <u>NOTED</u>		**Prof Wallace**

28.	**RESEARCH & DEVELOPMENT INCLUDING ETHICS**		
	Professor Julie Brittenden, Director of Research and Development, and Ms Judith Godden, Manager and Scientific Officer for Research Ethics, presented the Research and Development report [Paper 20/13] with a focus on ethics. Ms Brimelow thanked Professor Brittenden for the report and invited comments and questions from members. Mr Ritchie thanked Professor Brittenden and Ms Godden for the comprehensive report and commented that the report provided assurance about the ethics systems and that the systems in place worked well throughout the pandemic. In response to a question in relation to the Ethical Advice and Support Group Ms Godden advised that the group had been set up for and during the Covid-19 pandemic, however, Mr Crawford advised that the Scottish Association of Medical Directors were surveying Chief Medical Officers review to determine whether these groups should continue and in what format. Dr Armstrong advised that NHSGGC had found the Group to be helpful and had responded positively to the survey. The Committee were content to note the governance, approvals and regulations under which clinical trials operate within NHSGGC and noted the impact of the Covid-19 pandemic on clinical trial set up and delivery. The Committee also noted the establishment of the Ethical Advice and Support Group and that consideration was being given to the continued running of the Group. Dr Armstrong recorded her thanks to Mr Crawford and Professor Brittenden for setting up the group quickly. <u>NOTED</u>		
29.	**PATIENT EXPERIENCE REPORT**		
	The Committee considered the 'Patient Experience Report – Quarter 4' [Paper No. 20/14] presented by the Nurse Director, Dr Margaret McGuire. The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman) Investigative Reports and Decision Letters, and feedback opportunities. The report provided an insight into how complaints, concerns, comments, and feedback were used to bring about improvements in services for patients. It included performance data on complaints and feedback received throughout NHSGGC during the reporting period. It considered complaints received locally, by the SPSO and detailed information on feedback received from the centrally managed feedback systems operating across NHSGGC.		

	Members asked what actions were being taken to reduce the number of Acute Services complaints not authorised to go beyond 20 days. Dr McGuire advised that considerable work was being undertaken locally. Ms Vanhegan advised that the Complaints Team infrastructure was currently being reviewed and a staff member would be identified to manage these complaints. Dr McGuire also informed members that staff were being encouraged to intervene and resolve complaints at an early stage. In relation to item 3.10 of the report "Primary Care" confirmation was requested about governance and action of primary care complaints. Dr McGuire advised that local HSCP Clinical Governance received complaint reports from primary care representative sat on the Board Clinical Governance meeting. The Committee were content to note the report and performance in Quarter 4. Members noted the actions being taken in regard to complaints not authorised to go over 20 days and also noted concern on the on primary care initial data complaints. NOTED		
30.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Extract from Corporate Risk Register' Paper No. [20/15] presented by the Head of Clinical Governance, Mr Andy Crawford. Mr Crawford explained that Board's Audit and Risk Committee has the responsibility to ensure that there were effective risk management systems in place throughout the organisation. The Clinical and Care Governance Committee must provide assurance on the governance of the risks relating to their remit, confirming that these were being managed appropriately. Mr Crawford advised that the standing sub-committees of the NHS Board each have responsibility for a subset of risks on the Corporate Risk Register. The Corporate Risk Register was modified during the Covid-19 emergency response to better reflect expectations during the ongoing recovery phase. The Committee were content to note the report, and were assured by the information provided on the appropriate identification of risks and mitigating actions. It was also noted that the Extract from the Corporate Risk Register would be a standing item on the agenda for this meeting. NOTED		
31.	**BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETING 2nd DECEMBER 2020**		
	The Committee considered the minute of the Board Clinical Governance Forum meeting of 2nd December 2020 [Paper No. BCGF (M) 19/05]. For the benefit of new members, Mr Andy Crawford, Head of Clinical Governance, explained the remit of the Board Clinical Governance Forum (BCGF). Mr Crawford advised that the BCGF was an executive led forum and		

	members included major service leads from across the Board. He went on to advise that the BCGF was responsible, on behalf of the Chief Executive, for directing the development of policy and establishing decisions on strategic priorities deemed essential to clinical governance and the attainment of NHSGGC's clinical quality aims. The BCGF was also responsible for monitoring progress against the strategic objectives linked to Clinical Governance within NHSGGC. The Committee were content to note the minute of the meeting. <u>NOTED</u>		
32.	**CLOSING REMARKS AND KEY MESSAGES**		
	Ms Brimelow covered the key messages to the Board including: 1. Clinical Governance and Healthcare Quality Report 2. Clinical and Care Governance Annual Report 3. Duty of Candour Report 4. INR Update 5. Achievement of Scottish Government Targets for Reduction in HAI 6. Research & Development Including Ethics 7. Patient Experience Report 8. Extract from Corporate Risk Register 9. Board Clinical Governance Forum – Minutes of Meeting held on 3rd February 2020		
33.	**DATE OF NEXT MEETING**		
	Tuesday 15th October 2020, 2.30pm, Boardroom, JB Russell House, VIA Microsoft Teams		

CCG(M) 20/03
Minutes 34 - 46

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
held on Thursday 15th October 2020 at 2.30 pm
via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Ms Amina Khan
Mr Ian Ritchie (Vice Chair)	Ms Paula Speirs

Dr Jennifer Armstrong	..	Medical Director
Professor John Brown	..	Chairman
Mr Andy Crawford	..	Head of Clinical Governance
Ms Amanda Mackintosh	..	Deputy Head of Clinical Governance
Prof Linda de Caestecker	..	Director of Public Health
Ms Jane Grant	..	Chief Executive
Dr Margaret McGuire	..	Nurse Director
Mr Jonathan Best	..	Chief Operating Officer (for Item 5)
Ms Marie Farrell	..	Director Clyde Sector (for Item 5)
Professor Michael Deighan	..	Royal College of Physicians of Edinburgh
Ms Fiona Aitken	..	Royal College of Physicians of Edinburgh
Dr Brian Digby	..	Consultant - Anaesthesia and Intensive Care Medicine/Deputy Chief of Medicine Clyde (for Item 5)
Dr Lindsay Donaldson	..	Director of Medical Education (for Item 6)
Ms Frances McLinden	..	Director South Sector (for Item 6)
Ms Sandra Blades	..	Lead Nurse for Professional Governance & Regulation (for Item 9)
Ms Donna Hunter	..	Chief Nurse, Head of Service – Public Protection (for Item 10)
Ms Gillian Duncan	..	Secretariat

			ACTION BY
34.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to this meeting of the Clinical and Care Governance Committee which comprised some members joining via video conferencing and a socially distancing gathering of some members within the Boardroom of JB Russell House. Ms Brimelow also welcomed Professor Michael Deighan and Fiona Aitken from the Royal College of Physicians of Edinburgh who would be observing the meeting. Professor Deighan thanked Ms Brimelow for welcoming him to the Committee. He advised that he had been invited by Professor John Brown,		

			ACTION BY
	the Board Chair, to undertake a short review of the Board and its Sub Committee meetings and would be observing a number of meetings as part of this work. Apologies for absence were intimated on behalf of Ms Paula Speirs and Ms Elaine Vanhegan. **NOTED**		
35.	**DECLARATIONS(S) OF INTEREST(S)**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. Ms Amina Khan advised that she was now chairing the East Renfrewshire Clinical and Care Governance Group. Ms Brimelow confirmed that this was not a declaration of interest but asked the Committee to note this. **NOTED**		
36.	**MINUTES OF MEETING HELD 17TH AUGUST 2020**		
	The Committee considered the minute of the meeting which took place on Monday 17th August 2020 [Paper No. CCG(M)20/02] and were content to approve this as an accurate record subject to the following amendments: - Page 2, Item 20(b), Rolling Action List. The second paragraph should read "…Clinical **and Care** Governance **Committee** Terms of Reference…" - Page 6, Item 27, Achievement of Scottish Government Targets for HAI. The final paragraph should read "…there was no evidence of significant risk **to safety**…". - Page 6, Item 28, Research & Development including Ethics. The fourth paragraph should read "…the Scottish Association of Medical Directors were **undertaking a review** with Chief Medical Officers to determine whether these groups should continue and in what format. Dr Armstrong advised that NHSGGC had found the Group to be helpful and had responded positively to **this review**." The minute would be updated to reflect these changes. **APPROVED**		Secretariat
37.	**MATTERS ARISING FROM THE MINUTES**		
	a) Rolling Action List The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/07].		

			ACTION BY
	The Committee were content that the four actions on the list had been completed and could now be closed. Dr Margaret McGuire provided a brief verbal update on the prison work. She advised that the updated report had now been produced and the three actions where progress had not been recorded had now been updated. She advised that two of these had been completed and the third action was currently being reviewed. **NOTED**		Secretariat
	b) Matters Arising <u>Update on proposals for the Clinical Governance and Healthcare Quality Report</u> Mr Andy Crawford, Head of Clinical Governance, provided an update on the work underway to create a bi-monthly Clinical Governance and Healthcare Quality Report Mr Crawford advised that the comments received on the draft report would be discussed at the Board Clinical Governance Forum at the end of October and an example of the report would be brought to the December meeting of the Committee. Mr Ritchie sought assurance about the governance of HSCP complaints and that the lessons learned from these were being appropriately managed. He also queried the low number of complaints that were reported in the HSCPs. Dr McGuire provided assurance that there were clear local reporting processes that worked in partnership with the Board enabling concerns to be fed back and key themes picked up. Dr Armstrong also advised that each GP practice was linked to quality leads in the HSCPs. Dr McGuire noted that that there were also very few Care Opinion posts relating to primary care and she advised that the HSCPs were working with GP practices to encourage patients to use Care Opinion. Dr McGuire and Dr Armstrong would explore this issue further with Dr Kerri Neylon, Clinical Director for Primary Care. Ms Audrey Thomson also said she would feed this issue back to the Area Clinical Forum to encourage all primary care contractors to encourage the use of Care Opinion with. The Committee noted that the revised report would be discussed at the December meeting. **NOTED**		Dr McGuire/ Dr Armstrong

			ACTION BY
38.	**OVERVIEW**		
	Dr Jennifer Armstrong, Medical Director, provided an overview of two topics not included on the agenda. a) <u>ITU Beds at Inverclyde Royal Hospital</u> Dr Brian Digby, Deputy Chief of Medicine Clyde, provided an update to the Committee on the change made to the clinical pathway in Inverclyde Royal Hospital (IRH) to improve quality of care and patient safety by ensuring the population were able to access highly specialised multidisciplinary intensive care at the Queen Elizabeth University Hospital when required. The Committee were aware that concerns had been raised locally and in the media about this change and Dr Armstrong assured the Committee that there would be no changes made to critical care bed numbers or staffing numbers at IRH as a result of this. The Committee acknowledged the opportunity to improve communication with the local community and noted that work was underway to enhance this in future. Mr Jonathan Best, Chief Operating Officer, provided assurance to the Committee that work was underway to improve communication to the local community in future and engagement had also taken place with the local MSP and Councillors in Inverclyde. The Committee welcomed the assurance that this change was to improve access to clinical care and would not have any impact on critical care beds and staffing at the IRH and noted that work was ongoing to improve communication in future. b) <u>COVID-19</u> Dr Armstrong, Medical Director, and Mr Jonathan Best, Chief Operating Officer, provided an update to the Committee on the surge in COVID-19 and the position in the Acute hospitals. Dr Margaret McGuire, Board Nurse Director, also provided an update on the position in care homes. Dr McGuire also updated the Committee on the judicial review of EHRC and advised we were working with the Central Legal Office and to test the interim guardianship model in Glasgow City. **NOTED**		
39.	**INSPECTION OF INTERMEDIATE ASSESSMENT UNIT AT QEUH**		
	The Committee considered the paper Inspection of Intermediate Assessment Unit at QEUH [Paper No. 20/17] presented by Dr Jennifer Armstrong, Medical Director, Dr Lyndsay Donaldson, Director of Medical Education, and Ms Frances McLinden, Director South Sector		

			ACTION BY
	Dr Donaldson provided the Committee with an update on the work outlined in the paper that had been undertaken to improve quality and safety at the Intermediate Assessment Unit (IAU) at the Queen Elizabeth University Hospital (QEUH) following Healthcare Improvement Scotland's recommendations. Dr Armstrong advised that the GMC had subsequently written to the Board to advise that they were content with the progress addressing the safety issues and therefore decided conditions at this stage were not necessary. A revisit was scheduled to take place in 2021. Mr Ritchie acknowledged the work that had been undertaken but asked if this had been completed more quickly because of COVID-19. Dr Donaldson and Dr Armstrong assured the Committee that this work had already been at an advanced stage but acknowledged that the new pathways created by COVID-19 had enabled this to evolve at a quicker pace. Mr Ritchie also asked for reassurance that the changes that had been made would remain in place post COVID-19. Dr Armstrong reassured the Committee that this was the case and the new appointments that had been made were substantive posts. Dr Armstrong also advised that the endpoint described in the paper would be used to measure ongoing progress. In summing up, Ms Brimelow expressed her thanks to all concerned in taking forward this significant change and asked the Committee to note the ongoing actions to support patient safety in the IAU. The Committee was assured by the actions taken, the robust evidence of quality in patient care and the new substantive appointments that had been made. The Committee also noted that COVID-19 had been a catalyst to progress the change at a quicker pace. The Committee agreed that this was a really good example of transformational change and Ms Brimelow thought this might be worth bringing to the attention of the Board at a future Seminar. The Committee also acknowledged the work of Dr Perry and Dr Donaldson advised that he had been nominated by the trainees as an Inspirational Role Model at the NES awards. The Committee agreed that this work should be promoted and that Dr Perry should be thanked personally for taking the time to make this transformational change happen. **NOTED**		
40.	**PATIENT EXPERIENCE REPORT**		
	The Committee considered the paper Patient Experience Report [Paper No. 20/18] presented by Dr Margaret McGuire, Nurse Director.		

			ACTION BY
	Dr McGuire highlighted the key issues in the paper which were that: - The number of complaints had reduced. - The number of second episode complaints had reduced. - The number of SPSO referrals had reduced. Dr McGuire advised that a new Complaints Manager had been appointed and they would be asked to review the management of complaints when they commenced in post. The new Complaints Manager would also review the format of the report taking account of previous comments about producing a more qualitative report with a focus on improvements for this Committee to provide the required assurance. Mr Ritchie welcomed this and also asked for assurance that improving communication was being considered as this had been highlighted previously as a key area for improvement. Dr McGuire acknowledged this and confirmed that this was an area that was being looked at including how this could be embedded in the induction programme for staff. The Committee were content to note the report and were assured that changes would be made to the reporting format when the new Complaints Manager was in post. **NOTED**		
41.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Extract from Corporate Risk Register' Paper No. [20/19] presented by the Head of Clinical Governance, Mr Andy Crawford. Mr Crawford advised that there had been no substantive changes made to the Risk Register since the Committee last met as there had been a shorter time between meetings. However, this would be updated following the Board Clinical Governance Forum meeting on 26th October 2020 and brought back to the next meeting of the Clinical and Care Governance Committee. The following verbal updates were noted: - Dr Armstrong advised that the work on HEPMA was being led by Ms Gail Caldwell, Director of Pharmacy, and Mr William Edwards, Director of eHealth. The timing of the rollout of this work was currently being considered but was expected to be early in 2021. - Ms Brimelow advised that SABS would be discussed in more detail at the next meeting of the Committee as Ms Angela Wallace would be attending. - It was noted that the GP Out of Hours risk was not a matter for the Clinical and Care Governance Committee. Ms Grant would ensure		

			ACTION BY
	that this was transferred to the Finance, Planning and Performance Committee Risk Register. Ms Brimelow asked for clarification on the risks that stayed on the register indefinitely and Mr Crawford would produce paper explaining "tolerated risks" for the Committee. The Committee was content to note the Register and the three areas outlined above which would be refreshed. **NOTED**		Mr Crawford
42.	**HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 UPDATE**		
	The Committee considered the paper 'Health and Care (Staffing) (Scotland) Act 2019 Update' [Paper No. 20/20] presented by Dr Margaret McGuire, Nurse Director, and Ms Sandra Blades, Lead Nurse for Professional Governance & Regulation. Ms Blades updated the Committee on the work underway by the NMAHP Directorate in preparation for the Health and Care Staffing (Scotland) Act 2019. Ms Blades advised that the implementation of the Act had been paused nationally due to COVID-19 and direction was awaited from the Scottish Government on reinstating this work. She advised that the Act was now due to be implemented in March 2021. Ms Thomson advised that the Act had been discussed at the recent Area Clinical Forum. The impact on staff groups had been raised at the Forum and further discussion on this would take place early in the new year. Ms Brimelow asked if the requirement for workforce plans would extend to care homes. Ms Blades advised that this was a national process. Ms McGuire advised there was work underway with care homes to highlight any areas which raised cause for concern, for example, use of agency staff and high sickness levels. The Committee welcomed the update and noted that this work had been paused nationally due to COVID-19 and was now due to be implemented in March 2021. The Committee were assured by the work underway in NHSGGC to ensure that the obligations under the Act were met. **NOTED**		
43.	**PUBLIC PROTECTION UPDATE**		
	The Committee considered the paper 'Public Protection Update' [Paper No. 20/21] presented by Dr Margaret McGuire, Nurse Director, and Ms Donna Hunter, Chief Nurse, Head of Service - Public Protection.		

			ACTION BY
	Ms Hunter updated the Committee on the work to combine Child Protection and Adult support and Protection into a single Public Protection Service. Ms Hunter advised that staff continued to access Adult Support and Protection training and a number of staff were being supported to complete the Post Graduate Certificate in Adult Support and Protection which would enable them to provide Public Protection advice and support. Ms Hunter advised that consideration was also being given to strengthening this combined approach by recruiting a new Public Protection Lead Nurse. Mr Ritchie expressed concern about the length of time which was being taken to complete some of the SCIs. Ms Hunter explained that there were a number of reasons for this including legal process and the availability of appropriate multi-disciplinary and multi-agency staff but further assurance on the process could be provided in future. Mr Ritchie and Ms Khan asked for assurance HSCP cases and how these were reported into the wider organisation. Dr McGuire advised on the local acute and HSCP governance processes and committees which reports to a multi-agency Chief Officer Group in each Local Authority. Either she or a senior member of the Public Protection Unit attended these on behalf of NHSGGC. The NHSGGC Public Protection Committee met quarterly and Professor de Caestecker was assured that key learning was identified and shared across the organisation. Ms Brimelow asked for the governance of this to be clarified in future reports to the Committee. The Committee noted the work that was ongoing to streamline reporting systems to bring child protection and Adult Support and Protection together and that the appointment of a Lead Nurse was being considered. The Committee also noted the delay in SAERs and asked for more assurance on the process. The Committee were also asked to record a concern raised by Cllr Bamforth that AP1s were less than anticipated over the last few months. **NOTED**		
44.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS: 30TH JULY 2020**		
	The Committee considered the minute of the Board Clinical Governance Forum meeting of 30th July 2020 [Paper No. BCGF (M) 120/03]. In order to ensure that robust reports were provided to the Committee, Ms Brimelow asked if future meetings could be scheduled to take place following the Clinical Governance Forum. It was noted that the Secretariat were in the process of setting future Board and Committee dates and this had been taken into account.		Secretariat

			ACTION BY
	NOTED		
45.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Ms Brimelow thanked Committee members and those presenting papers for the constructive discussion and provided a brief overview of the key messages that would be reflected in the minute. Ms Brimelow asked Committee Members for their feedback on how helpful had found this meeting of the Committee and the papers that had been circulated. Committee members provided positive feedback.		
46.	**DATE OF NEXT MEETING**		
	The next meeting would take place on Tuesday 1st December 2020 at 1.00pm, via Microsoft Teams.		

CCG(M) 20/034
Minutes 47 - 59

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
held on Tuesday 1st December 2020 at 1.30 pm
via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Ms Amina Khan
Mr Ian Ritchie (Vice Chair)	Ms Paula Speirs
Ms Audrey Thompson	

Dr Jennifer Armstrong	..	Medical Director
Professor John Brown	..	Chairman
Ms Gail Caldwell	..	Interim Lead for Clinical Governance
Dr Scott Davidson	..	Deputy Medical Director
Ms Sandra Devine	..	Interim Executive Director of Infection Prevention and Control
Ms Jane Grant	..	Chief Executive
Ms Jennifer Haynes	..	Corporate Services Manager - Governance
Dr Margaret McGuire	..	Nurse Director
Dr Alistair Leanord	..	Consultant Microbiologist
Ms Amanda Mackintosh	..	Deputy Head of Clinical Governance
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Ms Gillian Duncan	..	Secretariat

			ACTION BY
47.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to this meeting of the Clinical and Care Governance Committee which she was chairing remotely via MS Teams. Ms Brimelow welcomed Ms Gail Caldwell who was attending in her new role as Interim Lead for Clinical Governance and Ms Amanda Mackintosh, Deputy Head of Clinical Governance. She also welcomed Ms Jennifer Haynes, Corporate Services Manager - Governance, who was observing the meeting. Apologies for absence were intimated on behalf of Professor Linda de Caestecker and Dame Anna Dominiczak. **NOTED**		
48.	**DECLARATIONS(S) OF INTEREST(S)**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		

			ACTION BY
49.	**MINUTES OF MEETING HELD ON 15TH OCTOBER 2020**		
	The Committee considered the minute of the meeting which took place on Thursday 15th October 2020 [Paper No. CCG(M)20/03] and were content to approve this as an accurate record subject to the following amendments: - Ms Paula Speirs should be removed from the attendance list as her apologies had been submitted. - Ms Audrey Thomson should be added to the attendance list. The minute would be updated to reflect these changes. **APPROVED**		Secretariat
50.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/21]. It was agreed that the update on Care Opinion should remain on the Rolling Action List as this update would be provided as part of the Patient Experience report which was due to go the Committee in March 2021. In the meantime, however, Dr Margaret McGuire, Nurse Director, advised that following the discussion at the previous meeting she had spoken with Dr Kerri Neylon, Clinical Director for Primary Care, about encouraging the use of Care Opinion by GP contractors and patients. Ms Thomson confirmed that she had also fed this back to the Area Clinical Forum. The Risk Register was being discussed at Item 9 on the agenda and the Committee were content to close this item. There were no matters arising that were not on the agenda. **APPROVED**		Secretariat
51.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the following topics not included on the agenda. Dr McGuire outlined the work that was ongoing with Care Homes and advised that work was also underway with the Care Inspectorate to provide support to individual Care Homes as required. Dr McGuire provided an update on the EHRC proceedings in relation to adults with incapacity and the Committee noted that the issues raised in the judicial review had now been resolved.		

			ACTION BY
	Dr Armstrong updated the Committee on the position in respect of thrombolysis services. A paper on this would come to the Committee in March 2021. Dr Armstrong also advised the Committee that the Flow Navigation Hub at the Queen Elizabeth University Hospital, which was part of the new national model for unscheduled care, had launched that morning. The Committee noted these updates. **NOTED**		Dr Armstrong
52.	**CLINICAL GOVERNANCE AND HEALTHCARE QUALITY REPORT**		
	The Committee considered the paper Clinical Governance and Healthcare Quality Report [Paper No. 20/22] presented by Ms Gail Caldwell, Interim Lead for Clinical Governance, and Ms Amanda Macintosh, Deputy Head of Clinical Governance. Ms Caldwell advised that this was an integrated report which brought together clinical governance and healthcare quality and had been developed from reports that had been produced during the COVID-19 response to provide assurance that the responsibility for monitoring and improving healthcare quality was being maintained. The Committee were asked to consider maintaining this report as part of ongoing governance arrangements. Ms Caldwell advised that the document was currently in development and asked the Committee for feedback on content and quality to shape the final report. Professor Brown asked for clarification on where the Scottish Patient Safety Programme linked into this report. Dr Armstrong said that the Scottish Patient Safety Programme had changed at a national level but agreed that the patient safety work that was ongoing in NHSGGC should be included in this report. Professor Brown also asked for assurance that Serious Adverse Events Reviews (SAERs) were managed consistently across the Board. Dr Armstrong provided reassurance that there was a recent update of the board wide SAERs policy across GGC with the expectation that the guidance was consistently applied across Acute, Mental Health and Primary Care and reported to the Board's Clinical Governance Forum. A review of SAERs may be undertaken in due course given the new policy. Many of the reports reviewed the process of SAERs across these sectors. Ms Caldwell would ensure that was made clearer in the next version of the report. Professor Brown also asked for clarity on the complaints figures included in the report and Ms Vanhegan explained that the complaints figures had not followed the usual trajectory due to the pandemic. She agreed that it was important that learning and trends for complaints were included in the report.		

			ACTION BY
	There was discussion on how detailed the information included in the report should be and it was important that the right balance needed to be struck. Dr Armstrong said that this report should focus on how care was provided, was it matching demands and providing assurance that services were effective. Cllr Bamforth asked if there were any issues related to Brexit and prescribing and Ms Caldwell reassured the Committee work was ongoing across the Board on the potential impact of Brexit w. Ms Caldwell explained that the report would be in a cycle with the Clinical Governance Forum to keep the Committee up-to-date. A more detailed piece of work was being undertaken and she would bring the revised version of the report to the next meeting of the Committee. The Committee were content to note the report acknowledging that further work on the format and content would be undertaken and Ms Brimelow thanked the Committee for their comments which would be used to inform the detail of the report. **NOTED**		Ms Caldwell
53.	**ACHIEVEMENT OF SCOTTISH GOVERNMENT TARGETS FOR REDUCTION OF HEALTHCARE ASSOCIATED INFECTION (HAI)**		
	The Committee considered the paper Achievement of Scottish Government Targets for Reduction in HEI [Paper No. 20/23] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control, Dr Scott Davidson, Deputy Medical Director, and Dr Alistair Leanord, Consultant Microbiologist. The paper described NHS Greater Glasgow and Clyde's progress in achieving the Scottish Government standards for reducing Healthcare Associated Infection. Ms Devine outlined the three areas that the targets were focused on which were a reduction in C.difficile, E.coli bacteraemia and S.aureus bacteraema (SAB) and provided an update to the Committee on the work that was ongoing to meet these targets. The Committee were asked to note in particular the good progress that had been made on the C.difficile target. Ms Devine also advised that an Improvement Collaborative had been set up which would give a multidisciplinary focus to identify barriers to compliance, improvement methodology and provide support to the Infection Control team. The Committee was encouraged to hear this and said that they would welcome a report on the work of the Improvement Collaborative in due course. The Committee were assured by the work that was ongoing to meet these targets and noted that a report on the work of the Improvement Collaborative would be provided in six months. **NOTED**		Ms Devine

			ACTION BY
54.	**INFECTION PREVENTION AND CONTROL MANAGEMENT COVID-19**		
	The Committee considered the paper Infection Prevention and Control Management COVID-19 [Paper No. 20/24] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control. Ms Devine said that the paper provided a briefing to the Committee on the current position in regards to the COVID-19 pandemic and the impact of the second wave across NHSGGC hospitals and within Care Homes. The report also outlined the actions and approaches being taken by the Infection Control team. Dr Leanord assured the Committee that learning from the first wave of the pandemic had enabled the Infection Control team to take a proactive approach to managing patients, services and transmission during this second wave Dr Armstrong and Dr Davidson provided further reassurance that critical care and ICU capacity was also being managed proactively with daily discussions taking place across the Board. Professor Brown asked about winter planning arrangements and also whether guidance had been received from the Scottish Government on screening and outbreak management. Dr Armstrong confirmed that there was a letter being finalised for submission to Mr John Connaghan, Interim Chief Executive of NHS Scotland, which outlined the planning over the winter months. Ms Devine confirmed that staff screening guidance had now been received from the Scottish Government and advised that the outbreak management guidance was in the process of being finalised. Dr Leonard assured the Committee that staff screening was being undertaken as advised by the Scottish Government. Professor Brown thought it would be helpful if the Healthcare Associated Infection Reporting Template (HAIRT) report could come to this Committee as a regular item. Dr Armstrong outlined the governance around the HAIRT report and said that she would explore the logistics of including this Committee in this. Dr McGuire updated the Committee on the current position in Care Homes. She confirmed that the Board Nurse Director had responsibility for leadership and support of Care Homes since May 2020 and outlined the work that had been underway since then. She advised that further resources for this work had been agreed with a Lead Nurse and three Senior Infection Control Nurse posts being advertised. Professor Brown asked for assurance that Care Home governance was appropriate. Dr McGuire advised meetings every week with key staff, one of which included Care Home commissioners. Ms Grant advised that the development of the Care Home hub model had been signed off which would built in greater knowledge and resilience and she commended the team for achieving this.		Dr Armstrong

			ACTION BY
	Ms Brimelow asked about the key local and national challenges set out in the paper and was reassured that work was underway on these through the Acute Tactical Group. Ms Brimelow thanked Ms Devine for an excellent paper which had allowed a full and frank discussion by the Committee. Mr Ritchie also asked for the Committee's thanks to be recorded to Ms Devine and her team for the huge amount of work that was ongoing in this area. The Committee were reassured by the actions being taken to mitigate risk and noted the proposed developments moving forward. **NOTED**		
55.	**Corporate Risk Register**		
a)	Extract from the Corporate Risk Register The Committee considered the paper Extract from the Corporate Risk Register [Paper No. 20/25] presented by Mr Michael Gillman, Financial Governance Manager. Mr Gillman reminded Members that all Standing Committees had a responsibility to ensure that the risks remitted to them were accurate and being managed appropriately. He asked the Committee to note the Clinical and Care Governance Committee risk overview and raise any concerns or points of clarification. The Committee were content with the overview and Ms Brimelow advised that she would refer to the risk register when setting the agenda for future meetings of the Committee. **NOTED**		
b)	Risk Register Process The Committee considered the paper Risk Register Process [Paper No. 20/26] presented by Mr Michael Gillman, Financial Governance Manager. The Committee also noted that an exercise was in progress to carry out a full review of the Corporate Risk Register. There were a number of comments on the risk register process paper which explained how risks were identified, managed and allocated to the Committees. However, it was acknowledged the appropriate place for these discussions was at the Audit and Risk Committee. The Committee also noted that this would also be discussed as part of the Assurance Framework that was being developed and Ms Vanhegan would discuss this separately with Mr Gillman and the Board Non-Executive Directors.		

			ACTION BY
	The Committee were content to note that this review was being taken forward. **NOTED**		
56.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS:**		
a)	Approved minute of Board Clinical Governance Forum Meeting of 30th July 2020 The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 30th July 2020 [Paper No. BCGF(M)20/07]. The draft minute had been considered by the previous meeting of the Committee and Members were content to note the ratified minute. **NOTED**		
57.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and she provided a brief overview of the key messages that would be reflected in the minute which were: - An update on the EHRC proceedings in relation to adults with incapacity and the resolution of the issues raised in the judicial review.. - An update on the position in respect of thrombolysis. - Further work on the format and content of the Clinical Governance and Healthcare Quality report would be undertaken. - NHSGGC's progress in achieving the Scottish Government standards for reducing Healthcare Associated Infection and the setting-up of an Improvement Collaborative. - The current position in regards to the COVID-19 pandemic and its impact across NHSGGC and within Care Homes, the actions being taken to mitigate risk and the proposed developments moving forward. - The extract from Corporate Risk Register relating to the Clinical and Care Governance Committee was noted and an exercise was in progress to carry out a full review of the Corporate Risk Register.		
58.	**SCHEDULE OF MEETINGS 2021/22**		
	The Committee noted the Schedule of Meetings 2021/22 [Paper No. 20/26]. **NOTED**		

			ACTION BY
59.	**DATE OF NEXT MEETING**		
	The next meeting would take place on Tuesday 2nd March 2021 at 1.30pm, via MS Teams.		

CCG(M) 21/01
Minutes 01 - 14

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Tuesday 8 June 2021 at 1.30 pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Professor John Brown
Ms Jane Grant	Ms Amina Khan
Mr Ian Ritchie (Vice Chair)	Dr Paul Ryan
Ms Audrey Thompson	Ms Paula Speirs

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Gail Caldwell	..	Director of Pharmacy
Ms Sandra Devine	..	Acting Infection Control Manager
Dr Chris Deighan	..	Deputy Medical Director Corporate Services
Ms Gillian Duncan	..	Secretariat
Ms Jennifer Haynes	..	Corporate Services Manager – Governance
Ms Natalia Hedo	..	Business Manager – Infection Control
Dr Margaret McGuire	..	Nurse Director
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
1.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to this meeting of the Clinical and Care Governance Committee which she was chairing remotely via MS Teams. Ms Brimelow advised that there was a full agenda for the meeting today as the Committee had not met since December 2020 due to the revised governance arrangements as part of the response to the COVID-19 pandemic. Ms Brimelow welcomed Dr Paul Ryan who had joined the Board of NHSGGC as a new Non Executive Member on 1 June 2021. Ms		

			ACTION BY
	Brimelow also welcomed Ms Geraldine Jordan who had been appointed Director of Clinical and Care Governance. Ms Brimelow also welcomed Ms Natalia Hedo who would be observing the Committee. Ms Hedo had recently been appointed Business Manager in Infection Prevention and Control. Ms Brimelow advised that Professor Iain McInnes had joined the NHS Board, replacing Professor Dame Anna Domiczak, and Professor McInnes would also become a member of the Committee. Apologies for absence were intimated on behalf of Professor McInnes. **NOTED**		
2.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
3.	**MINUTES OF MEETING HELD ON 1 DECEMBER 2020**		
	Ms Brimelow reminded the Committee that the minutes of the meeting held on 1 December 2020 [Paper No. CCG(M)20/04] had been approved previously by email during the revised governance period. The Committee were content to note the minutes. **NOTED**		
4.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/01]. The Committee were content to close the items noted on the Rolling Action List.		

