



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)

		<b>ACTION BY</b>
<b>38.</b>	<b>Welcome, Apologies and Introductory Remarks</b>	
	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.	

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		<b>ACTION BY</b>
	<b><u>NOTED</u></b>	
<b>39.</b>	<b>Declarations(s) of Interest(s)</b>	
	The Chair invited Committee Members to declare any interests in the items discussed. No declarations were made.	
	<b><u>NOTED</u></b>	
<b>40.</b>	<b>Minutes of Meeting held on 20 June 2023</b>	
	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.	
	<b><u>APPROVED</u></b>	
<b>41.</b>	<b>Matters Arising From The Minutes</b>	
	<b>a) Rolling Action List</b>	
	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.	
	<b><u>APPROVED</u></b>	
<b>42.</b>	<b>Overview</b>	
	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.	

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	<p>The Committee were content to note the overview.</p> <p><b>NOTED</b></p>	
<b>43.</b>	<b>Endoscopy Investigation</b>	
	<p>The Committee considered the 'Endoscopy Investigation' [Paper No. 23/26] presented by Prof. Colin McKay, Deputy Medical Director - Corporate, for awareness.</p> <p>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.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, advised that a proactive and transparent management of the case had been agreed.</p> <p>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.</p> <p>The Committee were advised that the doctor responsible had resigned before the investigation had been completed.</p> <p>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.</p> <p>The Committee were content to note the report</p> <p><b>NOTED</b></p>	<p style="text-align: center;">Prof. McKay</p>
<b>44.</b>	<b>Primary Care and Community Care Clinical Governance Report</b>	
	<p>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.</p> <p>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</p>	

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<p>Care and Community Clinical Governance Forum, as outlined in the paper.</p> <p>Dr Sutton highlighted some of the cross system learning as reported over the last year, which included:</p> <ul style="list-style-type: none"> <li>- Glasgow City HSCP joint inspection of adult support and protection.</li> <li>- Progress with pressure ulcer reduction</li> <li>- Primary care Quality Improvement event</li> <li>- An appointment of the clinical director for GP out of hours</li> <li>- a summary of an update on prison service</li> <li>- A pilot within the Renfrewshire HSCP enhanced respiratory multi-disciplinary team with regard to chronic obstructive pulmonary disease (COPD)</li> </ul> <p>Key successes in the last year included:</p> <ul style="list-style-type: none"> <li>- East Renfrewshire joint inspection for children and young people at risk of harm or neglect.</li> <li>- Approval of the NHS GGC Confirmation of Death policy – replacing the previous Verification of Expected Death policy.</li> <li>- A launch of the fixed term project with the Scottish Ambulance Service utilising Advanced Practice Paramedics within primary and community care.</li> <li>- A reduction of waiting times within Musculoskeletal Physiotherapy by half.</li> <li>- A recognition of the Diabetic Eye Screening team at the Celebrating Success 2023 awards as overall Team of the Year.</li> </ul> <p>Key risks included:</p> <ul style="list-style-type: none"> <li>- General practice sustainability</li> <li>- District nursing insulin administration caseload within Glasgow City</li> <li>- Delays within Significant Adverse Event Reviews (SAERs) commissioning and completion.</li> </ul> <p>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.</p> <p>The Committee noted that the recruitment for an optometric advisor was ongoing.</p>	

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	<p>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.</p> <p>The Committee were content to note the report.</p> <p><b>NOTED</b></p>	
<b>45.</b>	<b>Infection Prevention and Control Updates</b>	
<b>a)</b>	<b>Healthcare Associated Infection Reporting Template (HAIRT)</b>	
	<p>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.</p> <p>The Committee noted the following highlights:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul> <p>The Committee discussed a recent joint inspection to Gartnavel General Hospital and noted that the report described good senior management presence, and good communication.</p> <p>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 <i>Candida Auris</i> for all repatriated patients.</p> <p>The Committee noted relatively high number of surgical site infections (SSI) post spinal cord surgeries. This was being actively monitored</p>	

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	<p>however lack of benchmarking data (as a result of paused reporting of SSI nationally) made it harder to spot any trends or outliers.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>b)</b>	<b>Board Infection Control Committee minutes</b>	
	<p>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.</p> <p><b><u>NOTED</u></b></p>	
<b>46.</b>	<b>Public Protection Strategy</b>	
	<p>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.</p> <p>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.</p> <p>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.</p> <p><b><u>NOTED</u></b></p>	Secretariat
<b>47.</b>	<b>Key Performance Indicators for Clinical and Care Governance</b>	
	<p>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.</p> <p>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:</p>	

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	<p>- 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.</p> <p>- 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.</p> <p>- 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.</p> <p>- 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</p> <p>- 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.</p> <p>The Committee noted improvement programs for each of the KPI’s included within the report.</p> <p>The Committee were advised that the KPIs would be reviewed following Board’s approval of the governance matrix in the next 6 months.</p> <p>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.</p> <p><b><u>NOTED</u></b></p>	<p>Ms Vanhegan /Ms Jordan</p>
<p><b>48.</b></p>	<p><b>Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</b></p>	
	<p>The Committee considered the ‘Patient Experience Report – Quarter 1’ [Paper No. 23/31] presented by Ms Mandy Crawford, Corporate Services Manager - Complaints, for assurance.</p> <p>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.</p>	

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	<p>Ms Crawford provided the following highlights from the report:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- Top themes identified through complaints data analysis remained consistent: clinical treatment, waiting times, attitude and behaviours, written communication and oral communication.</li> </ul> <p>Committee noted that following the approval by the CMT the complaints annual report would be circulated to the Committee.</p> <p>The Committee were content to note the paper.</p> <p><b><u>NOTED</u></b></p>	Secretariat
<b>49.</b>	<b>Clinical Governance Annual Report</b>	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	



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	<p>presented in early 2024 the timelines would remain unchanged until the national position was finalised.</p> <p>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.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>50.</b>	<b>Duty of Candour Annual Report</b>	
	<p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>51.</b>	<b>Quality Strategy Annual Report</b>	
	<p>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.</p>	

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	<p>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.</p> <p>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.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>52.</b>	<b>Extract from Corporate Risk Register</b>	
	<p>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 &amp; Payroll, for approval.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	
<b>53.</b>	<b>Closing Remarks and Key Messages For Board</b>	
	<p>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.</p> <p>Dr Ryan thanked those present for attending and closed the meeting.</p>	

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		<b>ACTION BY</b>
<b>54.</b>	<b>Date of Next Meeting</b>	
	The next meeting of the Committee would be held on Tuesday, 5 December 2023 at 2.00 pm, via MS Teams.	