

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)

		<b>ACTION BY</b>
<b>1.</b>	<b>Welcome, Apologies and Introductory Remarks</b>	
	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.	

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		<b>ACTION BY</b>
	<b><u>NOTED</u></b>	
<b>2.</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>3.</b>	<b>Minutes of Previous Meeting</b>	
	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.	
	<b><u>APPROVED</u></b>	
<b>4.</b>	<b>Matters Arising from Minutes</b>	
<b>a)</b>	<b>Rolling Action List</b>	
	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.	
	<b><u>APPROVED</u></b>	
<b>5.</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.	

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		<b>ACTION BY</b>
	<p>The Committee were content to note the overview.</p> <p><b><u>NOTED</u></b></p>	
<b>6.</b>	<b>Acute Services Clinical Governance Report</b>	
	<p>Dr Scott Davidson presented the ‘Acute Services Division Clinical Governance Report’ for assurance.</p> <p>The Committee noted a summary, background, and current activity within the Acute Clinical Governance Forum, key highlights included the following:</p> <ul style="list-style-type: none"> <li>– The ACGF continued to receive a routine update report from the clinical governance lead for each sector and directorate at every meeting.</li> <li>– 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.</li> <li>– The ACGF reporting schedule for 2024 had been developed.</li> <li>– The ACGF maintained an ongoing focus on the agreed key priority areas of SAERs, and breached guidelines.</li> <li>– 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.</li> <li>– Other key areas of activity included: Morbidity and Mortality (M&amp;M) project, participation in the Scottish National Audit Programme and update on outliers, improving the reliability of cardiac arrest reporting.</li> <li>– SAER commissioning and completion improvement efforts were ongoing.</li> <li>– Learning summaries from SAERs were being considered by the ACGF to encourage discussions.</li> <li>– 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.</li> <li>– Staffing (Nursing, Medical, and AHP) remained one of the biggest challenges within the Acute Services.</li> </ul> <p>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</p>	

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	<p>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.</p> <p>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.</p> <p>The Committee were advised that current efforts within the M&amp;M project work was to ensure the consistency of approach with the use of a standardised template. The current M&amp;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.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>7.</b>	<b>Women and Children Breached Guideline Report</b>	
	<p>The Committee considered the 'Update on adverse "in-date" Guideline position in Women and Children (W&amp;C) Directorate' [paper 24/03] presented by the Director and Women and Children Services, Jamie Redfern.</p> <p>The Committee noted a background information on how pressures within the W&amp;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.</p> <p>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.</p>	

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	<p>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.</p> <p>It was agreed that a further update report on the progress of this work would be presented to the CCGC in 6 months.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	Secretariat
<b>8.</b>	<b>Healthcare Associated Infection Reporting Template (HAIRT)</b>	
	<p>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.</p> <p>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.</p> <p>The Committee were advised that SSI surveillance was paused nationally but continued locally.</p> <p>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.</p> <p>The Committee discussed the high number of ward closures at the GRI due to norovirus and respiratory infections over the recent winter months.</p> <p>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.</p>	

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	<p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<p><b>9.</b></p>	<p><b>Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme</b></p>	
	<p>The Committee considered the ‘NHSGGC Patient Experience Report Quarter 3’ [paper 24/05] presented for assurance.</p> <p>The Committee noted the following:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> <li>- Top themes from complaints in Q3 remained consistent and there were: clinical treatment, date for appointment, attitude and behaviour, oral communication, and written communication.</li> <li>- 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.</li> <li>- There were 741 pieces of feedback received through quarter 3. 79% of all feedback received was identified as Positive.</li> <li>- The evaluation of Patient Centred Visiting was ongoing and expected to be finalised by the end of March – recommendations and report to follow.</li> </ul> <p>The Committee were advised of the upcoming work to be undertaken with prison healthcare complaints.</p> <p>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.</p> <p>The Committee discussed the feedback and complaints data gathering from Primary Care Contractors. The Committee were advised that</p>	

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	<p>Primary Care Contractors were required to provide their complaints performance data quarterly but that there was some need for improvement in this area.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>10.</b>	<b>Health and Social Care Staffing Programme (HCSSA)</b>	
	<p>Helena Jackson, Head of Health and Social Care Staffing, presented an update on the Health and Social Care Staffing Scotland Act Programme</p> <p>The Committee noted the overview of the key aspects of the legislation and the structure of the programme. Key successes and achievements were highlighted.</p> <p>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.</p> <p>The Committee were advised of the Testing, Implementation work planning, and reporting process that was developed for this programme.</p> <p>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.</p> <p>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.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
<b>11.</b>	<b>Clinical and Care Governance KPIs Update</b>	
	<p>Paula Spaven, Acting Director of Clinical Governance, provided the 'Assurance Information Framework KPIs - Safety and Quality Programmes' report [paper 24/06] presented for assurance.</p>	

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	<p>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)</p> <p>The committee noted the current KPI position, which was as follows:</p> <ul style="list-style-type: none"> <li>– 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.</li> <li>– 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</li> <li>– 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.</li> <li>– The mean rate of cardiac arrests was 2.4 per 1000 discharges. The chart remained statistically stable and was showing normal variation.</li> <li>– Two hospital sites had HSMR above 1.0 in the recent published data on HSMR from July 2022-June 2023 (published in October 2023).</li> </ul> <p>The Committee noted an update on the Improvement Programmes aligned to these KPIs.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
12.	<b>Department of Research and Innovation Annual Report 2023</b>	
	<p>Professor Julie Brittenden provided the ‘Department of Research &amp; Innovation Annual Report (2023)’ [paper 24/07] for assurance.</p> <p>The Committee noted a summary of the paper including the following:</p> <ul style="list-style-type: none"> <li>– There had been over 330 new studies commenced.</li> <li>– Over 1000 studies were recruiting or in follow-up in NHS GGC.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- There was an increase in the number of investigators and NIHR associate fellows.</li> <li>- Overall recruitment to clinical trials had increased by 14% compared to 2022.</li> <li>- There was a 30% increase in recruitment of patients to commercial trials.</li> <li>- 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)</li> <li>- Early Cancer Medicine Centre Funding award (2.2 Million over 5 years)</li> <li>- Increase in projects involving artificial intelligence.</li> <li>- Realisation of the benefits of digital pathology for the service and research.</li> </ul> <p>Prof. Brittenden advised the Committee regarding the current opportunities, limitations, and restriction to the use of AI in imaging within the clinical trials.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
<b>13.</b>	<b>Extract from Corporate Risk Register</b>	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper No. 24/08] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>The Committee noted that there were currently 2 aligned to the Clinical and Care Governance Committee:</p> <ul style="list-style-type: none"> <li>• Public Protection failure in relation to a vulnerable child or adult</li> <li>• Safe &amp; effective use of medicines</li> </ul> <p>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 &amp; effective use of medicines, at this time.</p> <p>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</p>	

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	<p>approval before being presented to the Clinical Care and Governance Forum.</p> <p>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.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	
<b>14.</b>	<b>Committee Terms of Reference</b>	
	<p>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.</p> <p>The current Terms of Reference were approved by the C&amp;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.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>15.</b>	<b>Committee Annual Cycle of Business 2024/25</b>	
	<p>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.</p> <p>The Committee were content to approve the paper</p> <p><b><u>APPROVED</u></b></p>	

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		ACTION BY
<b>16.</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>	
<b>17.</b>	<b>Date of Next Meeting</b>	
	<p>The next meeting was taking place on 4 June 2024 at 2 PM (hybrid) JB Russell House and via Microsoft Teams</p>	