			ACTION BY
	Ms Brimelow said that there had been a discussion at the recent Acute Services Committee regarding the Flow Navigation Hub and asked how the quality of unscheduled care would be assessed. Dr Armstrong reported that the Flow Navigation Hub was working well. She advised that number of clinical pathways had been introduced and paediatrics had also recently come on stream. She said that this was phased approach that would develop over time and she would keep the Committee updated on arrangements for the full roll out. A national publicity campaign would also be launched. It was agreed that a paper on the quality and safety of unscheduled care through the Flow Navigation Hub would come to a future meeting of the Committee. There were no further matters arising that were not on the agenda. **NOTED**		Dr Armstrong
5.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the following topics not included on the agenda: - Prison healthcare. - Child protection referrals. - SPSO cases. - Duty of Candour process for COVID-19. Ms Brimelow thanked Dr McGuire and Dr Armstrong for their updates and advised that she was reassured by the work underway in these areas. **NOTED**		
6.	**CARE OPINION/PATIENT EXPERIENCE**		
	The Committee considered the Care Opinion/Patient Experience Report [Paper No. 21/02] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire said that the paper provided an overview of the performance and activity related to patient experience for Quarter 4 of 2020/21 – 1 January to 31 March 2021. This included performance against key targets, areas of service improvement		

			ACTION BY
	and key themes. She advised that the format of the paper was still being developed and asked the Committee for their views on this. It was agreed that it would be useful for a comparison with the previous quarter to be included in the report. Dr McGuire agreed and said it would also be good to look at the trends over a longer period of times as COVID-19 would have impacted on recent data. Dr McGuire reported that a small group was being set up to look at how complaints were managed within primary care and how best to engage primary care teams. She advised that she had also discussed how to increase the use of Care Opinion in primary care with Dr Kerri Neylon, Deputy Medical Director for Primary Care, and Ms Lorna Kelly, Acting Director of Primary Care. The Committee supported the steps being made towards encouraging good patient feedback in primary care. They were keen to see the rollout of Care Opinion and welcomed assurance that funding for this was being explored to ensure that this would not be a barrier to implementation. Dr McGuire agreed that it was important to encourage and support the use of Care Opinion across all settings and confirmed that this work was looking at all independent practitioners, not just primary care. In response to a query about cross-system learning, Dr McGuire advised that the key messages from SPSO cases were shared with all senior groups. She also confirmed that the handling of complaints was reviewed where this had been raised as a concern by the SPSO. The Committee agreed that it would be helpful if the report could include more qualitative data, particularly around demonstrating improvements and learning as well as an improved Stage 2 complaints response timeline. Dr McGuire thanked the Committee for their comments and said these would be taken on board for the next quarter. **NOTED**		Dr McGuire
7.	**CLINICAL GOVERNANCE HEALTHCARE QUALITY REPORT**		
	The Committee considered the Clinical Governance Healthcare Quality Report [Paper 21/03] presented by Ms Geraldine Jordon, Director of Clinical and Care Governance.		

			ACTION BY
	Ms Jordan advised that this was the second report that integrated healthcare quality and clinical governance and she highlighted the key updates and successes outlined in the report. Ms Brimelow thanked Ms Jordan for the comprehensive update and asked the Committee to provide feedback on the report. In response to a query about the governance around the Queen Elizabeth University Hospital (QEUH)/Royal Hospital for Children (RHC) Oversight Board and Case Note Review papers that had been published on 22nd March 2021, Mrs Jane Grant, Chief Executive, advised the Committee that the Scottish Government had established the Advice, Assurance and Review (AARG) Group which replaced the Oversight Board Structure. The first meeting had taken place on 7 June 2021 chaired by Professor Amanda Croft, Chief Nurse, Scottish Government, and had received the Board's detailed Action Plan. She advised that the AARG had provided positive feedback on the Action Plan and the work that was underway. This would be presented to the Finance, Planning and Performance Committee on 15 June 2021 as the overarching governance Committee for this work. There was a question about the increase in Child Protection and Adult Support and Protection referrals due to the COVID-19 pandemic. Dr McGuire acknowledged that there was an increase in referrals as we came out of the pandemic and acknowledged that this was a significant amount of work. She said that health was working closely with the HSCP Chief Officers on this. In response to a comment, Dr Armstrong agreed that it would be helpful to include more information in the report on risks and clinical guidelines and Ms Jordan advised that she would review the balance of risk against key successes for future reports. Ms Jordan would also look at any areas where further explanation of the terms and acronyms used would be beneficial. There was a query about Significant Adverse Case Reviews (SAERs) and whether it would be helpful to provide a trend analysis of the percentage completed. Dr Armstrong acknowledged that completing SAERs had been challenging during COVID-19, however, she reassured the Committee that new processes had been introduced to strengthen this. In response to a query about new initiatives that had been introduced due to COVID-19, Dr McGuire said that virtual visiting had been very successful as had Near Me and virtual consultations. She said that work was underway to evaluate and continue these initiatives post COVID-19.		Ms Jordan

			ACTION BY
	In response to a query about the supply of medicines, Dr Armstrong said that there had been some challenges in critical care at the beginning of the second wave but initiatives had been put in place that had helped to mitigate this, such as arrangements to contact other Boards and increasing storage capacity. In response to a query about risk, the Committee noted that Azets were working on this and the Committee would receive a clearer focus on what risks were the responsibility of the Committee at its next meeting. The Committee were assured that there was a considerable amount of work ongoing on at all levels and were content that the report format was improving. It was noted that future reports would take on board the points made. The Committee also noted that the Duty of Candour and Consent policies were in the process of being reviewed. Ms Brimelow thanked the Committee for their helpful feedback. **NOTED**		
8.	**THROMBOLYSIS AND THROMBECTOMY SERVICES**		
	The Committee considered the paper Thrombolysis and Thrombectomy Services [Paper No. 21/04] presented by Dr Jennifer Armstrong, Medical Director, and Dr Chris Deighan, Deputy Medical Director. Dr Armstrong and Dr Deighan asked the Committee to note the update on the work of the Board's Stroke Improvement Programme to improve performance in NHSGGC. Dr Deighan briefly highlighted the main areas in the paper and provided an update on the current status. He advised that the paper would be discussed by the Stroke Improvement Group by the end of June 2021. Dr Deighan advised that an extensive communications plan for thrombolysis had been developed and agreed with the Scottish Government and wide engagement would take pace. Dr Armstrong provided reassurance that the Scottish Government had been fully updated on stroke pathways in NHSGGC. In response to a query about telemedicine, Dr Deighan advised that the telemedicine model was the standard used nationally and		

			ACTION BY
	that there had been discussions with other Boards to learn from their experience of using telemedicine. Dr Armstrong advised that there were now three Interventional Neuroradiologists in NHSGGC and it was planned to look at attracting trainees to grow the talent and ensure we were in good stead going forward. The Committee were content to note the update on thrombolysis and thrombectomy and further updates would come to a future meeting of the Committee. **NOTED**		Dr Armstrong
9.	**HEALTHCARE ASSOCIATED INFECTION**		
a)	**Healthcare Associated Infection Reporting Template (HAIRT)** The Committee considered the paper Healthcare Associated Infection Reporting Template [Paper No. 21/05] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control. Ms Devine presented the HAIRTs for March and April 2021 and asked the Committee to note the progress made against the Annual Operating Plan (AOP) targets for Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemias (ECB) and other Key Performance Indicators for Infection Prevention and Control. Ms Devine reported performance against the three targets and advised that further improvement work was underway to reduce the number of ECBs. She noted that all CDIs were antibiotic related and no clusters had been identified during March or April. Ms Devine advised that the Infection Control Improvement Collaborative was working well in providing support and looking at different approaches. Ms Devine advised that the hand hygiene compliance rate had exceeded 97% over the two months. She advised that Surgical Site Infection (SSI) rates were within normal control. She advised that national reporting had not recommenced but NHSGGC had continued to report.		

			ACTION BY
	In response to a query about two specific areas in the reports, Ms Devine provided assurance that all incidents were analysed to look for any areas of concern and potential clusters. The Committee were reassured by Ms Devine's clarification of the action taken in response to these. Ms Devine confirmed that a summary version of the HAIRT was being finalised to go to the NHS Board Meeting on 29th June 2021 and this would make it clear that the full HAIRT had been considered by the Committee. The Committee noted the progress and the good work around the Infection Control Collaborative. The Committee were assured by the improved position and the response to any incidents. **NOTED**		Ms Devine
b)	**SBAR Action Plan** The Committee considered the paper SBAR Action Plan [Paper No. 21/06] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control. Ms Devine advised that the Action Plan had initially been presented to the Committee at the end of 2017 and had been continuously updated since then. The QEUH/RHC Oversight Board report had recommended that a further update of the Action Plan be reviewed and approved by the Clinical and Care Governance. Ms Devine highlighted the key points from the Action Plan and advised that all actions had been completed apart from one that was not technically possible. It was agreed that some additional wording would be included in three sections of the action plan to provide further assurance and clarity and Dr Armstrong and Ms Devine would work with Mr Tom Steele, Director of Estates and Facilities, to update these sections. This would then be reviewed by the Chair and Vice Chair who would provide assurance on behalf of the Committee. Following approval, Mrs Grant would discuss this with Ms Amanda Croft, Chief Nursing Officer, at the Scottish Government to ensure that the Scottish Government had oversight this.		Dr Armstrong/ Ms Devine

			ACTION BY
	The Committee recognised that this was the culmination of an immense amount of work in difficult circumstances and thanked everyone involved for their work on this. The Committee noted that work was ongoing with the Health and Safety Executive regarding the notice of contravention. **APPROVED**		
10.	**BOARD SUPPORT FOR CARE HOMES**		
	The Committee considered the paper Board Support for Care Homes [Paper 21/07] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire advised that the paper provided an update to the Committee in relation to Care Home Activity. She said that moving forward, the Board would continue to have responsibility for Care Homes. She said that there this was a positive report as there had been a considerable amount of improvements undertaken but accepted that there was still a great deal of work to be done. Dr McGuire also advised that the Care Home Hub model was being developed to provide a cohesive safe and high quality approach to supporting Care Homes proactively and responding to issues as they arose. Ms Brimelow thanked Dr McGuire for the update. She said that there was a lot of helpful information in the report and noted the continued support being provided to Care Homes. The Committee was content to note the report and the continued support of the Nurse Director and colleagues to Care Homes. **NOTED**		
11.	**CORPORATE RISK REGISTER**		
	Dr Armstrong provided a verbal update on the work that was currently underway to refresh the Board's Corporate Risk Register. Professor Brown advised that Azets were reviewing the Corporate Risk Register and this would be approved by the NHS Board in June. Following this, each Committee would be given their individual risks for scrutiny before going to the NHS Board in October.		

			ACTION BY
	Ms Brimelow said that she welcomed the review of the Corporate Risk Register and the next meeting would spend some time reviewing this. The Committee was content to note the review of the Corporate Risk Register. **NOTED**		
12.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS**		
a)	**Approved minute of Board Clinical Governance Forum Meeting of 14 December 2020** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 14 December 2020 [Paper No. BCGF(M)20/09]. **NOTED**		
b)	**Approved minute of Board Clinical Governance Forum Meeting of 1 February 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 1 February 2021 [Paper No. BCGF(M)21/01]. **NOTED**		
c)	**Approved minute of Board Clinical Governance Forum Meeting of 12 April 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 12 April 2021 [Paper No. BCGF(M)21/02]. **NOTED**		
13.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and she provided a brief overview of the key messages that would be reflected in the minute which were:		

			ACTION BY
	- The Flow Navigation Hub at the QEUH had been discussed and a paper on the quality of care and Out of Hours would come to a future meeting. - The Committee were content to note the Care Opinion/Patient Experience Report and were assured that this would include more qualitative detail in future as well as cross-system learning and the impact of this. The Committee recorded that it would be helpful to see further information on improvements and learning, as well as an improved Stage 2 complaints response timeline. The Committee also noted that work was underway to encourage improved patient feedback in primary care. - The Committee noted the Clinical Governance Healthcare Quality Report and were assured that there was a considerable amount of work ongoing on at all levels and were content that the report format was improving. It was noted that future reports would further balance the risks and successes. The Committee also noted that the Duty of Candour and Consent policies were in the process of being reviewed. - The Committee noted the update on thrombolysis and thrombectomy and the work that was ongoing to improve performance. Further updates would come to a future meeting of the Committee. - The Committee noted the HAIRT and the good progress made against HCAI targets and other Key Performance Indicators for Infection Prevention and Control. The Committee were assured by the improved position and the response to any incidents. The Committee also noted the progress and the good work around the Infection Control Collaborative. - The Committee approved the closure of the SBAR Action Plan subject to some further narrative on three actions which the Chair and Vice Chair would sign off for assurance. - The Committee was content to note the report and the continued support of the Nurse Director and colleagues to Care Homes. - The Committee was content to note the review of the Corporate Risk Register. Ms Brimelow asked the Board Members present to stay behind to discuss their feedback of the meeting. **NOTED**		
14.	**DATE OF NEXT MEETING**		
	The next meeting would take place on Tuesday 14 September 2021 at 1.30 pm, via MS Teams.		

CCG(M) 21/02
Minutes 15 - 29

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Tuesday 14 September 2021 at 1.30 pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Ms Jane Grant	Professor John Brown
Mr Ian Ritchie (Vice Chair)	Dr Paul Ryan
Dr Lesley Rousselet	Ms Paula Speirs

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Sandra Devine	..	Acting Infection Prevention and Control Manager
Ms Jennifer Haynes	..	Corporate Services Manager – Governance
Dr Margaret McGuire	..	Nurse Director
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
15.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to the meeting of the Clinical and Care Governance Committee within the Boardroom of JB Russell House and those who joined via video conferencing. Ms Brimelow welcomed Dr Lesley Rousselet who had joined the Board of NHSGGC as a new Non Executive Member, following her appointment as Chair of the Area Clinical Forum. Apologies for absence were intimated on behalf of Professor Iain McInnes, Professor Linda de Caestecker and Cllr Caroline Bamforth. **NOTED**		

			ACTION BY
16.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
17.	**MINUTES OF MEETING HELD ON 8 JUNE 2021**		
	The Committee considered the minute of the meeting held on 8 June 2021 [Paper No. CCGC(M)21/01] and were content to approve the minute as a full and accurate record of the meeting. **APPROVED**		
18.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/08]. The Committee were content to close four items noted on the Rolling Action List. It was agreed that a paper on the quality and safety of unscheduled care through the Flow Navigation Hub would come to a future meeting of the Committee. The Committee had come to an agreement that Thrombolysis and Thrombectomy Services would remain an ongoing action. Secretary to confirm the ongoing link with the forward planner. There were no further matters arising that were not on the agenda. **NOTED**		**Dr Armstrong** **Secretary**
19.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the key priorities not included on the agenda to raise awareness;		

			ACTION BY
	Dr Armstrong reported NHSGGC received a draft report from Healthcare Improvement Scotland (HIS) with regards to the management of acutely unwell patients at the Beatson West of Scotland Cancer Centre to check for factual accuracy. NHSGGC had provided a response and we await further communication from HIS on this matter. Ms Jordan advised the NHSGGC Duty of Candour Policy was first published in April 2018 and was scheduled for review in 2021. The policy was reviewed and a revised NHSGGC Duty of Candour Policy was approved by the Corporate Management Team on the 2nd September 2021. Dr McGuire advised that NHSGGC continued to experience nursing and midwifery workforce pressures. The safety huddles helped staff to identity and manage areas that needed more staff. The Newly Qualified Nurses and Midwives had been appointed and would complete their induction in September. Additional healthcare support workers had been recruited and student nurses were encouraged to join the bank in the usual way or fixed hours. Dr McGuire reported that work was progressing to provide support and leadership to care homes. Each hub was recruiting and should be fully operational by December. In the meantime, HSCP and corporate teams were working closely to deliver agreed objectives and support homes as required. Those homes who were identified as vulnerable were being closely monitored by local teams Ms Brimelow thanked Dr McGuire, Dr Armstrong and Ms Jordan for their updates and reassurance of the work ongoing in these areas. **NOTED**		
20.	**CARE OPINION/PATIENT EXPERIENCE – QUARTER 1 REPORT**		
	The Committee considered the Care Opinion/Patient Experience Quarter 1 Report [Paper No. 21/09] presented by Dr Margaret McGuire, Nurse Director.		

			ACTION BY
	Dr McGuire noted the paper provided an overview of patient experience in NHSGGC for Quarter 1– 1 April to 30 June 2021. Dr McGuire highlighted in summary of performance; 92% of complaints were responded to within 5 working days and 74% were responded to within 20 working days. Although 74% of feedback received was partially or wholly positive, 29% contained a suggestion of improvement. 26 moderately critical instances were also recorded in that period. Dr McGuire noted the report presented feedback received by acute sector and directorates and as to whether their experience of care contained positive (78%) or negative (27%) elements. Care opinion response rate had demonstrated to be efficient with 59% of feedback responded to on the same day it was shared by a patient, with 82% responded to within three days or less. Dr McGuire highlighted the level of complaints in Mental Health remained the same and in Prison Healthcare, the majority of complaints were about 'Clinical Treatment' often resolved promptly. Dr McGuire noted the challenges in receiving feedback from primary care as they were independent contractors but national work was ongoing around this. Dr McGuire advised the Care Opinion Scotland Team were having discussions with the Primary Care Team at Scottish Government regarding implementing Care Opinion. The Committee agreed that it would be helpful to highlight by exception any significant themes identified in HSCP Complaints for assurance. Ms Brimelow thanked Dr McGuire for the report regarding Care Opinion/Patient Experience Quarter 1 noting the positive feedback received during a difficult period. The Committee welcomed the report and were assured by the information provided. **NOTED**		**Dr McGuire**
21.	**CLINICAL GOVERNANCE ANNUAL REPORT**		
	The Committee considered the Clinical Governance Annual Report [Paper 21/10] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised each year the Board provided an annual report describing its clinical governance arrangements and the progress it had made in improving safe, effective and person-centred care.		

			ACTION BY
	The report presented a small selection of the activities and interventions, it was illustrative rather than comprehensive. The report was structured around Clinical Governance arrangements, Safe Care, Effective Care, Assurance and Person Centred Care, to offer a high level summary of key achievements and next steps. Ms Jordan highlighted the report provided assurance that despite the challenges encountered throughout the pandemic, NHSGGC had continued the focus on Clinical Governance, Safe, Effective and Person Centred Care. The Committee agreed the report was well presented with a balanced combination of graphs and narrative. There was a query about Significant Adverse Event Reviews (SAERs) and of the complexity of prioritisation and completion. Ms Jordan noted there were a number of factors that may impact SAERs being concluded in a timely manner, highlighting the challenges experienced of those in review teams connecting with clinical staff to participate. Ms Jordan acknowledged the importance to work closely with the service leads to ensure SAERS were concluded as quickly as possible, prioritising when necessary. Ms Brimelow thanked Ms Jordan and all those who contributed to the Clinical Governance Annual Report noting it was a small selection of activities and not comprehensive. The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to approve the report to be presented for assurance at the NHS Board's October meeting. **APPROVED**		
22.	**TERMS OF REFERENCE**		
	The Committee considered the paper 'Clinical and Care Governance Committee Terms of Reference [Paper No. 21/13] presented by Ms Jennifer Haynes, Corporate Services Manager – Governance. Ms Haynes noted of the priority to create consistency across all Committees in line with the Active Governance Programme Ms Brimelow advised there were no significant changes from last year's version. Ms Brimelow and Mr Ritchie had highlighted Child Protection and Adult Support Protection was a clear objective of		

			ACTION BY
	Clinical and Care Governance, which was added to section 5.1, Key Duties of the Committee. The Committee noted that the Board Clinical Governance Forum received approved minutes of the Public Protection Forum and the Clinical and Care Governance Committee would receive a Bi-Annual Report from the Public Protection Forum. Ms Brimelow thanked Ms Haynes for the updated Terms of Reference. The Committee welcomed the update and were content to approve the Clinical and Care Governance Committee Terms of Reference, which would be submitted to the Board for approval as part of the Governance Framework Annual Review. **APPROVED**		**Secretary**
23.	**CORPORATE RISK REGISTER – NEW ALIGNED CLINICAL RISKS**		
	The Committee considered the paper Corporate Risk Register – New Aligned Clinical Risks [Paper No. 21/12] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised there were 5 risks identified from the Corporate Review of the Risk Register. The 5 risks had been aligned under the Clinical and Care Governance Committee, 3 for the Nurse Director, 1 for the Medical Director and 1 for the Director of Infection Control. Questions posed for consideration; were the risks active, were the mitigations working, were the scores accurate and if there were further actions required. Ms Jordan noted the first risk on the register; Failure to comply with recognised policies and procedures in relation to infection control. There were a number of controls described within that risk and mitigating further actions had commenced. The risk likelihood was scored 5 and the impact was 4, scoring 20 - high risk. Dr McGuire confirmed each mitigation had plans in place to support the mitigation with a timeline. Professor Brown noted the risk description was important and demonstrated best practice whilst highlighting the revised system would mitigate risks going forward. Ms Jordan noted the second risk on the register; Failure to comply with legislation and obligations in regards to patient rights, patient feedback and person centred care. The risk likelihood was scored 3 and the impact was 3, scoring 9 - medium risk. Ms Jordan noted of the mitigations in place and further actions to follow. Dr McGuire		

			ACTION BY
	noted the impact score was low because of the work completed to mitigate. Ms Jordan noted the third risk on the register; Failure to timely discharge patients from acute settings resulting in bed pressures, inappropriate patient placement, delays in Emergency Departments, delays in admissions, cancellations of planned admissions and acute hospital overcrowding. The risk likelihood was scored 4 and the impact was 4, scoring 16 - high risk. Dr McGuire advised of the ongoing work and management of the mitigations which had helped to maintain levels despite ongoing pressures. Ms Brimelow and Professor Brown noted the risk was about reducing delays which impacted across Acute Services, HSCPs and Finance, Planning and Performance. Ms Brimelow proposed the Corporate Risk would be best allocated to Finance, Planning and Performance Committee. Ms Jordan noted the fourth risk on the register; Failure to identify and act on potential risk (following referral to the Public Protection unit) within an appropriate time period which then results in avoidable harm to a vulnerable child or adult. The risk likelihood was scored 5 and the impact was 4, scoring 20 - high risk. Dr McGuire highlighted the updates in education, new Child Protection Guidance published from the Scottish Government and Adult Protection education in Acute Services to mitigate the risks. Ms Jordan noted the fifth risk on the register; Failure to continually develop clinical standards, protocols and strategies which support the safe and effective use of medication for all patients. The risk likelihood was scored 3 and the impact was 3, scoring 9 - Medium risk. Ms Brimelow invited members to suggest any additional Clinical and Care Governance Risks that may had been omitted. Members were content and welcomed the four risks as they were inclusive. Ms Grant would review the Governance Committee ownership regarding the risk; Failure to timely discharge patients to consider allocation to Finance, Planning and Performance Committee. Ms Brimelow thanked all members for their contributions. The Committee welcomed the Corporate Risk Register and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to approve the four risks discussed. **APPROVED**		**Ms Grant**

			ACTION BY
24.	**HEALTHCARE ASSOCIATED INFECTION**		
	Healthcare Associated Infection Reporting Template (HAIRT) The Committee considered the paper Healthcare Associated Infection Reporting Template [Paper No. 21/11] presented by Ms Sandra Devine, Acting Infection Prevention and Control Manager. Ms Devine presented the HAIRTs for May and June 2021 and asked the Committee to note the progress made against the Annual Operating Plan (AOP) targets for Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemias (ECB) and other Key Performance Indicators for Infection Prevention and Control. Ms Devine highlighted figures reported may not be representative as a consequence of the COVID-19 pandemic. Ms Devine advised each ward received an updated CDI Statistical Process Control (SPC) chart each month and there were two triggers in June 2021 at RAH Ward 6 and Ward 53, at Langlands Unit, QEUH campus. Samples were sent to the reference laboratory and the typing confirmed that they were different types in both triggers and therefore not due to cross infection. Ms Devine noted there were no exceptions reported with Surgical Site Infection (SSI) Surveillance during the two month period. Ms Devine advised COVID-19 activity continued during May and June 2021. Infection Prevention and Control Team were working closely with colleagues in Health and Safety, Public Health Protection Unit and Occupational Health to ensure national guidance was supported in practice. Ms Brimelow thanked Ms Devine for the comprehensive report regarding Healthcare Associated Infection Reporting Template. The Committee welcomed the report and were assured by the information provided. **NOTED**		
25.	**DUTY OF CANDOUR ANNUAL REPORT**		
	The Committee considered the paper Duty of Candour Annual Report [Paper 21/14] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance.		

			ACTION BY
	Ms Jordan noted the purpose of the paper was to present the NHSGGC Duty of Candour Annual Report 20-21. The provisions of the act were implemented in 2018 that set out the procedure by law to follow when there had been an unintended or unexpected incident that resulted in death or harm (or additional treatment was required to prevent injury that would result in death or harm). Ms Jordan advised as part of the legislation there was a requirement to publish the Annual Duty of Candour Report ensuring patients and families were involved, GGC meaningfully apologised, actions were agreed and learning shared and the outcomes were shared with patients and families. Ms Jordan advised between 1 April 2020 and 31 March 2021 there were 42 incidents where the duty of candour applied, 20 of these investigations had concluded and full compliance was achieved for all concluded incidents. 50% of the 22 incidents that remained had progressed to the final report stage, Ms Jordan would work with services to expedite the conclusion of those additional SEARs. Ms Jordan noted in accordance with the 2020/21 Internal Audit Plan, the Board's arrangements for ensuring compliance with the Duty of Candour was reviewed, including training and guidance provided to staff. The review concluded with an audit rating of minor improvement required. This related mainly to improving compliance with the required timescales for both initiating and concluding Duty of Candour investigations. There was a query about the incidents ongoing from the reporting year and where they would be presented thereafter. It was agreed to update the reporting procedures for those incidents and actions that were being carried forward to be reported the following year for assurance. Incidents that were ongoing in the last report would be explored. Ms Brimelow queried COVID-19 harm and if guidance had not been followed, how would it be reported. Ms Jordan advised a West of Scotland position had been agreed in principle for COVID-19 harm in relation to how Duty of Candour would be applied. Ms Jordan highlighted the importance of avoiding harm and ensuring guidance had been followed. There was a query about the omission of comments and recommendations of Duty of Candour from the Oversight Board. Dr Armstrong noted it was presented in the Annual Clinical Governance Report and accepted the recommendation to reference the Oversight Board within the annual report.		**Ms Jordan** **Dr Armstrong**

			ACTION BY
	Ms Brimelow thanked Ms Jordan for the Duty of Candour Annual Report. The Committee welcomed the update and were assured by the information provided. The updated report would be presented to Ms Brimelow for final approval in advance of publication. **AGREED**		**Dr Armstrong**
26.	**ANNUAL CYCLE OF BUSINESS**		
	The Committee considered the paper Annual Cycle of Business [Paper 21/15] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan noted the proposal for the annual cycle of business to the Clinical and Care Governance Committee had been developed for consideration of the Active Governance Programme in NHSGGC, Terms of Reference for the Clinical and Care Governance Committee, corporate objectives and assigned corporate risks. Ms Jordan highlighted the proposal was that the integrated healthcare quality report would be replaced with a schedule of reporting from identified areas, ensuring effective assurance to the committee, rather than the high level summary that was contained within the overarching integrated report. It was also proposed that the committee would receive detailed updates in line with an agreed annual business cycle. There was a query about Information Governance and Digital Strategy being included in the Terms of Reference and it was recognised that it had been delegated to more than one Committee. The Audit and Risk Committee had been allocated Digital Strategy and the delegation would be reviewed. There was a query about HSCPs not being included on the Annual Cycle of Business. It was agreed reviews of Clinical Care and Health and Safety in HSCPs would be included in the Primary Care Governance Assurance Report. Ms Brimelow thanked Ms Jordan for the Annual Cycle of Business. The Committee welcomed the paper and were assured by the information provided. **APPROVED**		**Ms Jordan** **Ms Jordan**

			ACTION BY
27.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS**		
a)	**Approved minute of Board Clinical Governance Forum Meeting of 10 May 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 10 May 2021 [Paper No. BCGF(M)21/03]. **NOTED**		
28.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and provided a brief overview of the key messages; - Beatson Cancer Centre received a draft Healthcare Improvement Scotland (HIS) Report for factual accuracy on the Enhanced Acuity Unit. Publication date to be confirmed. - The Committee were content to note the Care Opinion/Patient Experience Quarter 1 Report and were assured by the increase in positive feedback. The Committee agreed that complaints in HSCP were to be identified by exception only. - The Committee were content to approve the Clinical Governance Annual Report to be presented for assurance to the Board meeting in October. - The Committee were content to approve the Terms of Reference noting Public Protection Forum minutes would be submitted to the Board Clinical Governance Forum for assurance, and that the Clinical and Care Governance Committee would receive a Bi-Annual Report from the Public Protection Forum at future meetings. - The Committee were content to approve the Corporate Risk Register. Committee ownership of the risk of failure to timely discharge patients would be reviewed. - The Committee noted the HAIRT and welcomed the control charts and noted infections were all within control limits. The Committee were assured by the improved position and the response to any incidents. - The Committee were content with the Duty of Candour Annual Report with one addition which would be presented to the Chair for approval prior to publication. It was agreed to update the reporting procedures for incidents and actions		**Dr Armstrong/ Ms Jordan** **Secretary** **Ms Jordan**

			ACTION BY
	that were being carried forward and the previous year would be explored. - The Committee were content to approve the Annual Cycle of Business with the addition of HSCPs. The delegation of Information Governance would be reviewed. - The Committee noted and were assured by the Board Clinical Governance Forum minutes of the meeting held May 2021. Ms Brimelow thanked members for attending and closed the meeting. **NOTED**		**Dr Armstrong/ Ms Jordan**
29.	**DATE OF NEXT MEETING**		
	Tuesday 14 December 2021 at 1.30 pm, via MS Teams.		

CCG(M) 21/03
Minutes 30 - 47

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Tuesday 14 December 2021 at 1.30 pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Mr Ian Ritchie (Vice Chair)	Professor Iain McInnes
Dr Lesley Rousselet	Dr Paul Ryan
Ms Paula Speirs	

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Dr Margaret McGuire	..	Nurse Director
Prof Angela Wallace	..	Infection Prevention and Control Director
Ms Sandra Devine	..	Acting Infection Prevention and Control Manager
Prof Julie Brittenden	..	Director of Research and Innovation
Dr Judith Godden	..	Scientific Officer / Manager for Research Ethics
Dr David Dodds	..	Chief of Medicine, Regional Services
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
30.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to the meeting of the Clinical and Care Governance Committee via video conferencing. Apologies for absence were intimated on behalf of Professor John Brown and Cllr Caroline Bamforth. The Chair thanked Ms Jordan for the co-ordination and quality of the papers submitted. **NOTED**		

			ACTION BY
31.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
32.	**MINUTES OF MEETING HELD ON 14 SEPTEMBER 2021**		
	The Committee considered the minute of the meeting held on 14 September 2021 [Paper No. CCGC(M)21/02] and were content to approve the minute as a full and accurate record of the meeting. Members had queried if there had been an update on the report from Healthcare Improvement Scotland (HIS) with regards to the management of acutely unwell patients at the Beatson West of Scotland Cancer Centre. Dr Armstrong reported the HIS follow up review of the Beatson West of Scotland Cancer Centre enquiry visit had been published. The Committee were advised that the report was generally positive with a clear statement that the service was safe and effective. The enhanced model of care was welcomed and Consultants were proactively engaging in the governance arrangements at the Beatson. It highlighted the need for staff to work together to describe a settled model of care and a longer term vision for the Beatson within the GGC wider strategy. Dr Armstrong and Dr Dodds agreed the recommendations and planned actions would be presented to a Committee at a future meeting for assurance. The Committee were assured by the information provided. **APPROVED**		**Dr Armstrong/ Dr Dodds**
33.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/16]. The Committee were content to close three items noted on the Rolling Action List.		

			ACTION BY
	A Bi-Annual report from the Public Protection Forum would be presented at the March 2022 meeting. Information Governance and Digital Strategy had been delegated to more than one Committee. Ms Jordan confirmed it was agreed delegation would be to the Audit and Risk Committee. The Scheme of Delegation to be updated for the next meeting in March 2022. There were no further matters arising that were not on the agenda. Secretary to update the list. **NOTED**		**Ms Jordan** **Secretary**
34.	**WEST OF SCOTLAND CANCER REPORTS (QUALITY PERFORMANCE INDICATOR ACTION PLANS)**		
	The Committee considered the 'Cancer Quality Performance Indicator Action Plans: Update Report for period August 2020 – August 2021' [Paper No. 21/27] presented by Dr David Dodds, Chief of Medicine Regional Services. Dr Dodds reported in 2009 the Quality Performance Indicator (QPI) was developed in collaboration with the Regional Cancer Networks to provide an overview of NHSGGC's progress against the actions identified. The regional audit and governance processes were well established within the West of Scotland Cancer Network (WoSCAN), aligned to the national Quality Performance Indicator (QPI) governance and reporting framework. Each Board within the WoSCAN reports QPI progress through the Regional Cancer Advisory Group (RCAG), which in turn reports to Healthcare Improvement Scotland (HIS) to create the national picture. NHSGGC reports progress with the national QPIs locally through the RCAG, Acute Clinical Governance Forum and the Board Clinical Governance Forum with an annual update to Clinical and Care Governance Committee. Dr Dodds advised the aim of QPIs were to ensure Boards were able to focus attention on areas for improved survival of cancer and improved patient experience. The secondary aim was to reduce variation of cancer care nationally and to ensure all treatment delivered within cancer services were safe and effective.		

