



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	

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		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. <u>NOTED</u>	
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. <u>APPROVED</u>	
42.	Matters Arising from Minutes	
	<p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 24/11] and received the following update.</p> <p><u>Item 28 – Clinical Risk Report</u> 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.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>	
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. <u>APPROVED</u>	
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.	

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	<p>It was agreed that a paper with an update on the HIS ED review would be provided at the next meeting.</p> <p>The Committee were content to note the overview.</p> <p><u>NOTED</u></p>	<p>Professor Wallace/ Ms Spaven</p>
45.	Acute Services Clinical Governance Update	
	<p>Dr Scott Davidson, Deputy Medical Director – Acute, presented the Acute Services Clinical Governance Update [Paper 24/28] for assurance.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	

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46.	Primary Care and Community Clinical Governance Update	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
47.	Clinical and Care Governance KPIs Update	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	

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48.	Healthcare Associated Infection Report	
	<p>The Committee considered the Healthcare Associated Infection Report [Paper 24/31] presented for assurance by Ms Sandra Devine.</p> <p>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.</p> <p>The Committee were advised that there were 2 ward closures due to Covid and MRSA.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
49.	Patient Experience Report – Quarter 1	
	<p>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.</p> <p>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.</p> <p>Ms Crawford noted that NHSGGC had received 816 notes of feedback via Care Opinion, with 81% being positive.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	

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50.	Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2023/2024	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to approve the report.</p> <p><u>APPROVED</u></p>	
51.	Clinical Governance Annual Report	
	<p>Ms Paula Spaven provided Clinical Governance Annual Report [Paper 24/34] for approval for onwards consideration at the October Board.</p> <p>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.</p> <p>The Committee were content to approve the report.</p> <p><u>APPROVED</u></p>	

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52.	Duty of Candour Annual Report	
	<p>Ms Spaven presented the Duty of Candour Annual Report [Paper 24/35] for approval for onwards consideration at the October Board.</p> <p>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.</p> <p>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.</p> <p><u>APPROVED</u></p>	
53.	Extract from Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 24/35] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>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.</p> <p>The Committee were content to approve the register.</p> <p><u>APPROVED</u></p>	
54.	Items for Noting	
	<p>a) Public Protection Forum – Minutes of the Meeting held on 10 April 2024 The Committee were content to note the update</p> <p>b) Board Infection Control Committee – Minutes of the Meeting held on 17 June 2024 The Committee were content to note the update</p>	

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		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.	