			ACTION BY
	The report considered only those action points relevant and applicable to NHSGGC. The QPI reporting figures for NHSGGC were from August 2020 to August 2021. 12 Regional and 2 National (Sarcoma and Acute Leukaemia) QPI reports were published. 12 action plans had been produced; 1 QPI Report identified no actions for NHSGGC; 1 QPI Report Action Plan remained in progress. Dr Dodds advised there were 43 actions identified, 27 of those actions were now complete and 16 actions remain in progress. The 16 actions in progress; 5 refer to improving documentation or recording; 4 request review of cases or processes; 3 apply to content or structure of MDT meetings; 2 recommend completion of an audit; 1 requested feedback from a previous review. Dr Dodds noted those 15 actions were identified to have a low clinical impact. 1 action was directly related to clinical pathways (Lung Cancer QPI 16) which was taken forward through the lung pathway redesign and currently underway. Dr Dodds noted appreciation to Ms Jordan and the Clinical Governance Support Unit for the development of the paper. Members had noted there were 2 recommendations related to MDT. Dr Dodds advised the MDT process had been reviewed and was evolving on a continuous basis. Members queried how quickly data could be received to drive the change in practice whilst influencing support and inform allocating resource. Dr Dodds advised with progression QPIs in the future may be able to assess the impact. Ms Brimelow thanked Dr Dodds for the West of Scotland Cancer Reports that demonstrated a well-established audit and reporting framework. Ms Brimelow commended Dr Dodds as scheduled reporting was not impacted by COVID-19 and noted appreciation to Ms Jordan and the Clinical Governance team for producing an excellent report. Ms Brimelow advised it would be helpful in future to identify any significant actions arising from the audit and the actions planned to provide further assurance to the Committee. The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to note the report. **NOTED**		**Dr Dodds**
35.	**HEALTHCARE ASSOCIATED INFECTION**		
	Healthcare Associated Infection Reporting Template (HAIRT)		

			ACTION BY
	The Committee considered the paper 'Healthcare Associated Infection Reporting Template' [Paper No. 21/24] presented by Ms Sandra Devine, Acting Infection Prevention and Control Manager. Ms Devine presented the HAIRTs for July and August 2021 and asked the Committee to note the Annual Operating Plan (AOP) targets set for 2019-2022 for Staphylococcus aureus bacteraemias (SAB), Clostridium difficile infections (CDI) and E. coli bacteraemias (ECB). Ms Devine advised the AOP continued to be a challenge, and indicated that in the period reported that on only one occasion was the target achieved however the ARHAI report (embedded) demonstrated that NHSGGC were not outliers in any category presented. Charts within the report, where appropriate, highlight continuous improvement over time. ARHAI had not issued any exception reports to NHSGGC in relation to the AOP standards. Ms Devine noted there were no exceptions reported with Surgical Site Infection (SSI) Surveillance during the two month period. Infection Prevention and Control Quality Improvement Network (IPCQIN) had been meeting regularly. The second newsletter is due to be issued early January 2022. All work streams were progressing although significant operational pressures had impacted on the acceleration. Ms Devine advised NHSGGC reviewed the SICPs audit tool used by the IPCT and by the Senior Charge Nurses and a single tool had been agreed and would be available within the Care Assurance Improvement Resource (CAIR). This would provide outcome rather than process data and replace the existing IPCAT audit tool which would be visible through the CAIR Dashboard. Trend data from the implementation of the new tool would provide the opportunity to target specific elements in SICPs and use quality improvement methodology to improve outcomes and demonstrate sustained improvement on IPC processes over time. 3 local SAB Groups were established for continual monitoring and analysis of local surveillance data to enable IPCT and managers to identify and work towards ways to reduce infections and target interventions effectively. MicroStrategy IPC dashboard was now available to clinical staff. Ms Devine reported that PICU had been removed from the SG Support Framework in August 2021. An action plan had been completed and submitted to SG and ARHAI for approval which had been given.		

			ACTION BY
	Ms Devine highlighted to the committee that overall numbers of CDI Cases had increased but that this has been largely driven by community cases. The funnel plot analysis from ARHAI for quarter 2 of 2021 placed NHSGGC within the confidence intervals for healthcare associated infection cases. Ms Devine advised COVID-19 activity continued during July and August 2021. Infection Prevention and Control Team were working closely with colleagues in Health and Safety, Public Health Protection Unit and Occupational Health to ensure support for the implementation of national guidance and that this guidance was visible/accessible to all frontline clinical staff. There were 2 Outbreaks/Incidents assessed as Amber or Red. [redacted] HAI pan resistant Klebsiella Pneumoniae cases were identified in [redacted] ITU within a twenty eight day period. This was assessed as HIIAT Red on [redacted] 2021 - Green on [redacted] 2021. A SAER had been commissioned and was currently in progress in response to the incident. [redacted] cases of bacteraemia were reported within [redacted], Ward 6a within a 30 day period. All were different types of bacteria. No patients were giving cause for concern at the time and all were discharged home. A multidisciplinary clinical review was undertaken for each case. In [redacted] of the t[redacted] cases the most likely source was endogenous. This was assessed as HIIAT Amber on [redacted] 2021 and then Green on [redacted] 2021. The investigation was now closed. Members noted appreciation to Professor Wallace, Ms Devine and their team for their continued efforts during the pandemic and for producing a comprehensive report which had clear graphic presentation throughout. Ms Devine responded to a query advising it was difficult to compare blood stream infections rates particularly in paediatrics. ARHAI had previously compared NHSGGC to Edinburgh and Aberdeen however obtaining a comparable rate remained a challenge. Prof McInnes noted the services of University of Glasgow - Social and Public Health Sciences Unit were available if it would be helpful and appropriate to the Infection Prevention & Control team. Prof Wallace advised the team would facilitate additional reports that would provide further assurance to the Committee.		**Ms Devine**

			ACTION BY
	Members agreed it would be helpful to receive greater detail within the report only by exception. Ms Brimelow thanked Ms Devine for the comprehensive report regarding Healthcare Associated Infection Reporting Template. The Committee welcomed the report and were assured by the information provided. **NOTED**		
36.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the key priorities not included on the agenda to raise awareness; Dr Armstrong reported the potential impact and the challenges associated of the new Omicron variant of COVID-19. An escalation plan was being reviewed in light of the further issues raised by the new variant. Work was ongoing with the booster vaccination which was progressing well. Dr McGuire advised that NHSGGC continued to experience nursing and midwifery workforce pressures. At present there was no intention to deploy students in a similar manner to Spring 2020 and students would continue placements in the normal manner. Person centred visiting would continue, to ensure every patient in NHSGGC would be able to have at least one visitor to enable family support while they were in hospital. Work was underway nationally and locally to agree a process over the coming weeks. There were ongoing concerns in relation to delayed discharge and bed capacity throughout NHSGGC. Dr McGuire advised of the ongoing work with acute and HSCP teams to motivate and encourage staff through the challenges experienced. Dr McGuire reported that work was progressing to provide support and leadership to care homes. Some Care homes were more cautious and had restricted admission procedures in place which subsequently had an impact on delayed discharges in some areas. Ms Brimelow thanked Dr McGuire and Dr Armstrong for their updates and reassurance of the work ongoing in these areas. **NOTED**		

			ACTION BY
37.	**QEUH / RHC UPDATE**		
	The Committee considered the 'Queen Elizabeth University Hospital Campus/Royal Hospital Children Update' [Paper No. 21/17] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the report provided a summary of data and information that related to the Queen Elizabeth University Hospital campus. It considered and incorporated information that was processed through the existing governance arrangements for services at the campus. A review of data and information was commissioned which included; Clinical governance arrangements and the oversight of clinical quality; Infection control data; Hospital Standardised Mortality Ratio (HSMR); Scottish National Audit Programme (SNAP); Clinical Quality Publications; Patient and carer feedback QEUH and RHC; Incident Reporting; National Services. Ms Jordan reported the Clinical governance arrangements within services responsible for patient care in the QEUH/RHC were in place and operating well. The QEUH were not outliers in terms of rates of Healthcare Associated Infection (HAI) with rates that were similar to or better than other comparable hospital sites in Scotland. The infection control data was obtained from Discovery for the time period Q1-2020 – Q2 2021. Discovery was an information system that provides approved users from the Scottish Government, Health Boards, Local Authorities and Health & Social Care Partnerships with access to a range of comparative healthcare information to support performance and quality improvement across Health & Social Care in Scotland. This data was for management use only and permission should be sought from ARHAI for further publication or distribution. The Surgical Site Infection Surveillance (SSI) was maintained compared to the National Surveillance which was suspended. Caesarean section and Large bowel surgery were within expected levels across all sites in 2021 to date. Hip arthroplasty procedure numbers had decreased by 52% at QEUH for the same period in 2018/19 and there was no comparator. Ms Jordan reported the HSMR rate and the crude mortality rate for QEUH was less than the Scottish Average. Scottish National Audits Publications programme indicated that services exceed or meet expectations for the majority of		

			ACTION BY
	indicators and there were no red flags identified. Patient/Carer Feedback was reported to be similar to other hospitals across the Board with 66% of feedback shared positive, 27% of people shared feedback containing a negative experience presenting an opportunity for learning and improvement. Information relating to the RHC for the same time period showed 88% of feedback was positive. The rate of patient incidents was reported by occupied bed days for QEUH and GRI. The rate of SAEs reported for QEUH and GRI were comparable for the time period. The outcome codes for concluded SAERS within the time period reviewed were broadly comparable between the QEUH and GRI. A number of National Services were participating in processes to benchmark clinical quality with other comparable services in the UK. It was agreed that there would be further work on the National data to update this and Ms Jordan agreed to produce a paper for review at the BCGF in Spring of 2022 and thereafter the CCGC. Members noted complaints were not included within the patient feedback and it would be useful going forward. Ms Jordan noted complaints were not selected within the paper as they were presented within the Patient Experience paper on the agenda and would be content to include complaints in the future. Ms Brimelow thanked Ms Jordan for the report regarding the Queen Elizabeth University Hospital Campus/Royal Hospital Children noting the detailed information which provided a clear understanding of exemplary clinical quality and safety across campus. There were no outliers in terms of rates of Healthcare Associated Infection with rates similar to or better than comparable hospital sites across Scotland. The Committee welcomed the report and were assured by the information provided. **NOTED**		**Ms Jordan** **Ms Jordan**
38.	**CLINICAL RISK MANAGEMENT – CLINICAL RISK REPORT JANUARY 2021 – JUNE 2021**		
	The Committee considered the 'Clinical Risk Management – Clinical Risk Report January 2021 – June 2021' [Paper 21/19]		

			ACTION BY
	presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the paper provided an overview of the recommendations for NHSGGC from internal and external scrutiny on the Policy of the Management of Significant Adverse Events and an update on clinical risk management from January 2021-June 2021. Ms Jordan assured Members that the recommendations in relation to internal and external scrutiny of the Management of Significant Adverse Events Policy were complete and the paper was comprehensive describing that. Improving compliance within the required timescales for both initiating and concluding Duty of Candour investigations remained a challenge. Ms Jordan advised each of the Divisional Clinical Governance Forums were developing an improvement plan with timelines to include a review of delays and identify areas for improvement in SAER processes. With a focus on improving delays in both commissioning of SAERs and reviewing the list of potential SAERs, providing screening tools to evidence decision making. Ms Jordan reported the number of actions closed on DATIX was positive with around 87% closed. There remained a challenge with what work was completed to close the action to provide a comprehensive overview to share with others. Ms Jordan responded to a query of the increased interest from Fiscal on the findings and actions taken from a SAER noting NHSGGC liaise with the Fiscal closely both from the Clinical Risk team and the Corporate Administration team. It was important to work collaboratively and share learning regularly with Fiscal. Ms Jordan advised there were systems and processes in place to monitor the actions committed to and if they had been completed. Work was ongoing to look at analysis to ensure improvements put in place were appropriate to the challenges identified for assurance that the system was working well and to prevent it in the future. Ms Jordan advised a report of the findings would be presented at a future meeting upon completion of analysis. Ms Brimelow thanked Ms Jordan for the Clinical Risk Report January 2021 – June 2021. The Committee welcomed the report and recognised the challenges around the timeline of initiating and completing SAERS and were assured that actions to improve these were being taken forward through the Clinical and Care Governance forums.		**Ms Jordan**

			ACTION BY
	NOTED		
39.	**WEST OF SCOTLAND RESEARCH ETHICS COMMITTEES ANNUAL REPORT**		
	The Committee considered the paper 'West of Scotland Research Ethics Service: Annual Report, April 2020-March 2021' [Paper No. 21/26] presented by Dr Judith Godden, Scientific Officer, West of Scotland Research Ethics Service. Dr Godden reported the paper was to share the annual report for the West of Scotland Research Ethics Service which incorporated the four NHS Research Ethics Committees. Dr Godden advised she was pleased to present the annual report and to bring the Ethics Committees to the attention of the Committee to highlight the important role the volunteers and staff play in the protection and promotion of the interests of patients in health care research. Dr Godden advised Research Ethics Committees (REC) were subject to audit by the Health Research Authority (HRA) every two years and must gain Full Accreditation to continue. All of the West of Scotland RECs were audited within the last year and each received full accreditation with no actions required. Dr Godden noted that it was a great reflection on the hard work and dedication of staff and volunteers. Dr Godden noted particular appreciation to the volunteer REC members who give their time freely and had taken part in training to maintain strict timelines. Dr Godden noted any appropriate recognition of this work by NHSGGC would be extremely helpful. Members agreed Prof Brittenden and Dr Godden should discuss communications further with Ms Bastille, Director of Communications on the recognition of volunteer REC members. Dr Armstrong noted appreciation to Dr Godden for the comprehensive report. Ms Brimelow thanked Dr Godden for the West of Scotland Research Ethics Service Annual Report. The Committee were assured by the robustness of the processes outlined in the report and noted admiration for the important role of volunteers in health care research. The Committee were content to approve the report. **APPROVED**		**Prof Brittenden/ Dr Godden**

			ACTION BY
40a.	**SCOTTISH NATIONAL AUDIT PROGRAMME (SNAP)**		
	The Committee considered the paper 'Scottish National Audit Programme (SNAP)' [Paper No. 21/20] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the report provided an overview of the Scottish National Audit Programme (SNAP) and the current position in NHSGGC. SNAP aims to ensure consistent delivery of high quality evidence based care across Scotland reducing variation, death and disability; and ensuring patients continue to be supported to maximise their quality of life. NHSGGC had a robust process in place for responding to SNAP and the SNAP governance process. There was excellent clinical engagement with the audit process within NHSGGC including data collection, ongoing data review, oversight of audit results, review of any outliers, and ongoing work to deliver high quality evidence based care to patients. Ms Jordan advised for the 2021 reports, each outlier had been reviewed and responded to, in line with the SNAP Governance Process with progress noted from 2020 position. 2 outliers required investigative review, which had been completed and no systemic errors or failures were identified. 2 outliers required clinical review; 1 review was ongoing but no themes had been identified to date, 1 review had been completed. NHSGGC were positive outliers in 5 SHFA standards in 2021, where NHSGGC performed better than the Scottish mean. The recommendations were for the Committee to note the robust assurance processes in place within NHSGCG to respond to SNAP and to note the progress and be assured of the ongoing work to deliver high quality evidence based care to patients. Ms Brimelow thanks Ms Jordan for the comprehensive Scottish National Audit Programme report. The Committee welcomed the report and were assured that there was a robust process in place for responding to SNAP and that there was excellent clinical engagement with the audit process in NHSGGC. **NOTED**		
40b.	**HOSPITAL STANDARDISED MORTALITY RATE HSMR**		

			ACTION BY
	The Committee considered the paper 'HSMR Report April 2020 – March 2021' [Paper 21/21] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan noted the purpose of the paper to outline the Hospital Standardised Mortality Rate (HSMR) and crude mortality data for NHSGGC April 2020 – March 2021. 2 hospitals, [redacted] and [redacted] had an HSMR above the Scottish average. HSMR had been above 1.0 in Clyde for a number of years. Ms Jordan advised an HSMR group was previously established in Clyde to review data, consider actions and progress those in response. As HSMR in Clyde remained above the Scottish average, focused work had been re-established and a formal update from Clyde on this matter would be provided to Acute Clinical Governance Forum in January 2022. A comprehensive update would be provided to the Board Clinical Governance Forum in February 2022 and to CCGC thereafter. The control charts for crude mortality within 30 days of admission were within control limits. With the exception being an "astronomical point" noted at 2020 Quarter 2 in crude mortality rates, across NHS Scotland, NHSGGC, and the individual hospital sites. This was likely to be the impact of COVID-19. The charts in the report indicate that NHSGGC was generally mirroring crude mortality rates for NHS Scotland. Ms Brimelow thanked Ms Jordan for the HSMR and crude mortality report. The Committee welcomed the update and were assured that NHSGGC had maintained HSMR monitoring processes and the establishment of focused work in Clyde. **NOTED**		**Ms Jordan**
41.	**PATIENT EXPERIENCE, COMPLAINTS, OMBUDSMAN – QUARTER 2 REPORT**		
	The Committee considered the paper 'Patient Experience Report - Quarter 2' [Paper 21/22] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire noted the purpose of the paper was to provide the performance and mechanisms used to identify feedback from the quarterly report on Patient Experience in NHSGGC for the period 1st July to 30th September 2021 (Quarter 2). Dr McGuire reported that for the complaints performance, 86% were responded to within 5 working days and 72% were responded to within 20		

			ACTION BY
	working days. 73% of the total feedback received was mostly positive and 27% contained suggestions for improvement. Quarter 1 feedback received by Acute Sector and Directorates on experience of care was positive (78%) and negative (27%). In Quarter 2, 74% was positive and 33% required improvement. Dr McGuire advised despite current pressures experienced NHSGGC had managed well. The paper highlighted that during the reporting period, NHSGGC closed 31 complaints that had a COVID-19 element. That was a significant decrease on last quarter and equates to 2.5% of all complaints, last quarter this element was present in 12% of all complaints. Complaints by staff group in Acute or HSCP were recognised to be similarly linked by Doctors, Nurses and Allied Health Professionals. Prison Healthcare complaints were largely noted by nurses. Mr Ritchie commented on the report layout and members discussed potential for improvement. Dr McGuire noted the Patient Experience & Public Involvement (PEPI) team were working closely with primary care and HSCPs around feedback. Learning from complaints was shared through the organisation through the Person Centred Care programme or through Board Clinical Governance Forum. Learning from Ombudsman recommendations was shared at local governance groups and where board wide recommendations were made, the learning for improvement was shared across the organisation. Dr McGuire noted Quarter 2 was largely positive with a clear focus on person centred care. Ms Brimelow thanked Dr McGuire for the report on Patient Experience Quarter 2. The Committee welcomed the paper and were assured the performance and the complaints performance in line with Scottish Government targets had improved over the quarter. **NOTED**		
42.	**PERSON CENTERED IMPROVEMENT PROGRAMME**		
	The Committee considered the paper 'Person-Centred Care Improvement Programme' [Paper 21/23] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire reported the purpose of the report was to provide an update on the progress of the Person-Centred Care Quality		

			ACTION BY
	Improvement Programme objectives aligned to the Healthcare Quality Strategy. Person Centred Visiting was a main focus with the benefit it had to patients having support from people who matter to them and being able to see a familiar face. Person-centred virtual visiting (PCVV) would continue to be available in all clinical areas as an integral part of person-centred approach to visiting which had been positively received. Despite the many challenges during COVID-19 good progress had been made to progress the Person-Centred Care Quality Improvement Programme objectives. The NHSGGC Patient Story Development Group was formed in 2020 to formalise the approach with the involvement of key stakeholders for the development of Board patient stories. Dr McGuire noted the positive consequences of the Patient Story highlighting the learning from them had spread across the organisation as they were highly effective. The Person-Centred Steering group was now well established to provide strategic oversight and assure key stakeholder engagement for each of the sub-groups and work-streams with alignment to Realistic Medicine, the Equalities and Human Rights Monitoring Report, Excellence in Care and Public Health priorities. Dr McGuire noted the ongoing work with staff was a priority and important within the process. Ms Brimelow thanked Dr McGuire for the report on Person-Centred Care Improvement Programme. The Committee were assured by the progress made, particularly in relation to patient visiting, and noted that the Person-Centred Strategic Group was now well-established to provide oversight. **NOTED**		
43.	**HEALTH AND SAFETY EXECUTIVE PROSECUTION**		
	The Committee considered the paper 'Health and Safety Prosecution' [Paper 21/25] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire noted the report was to advise the Clinical and Care Governance Committee that the Board was fined [redacted] at Glasgow Sheriff Court on 12 November 2021 following a guilty plea to a breach of health and safety legislation. This conviction attracted national press coverage. The Board decided not to appeal the fine. The prosecution was brought by the Crown		

			ACTION BY
	following the [redacted] who was admitted into the QUEH in [redacted] NHSGGC was criticised for the breakdown in communication between Mental Health Services and Acute staff. HSE concluded that there was a lack of clear and consistent understanding of [redacted] HSE identified that there was clearly inadequate communication regarding this risk. [redacted]. The group was Chaired by the Head of Adult Services in the Glasgow Health and Social Care Partnership and sponsored by the Director of Human Resources given the health and safety implications. Dr McGuire advised ongoing work would continue to ensure there was strong and robust communication and information regarding mental health in Acute areas was shared widely and staff understood it. Ms Brimelow thanked Dr McGuire for the report on the Health and Safety Prosecution. The Committee noted the key findings from the report and were assured of the changes that had been implemented since 2015 including the establishment of a [redacted] Risk and Design Standards Group. **NOTED**		
44.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Corporate Risk Register' [Paper 21/28] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the key changes within the Corporate Risk Register included; an expansion of the Risk Descriptors to make the risk and its potential impacts clearer; application of risk types and associated risk appetites in line with the Risk Appetite Statement agreed by the Board 26 October 2021; updated narratives for current controls and additional mitigating actions for many of the risks. Ms Jordan reported Committee Members were asked to consider if the controls and mitigating factors were sufficient, were the risks clearly described and appropriate and if there were any additional risks that should be considered. Ms Jordan noted the 4 Risk identified on the Register were; Infection Prevention and Control; Safe Effective use of Medicines;		

			ACTION BY
	Public Protection and Patient's Rights, Feedback & Person Centred Care. Members noted the Corporate Objective for the Risk on Patient's Rights, Feedback & Person Centred Care was 'Better Value'. Dr McGuire agreed the Corporate Objective should be 'Better Care' and it would be updated. Ms Brimelow thanked Ms Jordan for the update on the Corporate Risk Register. The Committee were assured that the risks were clearly described and scored appropriately. **APPROVED**		**Dr McGuire**
45.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS**		
a)	**Approved minute of Board Clinical Governance Forum Meeting of 16 August 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 16 August 2021 [Paper No. BCGF(M)21/04].		
b)	**Approved minute of Board Clinical Governance Forum Meeting of 4 October 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 4 October 2021 [Paper No. BCGF(M)21/05]. The Committee noted appreciation to the level of detail Clinical colleagues go into when presenting to the Board Clinical Governance Forum which was reflected within the minutes to provide assurance. Members agreed going forward the Committee would receive approved minutes from the Board Infection Control Committee. **NOTED**		**Ms Jordan**
46.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		

			ACTION BY
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and provided a brief overview of the key messages; - The Committee noted that the Healthcare Improvement Scotland Follow up review of the Beatson West of Scotland Cancer Centre enquiry visit had been published. The Committee were advised that the report was generally positive with a clear statement that the service was safe and effective. - The Committee noted the West of Scotland Cancer Report which provided an update of NHSGGC's key reporting figures against national Cancer Quality Performance Indicator (QPI) Action Plans and the audit and governance processes in place. The Committee were assured that this demonstrated a well-established audit and reporting framework and noted that the response to the COVID-19 pandemic had not impacted on this work. - The Committee noted the HAIRT and were assured that no exception reports had been issued to NHSGGC and that performance was within control limits. The Committee were assured by the improved position and the good work that continued in the Improvement Collaborative. - The Committee noted the QEUH / RHC Update and welcomed the quality and safety of clinical care. The Committee were assured by the detailed information which provided a clear picture of exemplary clinical quality and safety across the campus and noted that there were no outliers in terms of rates of Healthcare Associated Infection with rates similar to or better than comparable hospital sites across Scotland. - The Committee noted the Clinical Risk Management – Clinical Risk Report January 2021 – June 2021. The Committee recognised the challenges around the timeline of initiating and completing SAERS and were assured that actions to improve these were being taken forward through the Clinical and Care Governance forums. - The Committee approved the annual report of the West of Scotland Research Ethics Service, which incorporated the four NHS Research Ethics Committees. The Committee were assured by the robustness of the processes outlined in the report and noted the important role of volunteers in health care research. - The Committee noted the Scottish National Audit Programme (SNAP) report that provided an overview of the current position in NHSGGC. The Committee were assured that there was a robust process in place for responding to SNAP and that there was excellent clinical engagement with the audit process in NHSGGC.		

			ACTION BY
	- The Committee noted the Hospital Standardised Mortality Rate (HSMR) and crude mortality data for NHSGGC from April 2020 – March 2021. The Committee were assured that NHSGGC had maintained HSMR monitoring processes and noted the establishment of focused work in Clyde. - The Committee were content to note the Patient Experience Quarter 2 Report (1 July 2021 – 30 September 2021). The Committee noted the performance and were assured that complaints performance in line with Scottish Government targets had improved over this quarter. - The Committee noted the report on Person-Centered Care Quality Improvement Programme April - September 2021. The Committee were assured by the progress made, particularly in relation to patient visiting, and noted that the Person-Centred Strategic Group was now well-established to provide oversight. - The Committee noted the report on the Health and Safety Prosecution. The Committee noted the key findings from the report and were assured of the changes that had been implemented since 2015 including the establishment of a [redacted] Risk and Design Standards Group. - The Committee approved the Corporate Risk Register and were assured that the risks were clearly described and scored appropriately. - The Committee noted and were assured by the Board Clinical Governance Forum minutes of the meetings held August and October 2021. Ms Brimelow thanked members for attending and closed the meeting. **NOTED**		
47.	**DATE OF NEXT MEETING**		
	Tuesday 1 March 2022 at 1.30 pm, via MS Teams.		

CCG(M) 22/01
Minutes 01 - 13

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Tuesday 1 March 2022 at 2.00 pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Mr Ian Ritchie (Vice Chair)	Mr David Gould
Dr Lesley Rousselet	Dr Paul Ryan
Ms Paula Speirs	Cllr Caroline Bamforth

IN ATTENDANCE

Ms Jane Grant	..	Chief Executive
Dr Jennifer Armstrong	..	Medical Director
Dr Scott Davidson	..	Deputy Medical Director – Acute Services
Ms Jennifer Rodgers	..	Deputy Nurse Director – Corporate and Community
Ms Sandra Devine	..	Acting Infection Prevention and Control Manager
Mr Andrew Gibson	..	Chief Risk Officer
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
01.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to the meeting of the Clinical and Care Governance Committee via video conferencing. Apologies for absence were intimated on behalf of Professor Iain McInnes, Dr Margaret McGuire and Ms Angela O'Neill. The Chair welcomed Ms Jennifer Rodgers, Deputy Nurse Director for Corporate and Community and Mr David Gould, Non-Executive Board Member. **NOTED**		

			ACTION BY
02.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
03.	**MINUTES OF MEETING HELD ON 14 DECEMBER 2021**		
	The Committee considered the minute of the meeting held on 14 December 2021 [Paper No. CCG(M)21/03] and were content to approve the minute as a full and accurate record of the meeting. **APPROVED**		
04.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 22/01]. The Committee were content to close three items noted on the Rolling Action List. Ms Rodgers advised the Bi-Annual report from the Public Protection Forum would be presented at the next meeting scheduled June 2022. Ms Jordan reported she had a meeting with the Secretariat team to review the annual cycle of business to create a work plan for the papers that were deferred as a result of the governance light approach. Work remained ongoing to develop a proposal for the year ahead and it would be shared with the Chair and Vice Chair upon completion. There were no further matters arising that were not on the agenda. Secretary to update the list. **NOTED**		**Ms Jordan/ Secretary** **Secretary**

			ACTION BY
05.	**OVERVIEW**		
	Dr Jennifer Armstrong, Medical Director and Ms Jennifer Rodgers, Deputy Nurse Director for Corporate and Community provided an overview of the key priorities not included on the agenda to raise awareness; Dr Armstrong reported NHS Tayside had experienced a number of staff challenges with Consultants leaving the organisation over a short period of time. In January 2022, NHSGGC alongside NHS Lothian and NHS Grampian, were providing support to breast cancer patients from Tayside to access timely radiotherapy. The clinical advice was that these patients should be treated in Glasgow because of the different Algorithms and to translate radiotherapy planning in different machines would have created greater patient risk. NHSGGC agreed to the treatment of 3-4 patients a week however 7 patients a week had been treated to ensure any patients waiting accessed radiotherapy. Additional clinics were introduced for those patients traveling to Glasgow where they will discuss the radiotherapy plan with clinicians at the Beatson with treatment delivered at the Beatson. The patients can then return to Dundee for follow-up. Dr Armstrong advised a clear governance pathway would be established around those patients. Ms Rodgers reported a fatal accident enquiry would commence in the coming months with a [redacted] There had been immediate improvement and actions taken, work was completed with Glasgow HSCP across health and social care in terms of an integrated plan with actions. The key points around the case were that the universal health visiting pathway had not been introduced and there was no standardised approach to children being visited by health visitors at that time. Since then it had been introduced and there was now a standardised pathway for all children under 5 years. There was immediate work on the health plan indicators, following the incident all children in GGC were reassessed in terms of the grading including context of their family and siblings. Work was completed to ensure robust communication and documentation of joint visits of school nurses and health visitors. Ms Brimelow thanked Dr Armstrong and Ms Rodgers for their updates and reassurance of the work ongoing in these areas. **NOTED**		

			ACTION BY
06.	**a) ACUTE SERVICES UPDATE**		
	The Committee considered the paper 'Acute Services Clinical Governance Report' [Paper No. 22/02] presented by Dr Scott Davidson, Deputy Medical Director – Acute Services. Dr Davidson advised the report provided an overview of clinical governance within Acute Services in NHSGGC. It highlighted the background to clinical governance arrangements within the Acute Services Division, the function of the Acute Services Division Clinical Governance Forum (ASD CG Forum), the arrangements to support the ASD CG Forum, ongoing monitoring and assurance arrangements for key quality indicators and the Board reporting/ oversight which notes challenges affecting the Division. Dr Davidson reported the past two years had been incredibly challenging with the pandemic and ASD CG Forum maintained monthly meetings, with a shorter 1 hour meeting focused on sector/ directorate updates and key service issues. The group maintains an annual reporting cycle, outlining routine reports to be presented to the group for information and assurance. Dr Davison confirmed the reports were wide and comprehensive which created discussion and debate. Each month the aim was to have a consistent number of reports to ensure enough time for each item. Dr Davidson highlighted the work completed by NHSGGC Thrombosis Committee and the National Patient Safety Alert when a small cohort of patients with mechanical heart valves were identified as being inappropriately switched from warfarin to a Direct Oral Anticoagulant (DOAC) during the pandemic. NHSGGC pharmacy and thrombosis colleagues worked timeously and thoroughly to look at every patient and positively concluded no patients within GGC were inadvertently switched. The ASD CG Forum routinely receive an update report from the clinical governance lead for each sector and directorate at every meeting. The report includes identification of up to 3 issues for discussion/ escalation to encourage debate. The work plan and priorities focus on the core objectives of safe care, effective care, person centred care and assurance. The key quality indicators for monitoring and assurance include the Scottish National Audit Programme (SNAP). Dr Davidson noted appreciation to the Clinical Governance Support Unit for their efforts collating information providing a thorough update to allow a continued focus on local improvement targets. Clyde Hospital Standardised Mortality rates (HSMR) remains above the		

			ACTION BY
	Scottish average, focused work on this had been re-established and a formal update from Clyde would be provided to Acute Services Division CG Forum in March 2022. Dr Davidson noted oversight of audit and governance processes within of the West of Scotland Cancer Audit Network (WoSCAN) Cancer QPI and ASD CG Form reporting to the Board CG Forum. Dr Davidson reported the key issues for escalation remain similar from throughout the year with unscheduled care and staffing. Despite the challenges with staffing there had been successes with the recruitment of Newly Qualified Nurses (NQNs) beginning to take up post which had been positive. The key risks identified included the waiting list for endoscopy; the recovery plan which varies alongside the wave of the pandemic; and challenges with Systemic anti-cancer therapy (SACT). Dr Davidson noted in conclusion the ASD CG Forum had robust clinical governance arrangements in place, maintaining a monthly meeting to contribute to the clinical governance agenda and monitor the quality of clinical care, as well as providing pathways to provide support and strategic oversight. There was a question regarding the process of sharing key risks and learning between Acute, Primary Care and Mental Health services. Ms Jordan noted learning summaries were shared on a clinical risk bulletin and there were many opportunities to share learning and work collaboratively with colleagues across Primary Care, Mental Health and Acute Services. There was a question in relation to action logs and risk registers and if that was solely for Acute services or if they were in place for Primary Care, Community and Mental Health services and would it be repeated across governance arrangements to ensure consistency of approach. Ms Armstrong advised there was a risk register for Acute and Corporate risks and a work programme for primary care to review risk. Ms Jordan advised the Chief Risk Officer had completed focus work on corporate risks. The identification of clinical risks within Acute is part of the standard business of the Acute Clinical Governance Forum and was an opportunity to capture and share learning. Ms Jordan advised that the divisional clinical governance forums maintain an action log and progress discussed at each meeting. Ms Jordan would follow up with the divisional Chairs to ascertain if they maintain a risk register for their individual clinical governance forums.		

			ACTION BY
	Ms Brimelow thanked Dr Davidson for the comprehensive report regarding Acute Services Clinical Governance. The Committee welcomed the report and were assured by the information provided. **NOTED**		
	b) FLOW NAVIGATION CENTRE		
	The Committee considered the paper 'Quality of Care Review: Acute Flow Navigation Centre' [Paper No. 22/03] presented by Dr Scott Davidson, Deputy Medical Director – Acute Services. Dr Davidson advised the new service was introduced in December 2020, which was a virtual front door into the Acute Services within NHSGGC. The report included information and data for the agreed time period of December 2020 to August 2021; Clinical governance arrangements and the oversight of clinical quality; Safe Care; Effective Care and Person Centred Care. The Redesign of Urgent Care would see patients being advised to contact NHS24 with an urgent care issue. If following consultation with NHS24 the patient required further input at a Health Board level this call would be passed to the Flow Navigation Centre (FNC) or the Mental Health Assessment Units (MHAU) for a virtual clinical conversation. The redesign was intended to offer an alternative route for patients to access acute and mental health advice and was largely aimed at those patients who would have self-presented to an urgent care service with the objective of converting unplanned demand to urgent planned care. The FNC was hosted within the South sector, and reports into the South Sector Clinical Governance Committee. The General Manager for the service also attends the South sector management team meetings. Dr Davidson noted from the introduction of the FNC, 7 patient-related incidents were reported during the review period. All 7 patient-related incidents describe situations where another service would have been more appropriate. There were no potential SAERs reported during the review period therefore none met the threshold for organisational duty of candour.		

			ACTION BY
	During the review period the service participated in the national redesign of urgent care patient experience project, carried out by the Scottish Government. Of the initial sample of 105, 51 patients, their carers or family participated in a follow up telephone questionnaire to understand their experience of the pathway, with the following themes identified in order of most common; efficient pathway; effective care and good communication from professionals in the pathway. Dr Davidson advised the FNC was an advanced practitioner service with input from senior decision makers. There was a weekly meeting with lead ANPs, fortnightly Safe Space meetings with NHS24 and the Scottish Ambulance Service (SAS) and a monthly lead AHP meeting, which included a standard agenda covering Datix, Complaints, Risk Assessments, Health and Safety, Staff Governance and E-learning. Dr Davidson noted in summary it was an early development with the hope to increase activity through the FNC at pace and there were regular service delivery meetings regarding that. There were processes and governance in place for monitoring and reviewing any issues for escalation and share keys successes/ learning across the Acute Division. There was a question in relation to the noticeable impact on ED services and why there was such wide variation in the length of time from the completion of triage at NHS 24 to the end of treatment for patients not admitted, with a range from 29 minutes to over 20 hours. Dr Davidson advised approximately 30% of patients had their care episode closed by FNC and don't require further medical input. At present that was around 10 patients not presenting to front door services which required greater numbers going forward. Dr Davidson advised the FNC was originally set up around minor injuries, where some patients were required to attend minor injuries the next day which had impacted on the long wait. MSK pathways and minor head injuries pathways had been introduced and more medical pathways were now being considered based on data for high volume conditions. There was a question in relation to staff delivering the service and if they were comfortable and confident as being the new point of contact. Dr Davidson confirmed there were currently no challenges experienced as the senior ANPs were confident in minor injuries which built up their confidence virtually. NHSGGC had adopted video conferencing more than telephone in comparison to other Health Boards which was positive to have eye to eye contact.		

			ACTION BY
	There was a question regarding the data of the demographic of patients using the service and how would the success of the service be judged long term when it was completely rolled out from a strategic perspective. Dr Davidson advised the data on the patient demographic would be analysed highlighting elderly patients did use video conferencing and there was a choice to have a telephone call if preferred. Dr Davidson advised when judging success it would be hoped that no patient would present at ED without having went through the FNC, essentially changing the front door to the virtual front door. There was a further question regarding data and if it was collected from the location of the patient particularly in relation to those who reside near an ED and if they had started to use the FNC. Dr Davidson noted the data would be available and agreed it would be helpful to consider and analyse over a period of time to identify any trends. Members had asked the question on how long it would take for the public within GGC to use the service. Dr Davidson agreed it would take time as it was a significant culture change. There was a need for an ongoing external campaign and the Communications team were involved in redirecting and signposting. Ms Brimelow thanked Dr Davidson for the Acute Flow Navigation Centre Report. The Committee were assured by the robustness of the processes and governance outlined in the report. The Committee were content to note the report. **NOTED**		
07.	**CARE HOME COLLABORATIVE**		
	The Committee considered the paper 'Care Home Collaborative - Governance and Assurance' [Paper No. 22/04] presented by Ms Jennifer Rodgers, Deputy Nurse Director for Corporate and Community. Ms Rodgers reported following the first wave of COVID-19 in May 2020 Board Nurse Directors across Scotland became responsible for the provision of nursing leadership, support, and guidance within the Care Home sector. The Care Home Assurance Tool (CHAT) visits commenced across all NHSGGC partnerships in May 2020 in response to the impact of COVID-19. The visits provided additional specific infection control, nursing support and guidance to care homes in the provision of high quality personalised care for residents. This work was aligned to the Executive Nurse Directors responsibilities set out by Scottish		

			ACTION BY
	Government to provide nursing leadership, professional oversight, implementation of infection prevention and control measures, use of PPE and quality of care within care homes. Ms Rodgers advised the visits were 6 monthly or by exception more frequently and other visits would also continue to the 187 care homes. Keys areas of good practice identified on the visits were improvements in social distancing, outbreak management, communication and education, management of falls and management of indwelling devices. Areas that required to be strengthened include areas of Food Fluid and Nutrition and Tissue Viability. Ms Rodgers provided assurance that there were plans and work streams in place for those areas using intelligence from the visits and other governance processes. The visits were established however there was a requirement to consider a strategic longer term support mechanism for care homes and therefore the Care Home Collaborative (CHC) was developed. The CHC was a collaboration between all 6 HSCPs and was multi-disciplinary and multiagency including representation from the Care Home Managers, HSCP representatives, Scottish Care and Care Inspectorate. Ms Rodgers highlighted the success was the collaboration and effort to improve together with the overall shared purpose of enabling residents to live their best possible lives. Ms Rodgers noted the governance structures and highlighted HSCPs were at local oversight meetings where they rigorously review all the care homes within their area. Each care home was classified using the Director of Public Health (DPH) agreed RAG ratings; Red, Amber, Green. All homes identified as Red by exception would be included into a weekly report shared with the SG. Work would be completed locally with the HSCP team and the collaborative team for specialist support. The action plans would be held by the care homes who had ownership and the Care Inspectorate would be notified of any significant ongoing issue with any Red homes. Ms Rodgers advised there was a Care Home Governance and Assurance Group that was an oversight group for all 6 HSCPs which also had a sub-group to look into assurance such as the DPH report and the action plans associated with it. The Care Home Collaborative Steering Group was set up around the intelligence of the other groups to look at the focus work of improvement. The 5 core work streams identified and agreed were Infection prevention Control, Food Fluid and Nutrition, Person Centred Care, Right Care Right Place and Tissue Viability. The Care Home Collaborative Steering Group reports into Board Nurse		

			ACTION BY
	Director Care Home Oversight Group which sets the strategy around the collaborative and how it progresses. Ms Rodgers noted in conclusion there had been a great deal of work completed around care homes which had robust leadership and rigorous professional and care governance. There was positive progress and early results thus far and currently in the process of recruiting key colleagues to the team. There was a question raised in relation to nurse director's having the responsibility of care homes however the Chief Officer's being accountable. Ms Rodgers agreed Chief Officer's remain accountable as there were no changes to their responsibilities including Chief Social Workers which was the reasoning behind the working together approach to be clear of each individual role with professional oversight to ensure a smooth process. There was a question regarding funding and if the funding allocation aligned to each Health Board to support Board Nurse Directors had been extended beyond March 2022. Ms Rodgers confirmed there was communication advising of the extension and noted of the consultation around the National Care Service which remained ongoing. There was a question on the analysed data and how it would be used to take a strategic approach to resolve any potential challenges. Ms Rodgers agreed the data was used for improvement using a quality improvement approach. There were driver diagrams for each of the 5 work streams which were driven from the data set to keep the group focused on outcomes and evaluation. Ms Brimelow thanked Ms Rodgers for the comprehensive report regarding the Care Home Collaborative. The Committee welcomed the report and were assured by the framework, governance processes and the positive early results. **NOTED**		
08.	**HEALTHCARE ASSOCIATED INFECTION**		
	Healthcare Associated Infection Reporting Template (HAIRT) The Committee considered the paper 'Healthcare Associated Infection Reporting Template' [Paper No. 22/05] presented by Ms Sandra Devine, Acting Infection Prevention and Control Manager.		

			ACTION BY
	Ms Devine presented the HAIRTs for September and October 2021 and November and December 2021 and asked the Committee to note the Annual Operating Plan (AOP) targets set for 2019-2022 for Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB). Ms Devine highlighted [redacted] incidents were reported at [redacted] within September and October 2021. There were 8 patient cases with Enterococcus faecium (VRE) reported within a 62 day period with first case testing positive on [redacted] 2021 and the last case on [redacted] 2021. VRE was an infection with bacteria that was resistant to some antibiotics therefore regularly monitored. Around the same time, there were [redacted] patient cases with Clostridioides difficile reported within a [redacted] day period. First case testing positive on [redacted] and the last one on [redacted]. As both incidents overlapped and were associated with transmission via contact, ARHAI advised to investigate both incidents together. VRE analysis identified no epidemiological links and both CDI positive patients were in bed spaces adjacent to each other in a 6 bed bay for 7 days. PCR ribotyping for [redacted] patients was 020 which indicated a cross transmission event. Ms Devine highlighted the challenges identified with near patient equipment as a consequence of nursing staffing levels and prioritising direct patient care resulted in patient equipment not always being clean and ready for re-use. Improvement was noted when an agency worker was employed to support nursing staff with decontamination of near patient equipment. Work was completed on hand hygiene and antimicrobial prescribing, debrief document was sent to the IPC Governance Committees for assurance and shared learning. Ms Devine noted the November and December 2021 report and advised the AOP targets continued to be a challenge, however they remain within the confidence intervals published within the ARHAI report. Quarter 3 ARHAI was included within the report for assurance which details NHSGGC performance in relation to NHS Scotland and demonstrates that NHSGGC was not an outlier in any category, however would continue to try and achieve the targets by continually improving and supporting changing practice to ensure the safety of patients. Ms Devine reported CDI rates remained within normal control limits for the period of the November and December 2021 report. It was noted that there was an increase in numbers in Glasgow Royal Infirmary during December when compared to their usual		

			ACTION BY
	background rate. A multidisciplinary team including local clinicians, antimicrobial pharmacists and IPCT met to review all the cases and had suggested a number of actions which were currently underway. Progress on this review would be included in subsequent reports. The second issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter was issued to staff via Core Brief in February 2022. This would ensure shared learning across the organisation on the improvements implemented thus far by the network. The IPC Dashboard on Micro-strategy was now continually updated and frontline staff now had access to real time data on CDI, SAB, ECB and surgical site infections. Ms Devine advised COVID-19 activity continued to be a challenge with 356 in-patients and 21 wards closed. The rate of definite hospital onset for NHSGGC using national data up to 6th February 2022 was 0.6% and NHS Scotland was 0.5%. The SSI Surveillance was paused during December 2021 and January 2022 to allow surveillance nurses to work within vaccination centres and it recommenced on the 1st February 2022. There was a question regarding who was involved in setting the targets for the Annual Operational Plan (AOP) which was due to expire March 2022 noting the unlikelihood GGC would not meet them. Ms Devine confirmed the SG set the targets and ARHAI had created their own Dashboard awaiting on SG notification of the targets post March 2022. Ms Devine noted there was acceptance that this was an unusual time and SG would have to review the targets accordingly. Ms Grant advised NHSGGC were in the process of RMP5 and the AOP had been overtaken by the remobilisation plans. Discussions remain ongoing with SG on what should be included and would be incorporated into the remobilisation plan. Ms Brimelow thanked Ms Devine for the comprehensive reports regarding Healthcare Associated Infection Reporting Template. The Committee welcomed the report and were assured by the information provided. **NOTED**		

			ACTION BY
09.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Corporate Risk Register' [Paper 22/06] presented by Mr Andrew Gibson, Chief Risk Officer. Mr Gibson advised the paper noted the 4 risks aligned to Clinical and Care Governance Committee. The 4 risks identified on the register were; Infection Prevention and Control; Clinical Standards; Public Protection; Feedback & Person Centred Care. Following the recommendations at the Audit and Risk Committee on December 2021, there had been an expansion of the Risk Descriptors to make the risk and its potential impacts clearer. Further work had been completed to introduce the risk causes into the descriptions and would be included within the report at the next meeting. Mr Gibson reported work was ongoing to consider risk reporting and to improve the report that was presented from the Corporate Risk Register. Mr Gibson advised Committee Members were asked to consider the current extract and advise if there were additional areas of risk to be considered for inclusion in the risk register for Clinical and Care Governance Committee. Members had noted that it would be helpful if data on the likelihood and impact drivers of each risk was included within the extract. There was a question in relation to the target date of the Public Protection risk which was December 2021. It was noted it would be helpful from a governance perspective to consider the actions outstanding and by whom to establish an accurate reflection with time pressure. Mr Gibson agreed the next iteration of the report would include the likelihood, mitigation plans for each outstanding action point to build enhanced tracking. There was a question regarding which Committee the Acute Service unscheduled care risk was aligned to. Mr Gibson confirmed it was included within the Acute Services Committee Register. Ms Brimelow thanked Mr Gibson for the update on the Corporate Risk Register. The Committee were assured that the risks were clearly described and scored appropriately. **NOTED**		

			ACTION BY
10.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS**		
a)	**Approved minute of Board Clinical Governance Forum Meeting of 8 November 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 8 November 2021 [Paper No. BCGF(M)21/06]. Ms Brimelow noted there were significant mental health challenges identified within their update and it was positive to see they were being addressed. Ms Brimelow advised a mental health update would be presented at the next meeting. **NOTED**		
11.	**BOARD INFECTION CONTROL COMMITTEE - MINUTES OF MEETINGS**		
a)	**Approved minute of Board Infection Control Committee Meeting of 9 December 2021** The Committee considered the approved minute of the Board Infection Control Committee that was held on 9 December 2021 [Paper No. BICC(M)]. Ms Brimelow highlighted the governance around the Partnership Infection Control Support Group (PICSG) having not had a meeting for six months. Ms Devine advised a new Chair had been nominated by Ms Rodgers and meetings would recommence in the near future. Ms Devine advised a review of all Committee structures was on the work plan for the coming year with key stakeholders and partners. **NOTED**		
12.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and provided a brief overview of the key messages;		

			ACTION BY
	- The Committee noted the update provided within the overview and the recruitment challenges highlighted within Oncology NHS Tayside. The Committee noted the fatal accident enquiry which would commence in the coming months [redacted]. - The Committee noted the Acute Services Clinical Governance report which demonstrated the clinical governance arrangements. The Committee were assured by the robust detail of reporting which positivity highlighted that meetings were well attended, continued throughout COVID-19 recently re-establishing a full agenda and the excellent engagement with SNAP. - The Committee noted the early development of the Acute Flow Navigation Centre described as the virtual front door for unscheduled care. The Committee were assured by the robustness of the processes and governance outlined in the report which converted unscheduled care to urgent planned care. - The Committee noted the Care Home Collaborative Governance and Assurance update. The Committee were assured by the framework and governance arrangements in place, recurring funding and satisfied by the early positive results. - The Committee noted [redacted] HAIRT reports for [redacted] 2021 and [redacted] 2021 and the challenging outbreaks in [redacted]. The Committee were assured by the good multidisciplinary working and positive outcome and noted the AOP targets and the need for review through the remobilisation plan. - The Committee noted the extract from the Corporate Risk Register and were assured that the risks were clearly described and scored appropriately. The Committee noted the likelihood and impact scores would be reviewed and target dates would be considered for enhanced tracking. - The Committee noted and were assured by the Board Clinical Governance Forum minutes of the meetings held 8th November 2021. - The Committee noted and were assured by the Board Infection Control Committee minutes of the meeting held on 9th December 2021. - The Committee noted the Director of Clinical Governance had reviewed the annual cycle of business to ensure key clinical topics were included at future meetings. Ms Brimelow thanked members for attending and closed the meeting. **NOTED**		

			ACTION BY
13.	**DATE OF NEXT MEETING**		
	Tuesday 7 June 2022 at 2.00 pm, via MS Teams.		

CCCG(M)22/02
Minutes 14-32

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 7 June 2022 at 2.00 pm

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Mr Ian Ritchie (Vice Chair)	Mr David Gould
Dr Lesley Rousselet	Dr Paul Ryan
Prof Iain McInnes	

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Prof John Brown	..	Chair (in attendance until Item 2)
Ms Gail Caldwell	..	Director of Pharmacy (for Item 19)
Dr Chris Deighan	..	Deputy Medical Director, Corporate
Ms Sandra Devine	..	Director of Infection Prevention and Control
Ms Margaret Doherty	..	Lead Nurse for Adult Support and Protection (for Item 22)
Ms Kim Donald	..	Corporate Services Manager/Board Secretary
Ms Kelda Gaffney	..	Head of Adult Services (for Item 20)
Mr Andrew Gibson	..	Chief Risk Officer
Ms Jane Grant	..	Chief Executive
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Professor Angela Wallace	..	Nurse Director
Ms Gillian Duncan	..	Secretariat (Minute)

			ACTION BY
14.	**Apologies and Opening Remarks**		
	Ms Brimelow welcomed those present to the June meeting of the Clinical and Care Governance Committee Ms Brimelow welcomed Professor Angela Wallace to her first meeting of the Committee in her new role as Board Nurse Director and congratulated her on her appointment.		

			ACTION BY
	Apologies were intimated on behalf of Dr Emilia Crighton and Ms Elaine Vanhegan. **NOTED**		
15.	**Declarations(s) of Interest(s)**		
	Ms Brimelow invited Committee Members to declare any interests in the items discussed. Dr Ryan advised that a close family member was a member of clinical staff at the Royal Alexandra Hospital and queried whether this would be a potential conflict with Item 11 – HSMR Report. Dr Ryan was assured that this was not a conflict. **NOTED**		
16.	**Minutes of Meeting held on 1 March 2022**		
	The Committee considered the minute of the meeting held on 1 March 2022 [Paper No. CCG(M)22/01] and were content to approve the minute as a full and accurate record of the meeting. **APPROVED**		
17.	**Matters Arising from the Minutes**		
	a) Rolling Action List		
	The Committee considered the items detailed on the Rolling Action List [Paper 22/07]. The Committee were content to note the closure of 4 items and that 2 were ongoing. The Committee asked about the status of the Beatson West of Scotland Cancer Centre report that had been produced by Healthcare Improvement Scotland (HIS). Dr Armstrong advised that the report was being considered as part of the Moving Forward Together (MFT) programme and there had been no significant clinical quality issues. The report was in the public domain and available on the NHSGGC website. Ms Brimelow noted that the QEUH benchmarking report would come to the September meeting of the Committee.		

			ACTION BY
	The Committee were content to approve the RAL. Ms Brimelow asked Committee members if there were any matters arising that had not been included in the RAL. Dr Armstrong was asked to provide an update in regard to cancer services in NHS Tayside and she reported that a programme had been formed with NHS Tayside and the three Boards who were providing support – NHSGGC, NHS Grampian and NHS Lothian. Dr Armstrong advised that a project team had been established with operational leads from each cancer centre. This was meeting weekly in the first instance and would report back to the Medical Directors of the four Boards in due course. Dr Armstrong also provided assurance that any impact on NHSGGC had been mitigated as far as possible, there was excellent collaboration between the teams and there were no concerns at the moment. Ms Brimelow thanked Dr Armstrong for the update and the assurance provided. Ms Brimelow asked for an update on the query on mental health and primary care governance fora as discussed at the previous meeting. Ms Jordan confirmed that these fora would not be expected to maintain risk registers, however, they did maintain Rolling Action Lists. Ms Brimelow thanked Ms Jordan for the update. **APPROVED**		
18.	**Overview**		
	Ms Brimelow invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Dr Armstrong advised that her update was on NHS Tayside oncology services and this had been provided under Matters Arising. Professor Wallace reported that an unannounced Healthcare Environment Inspectorate (HEI) visit was currently underway at the Queen Elizabeth University Hospital (QEUH) campus. She advised that colleagues from Healthcare Improvement Scotland (HIS) had arrived to carry out an inspection on the whole QEUH campus several weeks previously but as it had been during a time of considerable pressures they had undertaken a smaller site safety approach and had returned to complete the original		

			ACTION BY
	programme. She advised that the report from the site safety inspection was positive and any actions had been completed. Professor Wallace also provided assurance that the visit was not connected to any specific concerns. Ms Brimelow asked if an update on staffing levels could be provided to the September meeting of the Committee. Professor Wallace said that although there had been challenges, this was improving and despite staff being under pressure due to COVID-19 the standard of care from data and feedback was good. She advised that the HEI Inspection Report and HIS Team feedback noted the culture of leadership and management within the team was positive and noted in particular the staffing escalation that was in place and agreed to provide a presentation for the next meeting of the Committee. Ms Brimelow thanked Professor Wallace for the update. **NOTED**		Prof Wallace
19.	**Medicines and Pharmacy: HEPMA Implementation**		
	The Committee considered the paper "Medicines and Pharmacy: HEPMA Implementation" [Paper 22/08] presented by Ms Gail Caldwell, Director of Pharmacy. Ms Caldwell said the paper provided assurance on governance, a description of the early benefits and outlined the approaches being taken to further build on the success of the initial rollout of HEPMA. She provided a brief overview on the progress made and highlighted the key areas outlined in the report, advising that implementation remained on schedule and within budget. Ms Caldwell said that HEPMA improved clinical safety and, despite the COVID-19 pandemic, there had been an incredible pace of implementation. She said that benefits realisation was only at the beginning but positive results were already being seen, for example, in reducing missed doses and the important work underway on allergy recording. Ms Caldwell responded to queries around drug related biology and prescribing and said work to look at extending the scope of the system into these types of areas was starting. She added that Boards across Scotland were sharing information and looking at trends and she expected that there would be more scope added to the system as benefits were realised. Ms Caldwell said that real-time dashboards for frontline clinicians was another important area as was formulary compliance to see at a glance where non		

			ACTION BY
	formulary medicines were being prescribed. In response to a query about wider non-hospital prescribing, Ms Caldwell said that the ultimate goal was to ensure systems were joined up and there was visibility across all services. Ms Caldwell said that a proposal to extend the scope of the rollout was being worked on with the governance process being reviewed at present. She expected that this would be completed by the end of the financial year. Ms Brimelow thanked Ms Caldwell for the update and the Committee noted the progress on the implementation of HEPMA and the significant quality and safety benefits this was providing. **NOTED**		
20.	**Quality of Care Review into Urgent Care Mental Health Assessment Units**		
	The Committee considered the paper "Quality of Care Review into Urgent Care Mental Health Assessment Units" [Paper 22/09] presented by Ms Kelda Gaffney, Head of Adult Services, Specialist Mental Health Services & Tier 4/City Centre Alcohol and Drug Recovery Service. Ms Gaffney advised that the Quality of Care review in urgent care Mental Health Assessment Units (MHAUs) had been commissioned by the Board Clinical Governance Forum in August 2021. This encompassed the MHAUs at Nevis Building (Stobhill Hospital) and MacLeod Centre (Leverndale Hospital) covering the time period March 2020 to August 2021. The report to the Committee summarised the findings of the review that had considered a number of quality indicators in relation to safe, effective, person-centred care within the service, as well as looking at the governance arrangements. Ms Gaffney advised there were plans to undertake a further review commencing in January 2023. Ms Gaffney outlined the following key points from the report: - Referral rates had not changed significantly over the time period of the review and 60% of people referred were known to the service. - There had been 5 Significant Adverse Event Report (SAER) incidents commissioned during the review period and 2 of these were nearing conclusion. - The Mental Health Network had assisted in gathering patient feedback which had been generally positive. Work was also		

			ACTION BY
	underway with the Network looking at digital solutions which would assist with the provision of feedback, particularly from people in crisis. In response to a query about whether COVID-19 had impacted on referral rates, Ms Gaffney advised that the service had launched in March 2020 and it was challenging to compare this to what had been in place previously, however, she said that more comparisons could be made year on year as the service continued. In response to a query around waiting times for Child and Adolescent Mental Health Services (CAMHS), Mrs Grant said that there was a significant amount of work underway on CAMHS and it was hoped that further improvements would be seen in the coming months. Ms Brimelow thanked Ms Gaffney for the update and the Committee noted the Quality of Care update and were assured by the outcome and the clinical governance arrangements. The work with the Mental Health Network on feedback was noted and it was acknowledged staff were working with extremely unwell and acute mental health patients. **NOTED**		
21.	**Thrombolysis and Thrombectomy Services**		
	The Committee considered the paper "Thrombolysis and Thrombectomy Update" [Paper 22/10] presented by Dr Chris Deighan, Deputy Medical Director Corporate. Dr Deighan advised that the paper provided an update on progress of the work of the Board's Stroke Improvement Programme to improve thrombolysis performance in NHSGGC and included an update on the development of a West of Scotland Thrombectomy Service. Both of these would have a significant impact on patient outcomes. Dr Deighan provided an overview of the key points outlined in the paper which included: - Work continued to improve the compliance rate for stroke thrombolysis and a pilot tele-thrombolysis service for the Royal Alexandra Hospital (RAH) was planned to take place over the summer. - Performance against stroke bundle standards was noted and there was good performance in scanning patients within 12		

			ACTION BY
	hours and administering aspirin within one day. The Stroke Improvement Group had requested an action plan to improve performance in other areas. - Thrombolysis Door To Needle (DTN) time was challenging and below target. The Scottish National Audit Programme (SNAP) Audit had identified that NHSGGC was an outlier in the DTN time. - Work continued with the Scottish Ambulance Service to embed the stroke treatment pathway which had been implemented in June 2021 for patients in Inverclyde. It was noted that the pathway was working well and a review would take place at 12 months. - There were a number of developments underway in relation to the West of Scotland Thrombectomy Service. Recruitment campaigns were underway for medical and nurse staffing. In response to a query about the West of Scotland Thrombectomy Service, Dr Deighan advised that a national programme was underway which would include reviewing pathways. In response to a query about eligibility, Dr Deighan advised that it was expected that around 10-15% of patients would be eligible for thrombolysis and it was hoped to reduce the time window by using tele-thrombolysis which was standard practice in other areas. Ms Brimelow thanked Dr Deighan for the update and the Committee noted stroke performance and were assured that work was underway to meet the targets. The Committee noted that good progress was being made in relation to the West of Scotland thrombectomy service and welcomed the pilot telemedicine model at the RAH. **NOTED**		
22.	**Public Protection Unit - Update**		
	The Committee considered the paper "Public Protection Unit – Update" [Paper 22/11] presented by Professor Angela Wallace, Nurse Director. Professor Wallace advised that the report provided an update on Public Protection (Child Protection and Adult Protection). The report described the current situation, the actions that were in place and the requirements moving forward to meet demand and future proof the service.		

			ACTION BY
	Since the start of the COVID-19 pandemic there had been an increase in referrals regarding child protection which equated to an increase of 40% in Interagency Referral Discussions (IRDs) and an increase of 85% in advice line calls. Professor Wallace advised that a key issue was the increasing demand on child protection referrals and ensuring the capacity required to respond to this was in place. She said that staffing was a priority and additional skilled staffing remained in place to deal with the sustained demand. Professor Wallace said that the Public Protection Unit's focus was on the safety of children and adults and provided assurance to the Committee that this would continue to be the case going forward. The Committee was advised that notice had been received of a Fatal Accident Inquiry (FAI) that was due to commence in July 2022. This was in relation to a case in 2015 and had been delayed due to legal processes. In response to a query about the FAI, Dr Armstrong said that the lessons learned had been reviewed at the time and although there may be further actions required following the outcome of the FAI, it was important to note that these had been put in place previously. The outcome of the FAI would come to the Committee for assurance in due course. In response to a query around training compliance, Professor Wallace said that training and development had continued during the pandemic and face-to-face training would resume. Ms Margaret Doherty, Lead Nurse for Adult Support and Protection, acknowledged that the number of staff undertaking training had fallen during the pandemic but plans were underway to increase this. She advised that the child protection and adult protection training would be kept separate for Level 3 but Level 1 training would include both and become public protection training. The Committee would be provided with an update on training compliance at a future meeting. Ms Brimelow asked if the paper could include more information on adult protection. Ms Doherty advised that at the moment the Unit did not receive adult protection referrals. However, she reported that other Boards were looking at implementing this and figures from this were awaited. Ms Brimelow thanked Professor Wallace and Ms Doherty for the update and the Committee noted the increase in child protection referrals and workload which had let to a delay in meeting the IRD timeline, however, additional staff had been recruited to support this. The Committee also noted the education strategy and would receive an update on levels of compliance at a future meeting. The Committee also noted that the 2015 FAI outcome was awaited.		

			ACTION BY
	NOTED		
23.	**Clinical Risk Report July 2021 – December 2021**		
	The Committee considered the paper "Clinical Risk report July 2021- December 2021" [Paper 22/12] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan reported that there were delays in commissioning SAERs and an increase in the overall timeline for completion of SAERs. She provided assurance that there were a number of improvement plans in place and trajectories were being agreed to improve performance in this area. She said that multi-disciplinary staff with the capability and capacity to assist were required and advised that there had been a good uptake in online training. She also advised that a Datix dashboard had been developed which enabled performance to be seen at a glance. Ms Jordan said that the annual report on Duty of Candour would come to the Committee in September 2022. In response to a query about the FAI action plans, Ms Jordan confirmed that these had all been completed and she would share the updated action plan. Ms Jordan also advised that the Acute SAER group had been established to provide scrutiny and quality check SAER reports. It would also work with services to improve quality and feedback areas as part of the Quality Assurance process. Ms Brimelow thanked Ms Jordan for the update and summarised that the Committee noted the delays in commissioning and completing SAERs and the improvement work underway to improve performance. It was also noted that the FAI action plan would be provided for assurance and the Duty of Candour report would be available for the September meeting. **NOTED**		Ms Jordan Ms Jordan
24.	**HSMR Report October 2020 – September 2021**		
	The Committee considered the paper "HSMR Report October 2020-September 2021" [Paper 22/13] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance.		

			ACTION BY
	Ms Jordan advised that the paper outlined the Hospital Standardised Mortality Rate (HSMR) and crude mortality data for NHSGGC for the same reporting period. She reported that two hospitals, [redacted] and [redacted] had an HSMR above the Scottish average but provided assurance that these were within control limits. She also reported that these hospitals also had crude mortality rates above the Scottish rate but again these were within control limits. Ms Jordan advised that focused work was being undertaken in the Clyde Sector to understand what was driving the higher rates and there were also discussions being arranged with Public Health Scotland and business intelligence to understand the data better and to review coding to ensure the predicted HSMR was accurate. Dr Armstrong provided assurance that this was not beyond three standard deviations and internal work was underway to understand the figures. Ms Brimelow thanked Ms Jordan for the update and the Committee noted the HSMR data and that work was underway in the Clyde Sector to further understand this. **NOTED**		
25.	**Healthcare Associated Infection Reporting Template (HAIRT)**		
	The Committee considered the paper "Healthcare Associated Infection Reporting Template (HAIRT)" [Paper 22/14] presented by Ms Sandra Devine, Director of Infection Prevention and Control. The report provided an oversight of the Healthcare Associated targets (*Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other Healthcare Associated Infections' (HCAI) activities across NHSGGC over the January and February 2022 period and Ms Devine reported that all three indicators remained within the control limits. Ms Devine said that there had been a sustained improvement over time with a good reduction in variability. She further reported that the SAB groups that had been established in each sector were having a positive impact. Ms Brimelow thanked Ms Devine for the update and the Committee were content to note that update and were assured that SAB rates, ECB rates and CDI rates all remained within normal control limits.		

			ACTION BY
	NOTED		
26.	**Board Infection Control Committee - Minutes of Meeting:**		
	a) Approved Minutes of the Meeting held on 17 February 2022		
	The Committee considered the minutes of the Board Infection Control Committee held on 17 February 2022 [Paper BICC(M) 22/01]. Ms Brimelow asked about the environment test at Cowlairs that had been referenced in the minutes. Ms Devine said that she understood that this was an ongoing process but she would send a short update to the Committee. The Committee were content to note the minutes. **NOTED**		Ms Devine
27.	**Patient Experience, Complaints, Ombudsman & Person Centred Care Programme**		
	a) Patient Experience, Complaints and Ombudsman Report		
	The Committee considered the Patient Experience, Complaints and Ombudsman Report [Paper 22/15] presented by Professor Angela Wallace, Nurse Director. Professor Wallace advised that good performance in relation to complaints had been maintained during Quarter 4 and the position had been fairly stable throughout the year with the end of year position remaining positive. She advised that the report was being further refined to take on board comments made by the Committee previously and ensure that it contained clearer links to feedback and improvement. In response to a query about the increased positivity in general team attitude, Professor Wallace said there was no specific intelligence on this but she was aware that there had been some more positive working relationships forged during the pandemic and it was known that the patient experience was improved when teams worked well together.		

			ACTION BY
	Ms Brimelow thanked Professor Wallace for the update and the Committee were content to note the report and that there would be a new reporting format for the next Committee. **NOTED**		
	b) Person Centred Care Programme		
	The Committee considered the Person Centred Care Programme [Paper 22/16] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan explained that this was a high level summary of person centred care which described a number of arrangements. She advised that NHSGGC had now returned to person centred care visiting and this would be kept under review and adjusted if required. She said that that there had been positive feedback on virtual visiting, was still available and work was underway with the Communications Team to promote this. Ms Jordan said the patient centred care planning was a substantial piece of work. She said this was an important and innovative piece of work that was now at the design and testing stage. Ms Jordan also highlighted that What Matters to you day was taking place on 9 June 2022. Ms Brimelow thanked Ms Jordan for the update. The Committee were assured that person centred visiting arrangements had been reinstated and noted that work was underway on testing the person centred care plan. **NOTED**		
28.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper 22/17] presented by Mr Andrew Gibson, Risk Manager. Mr Gibson advised that 4 risks were aligned to the Committee. He reported that the risks had been reviewed with the risk owners during May 2022 and there were no new risks and no risk closures for the Committee. He also advised that there had been no changes to the risk scores.		

			ACTION BY
	In response to a query, Mr Gibson agreed that timescales and a distinction between current control and mitigating actions should be included in the risk register and he advised that work on this was underway. Mr Gibson advised that it had also been agreed at the Audit and Risk Committee that a deeper dive review would be undertaken on some risks. Ms Brimelow thanked Mr Gibson for the update and the Committee were content to note that the risk register had been reviewed in May 2022 by the risk owners and there had been no changes to the risk scores. **NOTED**		
29.	**Terms of Reference**		
	The Committee considered the Terms of Reference [Paper 22/18] presented by Ms Kim Donald, Corporate Services Manager – Governance. Ms Donald advised that there had been one small change reducing the membership of the Committee from 8 to 7 and asked for approval for the Terms of Reference to be considered by the June NHS Board meeting as part of the annual review of governance. Ms Brimelow asked if it could be amended to add that the Committee received the minutes from the Infection Control Committee and Ms Donald would add this. Ms Brimelow asked of patient safety walkrounds were still taking place and Ms Jordan advised that these had been paused during COVID-19 but it was planned to start reintroducing these. Dr Armstrong clarified that these were different from the wider Board Member visits that were also being reinstated and advised that members would not attend these but assurance would be provided to the Committee. Ms Jordan also said that she would ensure assurance on controlled drugs were built into the Annual Cycle of Business. Ms Brimelow also asked if the minutes of the Public Protection Forum could also be presented to the Committee when the Public Protection report came and this would be built into the Annual Cycle of Business.		Ms Jordan/ Secretariat

			ACTION BY
	The Committee were content to approve the Terms of Reference with the amendments outlined above. **APPROVED**		
30.	**Board Clinical Governance Forum - Minutes of Meeting:**		
	a) Approved Minutes of the Meeting held on 7 February 2022		
	The Committee considered the minutes of the meeting held on 7 February 2022 and were content to note these. **NOTED**		
	b) Approved Minutes of the Meeting held on 11 April 2022		
	The Committee considered the minutes of the meeting held on 11 April 2022 and were content to note these. **NOTED**		
31.	**Closing Remarks and Key Messages for Board**		
	Ms Brimelow summarised they key points that had been discussed by the Committee. These included: - Assurance had been provided assurance on governance arrangements and mitigation of risks in providing support to NHS Tayside oncology services. - An unannounced HEI inspection was taking place at the QEUH. - An update on staffing levels would be provided to the next meeting. - HEPMA implementation continued at pace and the benefits that were being realised were noted. - The Committee were assured by the MHAU quality of care report and noted that feedback from patients had been generally positive. - The Committee were assured by the update on thrombolysis and thrombectomy. - The Committee noted the increased referrals in child protection and that the other areas that the Public Protection Unit supported, for example, FAIs and education in public protection. - The Committee noted delays in SAERs and were assured by work underway to strengthen the response to these.		

			ACTION BY
	- The Duty of Candour report would be presented in September 2022. - The Committee were advised that HMSR rates in Clyde were slightly higher than Scottish average but were assured these were within control limits. - The Committee noted that the AOP targets had been extended to March 2023 and there had been an improvement in HAI targets. - The Committee approved the Corporate Risk Register that had been reviewed in May 2022. - The Committee approved the Terms of Reference with minor amendments. Ms Brimelow thanked members for attending and closed the meeting.		
32.	**Date of Next Meeting**		
	The next meeting of the Committee would be held on Tuesday 6 September 2022 at 2.00 pm, via MS Teams.		

CCCG(M)22/03
Minutes 33 - 49

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 6 September 2022 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Ms Susan Brimelow OBE	Mr David Gould
Mr Ian Ritchie	Prof Iain McInnes
Ms Dianne Foy	Councillor Katie Pragnell

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Lynette Cameron	..	Clinical Risk Manager
Dr Chris Deighan	..	Deputy Medical Director, Corporate
Ms Sandra Devine	..	Director of Infection Prevention and Control
Ms Kim Donald	..	Corporate Services Manager/Board Secretary
Ms Morag Gardner	..	Deputy Nurse Director – Acute Services
Mr Andrew Gibson	..	Chief Risk Officer
Ms Jane Grant	..	Chief Executive
Ms Amanda Mackintosh	..	Deputy Director for Clinical Governance
Dr Kerri Neylon	..	Deputy Medical Director for Primary Care
Ms Jennifer Rodgers	..	Deputy Nurse Director
Ms Paula Spaven	..	Clinical Effectiveness Manager, Clinical Governance Support Unit
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Professor Angela Wallace	..	Nurse Director
Mrs Louise Russell	..	Secretariat (Minute)

			ACTION BY
33.	**Welcome, Apologies and Introductory Remarks**		
	Dr Ryan welcomed those present to the September meeting of the Clinical and Care Governance Committee. Dr Ryan welcomed Councillor Katie Pragnell and Ms Dianne Foy to their first meeting of the Committee.		

			ACTION BY
	Apologies were intimated on behalf of Dr Lesley Rousselet, Professor John Brown CBE, Ms Geraldine Jordan and Ms Gail Caldwell. **NOTED**		
34.	**Declarations(s) of Interest(s)**		
	Dr Ryan invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
35.	**Minutes of Meeting held on 7 June 2022**		
	The Committee considered the minute of the meeting held on 7 June 2022 [Paper No.CCG(M)22/02] and were content to approve the minute as a full and accurate record of the meeting pending the following minor amendment; • Note that Professor John Brown was in attendance until item 2 only The minute of the meeting was approved and accepted as an accurate and complete record. **APPROVED**		Secretariat
36.	**Matters Arising from the Minutes**		
	a) Rolling Action List		
	The Committee considered the items detailed on the Rolling Action List [Paper 22/19]. The Committee were content to note the closure of 7 items and were content to approve the RAL. **APPROVED**		
37.	**Overview**		

			ACTION BY
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Dr Armstrong updated the Committee on a patient case. The Committee received assurance that the case had been fully investigated and actions had been taken forward. Dr Armstrong provided an update on NHS Tayside breast radiotherapy and advanced prostate cancer. The Committee were pleased to note that feedback received from patients was positive. The Committee were advised that a NHSGG&C Oncologist was allocated to NHS Tayside two days per week for advanced prostate cancer patients. Dr Armstrong provided an update on HSMR and highlighted that the rate had reduced slightly to .98 for the period April 2021 to March 2022, which was below the Scottish average. With regard to the [redacted] the Committee were assured that a full action plan was in place. There were a number of work streams, including additional training to improve staff education, review liver disease mortality and improve staffing and junior doctor levels. In response to a question regarding the mortality ratio and the predicted deaths vs actual deaths, the Committee were advised that there was a range of factors that contributed to the figures. In respect of the outcome from the recent HIS inspection, the Committee noted that the final outcome was awaited. The Committee received assurance that dialogue with HIS was ongoing. In response to a question regarding Care Homes, the Committee were assured that the rate of Covid infections in Care Homes were low and had not impacted on the health and wellbeing of residents. A small number of Care Homes were closed, or had supports in place. The Committee were assured that Covid oversight arrangements remained in place. The Committee noted that the Care Home Collaborative continued to drive improvement and the Health and Care Framework continued to map against the National Care Service. The Committee were also advised that Covid and Flu vaccinations would be rolled out in Care Homes this week. Dr Ryan thanked Dr Armstrong, Professor Wallace and Ms Rodgers for the update provided.		

			ACTION BY
	NOTED		
38.	**Safety and Quality of Care in Relation to Staffing Levels**		
	The Committee received a presentation regarding 'Safety and Quality of Care in Relation to Staffing Levels' provided by Professor Angela Wallace, Nurse Director and Ms Morag Gardner, Deputy Nurse Director – Acute Services. The presentation provided information regarding the processes in place with regards to current staffing challenges and ensure nurse staffing levels were safe. The Committee noted that site safety huddles were held on a daily basis in order to improve patient safety, prediction, flow and communication. Ms Gardner highlighted that positive feedback on the huddles had been received through inspections. A Red/Amber/Green (RAG) status approach was taken to assess risk. The Committee were assured that emerging issues were flagged through professional lines and huddle data was monitored throughout the day. The Committee were advised that work was taking place with the Workforce Teams with regards to analysing the 'safe to start' data in order to understand the staffing deficit issue. The Committee noted the work being carried out which included promoting good staff care, recruitment campaigns, international recruitment campaign, and recruitment fayres. The presentation highlighted the successful recruitment campaigns from January to August 2022. The Committee noted that over 724 newly qualified nurses were due to commence in post, with the majority starting post on 3rd October 2022. The Committee acknowledged that single Registered Nurse (RN) wards was an emerging issue flagged through professional lines and appropriate action was taken forward in line with the RAG. The Committee noted that data was collected daily on Board wide basis. The data in the presentation demonstrated the actual data of wards with 1 RN and was broken down to day duty and night duty (or part shift). The data identified local mitigation taken; ward name; speciality and location. The Committee received assurance that work had been carried out as part of supporting and stabilising nurse staffing across Acute and Health and Social Care Partnerships (HSCP's). This included		

			ACTION BY
	a “deep dive roster process” which was aimed to ensure we were using the staff we have as effectively as we can and thus supporting patient care delivery. Ms Gardner provided an update on the actions being taken forward and the outcomes. She reported that weekly hotspot areas were validated and proactively targeted for bank fill. She highlighted that Bank cold calling in the evenings yielded higher uptake of shifts, from circa 225 to 300 per day within Acute (circa 75 RN increase). The Committee noted that the actions being taken forward were having a positive impact. The Committee were assured that overall care remained safe. Tissue viability remained static, with some sectors showing improvement; Falls remained static. Quality Strategy and Patient Experience reports cited positive and negative feedback with no identified alignment with current 1RN. The Committee noted that engagement with staff, which included a newly developed Staff Newsletter – “Together we Care”. Ms Gardner agreed to send a copy of the newsletter to the Secretary for onward circulation to the Committee. In response to a question regarding how many RNs were required in a ward, the Committee noted that evidence based workforce planning tools were used across NHSGG&C. The clinical judgement tool had staff input to ensure optimum safety. In response to a query regarding attrition rates and reliance on bank staff and whether this was sustainable long term, the Committee noted that, although bank staff were targeted to ensure there were ‘never events’, supplementary staff were always required and assisted with filling vacancies. The Committee acknowledged that there was constant movement of staff across NHSGG&C. Recruitment campaigns were ongoing work continued to ensure that NHSGG&C was an employer of choice and created opportunities for staff. The Committee noted that 724 newly qualified members of staff was the largest number of recruited candidates in any Board. In response to a question regarding the predicted absence allowance, the Committee noted that the rate was 21%. The Committee were advised that reporting and tracking was ongoing were assured that staffing levels were regularly reviewed. In respect of the movement of RNs and whether this would cause a speciality mismatch, the Committee were assured that measures		Ms Gardner/ Secretariat

			ACTION BY
	were gathered across the whole system to prevent a situation where staff felt clinical needs were compromised. Decisions would also been made at the huddles by senior leadership using clinical judgement. The Committee acknowledged the pressure on staff, however, were reassured that staff feedback is listened to. The Committee noted the presentation and were assured by the information provided. **NOTED**		
39.	**National Services and Governance Benchmarking**		
	The Committee considered the paper "National Services and Governance Benchmarking" [Paper 22/20] presented by Ms Paula Spaven, Clinical Effectiveness Manager. The paper provided an overview of reporting structures, information on benchmarking and examples of quality of care activity for National Services Scotland commissioned National Services, operated by NHSGG&C for the period 2021/2022. The Committee noted the 31 national services delivered by NHSGGC and the management and governance arrangement for these services. The Committee were advised that NSS held regular meetings with clinicians and service managers and there was a requirement for services to provide a structured report on a bi-annual basis. The Committee noted that benchmarking information provided for 2021/2022 identified no outliers against similar centres or against other relevant KPI's. In response to a question regarding the audit data for renal services and why the waiting list was higher, the Committee were advised that NHSGG&C had one of the highest acceptance rates in the UK. In response to a query regarding an update on the mesh service, the Committee noted that operations were suspended during Covid, however, had now resumed and the service was developing well. The Committee noted that NHSGG&C was one of the key UK surgical service for mesh removal. Dr Armstrong highlighted positive feedback had been received by the Scottish Government. The Committee were assured by the update provided. **NOTED**		

			ACTION BY
40.	**Clinical Governance Updates**		
	a) Duty of Candour Annual Report		
	The Committee considered the paper "Duty of Candour Annual Report" [Paper 22/21] presented by Ms Lynette Cameron, Clinical Risk Manager. The annual report was developed as part of the statutory annual review process. The Committee noted 23 incidents occurred between 1st April 2021 and 31st March 2022. There were a further 3 events identified as Duty of Candour through the complaints process. Ms Cameron highlighted that the 2020/21 Duty of Candour Annual Report reported 42 incidents within the reporting period that triggered Duty of Candour. The Committee noted that 20 of these incidents had been closed. The number of reports would not fully be known until the process was complete, therefore, it was proposed that the Duty of Candour Annual Report 2021/22 would have an Addendum produced later in the year which would include detail of any additional Duty of Candour adverse events and those not yet concluded. The Committee were content with this proposal. In response to a question regarding the apology leaflet being an appropriate form of communication, the Committee were assured that contact was made with families via a number of options. The Committee noted that a phone call would be made and followed up with a letter with a full explanation and the leaflet. The family would also be invited to meet with the Review Team and a final report would be provided following investigation. The Committee were assured by the information provided and were content to approve the Duty of Candour Annual Report 2021/22. **APPROVED**		Ms Cameron
	b) Clinical Governance Annual Report		
	The Committee considered the paper "Clinical Governance Annual Report" [Paper 22/22] presented by Ms Amanda Mackintosh, Deputy Head of Clinical Governance. The Committee noted that each year the Board provided an annual report describing its clinical governance arrangements, and the		

			ACTION BY
	progress it had made in improving safe, effective and person centred care. Ms McIntosh highlighted some of the key achievements, which included: - Safe care; a review of internal and external consultation of the NHSGG&C Duty of Candour Policy which was published in October 2021; the Acute Services Division Significant Adverse Event Review Quality Assurance process was developed and a group established to ensure a standard quality of reporting on SAERs throughout NHSGG&C and Datix dashboards were implemented to support staff in managing their adverse events. - Effective Care; The NHSGG&C Quality Improvement Capability Plan 2021-23 was approved in October 2021 by the Healthcare Quality Strategy Oversight Group; Over 1000 members of staff across NHSGGC completed the Quality Improvement Fundamentals LearnPro module since it launched in February 2021; 14 cohorts of the Scottish Improvement Foundation Skills (SIFS) virtual quality improvement training had been delivered to 173 members of staff and 5 successful candidates had secured a place on the National Scottish Quality & Safety Fellowship Programme. - Assurance; in 2021/22, the NHSGG&C clinical guidelines were moved to the Right Decision Service platform; robust processes were in place for responding to the Scottish National Audit Programme (SNAP); there was excellent engagement and response from clinical teams to the annual SNAP governance process. The Committee were assured by the report provided, however recognised that communication remained a challenging area. The Committee noted that the new measures in the Scottish Patient Safety Programme (SPSP) falls were welcomed. The Committee were content to approve the report. **APPROVED**		
	c) Controlled Drugs Annual Report		
	The Committee agreed to defer the paper “Controlled Drugs Annual report” [Paper 22/23] to the next meeting. **DEFERRED**		Ms Caldwell/ Secretariat

			ACTION BY
41.	**Quality Strategy Annual Report**		
	The Committee considered the paper "Quality Strategy Annual Report 2021/22" [Paper 22/24] presented by Ms Jennifer Rodgers, Deputy Nurse Director. The paper provided an annual update on the progress pertaining to 'The Pursuit of Healthcare Excellence: Healthcare Quality Strategy (2019-2023) endorsed in 2019. In 2019, three core priority areas of focus across the organisation inclusive of Acute, Adult Mental Health and Community Services were agreed and working groups were formed and reported through the Quality Strategy Oversight Group. The Committee noted that, despite the challenges due to Covid-19, the governance and work streams were maintained. The report provided an update on each core work stream and described the activity from the last Quality Strategy in 2021. Ms Rodgers provided an update in relation to Person Centred Visiting. Following agreement in 2019 on the implementation of a person centred approach to visiting, a comprehensive programme of engagement was undertaken. The majority of inpatient areas were operating the Person Centred visiting model by March 2020. Due to Covid-19 there was a restriction to visiting, therefore, a Person Centred Virtual Visiting approach was enabled to allow people to stay connected virtually. As of May 2022, all sites had resumed a Person Centred Visiting approach following the social distancing measures being stepped down. The Person Centred Care Planning work continued and extensive engagement with patient, staff and families undertaken. The Person Centred Care Planning Group continued to develop and embed the core principles of person centred care planning. The Committee noted that the 'What Matters To You' approach remained ongoing. Conversations continued to be encouraged and actions were being taken forward by the 'What Matters To You' Group. The Committee noted that Glasgow was the world's best performing location for #WMTY22 on Twitter, receiving the most tweets in the UK and around the world. The Committee noted that work remained ongoing in relation to Pressure Ulcer Prevention. Data continued to be collected via Datix. The Committee were advised that there had been an increase in the number of pressure ulcers reported compared to		

			ACTION BY
	same period last year. This was representative of the clinical and social challenges at that time related to the pandemic. The Committee were assured that targeted work remained ongoing in the areas with a higher rate. In response to a question regarding the work required to reduce avoidable ulcers, the Committee were assured that all aspects were being reviewed. The data across the system, sectors, wards and department hotspots and areas that were performing well was being reviewed. There continued to be a focus on staffing levels and staff continued to be supported. It was agreed that updated data on pressure ulcers per 1000 bed days, with reasons and actions, would be submitted to a future committee meeting. In response to a question regarding a link between safe staffing and pressure ulcers, the Committee were assured that this formed part of the ability to deliver. The Committee were content to note the report provided. **NOTED**		Professor Wallace/Ms Rodgers
42.	**Primary Care & Community Care Report**		
	The Committee noted the paper Primary Care and Community Care Report [Paper 22/25] presented by Dr Kerri Neylon, Deputy Medical Director, Primary Care. The paper provided an overview of clinical governance in Primary Care and Community Services. The Committee noted that the 6 Health and Social Care Partnerships (HSCP) had their own Clinical and Care Governance Forums which linked with the clinical governance structures, which included Hosted Services. Dr Neylon highlighted that the GP Out of Hours Service now reported into the Primary Care and Community Clinical Governance Forum. The report provided an overview of the arrangements. The essential function of the Primary Care and Community Clinical Governance Forum was to support the cross-system delivery of consistent high quality care, share learning and provide quality assurance of HSCP Significant Adverse Events. The Committee noted that meetings were held 6 times per year and had representation from all areas. Each HSCP provided regular formal updates which included key successes and key risks.		

			ACTION BY
	The Committee noted that the key areas of the work plan included Safe Care, Effective Care, Person Centred Care and Assurance. Dr Neylon provided an oversight of the issues affecting the Division. This included patient/informal carer administration of subcutaneous intermittent medication in Adult Palliative Care Policy, healthcare acquired avoidable pressure ulcers and Duty of Candour, expired and short dated medication, Prisons Mental Welfare Commissions Report and Oral health radiology image capture incidents. The Committee noted key successes included the East Renfrewshire Joint Inspection for Children and Young People at Risk of Harm or Neglect, the co-location of the GP Out of Hours Service, HIS Acute prescribing network and child protection 'Was Not Brought' guidance which replaced the existing DNA protocol. The Committee were advised that key risks included staffing pressures across the system including across Mental Health and Community Health & Care Teams, General Practice sustainability, SAER delays and the national Docman incident. Dr Neylon highlighted that a significant amount of work had been carried out to identify cases and identify any possible clinical harm. The Committee were assured that early indications suggested that the risk was low and many documents were not clinically significant. The Committee were content to note the report and were assured by the robust governance in place. **NOTED**		
43.	**Infection Control Update**		
	a) HAIRT Report		
	The Committee considered the paper "HAIRT Report" [Paper 22/26] presented by Ms Sandra Devine, Director of Infection Prevention and Control. The report highlighted the Annual Operational Plan targets set for 2019-2023 for *Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI) and *E. coli* bacteraemias (ECB). The report included funnel plots in order to compare against other Boards which demonstrated that NHSGG&C were performing well.		

			ACTION BY
	Ms Devine provided an update on [redacted] at the Royal Hospital for Children who had MDRO *Klebsiella pneumonia* identified from microbiology samples. The incident was assessed as Amber and then Green after the implementation of agreed control measures. The Committee noted that there were no further cases. In response to a question regarding reinstating Covid-19 incidents to the outbreak infection incidents data, the Committee were advised that this could be considered further for future reports. Ms Devine provided an update on Cowlairs routine air sampling and noted that a number of actions had been put in place due to an increase in positive samples. With regards to the concerns regarding the SAB increase in renal, the Committee were assured that a vast amount of work was being carried out. A SAB Sub-group had been established and links made with regional services to drill down data. The Committee were content to note the report and were assured by the information provided. **NOTED**		Professor Wallace
	b) Board Infection Control Committee		
	The Committee noted the minute of the meeting held on Thursday 23 June 2022. **NOTED**		
44.	**Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report**		
	The Committee considered the paper "Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report" [Paper 22/25] presented by Professor Angela Wallace and Ms Jennifer Rodgers, Deputy Nurse Director. The paper provided an overview of complaints performance, wider patient and family feedback mechanisms and how they translated into improvement.		

			ACTION BY
	The nature of complaints included appointment dates and attitude and behaviour. The Committee were assured that work was ongoing to learn from the feedback provided. The Committee were content with the new format of the report and were assured by the information provided. **NOTED**		
45.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper 22/29] presented by Mr Andrew Gibson, Risk Manager. Mr Gibson advised that 4 risks were aligned to the Committee with 1 change proposed in relation to the Infection Prevention and Control risk. Mr Gibson proposed a decrease in the score and de-escalation. The Committee were assured that the risk had undergone a full review with a proposed decrease in the current score from 20 (Very High) to 10 (High). Mr Gibson also proposed to de-escalate to the Infection Prevention and Control Service Risk Register where it would continue to be monitored and reviewed via the Board Infection Control Committee. It was proposed that the other 3 risks remained static. The Committee agreed it would be helpful to add further detail regarding 'slippage' of figures into future reports. Following consideration, the Committee were in agreement with the proposal to decrease the current risk score to 10 and de-escalate to the Infection Prevention and Control Service Risk Register. **APPROVED**		Mr Gibson
46.	**Board Clinical Governance Forum - Minutes of Meeting:**		
	a) Approved Minutes of the Meeting held on 16 May 2022		
	The Committee considered the minutes of the meeting held on 16 May 2022 and were content to note these. **NOTED**		

			ACTION BY
47.	**Annual Cycle Discussion and Planning for 2023**		
	The Committee considered the current Annual Cycle of Business 2022/23 and considered planning for 2023. The Committee noted that FAI reports were monitored through reports submitted to the Corporate Management Team meetings and Audit and Risk Committee. The Committee were content for learning to come through the Clinical and Care Governance Committee. The Committee noted the update provided. **NOTED**		
48.	**Closing Remarks and Key Messages for Board**		
	Dr Ryan summarised they key points that had been discussed by the Committee. These included: - A presentation was received regarding the safety and quality of care in relation to staffing levels. - A paper was considered in relation to National Services Governance Benchmarking. - The Duty of Candour Annual Report was approved. - The Clinical Governance Annual Report was deferred to the next meeting. - A Primary Care and Community Care Report was received. - The Committee were assured by the information received in the HAIRT report. - A decrease in the risk score for the Infection Prevention and Control risk and de-escalation to the Infection Prevention and Control Service Risk Register was agreed. - Clinical Governance Annual Report was approved. - Controlled Drugs Annual Report was deferred. Dr Ryan thanked members for attending and closed the meeting.		
49.	**Date of Next Meeting**		
	The next meeting of the Committee would be held on Tuesday 6 December 2022 at 2.00 pm, via MS Teams.		

CCCG(M)22/04
Minutes 50 - 68

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 6 December 2022 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Ms Susan Brimelow OBE	Prof Iain McInnes
Mr Ian Ritchie	Dr Lesley Rousselet

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Elaine Burt	..	Chief Nurse (Item 12)
Ms Gail Caldwell	..	Director of Pharmacy (Item 09a)
Ms Leanne Connell	..	Interim Chief Nurse East Dunbartonshire, Health and Community Care (Item 12)
Dr Martin Culshaw	..	Deputy Medical Director for Mental Health Services (Item 06)
Ms Sandra Devine	..	Director of Infection Prevention and Control
Dr David Dodds	..	Chief of Medicine, Regional Services (Item 14)
Ms Kim Donald	..	Corporate Services Manager/Board Secretary
Mr Andrew Gibson	..	Chief Risk Officer
Dr Judith Godden	..	Manager/Scientific Officer for Research Ethics (Item 13)
Mrs Jane Grant	..	Chief Executive
Dr Claire Harrow	..	Chief Officer, Clyde (Item 08)
Ms Geraldine Jordan	..	Director of Clinical Governance
Mr Colin Peters	..	Consultant Neonatologist (Item 15)
Mr Jamie Redfern	..	Director of Women and Children's Services (Item 15)
Ms Jane Richmond	..	Clinical Director (Item 15)
Ms Mary Ross-Davie	..	Director of Midwifery (Item 15)
Professor Angela Wallace	..	Executive Nurse Director
Mrs Louise Russell	..	Secretariat (Minute)

			ACTION BY
50.	**Welcome, Apologies and Introductory Remarks**		
	Dr Ryan welcomed those present to the December meeting of the Clinical and Care Governance Committee.		

			ACTION BY
	Apologies were intimated on behalf of Ms Dianne Foy and Councillor Katie Pragnell. **NOTED**		
51.	**Declarations(s) of Interest(s)**		
	Dr Ryan invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
52.	**Minutes of Meeting held on 6 September 2022**		
	The Committee considered the minute of the meeting held on 6 September 2022 [Paper No.CCGC(M)22/03] and were content to approve the minute as a full and accurate record of the meeting pending the following amendments; • Page 7, Ms Amanda Mackintosh's title to be amended to Deputy Head of Clinical Governance. • Page 4 – Discussion regarding the work that had been carried out to support and stabilise nurse staffing across acute and HSCP's to be reflected in minute. **APPROVED**		Secretary Prof Wallace/ Secretary
53.	**Matters Arising from the Minutes**		
	a) Rolling Action List		
	The Committee considered the items detailed on the Rolling Action List [Paper 22/30]. The Committee were content to note the closure of 7 items and were content to approve the RAL. **APPROVED**		
54.	**Overview**		

			ACTION BY
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Professor Wallace provided an update on the Healthcare Improvement Scotland (HIS) unannounced visit. The Committee noted that the scope of the inspection was wider than usual. Overall, the report was positive, reflected on the current pressures and paid tribute to the staff for the hard work carried out under challenging circumstances. Ms Sandra Devine, Director of Infection Prevention and Control, provided an update on the work that had been commissioned regarding Aspergillus. There were 2 recommendations and 4 requirements. Ms Devine assured the Committee that work had commenced on developing robust governance processes to conclude the requirements. Dr Ryan thanked Professor Wallace and Ms Devine for the update provided. **NOTED**		
55.	**Mental Health Update**		
	The Committee considered the paper "Mental Health Update" [Paper 22/31] presented by Dr Martin Culshaw, Deputy Medical Director for Mental Health Services. Dr Culshaw provided an overview of the clinical governance arrangements for Mental Health Services. The Mental Health Services Clinical Governance Group continued to meet on a monthly basis, had oversight of the whole system and received reports from Board wide services. The report outlined the significant pressures faced by Mental Health Services which included significant staffing pressures and inpatient beds; particularly within adult services. Dr Culshaw provided an update on Significant Adverse Event Reviews (SAERS) and noted that during the pandemic 127 SAERS had breached the timeline. The Committee received assurance that work had been carried out to address the backlog and there had been a reduction in the number of open SAERS. Dr Culshaw explained that there were 13 recommendations as a result of the Inpatient Incident Review, mainly in relation to		

			ACTION BY
	environment and lack of consistency. The Committee noted that work was being carried out to address the recommendations. The Committee acknowledged that staffing issues remained an ongoing challenge across all Health Boards, however, received assurance that good quality of care continued to be provided. In response to a question regarding the frequency of visits from the Mental Health Welfare Commission, the Committee noted that visits were carried out on average 2 times per month. The Committee were content to note the report and were assured by the information provided. **NOTED**		
56.	**Duty of Candour Annual Report Addendum Update**		
	The Committee considered the paper "Duty of Candour Annual Report Addendum Update" [Paper 22/32] presented by Ms Geraldine Jordan, Director of Clinical Governance. Following the last meeting, an addendum was added to the Duty of Candour 2021/22 Annual Report to include details of any additional Duty of Candour adverse events and those not yet concluded. The report highlighted that, as at October 2022, the figures had increased to a total of 41 Duty of Candour incidents between 1st April 2021 and 31st March 2022. The Committee noted that 38 of these investigations were now complete. The Committee were assured by the update provided and were content for the Duty of Candour Annual Report to be published on the NHSGGC website. **APPROVED**		
57.	**HOSPITAL STANDARDISED MORTALITY RATE (HSMR)**		
	The Committee considered the paper "Hospital Standardised Mortality Rate (HSMR)" [Paper 22/33] presented by Ms Geraldine Jordan, Director of Clinical Governance and Dr Claire Harrow, Chief of Medicine for Clyde.		

			ACTION BY
	The report outlined the NHSGGC data for April 2021 to March 2022 and crude mortality for the same reporting period. The report included an update on the improvement work in the Clyde Sector. The Committee noted that during the reporting period, the [redacted] and [redacted] Royal Hospital (IRH) had a HSMR above the Scottish average. The report also highlighted that all hospital sites in NHSGGC, with the exception of [redacted] and [redacted], had crude mortality rates below the Scottish rate for Quarter 1 in 2022. The Committee received assurance that the HSMR Steering Group at the [redacted] had taken a proactive approach in responding to mortality statistics and a work plan had been implemented. The Committee noted key areas of work, which included; • Improving recognition and response to deteriorating patients; • Leadership for the Frailty Improvement Programme had been agreed and an initial review carried out; • A review of liver disease mortality data was in progress; • Mechanisms were being developed for monitoring improvement and providing assurance. This included workforce planning for Medical and Nursing staff. The Committee were content to note the report. **NOTED**		
58.	**Clinical Governance Updates**		
	a) Controlled Drugs Annual Report		
	The Committee considered the paper "Controlled Drugs Annual Report" [Paper 22/34] presented by Ms Gail Caldwell, Director of Pharmacy. The Committee received assurance that medicines continued to be well managed and suitable controls remained in place. Ms Caldwell reported that key pieces of work over the last 12 months included; - The development of an Information Sharing Protocol to facilitate the Regional Local Intelligence Network.		

			ACTION BY
	- Development of a LearnPro Module for Prison Healthcare Staff to increase understanding. Ms Caldwell highlighted that the number of completed inspection visits had reduced, mainly due to infrequent ward checks during the reporting period. This was as a result of staff shortages and reprioritisation of activities during the pandemic. The Committee received assurance that there would be a focus on ward checks and the provision of on-site support was a priority in 2022. The report highlighted the number of incidents by Drug within Acute Sites, Hospital Theatres, Departments and Pharmacies entered on Datix in 2021. Work was being carried out to reinforce the key messages around selection of appropriate strengths, formulations and drugs. In addition, a review of the management process of high strength preparations would be carried out. The Committee noted that due to the pandemic, General Practitioner visits during 2021 had been temporarily suspended. The three year rolling programme of annual self-assessment questionnaires commenced in April 2022, and practice visits had been arranged. The report provided detail regarding administration incidents within Community Pharmacies by Drug. The Committee noted in particular that Methadone discrepancies were common place due in part to large number of patients and large volumes in use and also due to liquid variables such as overages, spillages and measuring mistakes. In response to a question regarding the reason for administration of drug errors, the Committee noted that the majority of errors were in the Prison sector and related to administration of methadone. The Committee were assured that robust systems and processes were in place and that training and education remained a focus. In response to a question regarding whether a change in policy had taken place with regards to supervision of substance misuse patients, the Committee noted that during the pandemic a risk based approach had been taken. The Committee noted that this had resulted in significant benefits for patients and staff without an increase in harm. Ms Caldwell confirmed the next annual report would be provided in June 2023 and would include further information regarding individual types of drug prescribing to provide further context. The Committee were content to note the update provided.		Ms Caldwell

			ACTION BY
	NOTED		
59.	**a) Public Protection Unit Update**		
	The Committee considered the paper "Public Protection Unit Update" [Paper 22/35] presented by Professor Angela Wallace, Nurse Director. Prof Wallace provided an update on the National Guidance and Public Protection Accountability Framework published in October 2022. The Framework set out collective responsibilities across NHS Boards and was initiated as part of the implementation of the National Guidance for Child Protection (2021). The scope of the framework was broadened to include Adult Protection and MAPPA. Prof Wallace highlighted that there were currently 22 open Child Protection SAERS and a Cross Partnership Group had been established to provide assurance regarding actions from CP SAERS. The Committee noted that staff were encouraged to complete Public Protection training. Managers and professional leaders had been urged to ensure arrangements were in place for staff to attend training. The Committee noted the update provided. **NOTED**		
	b) Public Protection Forum: Minutes of Meeting 25 May 2022		
	The Committee were content to note the approved minute of the meeting held on 25th May 2022. **NOTED**		
60.	**Infection Control Update**		
	a) Board Infection Control Committee: Minutes of Meeting 18.08.22		
	The Committee were content to note the approved Board Infection Control Committee minute from the meeting held on 18th August 2022.		

			ACTION BY
	NOTED		
61.	**Quality Strategy Annual Report – Pressure Ulcer Update**		
	The Committee considered the paper "Quality Strategy Annual Report – Pressure Ulcer Update" [Paper 22/36] presented by Ms Elaine Burt, Chief Nurse, and Ms Leanne Connell, Interim Chief Nurse East Dunbartonshire, Health and Community Care. The report provided an update on progress made towards the rate per 1000 Occupied Bed Day in Acute Services, and quality improvement actions in relation to pressure ulcer prevention and reduction. The report provided assurance that reducing the incident of healthcare acquired pressure ulcers remained a key safety priority. Pressure Ulcer Prevention Operational Groups had been established and met on a quarterly basis to report on progress with the key work streams. The Committee noted in particular that; • Targeted improvement work would be undertaken over the next 3 months with the Chief Nurses in North and Clyde Sectors, Tissue Viability and Podiatry Teams; • Wider roll out of the quality improvement documentation project will take place following a sector wide test; • Training and education; • Caseload acquired pressure ulcers to be reported as a rate per 1000 caseload The Committee noted that specific aims had been set to reduce the incidence of avoidable healthcare acquired pressure damage and work had been undertaken to reduce the level of pressure ulcers to a rate of 0.40 per 1000 occupied bed days across the Board by June 2023. Following consultation with the Chief Nurses, 16 wards had been identified for quality improvement work. The Committee noted that early indicators highlighted a reduction in the North sector. The data trends identified peaked in the winter months, however, there had been a reduction in the last quarter. Challenges included flow and front door pressures. There was a continued focus on eliminating grade 3 pressure ulcers.		

			ACTION BY
	Ms Connell provided an update on the work that had been carried out in HSCPs reporting that whilst there had been an increase in number of patients developing caseload acquired pressure ulcers, there was no corresponding increase in the number of avoidable pressure ulcers since May 2021. Key pieces of work included delivering education and training, linking with Care at Home Teams and progressing with a number of initiatives. In response to a question regarding pressure alleviation in Emergency Departments, the Committee received assurance that there had been no increase in the number of avoidable pressure ulcers. Data collection would continue to be carried out in this area. The Committee were content to note the report provided. **NOTED**		
62.	**West of Scotland Research Ethics Committees Annual Report**		
	The Committee considered the paper "West of Scotland Research Ethics Committees Annual Report for April 2021 to March 2022" [Paper 22/25] presented by Dr Judith Godden, Manager/Scientific Officer for Research Ethics. The report described the activity of the four Research Ethics Committees and the important role volunteers and staff played in the protection and promotion of the interests of patients in health care research. Dr Godden informed the Committee that during the reporting period, there were 150 research applications reviewed. Recruitment of new members to the Committee had been successful. The Committee noted that a training day was held at the end of September which was successful and provided an opportunity for the Committee to interact. The Committee were content to note the report. **NOTED**		
63.	**West of Scotland Cancer Reports**		

			ACTION BY
	The Committee considered the paper "West of Scotland Cancer Reports" [Paper 22/38] presented by Dr David Dodds, Chief of Medicine, Regional Services. The report provided assurance to Committee members by providing a summary of: • The established governance structures the Cancer QPI Reports and Action Plans; • The key reporting figures for NHSGGC from the QPI Reports for period September 2021 to August 2022; • Progress with action plans for this current period and the last reporting period, August 2020 to August 2021. The Committee were content to note the report and were assured by the actions being taken forward. **NOTED**		
64.	**Best Start Maternity and Neonatal Care**		
	The Committee considered the paper "Best Start and Neonatal Care" [Paper 22/39] presented by Mr Jamie Redfern, Director of Women and Children's Services, Mr Colin Peters, Consultant Neonatologist, Ms Mary Ross-Davie, Director of Midwifery and Ms Jane Richmond, Clinical Director. The report provided an update on the current position of the remobilisation of Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland Programme. Mr Redfern confirmed that the implementation of the 76 recommendations had been progressing since publication in January 2017, however, COVID-19 had impacted on the progress made. The Committee acknowledged that there had been significant change in leadership in NHS Great Glasgow and Clyde across both Maternity and Neonatal Services. There would be a strong focus on clinical risk across maternity and neonatal services including linking to the new national arrangements for Significant Adverse Event Reviews (SAERs). A draft plan had been developed and included information in relation to local activity, projected timelines and overall aim in NHSGGC for each recommendation.		

			ACTION BY
	The Committee noted the current risks regarding delivery, which included; • Midwifery and nursing vacancies; • Community midwifery models of care; • Midwife led intrapartum care for universal pathway women; • Neonatal Service – Level 3 Configuration; • Neonatal Mortality; • Neonatal Nurse Staffing Further work was required around; • Revision of the loss and miscarriage service; • Current infrastructure. Informal links had been made with capital planning; • Drafting the Maternity Strategy to shape the services for 2023-2028. In response to a question regarding whether the timescales set would be manageable, the Committee received assurance that positive progress would be made towards the aims. The Committee noted that close monitoring of progress was required and recognised the challenges ahead. It was recognised that the challenges in relation to maternity and neonatal care were similar across Scotland. It was agreed that the team would be invited to the June 2023 meeting to provide an update on progress. The Committee were content to note the update provided. **NOTED**		Secretariat
65.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper 22/40] presented by Mr Andrew Gibson, Risk Manager. Mr Gibson reported that no changes were proposed to the risks aligned to the Committee. The Committee were content to approve the Corporate Risk Register. **APPROVED**		

			ACTION BY
66.	**Board Clinical Governance Forum - Minutes of Meeting:**		
	a) Approved Minutes of the Meeting held on 8 August 2022		
	The Committee considered the minutes of the meeting held on 8 August 2022 and were content to note these. **NOTED**		
67.	**Closing Remarks and Key Messages for Board**		
	Dr Ryan summarised they key points that had been discussed by the Committee. These included: - The Committee received assurance regarding the HIS Inspection at the Queen Elizabeth University Hospital. - The Committee received an update on Mental Health Services by Dr Martin Culshaw. - The Duty of Candour Annual Report was approved to be published. - The Committee received a paper in relation to Hospital Standardised Mortality Rate (HSMR) which outlined the figures for NHS Greater Glasgow & Clyde (NHSGGC) for April 2021 – March 2022. - The Committee received a paper providing an update on Public Protection governance and activity, which included an update on Child Protection SAERS. - The Committee received the Controlled Drugs Annual Report for the period 1st January to 31st December 2021. - The Committee received a paper to provide an update on NHSGGC pressure ulcer reduction. - The Committee received a paper which provided an update on the current position of the remobilisation of the Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland Programme. - The Committee received the Corporate Risk Register (CRR) and considered the risks aligned to the Committee. The Committee were content to approve the CRR. Dr Ryan thanked members for attending and closed the meeting.		
68.	**Date of Next Meeting**		

			ACTION BY
	The next meeting of the Committee would be held on Tuesday 7 March 2023 at 2.00 pm, via MS Teams.		

BOARD OFFICIAL

CCCG(M)23/01
Minutes 01 - 18

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 07 March 2023 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Ms Mehvish Ashraf	Mrs Jane Grant
Ms Susan Brimelow	Professor Iain McInnes
Ms Dianne Foy	Cllr Katie Pragnell
Mr David Gould	Dr Lesley Rousselet

IN ATTENDANCE

Dr Jennifer Armstrong		Medical Director
Dr Chloe Cowan		Senior Research & Innovation Manager, Research and Innovation
Dr Scott Davidson		Deputy Medical Director, Acute
Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Kim Donald		Board Secretary, Corporate
Andrew Gibson		Chief Risk Officer, Finance
Geraldine Jordan		Director of Clinical and Care Governance, Clinical Governance
Jennifer Rodgers		Deputy Nurse Director, Corporate and Community
Sara Khalil		Secretariat
Professor Angela Wallace		Nurse Director
Beata Watson		Secretariat (Minute)

			ACTION BY
1.	**WELCOME, APOLOGIES AND INTRODUCTORY REMARKS**		
	Dr Ryan welcomed those present to the March meeting of the Clinical and Care Governance Committee. Apologies were noted on behalf of Mr Ian Ritchie. The Chair welcomed Ms Mehvish Ashraf who had recently become a member of the Clinical and Care Governances Committee. **NOTED**		
2.	**DECLARATIONS(S) OF INTEREST(S)**		
	Dr Ryan invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
3.	**MINUTES OF MEETING HELD ON 6 DECEMBER 2022**		
	The Committee considered the minute of the meeting held on 6 December 2022 [Paper no. CCG(M)22/04] and were content to approve the minutes as a full and accurate record of the meeting. **APPROVED**		
4.	**MATTERS ARISING FROM THE MINUTES**		
	a) Rolling Action List		
	The Committee considered the items detailed on the Rolling Action List [Paper 23/01] and were content to close the items recommended for closing. **APPROVED**		
5.	**OVERVIEW**		
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Dr Armstrong shared news relating to a letter from HIS of the Beatson Cancer Service concluding their review of the Beatson and		

			ACTION BY
	indicating they were content. There were ongoing challenges relating to Cancer Research UK as a result of a loss of income. This resulted in a decision to terminate some of the Cancer Research UK units including the Glasgow research unit. However, a [redacted] bid was awarded for a cancer experimental medicine centre in GGC. Prof. Wallace advised that there was an ongoing focus on safe staffing including discussions with Scottish Government relating to the implementation of the Safe Staffing Act and related projects. There was an unannounced safe care inspection at the IRH. The Committee also noted that there was a recent Healthcare Improvement Scotland (HIS) visit relating to Excellence in Care programme which received a positive feedback. **NOTED**		
6.	**ACUTE SERVICES UPDATE**		
	Dr Scott Davidson presented an 'Acute Services Division Clinical Governance Report' [paper 23/02], which provided an update on clinical governance arrangements within the Acute Services Division during the 2022/2023 period. The Committee noted the following updates: - The Acute Clinical Governance Forum had been meeting monthly over the 2022/23 period. The meetings were well attended. - The sector update template had been recently reviewed to ensure data driven updates and the alignment with the principles of the safe, effective, and person-centred care. - Quality Assurance process and group were introduced to support the process of completing the Significant Adverse Event Reviews (SAERs). - There was an ongoing work relaunching Deteriorating Patient Programme which aimed to reduce the level of harm to people using the healthcare services. A steering group had been formed and a working group was reviewing the data and processes relating to cardiac arrests. - The most recent update to the Board Clinical Governance Forum had been given in February, matters discussed included: pressures within planned and unscheduled care (including an introduction of the Continuous Flow Model at the Queen Elizabeth University Hospital, QEUH), ongoing staffing pressures, Scottish National Audit Programme, ongoing management of SAERs, a review of the cardiac arrest rate, governance around breached clinical guidelines, falls prevention and management, and a positive feedback from the HIS inspection at QEUH.		

			ACTION BY
	During the discussion it was proposed that a detailed report from the Deanery visit to Inverclyde be included at the next presentation of this report. Regarding the participation in the National Cardiac Arrest Audit, Dr Davidson assured that this would be embedded as part of the work relating to the Deteriorating Patient Programme. The Committee were content to note the update **NOTED**		Dr Davidson
7.	**MANAGEMENT OF SIGNIFICANT ADVERSE EVENTS**		
	Director of Clinical and Care Governance, Geraldine Jordan presented a 'Key Performance Indicators, Management of Significant Adverse Events' update [paper 23/03]. The report provided an update concerning KPI's related to delays in the Significant Adverse Event (SAE) process. The data in the report was extracted from Datix on 20th February 2023. There were 5 agreed KPIs: - KPI 1: SAERs commissioned within 10 days of incident date. Out of 159 SAERs commissioned between September 2022 and January 2023, 15 (9%) were commissioned within 10 days from the incident. This remained a priority area for improvement. - KPI 2: Number of potential SAERs. There were 690 potential SAERs across NHSGGC which included all patient related incidents with severity 4 and 5. Ensuring timely commissioning of SAERs remained an area for improvement. - KPI 3: Number of open SAERs. There were 397 open SAERs - KPI 4: SAERs which remained open after 12 months from incident date. There were 169 (42%) SAERs older than 12 months. There was an ongoing focus work to close the outstanding reviews. - KPI 5: Number of SAERs closed (closed within 90 days of incident date). Out of 102 SAERs closed between September 2022 and January 2023 none were closed within the 90 days. National data included in the report showed similar patterns emerging across Scotland. Recommended actions included some Board wide, as well as, sector specific actions (for Acute, Primary & Community Care, and Mental Health sectors) which aimed to increase capacity and capability to complete SAERs within the recommended timescales.		

			ACTION BY
	The Committee discussed timescales and importance for completing the long outstanding SAERs. It was noted that the reviews provided valuable learning for the service and it was recognised that it could also provide closure to patients and families involved in the incident. There was an extensive engagement with key stakeholders to understand the barriers to timely completion of SAERs and the actions outlined in the paper were developed in a response to that. The Committee were assured that the wellbeing of patients, families and staff involved in the incidents was a priority and any delays should be clearly communicated. Regarding a high numbers of SAERs reported in the Mental Health sector the Committee were assured that this was a result of the way data was being reported following a request from the Deputy Medical Director for Mental Health and that there was no significant increase in numbers when compared with previous years. The Committee noted that an internal audit looking at the SAER process was as planned and the Significant Adverse Event Policy was due for a review in August. A follow up report would be presented the Committee – timeline to be agreed. The Committee were content to note the update. **NOTED**		
8.	**LEARNING FROM PATIENT EXPERIENCE, COMPLAINTS, OMBUDSMAN AND PERSON CENTRED IMPROVEMENT PROGRAMME REPORT**		
	Director of Nursing, Professor Angela Wallace and Deputy Nurse Director, Jennifer Rodgers, jointly presented a 'Patient Experience Report - Quarter 2 and 3' report [paper 23/04] which provided an overview of the patient and family feedback process, complaints performance, as well as, learning and improvement actions resulting from these. The Committee were asked to note the information in the paper and provide relevant feedback to support the work of the person-centred care improvement programme team. The data included in the report covered Q2 and Q3 of 2022. The Committee noted the following: - In Q3 (October – December 2022) there were total of 1446 complaints of which 88% of Stage 1 were closed within 5 working days and 71% of Stage 2 were closed within 20 working days. This was an improvement from Q2. - Between 1st July and 31st December 2022 there were: 963 pieces of feedback received, 169 cases of Ombudsman processes shared with NHS GGC, and 726 stories posted		

			ACTION BY
	through Care Opinion (of which 72% were positive or non-critical). - Key themes emerging from the complaints were centred on appointment waiting times. - Person-centred visiting work continued with self-evaluation exercise undertaken across 166 inpatient wards. Feedback was generated through conversations with staff and families. There was good evidence that 4 out of 5 core principles were well established in some areas. The biggest gap identified related to flexibility as visiting time restrictions were still being implemented in some areas. The second phase of the evaluation was planned for later in the year. - Person-centred care planning work had been combined with the process of implementation of digital notes and would be piloted across three areas later this month. - 5 poster abstracts resulting from person-centred and quality improvement work had been approved for presentation at the International Quality Improvement Conference in Copenhagen. The Committee discussed the need to include glossaries especially when presenting work relating to the public engagement to increase clarity and accessibility of the messaging. The Committee noted that the criteria for the complaints process (for upheld/partially upheld/not upheld complaints) were fair to both the person making the complaint and the staff. Any disagreement with the decision made by the complaints team was being logged however final decision was based on the evidence gathered through a thorough investigation process. Following a complaint which was not upheld families and patients could start an Ombudsman process and therefore ensuring internal investigations processes were robust was crucial. The Committee discussed ways of generating more feedback as current numbers only accounted for a small percentage of care episodes. The Committee noted that various approaches to incorporating different sources of feedback were considered and the numbers presented were only those that were formalised. A lot of instant feedback was dealt with and responded to by the healthcare staff on daily basis which often wouldn't be included in the formal feedback that was being reported as this could place additional burden on the staff. The Committee disused a proactive approach to complaints and noted an ongoing work pertaining to quality strategy and person-centred improvement programme. It was highlighted that improving communications and sharing learning within teams was one of the priority areas. There was ample training and development available		

			ACTION BY
	to staff. An ongoing improvement work was focused around staff training and support but it was recognised that where the complaints related to systemic issues (e.g. waiting times) the whole system solutions were required. It was agreed that a breakdown of themes emerging from complaints over time be included in the future presentations of this report to provide assurance that the actions resulting from complaints led to improvement over time. The Committee were content to note the report **NOTED**		Prof. Wallace
9.	**NHSGGC CARE HOME ANNUAL REPORT 2022- 2023**		
	Deputy Nurse Director, Jennifer Rodgers, presented a 'NHSGGC Care Home Annual Report 2022- 2023' [paper 23/05], which provided an update on the progress of work relating to support for Care Homes and the ongoing Care Home Collaborative (CHC) developments over the past year. The report provided an update on the processes and functions which provided governance, assurance, improvement and achievements across the care home sector following a new arrangements set out by the Scottish Government on 14 December 2022. The Committee noted the following: - In May 2020, following a request by the Cabinet Secretary, Executive Nurse Directors (END) were asked to provide professional leadership support and guidance within the care home sector. Since then there had been an ongoing collaboration with the Chief Officers, the Chief Social Workers, and the END. - The 'My Health, My Care, My Home' framework which was published last summer provided recommendations for care homes and was one of the key areas of focus for the CHC. Other areas covered by the CHC work included education, assurance, and improvement. - The current team structure of the CHC was provided within the paper. - Care Home Assurance Visits using the Care Home Assurance Tool had continued across NHS GGC to provide ongoing support, assurance, and shared learning. - There were 5 improvement work stream areas: Tissue Viability, Food, Fluid and Nutrition, Infection Prevention and Control, Right Care, Right Place and Person Centred Care. Details of work across these workstreams was provided within the report and the following had been highlighted:		

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	· Very successful improvement work in care acquired pressure ulcers in Hawthorne House – there were plans to implement similar projects across other sites. · Project Milkshake · Scottish Ballet Project aimed at increasing physical activity among residents. The Committee discussed the future of the CHC given ongoing fiscal pressures and had been assured that current plans were for the work to continue to be funded as it was supported by the national framework. The Committee were content to note the update. **NOTED**		
10.	**2022 RESEARCH & INNOVATION BOARD REPORT**		
	Senior Research and Innovation manager, Chloe Cowan, presented a 'Department of Research and Innovation: Board Report 2022: Recovery, Resilience and Growth' [paper 23/06] which provided an overview of the breadth and diversity of innovative research undertaken within NHSGGC. The report focused on the progress of the UK wide research recovery, resilience, and growth plan. Key achievements in R&I in 2022 included: - Commencement of over 400 new studies. - Leading role in delivering complex early phase trials (I-II) - Impact of Research experience with advanced medicinal therapies on ability to deliver licensed products within the clinical service - An award of [redacted] (over 5 years) to Experimental Cancer Medicine Centre - Overall recruitment to Cancer trials had now recovered and is on par with 2019 - Leading role in the participation of COVID-19 booster trial - Establishment of a near-clinical digital pathology research environment - Digitalisation of Pathology and growth in AI evaluation - Collaboration with industry to develop a licensed (Class I) CXR A-I algorithm - Adoption of key exemplar innovation projects, and others under assessment by the centre for Sustainability for national scale-up. There was an ongoing drive to deliver valuable high quality research. There were ongoing concerns relating to UK's access to late phase pharma driven studies. There were proactive efforts to		

			ACTION BY
	better utilise digitally enabled trials and data provision building on the experience during the pandemic period. The Committee were content to note. **NOTED**		
11.	**KEY PERFORMANCE INDICATORS FOR CLINICAL AND CARE GOVERNANCE COMMITTEE**		
	Director of Clinical and Care Governance, Geraldine Jordan, presented a 'Performance Indicators for Clinical and Care Governance' [paper 23/07] which outlined the current position with regard to the KPIs aligned to the Clinical and Care Governance Committee and associated programmes. There were 10 KPIs aligned to CCGC 5 of which were reported to the Committee via other reports (HAIRT and Patient Experience Report). The Committee noted the following in relation to the remaining 5 KPIs: <u>Acute Inpatient Falls per 1,000 OBD</u> - Data presented was from October 2022 to December 2022 - The baseline median rate was 8 falls per 1000 occupied bed days (OBD) - There was a decreasing trend over the July 2022 to November 2022 period which was not sustained over December 2022 - In addition to a national programme of improvement work to reduce falls (as part of the Scottish Patient Safety Programme, SPSP) there was a NHSGGC Improvement Programme for Acute Falls which was aligned to the NHSGGC Quality Strategy. <u>Inpatient Falls with Harm per 1,000 OBD</u> - Data presented was from October 2022 to December 2022 - The baseline median rate of falls with harm was 0.16 per 1000 OBD - From July 2022 to December 2022 there was a shift with 6 consecutive data points above the median. - Local and National programmes were in place to reduce number of falls with harm. <u>Avoidable pressure ulcer rate (grade 2-4)</u> - Data reported was for hospital acquired pressure ulcers, rather than avoidable pressure ulcer rate – data to report the latter was still under development. - Data was from February 2021 – January 2023 - The baseline median rate of hospital acquired pressure ulcers was 0.78 per 1000 OBD. - The data showed a stable rate over recent months		

			ACTION BY
	- The NHSGGC Improvement Programme for reduction in pressure ulcers was in place and was aligned to the NHSGGC Quality Strategy. <u>Rate of cardiac arrests (per 1,000 discharges)</u> - Data presented was from October 2020 – December 2022 - The baseline median rate was 2.1 cardiac arrests per 1000 discharges - From March 2022 to October 2022 there was a shift with 6 consecutive data points above the median - In addition to a national programme, as part of the SPSP, there was a NHSGGC improvement programme for deteriorating patient to reduce the cardiac arrest rate and improve reporting of true cardiac arrest rate as opposed to current data based on the number of 2222 calls. <u>Hospital Standardised Mortality Rate (HSMR)</u> - The most recent published HSMR data was for period from October 21 – September 22. - Three sites, [redacted] and [redacted], were above the Scottish average, 1.0. All were within control limits. The Committee were asked to note the report and provide relevant feedback, as this was the first presentation of this paper. It was proposed that control charts were included in the future presentation of the report. **<u>NOTED</u>**		G. Jordan
12.	**INFECTION CONTROL UPDATE**		
	a) HAIRT Report Director of Infection Prevention and Control, Sandra Devine, presented 'The Healthcare Associated Infection Reporting Template (HAIRT) for October - December (Quarter 4) 2022' [paper 23/08]. The Committee were asked to note the report, which provided an overview of Healthcare Associated Infections (HCAI) targets, incidents, and outbakes. Healthcare Associated targets position in Q4 was as follows: - *Staphylococcus aureus* bacteraemias (SAB) - Rates remained within expected limits. - In Q4 there were 86 healthcare associated SAB reported in NHSGGC against the target of 69 or less cases per quarter		

			ACTION BY
	Clostridioides difficile infections (CDI) - In Q4 there were 61 healthcare associated CDI reported in NHSGGC against the target of 51 or less cases per quarter *E. coli* bacteraemias (ECB) - Rates remained within normal control limits. - In Q4 there were 136 healthcare associated ECB reported in NHSGGC against the target of 114 or less cases per quarter Additionally the Committee noted the following updates: - Funnel plots provided showed that NHS GGC performance as compared with other Boards was not an outlier. - There were continuous efforts to reduce the number of ECB which remained above target through January and February 2023 - Scottish Government announced that the targets for ECB had been reduced from 50% reduction to 25% reduction and this would be reflected at the next presentation of the report. - This winter had been challenging due to high numbers of influenza and group A *Streptococcus* infections combined with high bed occupancy and reduced availability of single bed wards to isolate patients. - There was an announcement that Covid-19 numbers validation was no longer required. - Covid infections were slightly increasing but there was an ongoing close monitoring in place. If clusters were detected wards were being closed as appropriate. The Committee discussed the growing tendency for healthcare settings around the world to shift towards waterless handwashing in order to reduce numbers of waterborne infections. The Committee were assured that there were multiple safeguards against waterborne infections across NHSGGC. The Committee were content to note **NOTED**		
	b) Board Infection Control Committee The Committee considered the approved minutes of the Board Infection Control Committee meeting on 15 December 2022 and were content to note. **NOTED**		
13.	**SCOTTISH NATIONAL AUDIT PROGRAMME UPDATE**		

			ACTION BY
	Director of Clinical and Care Governance, Geraldine Jordan, presented an 'Annual Scottish National Audit Programme (SNAP) Update' [paper 23/09], which provided background to SNAP and an overview of the NHSGGC position in relation to the 2022 annual governance process. The Committee noted the following: - Each outlier had been reviewed and responded to as required for the 2022 SNAP Governance Process. - There were robust processes in place for responding to SNAP and the annual SNAP governance process. - There was an excellent clinical engagement with the audit process in NHSGGC. This included data collection, ongoing data review, oversight of audit results, review of any outliers, and an ongoing work to deliver high quality evidence based care to patients. - There were 9 national audits included in the SNAP programme and the current report included 7 of them (Scottish Audit of Intracranial Vascular Malformations and Scottish Electroconvulsive Therapy Accreditation Network did not have reports come out last year) - The summary provided in the paper showed total of 11 positive outliers and 15 negative outliers. A detailed summary of the 8 negative outliers which were more than 3 standard deviations from the mean was provided. The Committee were content to note. **NOTED**		
14.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	Chief Risk Officer, Andrew Gibson, presented a 'Corporate Risk Register Extract' [paper 23/10] which provided an overview of the Corporate risks aligned to the Clinical and Care Governance Committee. There were 3 risks aligned to the CCGC: · Public protection failure in relation to a vulnerable child or adult. · Safe & effective use of medicines. · Failure to meet obligations to provide person centred care. These were reviewed by risk owners in February and CMT in March 2023 and there were no changes proposed to the risk scores for this reporting period. There was however an ongoing progress relating to		

			ACTION BY
	mitigating actions and controls and a report would be presented at the next meeting. The Committee were keen to see more details linking the risks causes, risk scores and actions presented as part of this report. The Committee noted that there was no current timescales set for the overall reduction of the risk scores however individual mitigating actions had timescales associated with them. The Committee were content to approve the Corporate Risk Register Extract. **APPROVED**		
15.	**CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL REPORT**		
	Board Secretary, Kim Donald, presented an 'Annual Report of Clinical and Care Governance Committee (22/23)' which provided an overview of the Committee proceedings during the 2022/23 period. The Committee were asked to approve the report which formed a part of the Active Governance work and would be presented to the Board. The paper was circulated late and the Committee asked to be given a further week for any comments but were otherwise content to approve. **APPROVED**		
16.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETING**		
	The Committee considered the approved minutes of the Board Clinical and Care Governance Forum meeting on 14th November 2022 and were content to note. **NOTED**		
17.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Dr Ryan summarised they key points that had been discussed by the Committee. These included: - An Update from the Acute Services presented by the Deputy Medical Director for Acute, Dr Scott Davidson. - The Committee were presented a report on the ongoing work on the management of the Significant Adverse Events.		

			ACTION BY
	- The Committee received an update relating to the ongoing work on learning from patient experience, complaints, Ombudsman, and person-centred improvement programme. - A 2022-2023 Care Home Annual Report was considered by the Committee and multiple improvement projects across NHSGGC were praised. - The Committee were given a 2022 Research and Innovation Report which updated on the progress of the UK wide research recovery, resilience, and growth plan. - A newly developed Clinical and Care Governance Committee KPI report was presented and Members were invited to provide their feedback for future presentations. - The Committee noted and discussed the Infection Prevention and Control updates which included HAIRT report and the minutes of the Board Infection Control Committee. - An annual Scottish National Audit Programme report was presented to the Committee. - The Committee approved the Extract from the Corporate Risk Register and discussed the format of the report. - The Committee agreed to take an additional week to provide feedback relating to the Clinical and Care Governance Committee Annual Report after which the paper would be approved. - The Committee noted the most recent approved minutes of the Board Clinical Governance Committee. Dr Ryan thanked Susan Brimelow who was retiring that month for her contribution to the Committee and to the Board over the last 40 years. Dr Ryan thanked those present for attending and closed the meeting. **NOTED**		
18.	**DATE OF NEXT MEETING**		
	The next meeting of the Committee would be held on Tuesday 20 June 2023 at 2.00 pm, via MS Teams.		

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Minutes 19 - 37

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 20 June 2023 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Dr Jennifer Armstrong	Professor Iain McInnes
Ms Mehvish Ashraf	Cllr Katie Pragnell
Professor John Brown	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Mr David Gould	Professor Angela Wallace
Mrs Jane Grant	

IN ATTENDANCE

Ms Gail Caldwell		Director of Pharmacy (for Item 12)
Ms Ann Clark		Vice Chair, NHS Highland (observing)
Dr Scott Davidson		Deputy Medical Director, Acute
Ms Kim Donald		Corporate Services Manager, Governance
Ms Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Ms Kim Donald		Board Secretary, Corporate
Dr Claire Harrow		Chief of Medicine, Clyde Sector (for Item 7)
Ms Geraldine Jordan		Director of Clinical and Care Governance
Ms Rhoda MacLeod		Head of Adult Services (Sexual Health, Police Custody & Prison Healthcare), Glasgow City HSCP (for Item 13)
Dr Deirdre McCormick		Head of Service, Public Protection (for Item 11)
Dr Colin Peters		Clinical Director, Neonatology (for Item 6)
Ms Jane Richmond		Obstetrician and Gynaecologist (for Item 6)
Dr Mary Ross-Davie		Director of Midwifery
Ms Paula Spaven		Clinical Effectiveness Manager
Ms Beata Watson		Secretariat (Minute)

			ACTION BY
19.	**Welcome, Apologies and Introductory Remarks**		
	The Chair welcomed those present to the June 2023 meeting of the Clinical and Care Governance Committee. The Chair advised that Mr Ian Ritchie had reverted to Vice Chair of the Committee following the end of Ms Susan Brimelow's term as a Board Member. The Chair also welcomed Ms Ann Clark, Vice Chair of NHS Highland, who was observing the meeting. **NOTED**		
20.	**Declarations(s) of Interest(s)**		
	The Chair invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
21.	**Minutes of Meeting held on 5 March 2023**		
	The Committee considered the minute of the meeting held on 5 March 2023 [Paper No. CCCG(M)23/01] and were content to approve the minutes as a full and accurate record of the meeting. The Chair clarified that the Annual Report of the Committee, referred to in Item 15 of the minutes, had now been approved outwith the meeting **APPROVED**		
22.	**Matters Arising From The Minutes**		
	a) Rolling Action List The Committee considered the items detailed on the Rolling Action List [Paper 23/12] and were content to close the items recommended. The following updates were provided: - Minute No 6 – Acute Services Update Dr Armstrong reported that the Princess Royal Maternity Hospital had now been taken out of enhanced monitoring.		

			ACTION BY
	- Minute No 7 – Management of Significant Adverse Events Ms Jordan said that meetings had been taking place to improve the completion rates for reviews and this would be discussed further as part of Item 10 – Clinical Risk Management Report. - Minute No 8 – Learning from Patient Experience, Complaints, Ombudsman and Person Centred Improvement Programme Report Professor Wallace would provide an update under Item 8 om the agenda. - Minute No 11 – Key Performance Indicators for Clinical and Care Governance Committee. Ms Jordan advised that a paper on this would be presented to the September meeting of the Committee. The Committee were content to approve the RAL. **APPROVED**		
23.	**Overview**		
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Dr Armstrong provided a verbal update on two matters which would be drafted into papers for subsequent meetings. Professor Wallace reported that Healthcare Improvement Scotland (HIS) had undertaken an unannounced safe delivery of care inspection at Gartnavel General Hospital on 23-24 May 2023. She said that the initial feedback suggested this had been a positive inspection and the report was expected over the next few weeks. Professor Wallace also reported that the national launch of the new Healthcare Associated Infection (HCAI) Strategy for Scotland had taken place. This was a two year strategy and NHSGGC had contributed significantly to this work. The Committee were content to note the overview. **NOTED**		

			ACTION BY
24.	**Best Start Maternity & Neonatal Care**		
	The Committee considered the Best Start Maternity and Neonatal Care [Paper No. 23/13] for assurance. Mr Jamie Redfern, Director of Women and Children's Services, Dr Mary Ross-Davie, Director of Midwifery, and Dr Colin Peters, Clinical Director, Neonatology, provided a short presentation to the Committee. The presentation provided an update on the current position in NHSGGC on the implementation of the Best Start Programme, a five year forward plan for maternity and neonatal care in Scotland. In October 2022, NHSGGC had received a further year of funding from the Scottish Government to support implementation and this additional funding had been used to appoint three band 7 Project Midwife roles. The Committee were advised that all Best Start governance groups in NHSGGC had been reinstated since September 2022, including a Best Start executive group that met quarterly, a Best Start operational group and a range of project working groups. The Committee was also provided with an overview of the work of service user engagement groups and the emerging themes from these. An implementation plan was in place and this work linked to Moving Forward Together. The Committee noted that a significant amount of work had been undertaken since the previous presentation to the Committee by the maternity and neonatal teams. In response to a query about the timeframe for improving continuity of care, Dr Ross-Davie reported that this had been reviewed in detail and a new online digital access point to ensure engagement early in pregnancy and direction to the right services had been developed and would launch within the next few months. In response to a query about BAME populations, Dr Ross-Davie provided an overview of the work that was underway which included the stillbirth team working through themes related to BAME populations, a public health led maternity group looking at issues identified via MBBRACE reports, improving interpreting services and the establishment of a special interest group of midwives and obstetricians to look at improving care. Dr Ross-Davie said more detail on this would be included in the next presentation of the report. Professor Wallace acknowledged that some detail was missing from the report, particularly the action plan, and assured the Committee		

			ACTION BY
	that this would be rectified for the next presentation of the report and it was agreed that this would come back to the Committee in line with the reporting schedule. The Committee were content to note the report and would review progress in due course. **NOTED**		Professor Wallace
25.	**Hospital Standardised Mortality Rate (HSMR) Update**		
	The Committee considered the Hospital Standardised Mortality Rate (HSMR) Update [Paper No. 23/14] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance, for assurance. Ms Jordan advised that the report provided an updated position outlining the HSMR figures for NHSGGC for the periods July 2021-June 2022 and October 2021 to September 2022 along with crude mortality for the same reporting period. Ms Jordan reported that although [redacted] had an HSMR above the Scottish average these were within control limits. Ms Jordan also reported that NHSGGC was generally mirroring the crude mortality rates for NHS Scotland. Dr Claire Harrow, Chief of Medicine, Clyde, provided an update on the improvement work ongoing within the Clyde Sector which was being led by the HSMR Steering Group in Clyde. She outlined the three main workstreams that were underway and reported that a further workstream on critical care had been added which would review the dataset used to compare the data. Ms Jordan advised that a Steering Group was in place at RAH which continued to meet bi-monthly and a Quality of Care Review had also been commissioned at IRH. The Committee were content to note the report. **NOTED**		

			ACTION BY
26.	**Learning from Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme**		
	The Committee considered the Learning from Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme [Paper No. 23/15] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace said the report was for Quarter 4, from 1 January – 31 March 2023, and provided an overview of complaints performance, wider patient and family feedback mechanisms and how these translated into improvement taking into account corporate complaints, person centred care and the work of the Patient Experience Public Involvement (PEPI) and Communications team. A detailed breakdown of themes were presented in the report which now included performance at a glance and had been broadened to focus on the KPIs which were the priorities for the year. It was noted that Care Opinion feedback over the quarter had been mostly positive In response to a query about KPIs, Professor Wallace said that there were 9 KPIs for the year based on priorities and there would be an annual report produced based around these and patient experience. In response to a query about ensuring the correct gender was recorded on forms, Professor Wallace advised that equality and diversity training was mandatory for all staff and there was considerable support in this area to encourage staff to have the confidence to discuss gender with patients. There was feedback from the Committee that some of the baselines should be adjusted to ensure consistency and that it would be helpful to include data on how the data and themes were changing over time and Professor Wallace would take this feedback into consideration for the next version of the report. The Committee were content to note the report. **NOTED**		

			ACTION BY
27.	**Infection Prevention and Control Updates**		
	a) HAIRT The Committee considered the paper HAIRT [Paper No. 23/16] presented by Ms Sandra Devine, Director of Infection Prevention and Control, for assurance. Ms Devine advised that the report was for the period January – February 2023 and there were no exceptions to report. She said that Annual Operation Plan targets for SAB, CDI and ECB were within control limits and NHSGGC had performed well when compared to other Boards. Compliance with clinical risk assessment was 83% for MRSA and 88% for CPE against a target of 90% but she reported that the numbers for the next period would show an improvement. Ms Devine also advised that SSI surveillance remained paused nationally but local surveillance continued. Ms Devine reported that the Healthcare Associated Infection (HAI) inspection to inpatient mental health services at Gartnavel Royal Hospital in January 2023 had been positive overall and an action plan had been completed. In response to a query about MRSA trends, Ms Devine said that these could be included in the next report. She said there had been a focus on education and training and the next set of data which has not yet been published would show that this had improved. The Committee were advised that COVID-19 activity was still ongoing, and the Infection Prevention and Control Team were working closely with colleagues to support the implementation of national guidance in practice The Committee were assured by the update and content to note the report. **NOTED**		
	b) HIS QEUH Inspection Action Plan The Committee considered the QEUH Inspection Action Plan [Paper No. 23/17] presented by Ms Sandra Devine, Director of Infection Prevention and Control, for assurance.		

			ACTION BY
	Ms Devine reported that the inspection had been commissioned by the Scottish Government in December 2021 and, in response, an unannounced visit had taken place on 7, 8 and 20 June 2022 with a report published in November 2022. Ms Devine reported on the areas of good practice that had been highlighted by the report. She said that there had been two recommendations and four requirements made in the report and NHSGGC had developed an Action Plan which had now been completed. The Committee were content to note the report. **NOTED**		
	c) Board Infection Control Committee The Committee considered the minutes of the Board Infection Control Committee of 22 February 2023 [BICC(M)23/01] which were presented for assurance The Committee were content to note the minutes. **NOTED**		
28.	**Clinical Risk Management Report**		
	The Committee considered the Clinical Risk Management Report [Paper No. 23/18] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance, for assurance. The report covered the period January 2022 to December 2022. Ms Jordan advised that a total of 427 staff had successfully completed SAER investigator training between June 2021 and December 2022 and a LearnPro module for SAER commissioners had been created. 355 staff had completed the NES module on Duty of Candour. Ms Jordan reported that 88 SAERs had been closed between January and December 2022 with 81 of these events having met all Duty of Candour requirements and the remaining 7 events awaiting a response from the service. The Committee received a presentation on Key Performance Indicators which set out the current position on KPIs for each Division and Sector within NHSGGC. Ms Jordan said that the focus was on closing SAERs which had been open for over a year and the		

			ACTION BY
	target was to ensure SAERs opened before January 2022 were closed by October 2023. Ms Jordan acknowledged that this was a lengthy process and there was a number of complex and multi-Board SAERs but opportunities to streamline the process were being looked at. Professor Wallace said that it was important for families that these reports were completed but acknowledged that these can take time and she stressed the importance of ensuring families were supported and kept informed throughout the process. The Committee were content to note the report. **NOTED**		
29.	**Public Protection**		
	a) Public Protection Report The Committee considered the Public Protection Report [Paper No. 23/19] presented by Dr Deirdre McCormick, Head of Service, Public Protection, for assurance. Dr McCormick provided an overview on Public Protection governance and activity. She reported that the Greater Glasgow and Clyde Public Protection Strategy was in development and was being discussed at the Board Seminar at the end of July and would then come to the Committee. The Strategy had been developed based on discussions and self-assessment from the Public Protection Accountability Framework published in October 2022 and it was agreed that more detail on the background would be included in the report for the Board. The Terms of Reference for the Public Protection Forum had also been refreshed. The Committee were advised that the national NHS Assurance and Accountability short life working group continued to meet on a bi monthly basis. The internal audit of Public Protection arrangements looking at systems across the Board and the output from the audit was underway and the output from that would be included in the Public Protection delivery plan. A short life working group on identification of neglect had been established and a project plan was being developed acknowledging that this work was complex and required input from multiple teams.		

			ACTION BY
	The Committee were content to note the paper. **NOTED**		
	b) Public Protection Forum The Committee considered the minutes of the Public Protection Committee of 9 February 2023 [PPF(M)23/01] which were presented for assurance The Committee were content to note the minutes. **NOTED**		
30.	**Medicines and Pharmacy Update**		
	a) Controlled Drugs Annual Report The Committee considered the Controlled Drugs Annual Report [Paper No. 23/20] presented by Ms Gail Caldwell, Director of Pharmacy, for assurance. Ms Caldwell provided an overview of the report which provided assurance that medicines were managed safely and effectively. She said that controlled drugs were important for care and needed to be accessed easily but in a controlled way as these were subject to abuse and addition. Ms Caldwell said that data on the use of controlled drugs was included in the report. She said that regional work on education and training and information sharing was underway. She also highlighted that there were complex pathways for private prescribers and systems were required for regulatory responsibilities. The Committee were advised of the key pieces of work that had been undertaken, including the development of Information Sharing Protocol and the creation of a bespoke LearnPro module. In response to a query about incidents involving Controlled Drugs, Ms Caldwell said that policies and procedures for checks were in place and although the number of errors was very small, all incidents were taken seriously and every error was reviewed with any themes identified and addressed		

			ACTION BY
	Ms Caldwell advised that the prison contract with Lloyds Pharmacy had finished and a new provider had been identified and the transfer of services was on track. The Committee were content to note the report. **NOTED**		
31.	**Prison Healthcare Update**		
	The Committee considered the paper Prison Healthcare Update [Paper No. 23/21] presented by Ms Rhoda MacLeod, Head of Adult Services (Sexual Health, Police Custody & Prison Healthcare), Glasgow City HSCP, for assurance. Ms MacLeod provided an overview of the key points from the paper. She advised that the health profile of patients within prison settings was [redacted] and presented [redacted], including [redacted] and [redacted]. Ms MacLeod reported that there had been a significant reduction in complaints and advised that there had been more face-to-face engagement, the SAER process was also being improved. She reported that post COVID recovery investment had helped to improve oral health provision. She also reported that the Naloxone peer education programme had been successful and there had also been a positive inspection in HMP Greenock. She said that there was a focus on staff retention and recruitment and careers in the service continued to be promoted. In response to a query on the workforce review, Ms MacLeod said that this had been completed and the draft report would be considered by the Corporate Management Team. Ms MacLeod said that the report acknowledged that there had been ongoing staffing issues since the transfer but there had been initiatives which had led to improvements which were set out in the report including introducing clinical leadership for mental health and the use of advanced nurse practitioners. In response to a query about the day to day management of staffing levels, Ms MacLeod said that there was a daily huddle using the safe staffing model for acute but acknowledged that it would be helpful to have a model specifically for prisons. Professor Wallace advised that prisons would be included in the safe staffing model that was currently being developed. In response to a query about the feasibility of virtual delivery of psychological therapies, Ms MacLeod said that there were practical		

			ACTION BY
	issues around accessing this but there were ongoing discussions with the Scottish Prison Service. The Committee were content to note the report. **NOTED**		
32.	**Extract From Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper No. 23/22] which was presented for approval. The Committee were advised that the three risks aligned to the Committee had been reviewed by risk owners at CMT in June 2023 and there were two proposed changes: - A decrease in the risk of public Protection failure in relation to a vulnerable child or adult. - A de-escalation in the risk of failure to meet obligations to provide person centred care which would now be monitored at Directorate risk register level. The Committee were content with the proposed changes and approved the Corporate Risk Register. **APPROVED**		
33.	**Terms of Reference**		
	The Committee considered the paper Terms of Reference [Paper No. 23/23] presented by Ms Kim Donald, Corporate Services Manager, Governance, for approval. Ms Donald advised that this was part of the annual process to ensure the remit of the Committee remained fit for purpose that this would be included in the annual governance pack being considered by the Board at the end of June. Ms Donald advised that the Terms of Reference had been updated to include the monitoring and scrutiny of key data as part of the Board's Assurance Information Framework. The Committee were content to approve the Terms of Reference. **APPROVED**		

			ACTION BY
34.	**Board Clinical Governance Forum - Minutes of Meeting**		
	The Committee considered the minutes of the Board Clinical Governance Forum of 13 February 2023 [BCGF(M)23/01] and 17 April 2023 [BCGF(M)23/02] which were presented for assurance The Committee were content to note the minutes. **NOTED**		
35.	**Independent Review of Audiology in Scotland Letter**		
	The Committee considered the letter on the Independent Review of Audiology in Scotland [Paper No. 23/24] presented by Dr Scott Davidson, Deputy Medical Director, Acute, for awareness. Dr Davidson reported that in November 2022 audiologists in Scotland had been asked to submit their first 'normal' and first 'hearing loss' Auditory Brainstem Response (ABR) test of 2022 for audit against the UK-wide British Society of Audiology (BSA) guidelines. NHSGGC provided a response to this audit and in February 2023, the Chief Healthcare Science Officer responded to NHSGGC highlighting areas for improvement following which an internal review was undertaken with detailed feedback and an action plan for improvement was submitted to the Scottish Government. The Chief Scientific Officer responded to this in May 2023 providing positive feedback. The action plan would now be taken through the Women and Children's and Acute Clinical Governance groups. The Committee were content to note the update. **NOTED**		
36.	**Closing Remarks and Key Messages For Board**		
	Dr Ryan summarised they key points that had been discussed by the Committee which would be used to form the Chair's Report to the next Board Meeting. Dr Ryan thanked those present for attending and closed the meeting.		

			ACTION BY
37.	**Date of Next Meeting**		
	The next meeting of the Committee would be held on Tuesday 5 September 2023 at 2.00 pm, via MS Teams.		

CCCG(M)23/03
Minutes 38 – 54

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday, 05 September 2023 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Dr Jennifer Armstrong [left the meeting after min 43]	Cllr Katie Pragnell
Ms Mehvish Ashraf	Mr Ian Ritchie
Mrs Jane Grant	Dr Lesley Rousselet
Professor Iain McInnes	Professor Angela Wallace

IN ATTENDANCE

Ms Lesley Aird		Assistant Director of Finance - Financial Services, Capital & Payroll
Ms Sandra Bustillo		Director of Communications and Public Engagement
Ms Mandy Crawford		Corporate Services Manager – Complaints
Dr Emilia Crighton		Director of Public Health
Ms Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Ms Kim Donald		Board Secretary, Corporate
Ms Geraldine Jordan		Director of Clinical and Care Governance
Dr Deirdre McCormick		Chief Nurse Head of Service, Public Protection
Professor Colin McKay		Deputy Medical Director Corporate Services
Ms Jennifer Rodgers		Deputy Nurse Director, Corporate and Community
Dr Stuart Sutton		Clinical Director, Renfrewshire HSCP
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Mr Scott Wilson		Business Manager to Chief Executive
Ms Beata Watson		Secretariat (Minute)

			ACTION BY
38.	**Welcome, Apologies and Introductory Remarks**		
	The Chair welcomed those present to the September 2023 meeting of the Clinical and Care Governance Committee. Apologies were noted on behalf of: Mr David Gould, Ms Dianne Foy and Dr Rebecca Metcalfe.		

			ACTION BY
	NOTED		
39.	**Declarations(s) of Interest(s)**		
	The Chair invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
40.	**Minutes of Meeting held on 20 June 2023**		
	The Committee considered the minute of the meeting held on 20 June 2023 [Paper CCCG(M)23/02] and were content to approve the minutes as a full and accurate record of the meeting. **APPROVED**		
41.	**Matters Arising From The Minutes**		
	a) Rolling Action List The Committee considered the items detailed on the Rolling Action List [Paper 23/25] and were content to close the items recommended. There were no ongoing actions on the RAL and the Committee were content to approve. **APPROVED**		
42.	**Overview**		
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. Professor Wallace advised that a report was recently presented to the Staff Governance Forum in relation to Nursing and Midwifery Council and the piloting of the Healthcare Staffing Act across the Greater Glasgow and Clyde as the first health board in Scotland to do so. A paper would be presented to the Clinical and Care Governance Committee in due course. Dr Armstrong provided an update on matters arising within gynaecology oncology which would form basis of a report to be presented at an upcoming meeting.		

			ACTION BY
	The Committee were content to note the overview. **NOTED**		
43.	**Endoscopy Investigation**		
	The Committee considered the 'Endoscopy Investigation' [Paper No. 23/26] presented by Prof. Colin McKay, Deputy Medical Director - Corporate, for awareness. The Committee noted that 5 SAERs had been commissioned as a result of the investigation which were nearing completion but an additional SAER was being commissioned following further developments of the case. An incident report had been submitted to the National Bowel Screening Service and an SBAR had been submitted to the Chief Medical Officer for Scotland. The Committee also noted the agreed next steps as outlined within the paper. Ms Sandra Bustillo, Director of Communications and Public Engagement, advised that a proactive and transparent management of the case had been agreed. Following a question, the Committee noted that contributing factors for the delay in identifying the issue had been considered as part of the investigation an addressed in resulting reports. The Committee were advised that the doctor responsible had resigned before the investigation had been completed. The Committee wanted to pass their thanks to the teams which had been supporting the investigation process in recognition of their efforts which often included difficult conversations with patients and families. The Committee were content to note the report **NOTED**		Prof. McKay
44.	**Primary Care and Community Care Clinical Governance Report**		
	The Committee considered the 'Primary Care and Community Clinical Governance Report' [Paper No. 23/27] presented by Dr Stuart Sutton, Clinical Director Renfrewshire HSCP/Chair of Primary Care and Community Clinical Governance Forum, for assurance. The Committee noted the governance arrangements and reporting structure within the Primary Care and Community, as well as, the function, meeting arrangements, work plan, and priorities of the Primary		

			ACTION BY
	Care and Community Clinical Governance Forum, as outlined in the paper. Dr Sutton highlighted some of the cross system learning as reported over the last year, which included: - Glasgow City HSCP joint inspection of adult support and protection. - Progress with pressure ulcer reduction - Primary care Quality Improvement event - An appointment of the clinical director for GP out of hours - a summary of an update on prison service - A pilot within the Renfrewshire HSCP enhanced respiratory multi-disciplinary team with regard to chronic obstructive pulmonary disease (COPD) Key successes in the last year included: - East Renfrewshire joint inspection for children and young people at risk of harm or neglect. - Approval of the NHS GGC Confirmation of Death policy – replacing the previous Verification of Expected Death policy. - A launch of the fixed term project with the Scottish Ambulance Service utilising Advanced Practice Paramedics within primary and community care. - A reduction of waiting times within Musculoskeletal Physiotherapy by half. - A recognition of the Diabetic Eye Screening team at the Celebrating Success 2023 awards as overall Team of the Year. Key risks included: - General practice sustainability - District nursing insulin administration caseload within Glasgow City - Delays within Significant Adverse Event Reviews (SAERs) commissioning and completion. Responding to a question, Dr Sutton summarised the main issues within the GP recruitment and retention. Committee noted there was an upcoming national GP recruitment and retention event which would be discussion these issues in depth. The Committee noted that the recruitment for an optometric advisor was ongoing.		

			ACTION BY
	The Committee discussed the increasing caseload within the pressure ulcers team due to a reviewed and more robust governance processes to enable early identification of less severe pressure ulcers. It was noted that the avoidable pressure ulcers numbers were stable. The Committee were content to note the report. **NOTED**		
45.	**Infection Prevention and Control Updates**		
a)	**Healthcare Associated Infection Reporting Template (HAIRT)**		
	The Committee considered the 'Healthcare Associated Infection Reporting Template (HAIRT)' [Paper No. 23/28] presented by Ms Sandra Devine, Director of Infection Prevention and Control, for assurance. The Committee noted the following highlights: - Performance against the Annual Operating Plan (AOP) targets for SAB, CDI and ECB. The GGC rate per 100 000 OBD was below national rate for the quarter 1 of 2023. - Clinical Risk Assessment (CRA) compliance was 90% for CPE and 89% for MRSA against national compliance of 77% and 78% respectively. As the compliance had been consistently around 90% the focus would be on local feedback to areas where compliance had fallen below expected standards. - Numbers of healthcare associated CDI infections in May and June 2022 were higher than expected. No single site was responsible for the increase and all were within single wards which meant there was no cross transmission. A review lead by the microbial management team had been conducted and it was confirmed that the increase was not statistically significant. The full review would be published shortly. The Committee discussed a recent joint inspection to Gartnavel General Hospital and noted that the report described good senior management presence, and good communication. The Committee noted that there had been an increase in infections from resistant organisms in repatriated patients. A national position guidance document had been drafted to advise all health boards to ensure testing for CPE and *Candida Auris* for all repatriated patients. The Committee noted relatively high number of surgical site infections (SSI) post spinal cord surgeries. This was being actively monitored		

			ACTION BY
	however lack of benchmarking data (as a result of paused reporting of SSI nationally) made it harder to spot any trends or outliers. The Committee were content to note the report. **NOTED**		
b)	**Board Infection Control Committee minutes**		
	The Committee considered the minutes of the Board Infection Control Committee of 20 April 2023 [BICC(M)23/02] which were presented for assurance and were content to note. **NOTED**		
46.	**Public Protection Strategy**		
	The Committee considered the 'Public Protection Strategy' [Paper No. 23/29] presented by Dr Deirdre McCormick, Chief Nurse and Head of Service, and Prof. Angela Wallace, Director of Nursing, for feedback and comments before the presentation to the CMT and the Board. The Committee noted that the Public Protection Strategy had been presented at the latest Board Seminar and had been received positively. Feedback from that presentation had been incorporated into the paper being presented to the CCGC. There were no further comments or feedback and the Strategy would be presented to the CMT and following that to the NHS GGC Board in October for the final approval. Any comments raised at the CMT would be communicated with CCGC members via email for their awareness and comments. **NOTED**		Secretariat
47.	**Key Performance Indicators for Clinical and Care Governance**		
	The Committee considered the 'Key Performance Indicators for Clinical and Care Governance' [Paper No. 23/30] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance, for assurance. There were 10 KPI's that were agreed following the Blueprint for Good Governance to develop the Active Governance Programme. Five of the KPIs were assessed through IPC and Complaints reports and the remaining five through this report, these were:		

			ACTION BY
	- Inpatient Falls per 1,000 OBD - mean rate was 7.7 per 100 OBD and recent data for May and June 2023 signalled a decreasing rate. - Inpatient Falls with Harm per 1,000 OBD – mean rate was 0.2 per 100 OBD. Work was being carried out nationally to standardise the definition of a fall with harm across health boards. - Avoidable pressure ulcer rate (grade 2-4) – data presented was for hospital acquired pressure ulcers as avoidable pressure ulcers data was under development. The mean rate was 0.72 per 1000 OBD. There was a decrease in the rate in recent months. - Rate of cardiac arrests (per 1,000 discharges) - mean rate was 2.4 per 1000 discharges and a decreasing trend was noted from March to June 2023 - Hospital Standardised Mortality Rate (HSMR) – there were three sites with HSMR equal or above the Scottish average. A funnel plot presented showed that all sites were within the control limits. The Committee noted improvement programs for each of the KPI's included within the report. The Committee were advised that the KPIs would be reviewed following Board's approval of the governance matrix in the next 6 months. The inclusion of charts to illustrate GGC's position against the KPIs over time had been appreciated by the Members of the Committee and they were content to note the report. **NOTED**		Ms Vanhegan /Ms Jordan
48.	**Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme**		
	The Committee considered the 'Patient Experience Report – Quarter 1' [Paper No. 23/31] presented by Ms Mandy Crawford, Corporate Services Manager - Complaints, for assurance. The Committee noted that the annual report would be presented following a presentation to the CMT and the quarter 1 report was being presented instead to give an assurance to the Committee with regard to patient experience position.		

			ACTION BY
	Ms Crawford provided the following highlights from the report: - There were 1,358 complaints received from 1 April to 30 June 2023. 93% of complaints closed at Stage 1 within 5 working days, 76% of complaints closed at Stage 2 within 20 working days. - 87 cases relating to NHSGGC complaints had been received by the SPSO during Q1 with 15 complaints under investigation and 47 at pre-investigation stage. - Top themes identified through complaints data analysis remained consistent: clinical treatment, waiting times, attitude and behaviours, written communication and oral communication. Committee noted that following the approval by the CMT the complaints annual report would be circulated to the Committee. The Committee were content to note the paper. **NOTED**		Secretariat
49.	**Clinical Governance Annual Report**		
	The Committee considered the 'Clinical Governance Annual Report' [Paper No. 23/32] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance, for assurance. The report covered the period April 2022 – March 2023 and highlighted some of the achievements and challenges throughout the year, as well as, outlining priority areas for the year ahead. The report covered areas of clinical governance arrangements and key activities, as well as, key messages and arrangements pertaining to safe care and effective care. A detailed update on person-centred care was included within the NHSGGC Quality Strategy Annual Report 2022-2023 [presented at this meeting as agenda item 14] to avoid any duplicate work. The Committee discussed the SAERs policy review process. Ms Jordan advised that the revised SAER policy had gone through the main clinical governance groups up to the Board Clinical Governance Forum and would be presented to the CMT later this month for a final approval. As the national framework was currently being reviewed and would be		

			ACTION BY
	presented in early 2024 the timelines would remain unchanged until the national position was finalised. In a response to a question regarding the replacement for the current Datix system, Ms Jordan advised that the national tender process was nearing completion. The Committee were content to note the report. **NOTED**		
50.	**Duty of Candour Annual Report**		
	The Committee considered the 'Duty of Candour Annual Report' [Paper No. 23/33] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance, for assurance. The Committee noted that in the period between 1st April 2022 and 31st March 2023 there were 35 incidents which triggered duty of candour and a SAER had been commissioned for all of them. 29 of these reviews had been concluded and assessed for compliance with the following elements of the regulations: Apology given; Patient or Relative informed of the review; Patient or Relative invited to participate in review; Patient or Relative informed of the results of the review. Full compliance was achieved for all concluded duty of candour incidents. Ms Jordan advised that the 2021/22 Duty of Candour annual report was updated and an addendum published in December 2022, to include additional incidents which occurred in the 2021/22 cycle which had since been closed and the total number of duty of candour events dated 2021/22 was now 82. It was proposed that similar arrangements were put in place for the ongoing and potential duty of candour incidents for the 2022/23 cycle. The Committee were content to note the report. **NOTED**		
51.	**Quality Strategy Annual Report**		
	The Committee considered the 'Quality Strategy Annual Report' [Paper No. 23/34] presented by Ms Jennifer Rodgers, Deputy Nurse Director – Corporate and Community, for assurance.		

			ACTION BY
	Ms Rodgers advised that 'The Pursuit of Healthcare Excellence': Healthcare Quality Strategy (2019-2023)' was now at the end of its life cycle which created an opportunity for the Board to create a new, ambitious, and unifying strategic vision. Early scoping a national and international benchmarking had been undertaken. The Committee noted the progress on the three core priority workstreams: person-centred care, infection prevention and control, and pressure ulcer prevention, as well as, a summary of the additional related workstreams reported through the Quality Strategy Oversight Group. The Committee were content to note the report. **NOTED**		
52.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper No. 23/35] presented by Ms Lesley Aird, Assistant Director of Finance - Financial Services, Capital & Payroll, for approval. The Committee noted that all the risks aligned to the Clinical and Care Governance Committee had been reviewed and there were no proposed changes at this time. Ms Aird advised that the Chief Risk Officer post recruitment process was nearing completion and the post was expected to be filled at the beginning of October 2023. The Committee discussed the ongoing and upcoming work within the clinical risk team relating to the recent ruling in the Lucy Letby case. Relevant reports would be presented when the work was completed. The Committee were content to approve the Corporate Risk Register. **APPROVED**		
53.	**Closing Remarks and Key Messages For Board**		
	Dr Ryan summarised the key points that had been discussed by the Committee which would be used to form the Chair's Report to the next Board Meeting. Dr Ryan thanked those present for attending and closed the meeting.		

			ACTION BY
54.	**Date of Next Meeting**		
	The next meeting of the Committee would be held on Tuesday, 5 December 2023 at 2.00 pm, via MS Teams.		

OFFICIAL SENSITIVE

NHS GREATER GLASGOW AND CLYDE

Meeting of the Clinical and Care Governance Committee
Tuesday, 5 December 2023 at 2.00 pm
hybrid at JB Russell House and via Microsoft Teams

AGENDA

1.	**Welcomes, Apologies, and Introductory Remarks**		Verbal
2.	**Declarations(s) of Interest(s)**		Verbal
3.	**Minutes of Meeting held on 05 September 2023**	Approval	CCG(M)23/03
4.	**Matters Arising from the Minutes**		
	a) Rolling Action List	Approval	Paper 23/36
UPDATES FROM EXECUTIVE LEADS			
5.	**Overview** Verbal update by the Medical Director and Nurse Director	Awareness	Verbal
THEMED ASSURANCE REPORTS			
6.	**Gynaecology Oncology Update** Paper presented by the Deputy Medical Director, Acute	Awareness	Paper 23/37
7.	**Best Start Maternity and Neonatal Care** Paper presented by the Director of Midwifery /Director of W&C	Assurance	Paper 23/38
8.	**Mental Health Clinical Governance Report**	Assurance	Paper 23/39

	Paper presented by the Deputy Medical Director, Mental Health		
9.	**Medicines and Pharmacy Report** Paper presented by Director of Pharmacy	Assurance	Paper 23/40
10.	**Infection Prevention and Control**		
	a) Healthcare Associated Infection Reporting Template (HAIRT) Paper presented by the Director of Infection Prevention and Control	Assurance	Paper 23/41
	b) Board Infection Control Committee Approved Minutes of Meeting	Assurance	BICC(M) 23/42
11.	**HSMR** Paper presented by Director of Clinical and Care Governance	Assurance	Paper 23/43
12.	**Clinical Risk Report** Paper presented by Director of Clinical and Care Governance	Assurance	Paper 23/44
13.	**SNAP Report** Paper presented by the Director of Clinical and Care Governance	Assurance	Paper 23/45
14.	**Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme** Paper presented by the Nurse Director/Deputy Nurse Director Corporate & Community	Assurance	Paper 23/46
ANNUAL REPORT/UPDATES			
15.	**Research Ethics Committee Annual Report** Paper presented by Julie Brittenden /Judith Godden	Assurance	Paper 23/47
16.	**West of Scotland Cancer Network QPI Report** Paper presented by Chief of Medicine, Regional	Assurance	Paper 23/48

17.	**Duty of Candour Annual Report Addendum** Paper presented by Director of Clinical and Care Governance	Assurance	Paper 23/49
GOVERNANCE AND ASSURANCE			
18.	**Extract from Corporate Risk Register** Paper presented by Chief Risk Officer	Approval	Paper 23/50
ITEMS FOR NOTING			
19.	**Closing Remarks and Key Messages for Board** Chair of the Clinical and Care Governance Committee	Assurance	Verbal
DATE OF NEXT MEETING			
20.	The next meeting is taking place on 05 March 2024 at 2 PM (hybrid) JB Russell House and via Microsoft Teams		

CCCG(M)24/01
Minutes 01 - 17

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday, 12 March 2024 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Dr Jennifer Armstrong	Mr Ian Ritchie
Ms Dianne Foy	Dr Lesley Rousselet
Professor Iain McInnes	Dr Lesley Thomson (Board Chair)
Dr Becky Metcalfe	Professor Angela Wallace
Cllr Katie Pragnell	

IN ATTENDANCE

Professor Julie Brittenden		
Ms Mandy Crawford		Corporate Services Manager – Complaints
Dr Scott Davidson		Deputy Medical Director - Acute
Ms Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Ms Kim Donald		Board Secretary, Corporate
Katrina Heenan		Chief Risk Officer
Helena Jackson		
Colin McKay		Deputy Medical Director - Corporate
Mr Jamie Redfern		Director Women and Children's Services
Paula Spaven		Acting Director of Clinical Governance
Elaine Vanhegan		Director of Corporate Governance
Ms Beata Watson		Secretariat Officer (minute)

			ACTION BY
1.	**Welcome, Apologies and Introductory Remarks**		
	The Chair welcomed those present to the March 2024 meeting of the Clinical and Care Governance Committee. Apologies were noted on behalf of: Ms Mehvish Ashraf and Mrs Jane Grant.		

			ACTION BY
	NOTED		
2.	**Declarations(s) of Interest(s)**		
	The Chair invited Committee Members to declare any interests in the items discussed. No declarations were made. **NOTED**		
3.	**Minutes of Previous Meeting**		
	The Committee considered the minute of the meeting held on 5 December 2023 [Paper CCCG(M)23/03] and were content to approve the minutes as a full and accurate record of the meeting. **APPROVED**		
4.	**Matters Arising from Minutes**		
a)	**Rolling Action List** The Committee considered the items detailed on the Rolling Action List [Paper 24/01] and were content to close the items recommended. Paula Spaven updated the Committee with regards to the one remaining Duty of Candour addendum case which was still ongoing and was currently at the QA stage. The Committee were updated with regards to Cystic Fibrosis medication query [05.12.2024 min. 63] –commercial negotiations between NICE/SMC and drug manufacturer were delayed but those who were already started on the medication would continue to receive it. Further update would be provided through a regular Overview update. The Committee were content to approve the rolling action list. **APPROVED**		
5.	**Overview**		
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness.		

			ACTION BY
	The Committee were content to note the overview. **NOTED**		
6.	**Acute Services Clinical Governance Report**		
	Dr Scott Davidson presented the 'Acute Services Division Clinical Governance Report' for assurance. The Committee noted a summary, background, and current activity within the Acute Clinical Governance Forum, key highlights included the following: – The ACGF continued to receive a routine update report from the clinical governance lead for each sector and directorate at every meeting. – The ACGF work plan had been reviewed and updated, and provided an overview of monitoring arrangements for agreed objectives, and cross directorate work and projects. – The ACGF reporting schedule for 2024 had been developed. – The ACGF maintained an ongoing focus on the agreed key priority areas of SAERs, and breached guidelines. – The ACGF has continued to report to the Board CG Forum (BCGF) at each meeting, providing oversight of any issues affecting the Division, including key items for escalation, cross system learning, key successes, and key risks. – Other key areas of activity included: Morbidity and Mortality (M&M) project, participation in the Scottish National Audit Programme and update on outliers, improving the reliability of cardiac arrest reporting. – SAER commissioning and completion improvement efforts were ongoing. – Learning summaries from SAERs were being considered by the ACGF to encourage discussions. – Glasgow Continuous Flow Model (GlasFLOW) had undergone a recent review of processes. The data showed an improvement in ambulance offload times, triage times, 12-hour ED waiting time, average length of stay, ED 4-hour target, and early discharge numbers. – Staffing (Nursing, Medical, and AHP) remained one of the biggest challenges within the Acute Services. The Committee discussed the ongoing efforts to tackle the SAERs delays and backlog and whether there were plans to sustain the additional resource long term to maintain this progress and prevent backlog from		

			ACTION BY
	building up. Dr Davidson advised this was a key priority area for the Acute Sector and that there was a drive to ensure that this was embedded as an effective use of non-clinical time allowance for clinicians. There was a question regarding the feedback and complaints from Staff regarding the GlasFLOW and what actions were being taken to address it. The Committee were advised that the user evaluation was an essential part of this model alongside robust review and data gathering to ensure the confidence in the model to alleviate unscheduled care pressures was maintained. The Committee were advised that current efforts within the M&M project work was to ensure the consistency of approach with the use of a standardised template. The current M&M work was highly structured with over 20 teams across the GGC. Data and learning were fed into databases to share the results across the Sectors. The Committee were content to note the update. **NOTED**		
7.	**Women and Children Breached Guideline Report**		
	The Committee considered the 'Update on adverse "in-date" Guideline position in Women and Children (W&C) Directorate' [paper 24/03] presented by the Director and Women and Children Services, Jamie Redfern. The Committee noted a background information on how pressures within the W&C services led to the current breached Guideline backlog and the ongoing focused efforts to update the breached Guidelines and improve existing processes to avoid similar situations in the future. The Committee were advised of the progress made so far against the set targets, as well as further actions which were being progressed to maintain the current trajectory and provide an improved framework for updating Guidelines across all sectors. There was a question regarding the reasons for the identified Consultant Midwife post not being progressed. Mr Redfern advised that the post was under review with a view to building in an internal capacity to tackle to backlog which would help maintain the healthy position once the backlog had been dealt with.		

			ACTION BY
	The Committee discussed safety concerns around working from expired guidelines and were assured that there were no significant clinical concerns at this stage. It was recognised that working with breached Guidelines did pose a reputational risk to the organisation. It was agreed that a further update report on the progress of this work would be presented to the CCGC in 6 months. The Committee were content to note the report. **NOTED**		Secretariat
8.	**Healthcare Associated Infection Reporting Template (HAIRT)**		
	Ms Sandra Devine provided an update on the' The Healthcare Associated Infection Reporting Template (HAIRT) for November and December 2023' [paper 24/04] presented for assurance. The Committee noted an update on Scottish Government Standards on Healthcare Associated Infections for SAB, CDI and ECB. There were 28 reported SAB in November and 31 in December 2023 against the target of 23 or less per month. There were 50 healthcare associated ECB in November and 35 in December 2023, the aim was 38 or less per month. CDI: 17 cases in November and 16 in December 2023, aim was 17 or less. SAB, ECB and CDI rates remained within the control limits as indicated by provided funnel plots. The Committee were advised that SSI surveillance was paused nationally but continued locally. The Committee noted the Clinical Risk Assessment compliance was 96% for CPE and 94% for MRSA this was well above the Scottish average (81% and 80% respectively). Unvalidated results for quarter 4 indicate compliance below 90% for both assessments. The Committee discussed the high number of ward closures at the GRI due to norovirus and respiratory infections over the recent winter months. Ms Devine advised that the Upper Confidence Limit meant 3 Standard Deviations and Upper Warning Limit meant 2 SD from the Mean for SPC charts. The introduction of the upper warning limit provided an additional safeguard for when the spike in cases was occurring to introduce actions before the upper confidence limit was breached.		

			ACTION BY
	The Committee were content to note the update. **NOTED**		
9.	**Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme**		
	The Committee considered the 'NHSGGC Patient Experience Report Quarter 3' [paper 24/05] presented for assurance. The Committee noted the following: - There were 1309 complaints received from October to December 2023. 88% of complaints closed at Stage 1, within 5 working days 67% of complaints closed at Stage 2, within 20 working days. Total overall complaints performance was 89% which was well above the target. - There were 111 cases pertaining to SPSO processes that have been shared with NHS GGC in Q3. 5 decisions were received: 1 was fully upheld, 2 were partly upheld and 2 were not upheld – details were provided within the report. - Top themes from complaints in Q3 remained consistent and there were: clinical treatment, date for appointment, attitude and behaviour, oral communication, and written communication. - It was highlighted that one of the KPIs: Self awareness and training, had fallen throughout Q3. The Committee noted there was a national work ongoing to standardise training across Scotland. - There were 741 pieces of feedback received through quarter 3. 79% of all feedback received was identified as Positive. - The evaluation of Patient Centred Visiting was ongoing and expected to be finalised by the end of March – recommendations and report to follow. The Committee were advised of the upcoming work to be undertaken with prison healthcare complaints. The Committee discussed the need for improvement to how the feedback and wider learning from the complaints was being shared across the whole Service. It was recognised that this was an important area for improvement. The Committee discussed the feedback and complaints data gathering from Primary Care Contractors. The Committee were advised that		

			ACTION BY
	Primary Care Contractors were required to provide their complaints performance data quarterly but that there was some need for improvement in this area. The Committee were content to note the update. **NOTED**		
10.	**Health and Social Care Staffing Programme (HCSSA)**		
	Helena Jackson, Head of Health and Social Care Staffing, presented an update on the Health and Social Care Staffing Scotland Act Programme The Committee noted the overview of the key aspects of the legislation and the structure of the programme. Key successes and achievements were highlighted. The Committee noted the details and benefits of the Multidisciplinary Professional approach that had been adopted when developing this programme. Details of progress for the testing cluster groups had been provided. The Committee were advised of the Testing, Implementation work planning, and reporting process that was developed for this programme. The Committee noted the details and examples of Duty Testing process and achievements. And noted some examples of the testing recommendations that resulted from it. The Committee were advised of the next steps for the programme within NHSGGC which included: testing of the remaining duties, continuous risk assessment and progress monitoring, implementation action plan, continuing assessment of assurance levels to prepare for the first formal report submission. The Committee were content to note the report. **NOTED**		
11.	**Clinical and Care Governance KPIs Update**		
	Paula Spaven, Acting Director of Clinical Governance, provided the 'Assurance Information Framework KPIs - Safety and Quality Programmes' report [paper 24/06] presented for assurance.		

			ACTION BY
	The Committee noted the details of 5 Safety and Quality Programmes Key Performance Indicators which form part of the Assurance Information Framework (KPIs relating to infection prevention and control and timelines of complaint response were being reported via their own regular reports to CCGC) The committee noted the current KPI position, which was as follows: – The mean rate of acute inpatient falls was 7.7 per 1000 occupied bed days. There were indications of a "shift" in the data, which if sustained would demonstrate a decrease in the rate of acute inpatient falls. – The mean rate of falls with harm was 0.20 per 1000 occupied bed days. A "shift" in the data was identified between December 2022 and September 2023, but has not been sustained. It was highlighted that data quality issues may be contributing to the "shift", with more recent data being considered more reliable – The mean rate of hospital acquired pressure ulcers was 0.72 per 1000 occupied bed days, with early indications of a "shift" in the data which if sustained would demonstrate a decrease in the mean rate of hospital acquired pressure ulcers. – The mean rate of cardiac arrests was 2.4 per 1000 discharges. The chart remained statistically stable and was showing normal variation. – Two hospital sites had HSMR above 1.0 in the recent published data on HSMR from July 2022-June 2023 (published in October 2023). The Committee noted an update on the Improvement Programmes aligned to these KPIs. The Committee were content to note the update. **NOTED**		
12.	**Department of Research and Innovation Annual Report 2023**		
	Professor Julie Brittenden provided the 'Department of Research & Innovation Annual Report (2023)' [paper 24/07] for assurance. The Committee noted a summary of the paper including the following: – There had been over 330 new studies commenced. – Over 1000 studies were recruiting or in follow-up in NHS GGC.		

			ACTION BY
	– There was an increase in the number of investigators and NIHR associate fellows. – Overall recruitment to clinical trials had increased by 14% compared to 2022. – There was a 30% increase in recruitment of patients to commercial trials. – Breakdown of the complexity and impact of the Centre of Excellence portfolio (45% of clinical trials involve novel drug therapies, 40% were cutting edge early phase trials I/II, and 59% were Commercial trials) – Early Cancer Medicine Centre Funding award ([redacted]) – Increase in projects involving artificial intelligence. – Realisation of the benefits of digital pathology for the service and research. Prof. Brittenden advised the Committee regarding the current opportunities, limitations, and restriction to the use of AI in imaging within the clinical trials. The Committee were content to note the update. **NOTED**		
13.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper No. 24/08] presented by Ms Katrina Heenan, Chief Risk Officer, for approval. The Committee noted that there were currently 2 aligned to the Clinical and Care Governance Committee: • Public Protection failure in relation to a vulnerable child or adult • Safe & effective use of medicines Both had been reviewed and an Increase in Risk Score for: Risk 3058 – Public Protection was proposed in December 2023 from 12 to 16. There were no proposed changes to the second Risk Score - Safe & effective use of medicines, at this time. The Committee were assured that significant work was being undertaken to close out the audit actions and a further review of the controls and risk score would be carried out upon completion of the internal audit actions. Subsequent changes to the risk score would be presented to the CMT for		

			ACTION BY
	approval before being presented to the Clinical Care and Governance Forum. Prof Wallace provided an update with regards to management actions resulted from the improvement recommendations following the internal audit. The Committee were advised all but one of the actions were completed within the recommended timescales. The outstanding action, regarding digital solutions being implemented, had work currently undertaken. The Committee were content to approve the Corporate Risk Register. **APPROVED**		
14.	**Committee Terms of Reference**		
	The Committee considered the Clinical Care and Governance Terms of Reference [paper 24/09] as part of the annual review process to ensure the remit of the Committee remains fit for purpose. The current Terms of Reference were approved by the C&CGC, and subsequently by the NHS Board at its meeting on June 2023 as part of the Governance Framework Review. The Committee was asked to review the document in line with the annual review of governance. The Governance Framework Review was scheduled to go to the 25 June 2024 Board for approval. The Committee were content to note the update. **NOTED**		
15.	**Committee Annual Cycle of Business 2024/25**		
	The Committee considered the updated Annual Cycle of Business [paper 24/10] for approval and to provide the Clinical and Care Governance Committee with information regarding the future topics of discussion across 2024/25 meetings providing assurance that there was a forward planning process in place. The Committee were content to approve the paper **APPROVED**		

			ACTION BY
16.	**Closing Remarks and Key Messages for Board**		
	Dr Ryan summarised the key points that had been discussed by the Committee which would be used to form the Chair's Report to the next Board Meeting. Dr Ryan thanked those present for attending and closed the meeting.		
17.	**Date of Next Meeting**		
	The next meeting was taking place on 4 June 2024 at 2 PM (hybrid) JB Russell House and via Microsoft Teams		

CCCG(M)24/02
Minutes 18 - 38

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday, 4 June 2024 at 2.00 pm

PRESENT

Mr Ian Ritchie (in the Chair)

Dr Jennifer Armstrong	Dr Becky Metcalfe
Ms Mehvish Ashraf	Cllr Katie Pragnell
Ms Dianne Foy	Dr Lesley Rousselet
Mrs Jane Grant	Dr Lesley Thomson KC
Professor Iain McInnes	Professor Angela Wallace

IN ATTENDANCE

Ms Gail Caldwell		Director of Pharmacy
Ms Mandy Crawford		Corporate Services Manager – Complaints
Ms Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Ms Kim Donald		Board Secretary, Corporate (Minutes)
Ms Katrina Heenan		Chief Risk Officer
Professor Colin McKay		Deputy Medical Director - Corporate
Mr Jamie Redfern		Director Women and Children's Services
Dr Jennifer Rodgers		Deputy Nurse Director
Ms Paula Spaven		Acting Director of Clinical Governance
Ms Elaine Vanhegan		Director of Corporate Governance

			ACTION BY
18.	**Welcome, Apologies and Introductory Remarks**		
	The Chair welcomed those present to the June 2024 meeting of the Clinical and Care Governance Committee. Apologies were noted on behalf of Dr Paul Ryan. **NOTED**		

			ACTION BY
19.	**Declarations(s) of Interest(s)**		
	The Chair invited Committee Members to declare any interests in the items discussed. Dr Becky Metcalfe highlighted her current employment as Clinical Director for Sexual Health Services it was agreed that she would be excused from the meeting during the verbal updates from Dr Jennifer Armstrong and Professor Angela Wallace, and return to the meeting at Item 6. **NOTED**		
20.	**Minutes of Previous Meeting**		
	The Committee considered the minute of the meeting held on 45 March 2024 [CCCG(M)24/01] and were content to approve the minutes as a full and accurate record of the meeting. **APPROVED**		
21.	**Matters Arising from Minutes**		
	a) Rolling Action List The Committee considered the items detailed on the Rolling Action List [Paper 24/11] and were content to close the items recommended. The Committee were content to approve the Rolling Action List. **APPROVED**		
22.	**Overview**		
	Mr Ritchie invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. The Committee were content to note the overview. **NOTED**		
23.	**NHSGGC Quality Strategy: Quality Everyone, Everywhere**		
	Professor Angela Wallace and Dr Jennifer Rodgers, Deputy Nurse Director, presented the 'Quality Strategy: Quality Everyone, Everywhere' [Paper 24/12] for approval.		

			ACTION BY
	The Committee were assured that the the strategy aligned with NHSGGC purpose and values, and aligned would build on the Health Board's current strengths. There was recognition that improvements had been made over the period during, and since, the Covid-19 pandemic. The Committee noted the extensive stakeholder engagement that had taken place, and were invited to watch a video from the Accelerated Design Event (ADE) which would be circulated to them after the meeting. In response to a questions regarding funding, Dr Rodgers highlighted the importance of ensuring alignment with the other strategies and that work has been ongoing with Public Health colleagues with a focus on health inequalities. Prof Wallace noted the ties with Realistic Medicine and that one of the main elements of feedback from the ADE was to do more of what works and less of what doesn't, and the importance of value based healthcare. With regards to outcome measurement, Prof Wallace highlighted the importance of KPIs and measurement, and the need for an associated measurement plan, along with building QI Capability. Prof Wallace outlined next steps. The strategy would be presented to the Board on 25th June, and following approval, an implementation approach would be considered. An initial focus will be on testing the Organisation Readiness Tool for Quality baseline for quality maturity assessment would be developed. The Committee noted the excellent work and case studies, and were content to approve the Quality Strategy for onwards review at the June Board. **APPROVED**		
24.	**Update on Gynaecology-Oncology Services**		
	The Committee considered the 'Update on Gynaecology-Oncology Services' [Paper 24/13] presented by the Director and Women and Children Services, Mr Jamie Redfern, for assurance. Mr Redfern highlighted the ongoing multidisciplinary approach to reducing waiting times and reported a vast improvement in waiting times. He highlighted a stable and secure service. He referenced the difference between patients who require standalone treatment and those who require a multidisciplinary approach, and the work underway to standardise the treatment processes and bring everyone in line with best practice.		

			ACTION BY
	The Committee discussed theatre capacity and the impact on waiting times. Mr Redfern explained that if a patient is delayed due to capacity issues they would be prioritised against their clinical need for the next available space. In response to a query regarding 100% utilisation within theatres, Mr Redfern explained that, although this was an aim, it can be difficult to achieve for a variety of reasons, including theatre staff annual leave. Mr Ritchie reported that he had visited the Glasgow Royal Infirmary Robot Assisted Teams and commended the collaboration between the different disciplines to ensure our patients receive a quality service. It was agreed that future iterations of the report would include previous theatre activity figures to offer assurance that the number of delays was reducing. The Committee were content to note the report. **NOTED**		
25.	**Best Start Programme**		
	Mr Jamie Redfern provided an update on the' Best Start Programme' [Paper 24/14] presented for assurance. Mr Redfern highlighted that the Best Start report had been submitted to the Scottish Government with the majority of the recommendations having been implemented, alongside excellent feedback from both staff and users of the service. He advised that there were some ongoing actions that were being taken forward and monitored via the directorate clinical governance routes. Mr Redfern explained some of the actions were difficult to implement, e.g. workforce and transitional care, due to the limitations of the maternity buildings across the sites. He did, however, assure the Committee that an approach of transitional care was underway and the Glasgow Royal Infirmary site had been considered for taking this particular action forward across 2024/25. Mr Redfern reported that there was a new framework for SAER activity which included job planning with the clinical teams to ensure this work could be taken forward. The Committee discussed the current financial challenges faced by the Board and the risks of taking forward business cases and funding not being approved. Mr Redfern explained that this work was being monitored through the acute division with associated cost benefit analysis to help identify efficiencies, and ensure the right things are being		

			ACTION BY
	prioritised. He also noted that upcoming Maternity and Neonatal Strategy which would consider how services could be best delivered. In response to a query regarding the AMMA Impact Report, the Committee were assured that colleagues were working closely with AMMA and an action plan had been created as a result of the report findings. The Committee were content to note the update. **NOTED**		
26.	**NHSGGC Care Home Support Annual Report 2023-2**		
	The Committee considered the 'NHSGGC Care Home Support Annual Report 2023-24' [Paper 24/15] presented for assurance by Dr Jennifer Rodgers. Dr Rodgers reported that there were 182 Care Homes across the 6 HSCPs and from 2020 the Nurse Directors of Health Boards took overall responsibility for Care Home care. She highlighted that there was a new model as a result of the Care Home collaborative which included engagement with a range of stakeholders across the system over the last 8 months. Dr Rodgers noted the publication of the My Health, My Care, My Home national document which resulted in NHSGGC realigning our support model to the 6 core elements of the framework. She explained that the overarching aim of the Care Home collaborative was to enhance the experience of those living in care homes, and that 97% of the care homes used the assurance tool to measure the care provided. She also noted that they were subject to self-assessment and peer visits. The Committee recognised the work undertaken with regards to educating staff, with 250 colleagues engaging in training in the past 12 months. Dr Rodgers emphasised that education was a core part of the support model, with a learning forum being created to further enhance educational opportunities for care home staff. Dr Rodgers also raised the improvement work streams underway with a focus on falls reduction, pressure ulcer reduction and improved nutrition. In response to a query regarding funding, Dr Rodgers confirmed that every Health Board received an allocation depending on the number of care home beds.		

			ACTION BY
	A concern was raised regarding the understanding of sight loss across the care homes. It was agreed that information on sight and auditory care would be considered in the next report. The Committee were content to note the update. **NOTED**		Dr Rodgers
27.	**Prison Healthcare Annual Governance Report January – December 2023**		
	The Committee considered the 'Prison Healthcare Annual Governance Report January – December 2023' [Paper 24/16] presented for assurance by Ms Rhoda MacLeod, Head of Service. Ms MacLeod explained that there were plans to replace HMP Barlinnie with HMP Glasgow with the trajectory of completion being in 2028. She noted issues with the fabric of the buildings and that work was underway within HMP Greenock to replace the roof. Ms MacLeod highlighted the increasing number of the prison population and the impact across healthcare as a result. She also noted the increase in complaints, with themes being across oral health and access to medication. She explained the significant amount of time this took away from Band 6/7 nursing staff who investigate the complaints and as a result they are looking to introduce complaints officers and are working with the Corporate Services Manager – Complaints and Public Affairs with a view to streamlining the process. Ms MacLeod noted the MWC visits that had taken place, with HMP Greenock receiving a [redacted] grade and an HMP Barlinnie visit being scheduled for September 2024. She also reported that training was ongoing with nursing staff regarding certification of death training. Ms MacLeod advised that there had been historical issues with regards to the recruitment and retention of GPs and as a result Advanced Nurse Practitioners will be introduced, allowing a MDT approach to care. The Committee were content to note the report. **NOTED**		
28.	**Clinical Risk Report**		
	Ms Paula Spaven, Director of Clinical Governance, provided the 'Clinical Risk Report' report [Paper 24/17] presented for assurance.		

			ACTION BY
	Ms Spaven recognised the further improvement work required with regards to reducing the overdue SAERs and noted the progress on reducing the overall number and those waiting on a decision. She highlighted the positive compliance with Duty of Candour, and the work underway to learn from other Health Boards regarding their policies and procedures and an action plan would be developed and brought back through the Board Clinical Governance Forum. Ms Spaven emphasised the importance of learning from adverse events and outlined that learning summaries are presented to relevant clinical governance forums so that overall themes could be taken forward. In response to a question on the process of board-wide learning, Ms Spaven advised she would review arrangements to establish how this is captured at board level. The Committee were content to note the update. **NOTED**		Ms Spaven
29.	**Hospital Standardised Mortality Ratio (HSMR) Update Report**		
	Ms Paula Spaven provided the 'Hospital Standardised Mortality Ratio (HSMR) Update Report' [Paper 24/18] for assurance. Ms Spaven assured the Committee that NHSGGC were statistically stable and utilise crude mortality to review mortality over time. This data concludes that NHSGGC mirrors the crude mortality rates across NHS Scotland. She noted that work was underway with Public Health Scotland regarding understanding the predicted death model, and shared learning across Health Boards regarding any further improvements that can be made. The Committee were content to note the update. **NOTED**		
30.	**Public Protection Governance Report**		
	The Committee considered the 'Public Governance Report' [Paper 24/19] presented by Dr Deirdre McCormick, Chief Nurse, for assurance. Dr McCormick highlighted that there had been a number of policy and guidance documents developed since the last update to the Committee, and the team were now reviewing the Delivery Plan which was scheduled to be reviewed by the Public Protection Forum in July with a view to formal sign off. Dr McCormick highlighted the Quality Framework in place		

			ACTION BY
	which demonstrated a number of measures and level of scrutiny taking place across the area. Dr McCormick noted the actions developed as a result of recommendations from the internal audit report and a process of prioritisation had been developed with actions aligned to the Board's strategic aims. She advised that progress against the actions was being monitored through the governance process with update reports being scrutinised by both the Public Protection Forum and the Committee. The Committee were content to note the update. **NOTED**		
31.	**Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme**		
	The Committee considered the 'Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme' [Paper 24/20] presented by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs. Ms Crawford reported on the data from quarter 4, highlighting that there had been an increase in the number of complaints received since the previous quarter with the majority being managed via Stage 1 of the process. She noted that there had been a slight decrease in performance against Stage 2s, but overall 84% had been achieved. Ms Crawford referred to the learning from complaints examples shared within the report, noting communication as one of the main themes. With regards to patient centred care, Dr Rodgers highlighted that phase 2 of the evaluation into patient centred visiting was now complete. She also noted the upcoming What Matters to You Day. The Committee were content to note the update. **NOTED**		
32.	**Healthcare Associated Infection Reporting Template (HAIRT)**		
	Ms Sandra Devine provided an update on the' The Healthcare Associated Infection Reporting Template (HAIRT) for January and February 2024' [Paper 24/21a] presented for assurance. The Committee noted an update on Scottish Government Standards on Healthcare Associated Infections for SAB, CDI and ECB. There were 22		

			ACTION BY
	reported SAB in January and 25 in February against the target of 23 or less per month. There were 41 healthcare associated ECB in January and 41 in February, the aim was 38 or less per month. CDI: 17 cases in January and 19 in February, aim was 17 or less. SAB, ECB and CDI rates remained within the control limits as indicated by provided funnel plots. Ms Devine highlighted that March – June data would be available for the next meeting. The Committee were advised that there were 2 ward closures and 105 positive cases for Covid-19. The Committee were assured by the report. **ASSURED**		
33.	**HAIRT Annual Report**		
	The Committee considered the HAIRT Annual Report [Paper 24/21b] presented by Ms Sandra Devine. Ms Devine explained that this was the first annual report reviewed by the Committee and the next iteration would be earlier in the cycle of business. She also highlighted that work was underway to develop an Infection Prevention and Control strategy 2024-27. The Committee were content to note the update. **NOTED**		
34.	**Controlled Drugs Annual Report**		
	The Committee considered the Controlled Drugs Annual Report [Paper 24/22] presented by Ms Gail Caldwell, Director of Pharmacy, for assurance. Ms Caldwell explained that, as a result of the Shipman Inquiry, all Health Boards were required to establish a Controlled Drugs Accountable Officer (CDAO) with regards to the safe management of controlled drugs across the Board. She reported that controlled drugs were used for a range of reasons, e.g. palliative care, and that there was a balance of meeting the requirements of safe management and the clinical need of the patient. Ms Caldwell reported that in 2023 they began to implement a risk based approach where the service was intelligence led meaning resourcing could be targeted. She explained that this has resulted in the reduction in controlled drug incidents within prison services, and monitoring remains		

			ACTION BY
	ongoing. With regards to community pharmacy, Ms Caldwell reinforced the importance of collaborative working across all community services, including third sector. Ms Caldwell highlighted system wide learning was becoming embedded and annual reports would be brought through the Committee moving forward. The Committee were content to note the update. **NOTED**		
35.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper 24/23] presented by Ms Katrina Heenan, Chief Risk Officer, for approval. Ms Heenan explained that the register now includes a metric to confirm which risks were subject to review each month and this would be tracked through the CMT. She reported that the safe and effective use of medicines risk was in progress and would be presented at a future meeting. The Committee were content to approve the register. **APPROVED**		
36.	**Committee Terms of Reference**		
	The Committee considered the Committee Terms of Reference [Paper 24/24] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval. The Committee were content to approve the terms of reference for inclusion in the annual review of governance which would be considered at the June Board. **APPROVED**		
37.	**Closing Remarks and Key Messages for Board**		
	Mr Ritchie summarised the key points that had been discussed by the Committee which would be used to form the Chair's Report to the next Board Meeting.		

			ACTION BY
38.	**Date of Next Meeting**		
	The next meeting was taking place on 3 September 2024 at 2 PM (hybrid) JB Russell House and via Microsoft Teams		

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CCCG(M)24/03
Minutes 39 - 55

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday, 3 September 2024 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Dr Jennifer Armstrong	Cllr Katie Pragnell
Cath Cooney	Dr Lesley Thomson KC
Mrs Jane Grant	Professor Angela Wallace
Professor Iain McInnes	

IN ATTENDANCE

Ms Mandy Crawford		Corporate Services Manager – Complaints
Dr Scott Davidson		Deputy Medical Director - Acute
Ms Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Ms Kim Donald		Board Secretary, Corporate (Minutes)
Ms Katrina Heenan		Chief Risk Officer
Professor Colin McKay		Deputy Medical Director - Corporate
Ms Paula Spaven		Director of Clinical and Care Governance
Dr Stuart Sutton		Clinical Director, Renfrewshire HSCP

			ACTION BY
39.	**Welcome, Apologies and Introductory Remarks**		
	The Chair welcomed those present to the September meeting of the Clinical and Care Governance Committee. Apologies were noted on behalf of Ms Dianne Foy and Dr Lesley Rousselet. **NOTED**		

			ACTION BY
40.	**Declarations(s) of Interest(s)**		
	The Chair invited Committee Members to declare any interests in the items discussed. There were no declaration of interests made. **NOTED**		
41.	**Minutes of Previous Meeting**		
	The Committee considered the minute of the meeting held on 4 June 2024 [CCCG(M)24/01] and were content to approve the minutes as a full and accurate record of the meeting. **APPROVED**		
42.	**Matters Arising from Minutes**		
	a) Rolling Action List The Committee considered the items detailed on the Rolling Action List [Paper 24/11] and received the following update. Item 28 – Clinical Risk Report Ms Spaven explained that SAER learning summaries for investigation outcome 3 or 4 incidents are shared by the Local Management Team at Divisional Clinical Governance Forums and are now being published on the CGSU StaffNet site. The Committee were content to approve the Rolling Action List. **APPROVED**		
43.	**Committee Vice Chair**		
	Dr Ryan nominated Ms Cath Cooney as Vice Chair for the Clinical and Care Governance Committee. The Committee approved the nomination. **APPROVED**		
44.	**Overview**		
	Dr Ryan invited Dr Jennifer Armstrong, Medical Director, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness.		

			ACTION BY
	It was agreed that a paper with an update on the HIS ED review would be provided at the next meeting. The Committee were content to note the overview. **NOTED**		Professor Wallace/ Ms Spaven
45.	**Acute Services Clinical Governance Update**		
	Dr Scott Davidson, Deputy Medical Director – Acute, presented the Acute Services Clinical Governance Update [Paper 24/28] for assurance. Dr Davidson highlighted that there was an ongoing focus on SAERs, with an aim to conclude open SAERS which predate 2023, as well as review potential SAERs. He assured the Committee this this remained a key priority and regular meetings were held across the services to review and progress SAERs, as well as the Acute Clinical Governance Forum regularly scrutinising progress Dr Davidson reported on the breached guidelines work that was underway with several improvement actions being taken forward by the services. He noted that a 3-month extension had been applied to guidelines that have been reviewed but are awaiting approval at the relevant approving group, and the creation of a dashboard and user group to monitor processes. Dr Davidson noted the national Audiology Audit update and that recommendations were on track. He highlighted ongoing work in relation to Stroke Improvement. He also reported on the Alfentanil Action Plan, and that every sector has an improvement plan in place with regards to withdrawing Alfentanil across Acute services, apart from Critical Care and Palliative Care. With regards to the removal of Alfentanil, Dr Davidson advised that there were 2 ongoing SAERS but evidence to date did not demonstrate that the drug was the cause of the adverse outcome. He also noted that both reviews dated back to 2021/22. In response to a query regarding the backlog of breached guidelines, Ms Spaven advised that a high-level review of a breached guideline was required to establish whether the guideline was clinically safe to follow, and whether the updates required were clinical vs administrative. The Committee were content to note the update. **NOTED**		

			ACTION BY
46.	**Primary Care and Community Clinical Governance Update**		
	The Committee considered the Primary Care and Community Clinical Governance Update [Paper 24/29] presented by Dr Stuart Sutton, Clinical Director, Renfrewshire HSCP, for assurance. Dr Sutton highlighted that the Call Before You Convey Pilot in Care Homes had received positive feedback from colleagues, with a view to continuing with the programme to actively reduce the number of unnecessary admissions. He assured the Committee that the pilot was in collaboration with the Scottish Ambulance Service and MacMillan Hospice. Dr Sutton noted that the East Dunbartonshire HSCP Care at Home inspection had received grade 5 ratings across all dimensions and a positive report. He also noted that the Pressure Ulcer Prevention Group had shown significant improvement with a 31% drop in the rate of avoidable CAPU in 2023 compared to 2022. The Committee were content to note the report. **NOTED**		
47.	**Clinical and Care Governance KPIs Update**		
	Ms Paula Spaven, Director of Clinical and Care Governance, provided an update on the Clinical and Care Governance KPIs Update [Paper 24/30] presented for assurance. Ms Spaven highlighted that data for 3 KPIs remains statistically stable and showing normal variation, these were the mean rate of falls with harm, the mean rate of hospital acquired pressure ulcers and the mean rate of cardiac arrests. Ms Spaven highlighted the positive decrease in the baseline median for acute inpatient falls, reducing from 7.1 to 6.9. In relation to the change in mean rate of falls with harm data, Ms Spaven highlighted the implementation of a more reliable system for recording falls with harm, and that changes in practice can take time to embed and be evident in aggregated outcome data. The Committee were content to note the update. **NOTED**		

			ACTION BY
48.	**Healthcare Associated Infection Report**		
	The Committee considered the Healthcare Associated Infection Report [Paper 24/31] presented for assurance by Ms Sandra Devine. The Committee noted an update on Scottish Government Standards on Healthcare Associated Infections for SAB, CDI and ECB. There were 16 reported SAB in May and 34 in June against the target of 23 or less per month. There were 53 healthcare associated ECB in May and 56 in June, the aim was 38 or less per month. CDI: 19 cases in May and 24 in June, aim was 17 or less. SAB, ECB and CDI rates remained within the control limits as indicated by provided funnel plots. The Committee were advised that there were 2 ward closures due to Covid and MRSA. The Committee were content to note the update. **NOTED**		
49.	**Patient Experience Report – Quarter 1**		
	The Committee considered the Patient Experience Report – Quarter 1 [Paper 24/32] presented for assurance by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs. Ms Crawford highlighted that there had been 1525 complaints received, with 1277 investigated. 718 were closed at stage 1, and 559 closed as stage 2, with a combined performance of 75%. Ms Crawford reported that the majority of Stage 1 complaints were upheld as they largely related to waiting times. She noted the main themes remained clinical treatment, date for appointment and attitude and behaviour. Ms Crawford noted that NHSGGC had received 816 notes of feedback via Care Opinion, with 81% being positive. The Committee were content to note the report. **NOTED**		

			ACTION BY
50.	**Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2023/2024**		
	Ms Crawford presented the Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2023/2024 [Paper 24/33] presented for approval subject to submission to the Scottish Government on 30th September 2024. Ms Crawford reported that there had been a 10% increase in complaints received at 5771; the combined performance of Stage 1 and Stage 2 was 77% for the year. She noted the 3 main themes remained clinical treatment, date for appointment and attitude and behaviour. Throughout the year there had been 2084 cases of feedback via Care Opinion with 77% being positive, with themes around person centred visiting and remobilisation. In response to a query regarding how the Board is responding to complaint's themes, Prof Wallace highlighted that this required a whole system approach and specific focus on communication. A number of workstreams would be progressed, such as a deep dive into the themes from upheld complaints, and a focus on training across the Board. The Committee were content to approve the report. **APPROVED**		
51.	**Clinical Governance Annual Report**		
	Ms Paula Spaven provided Clinical Governance Annual Report [Paper 24/34] for approval for onwards consideration at the October Board. Ms Spaven noted that the report provides assurance that the Board is meeting their clinical governance obligations, and includes a small selection of learning, improvement and good practice work that has taken place across the Board during the year. Ms Spaven highlighted the maintenance of Clinical Governance arrangements throughout the year, progress against the improvement aims in relation to SAERs, continued focus on breached guidelines, and the work leading and supporting a range of quality improvement programmes across Acute, Mental Health and Primary Care. The Committee were content to approve the report. **APPROVED**		

			ACTION BY
52.	**Duty of Candour Annual Report**		
	Ms Spaven presented the Duty of Candour Annual Report [Paper 24/35] for approval for onwards consideration at the October Board. Ms Spaven outlined that the report describes how NHSGGC has operated the Duty of Candour during the time period 1 April 2023 and 31 March 2024, along with an addendum and update on 2022-23 figures. She highlighted 22 incidents reported in the period, with good compliance with the regulations. She advised that investigations are still ongoing when this report is produced, and until reviews are concluded, it is not possible to determine if events are duty of candour. An Addendum is therefore produced later in the year, which includes details of any additional duty of candour adverse events, and an update on those events not yet concluded. The Committee were content to approve the report. **APPROVED**		
53.	**Extract from Corporate Risk Register**		
	The Committee considered the Extract from the Corporate Risk Register [Paper 24/35] presented by Ms Katrina Heenan, Chief Risk Officer, for approval. Ms Heenan explained that KPI reporting had been introduced and 100% risks had been reviewed since the last meeting. She also noted the appended report which monitored actions. The Committee were content to approve the register. **APPROVED**		
54.	**Items for Noting**		
	a) Public Protection Forum – Minutes of the Meeting held on 10 April 2024 The Committee were content to note the update **b) Board Infection Control Committee – Minutes of the Meeting held on 17 June 2024** The Committee were content to note the update		

			ACTION BY
55.	**Date of Next Meeting**		
	The next meeting would take place on Tuesday 3 December 2024 at 2.00 pm, hybrid at JB Russell House and via Microsoft Teams. Dr Ryan noted that this was Dr Armstrong's last meeting. The Committee extended their gratitude to Dr Armstrong for her commitment to the Board.		

OFFICIAL SENSITIVE

NHS GREATER GLASGOW AND CLYDE

Meeting of the Clinical and Care Governance Committee
Tuesday 3 December 2024 at 2.00 pm
hybrid at JB Russell House and via Microsoft Teams

AGENDA

1.	**Welcomes, Apologies, and Introductory Remarks**		Verbal
2.	**Declarations(s) of Interest(s)**		Verbal
3.	**Minutes of Meeting held on 3 September 2024**	Approval	CCG(M)24/03
4.	**Matters Arising**		
	a) Rolling Action List	Approval	Paper 24/38
5.	**Urgent Items of Business**		
UPDATES FROM EXECUTIVE LEADS			
6.	**Overview** Verbal update by the Medical Director and Nurse Director	Awareness	Verbal
SERVICE AND PROGRAMME REPORTS			
7.	**Maternity and Neonatal Strategy 2024-2029** Paper presented by the Nurse Director	Approval	Paper 24/39
8.	**Mental Health Clinical Governance Update** Paper presented by the Deputy Medical Director, Mental Health and Learning Disabilities	Assurance	Paper 24/40
THEMED REPORTS			
9.	**Clinical Risk Report January – June 2024** Paper presented by the Director of Clinical and Care Governance	Assurance	Paper 24/41

10.	**Hospital Standardised Mortality Ratio (HSMR) Update Report** Paper presented by the Director of Clinical and Care Governance	Assurance	Paper 24/42
11.	**Healthcare Improvement Scotland (HIS) – Unannounced Safe Delivery of Care Inspections** Paper presented by the Nurse Director	Assurance	Paper 24/43
12.	**Public Protection Strategy Annual Report and Delivery Plan** Paper presented by the Nurse Director	Assurance	Paper 24/44
13.	**Patient Experience Report – Quarter 2** Paper presented by the Nurse Director	Assurance	Paper 24/45
14.	**Healthcare Associated Infection Reporting Template (HAIRT)** Paper presented by the Director of Infection Prevention and Control	Assurance	Paper 24/46
ANNUAL REPORTS/UPDATES			
15.	**Annual Scottish National Audit Programme (SNAP) Update** Paper presented by the Director of Clinical and Care Governance	Assurance	Paper 24/47
16.	**West of Scotland Cancer Network QPI Report** Paper presented by the Chief of Medicine, Regional Services	Approval	Paper 24/48
17.	**Moving Pharmacy Forward Progress Report** Paper presented by the Director of Pharmacy	Assurance	Paper 24/49
18.	**Safe and Effective Use of Medicines in NHSGGC** Paper presented by the Director of Pharmacy	Assurance	Paper 24/50

19.	**Quality Strategy Implementation Plan Proposal** Paper presented by the Nurse Director	Approval	Paper 24/51
20.	**West of Scotland Research Ethics Service Annual Report** Paper presented by the Acting Director of Research and Innovation	Assurance	Paper 24/52
GOVERNANCE AND ASSURANCE			
21.	**Extract from Corporate Risk Register** Paper presented by the Chief Risk Officer	Approval	Paper 24/53
22.	**Annual Cycle of Business** Paper presented by the Corporate Services Manager, Governance	Approval	Paper 24/54
ITEMS FOR NOTING			
23.	**Public Protection Forum – Minutes of the Meeting held on 4 September 2024**	Assurance	PPF(M)24/04
24.	**Board Infection Control Committee – Minutes of the Meeting held on 20 August 2024**	Assurance	Paper 24/55
25.	**Board Clinical Governance Forum – Minutes of the Meetings held on 5 August and 23 September 2024**	Assurance	BCGF(M)24/04 BCGF(M)24/05
26.	**Closing Remarks and Key Messages for Board** Chair of the Clinical and Care Governance Committee	Assurance	Verbal
DATE OF NEXT MEETING			
27.	**Tuesday 4 March 2025 at 2.00 pm**		

Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 38

Clinical and Care Governance Committee Minutes and Relevant Papers