

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.	

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	Apologies were intimated on behalf of Dr Emilia Crighton and Ms Elaine Vanhegan. <u>NOTED</u>	
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. <u>NOTED</u>	
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. <u>APPROVED</u>	
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.	

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	<p>The Committee were content to approve the RAL.</p> <p>Ms Brimelow asked Committee members if there were any matters arising that had not been included in the RAL.</p> <p>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.</p> <p>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.</p> <p><u>APPROVED</u></p>	
18.	Overview	
	<p>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.</p> <p>Dr Armstrong advised that her update was on NHS Tayside oncology services and this had been provided under Matters Arising.</p> <p>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</p>	

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	<p>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.</p> <p>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.</p> <p>Ms Brimelow thanked Professor Wallace for the update.</p> <p><u>NOTED</u></p>	<p>Prof Wallace</p>
19.	Medicines and Pharmacy: HEPMA Implementation	
	<p>The Committee considered the paper “Medicines and Pharmacy: HEPMA Implementation” [Paper 22/08] presented by Ms Gail Caldwell, Director of Pharmacy.</p> <p>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.</p> <p>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</p>	

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	<p>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.</p> <p>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.</p> <p>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.</p> <p><u>NOTED</u></p>	
<p>20.</p>	<p>Quality of Care Review into Urgent Care Mental Health Assessment Units</p>	
	<p>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.</p> <p>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.</p> <p>Ms Gaffney outlined the following key points from the report:</p> <ul style="list-style-type: none"> - 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 	

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	<p>underway with the Network looking at digital solutions which would assist with the provision of feedback, particularly from people in crisis.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>NOTED</p>	
21.	Thrombolysis and Thrombectomy Services	
	<p>The Committee considered the paper “Thrombolysis and Thrombectomy Update” [Paper 22/10] presented by Dr Chris Deighan, Deputy Medical Director Corporate.</p> <p>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.</p> <p>Dr Deighan provided an overview of the key points outlined in the paper which included:</p> <ul style="list-style-type: none"> - 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 	

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	<p>hours and administering aspirin within one day. The Stroke Improvement Group had requested an action plan to improve performance in other areas.</p> <ul style="list-style-type: none"> - 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>NOTED</p>	
22.	Public Protection Unit - Update	
	<p>The Committee considered the paper “Public Protection Unit – Update” [Paper 22/11] presented by Professor Angela Wallace, Nurse Director.</p> <p>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.</p>	

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<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 led 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.</p>	

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	<u>NOTED</u>	
23.	Clinical Risk Report July 2021 – December 2021	
	<p>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.</p> <p>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.</p> <p>Ms Jordan said that the annual report on Duty of Candour would come to the Committee in September 2022.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><u>NOTED</u></p>	<p>Ms Jordan</p> <p>Ms Jordan</p>
24.	HSMR Report October 2020 – September 2021	
	<p>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.</p>	

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	<p>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, RAH/Vale of Leven and IRH 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.</p> <p>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.</p> <p>Dr Armstrong provided assurance that this was not beyond three standard deviations and internal work was underway to understand the figures.</p> <p>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.</p> <p>NOTED</p>	
25.	Healthcare Associated Infection Reporting Template (HAIRT)	
	<p>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.</p> <p>The report provided an oversight of the Healthcare Associated targets (<i>Staphylococcus aureus</i> bacteraemias (SAB), <i>Clostridioides difficile</i> infections (CDI), <i>E. coli</i> 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.</p> <p>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.</p>	

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	<u>NOTED</u>	
26.	Board Infection Control Committee - Minutes of Meeting:	
	a) Approved Minutes of the Meeting held on 17 February 2022	
	<p>The Committee considered the minutes of the Board Infection Control Committee held on 17 February 2022 [Paper BICC(M) 22/01].</p> <p>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.</p> <p>The Committee were content to note the minutes.</p> <p><u>NOTED</u></p>	Ms Devine
27.	Patient Experience, Complaints, Ombudsman & Person Centred Care Programme	
	a) Patient Experience, Complaints and Ombudsman Report	
	<p>The Committee considered the Patient Experience, Complaints and Ombudsman Report [Paper 22/15] presented by Professor Angela Wallace, Nurse Director.</p> <p>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.</p> <p>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.</p>	

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	<p>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.</p> <p>NOTED</p>	
	b) Person Centred Care Programme	
	<p>The Committee considered the Person Centred Care Programme [Paper 22/16] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance.</p> <p>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.</p> <p>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.</p> <p>Ms Jordan also highlighted that What Matters to you day was taking place on 9 June 2022.</p> <p>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.</p> <p>NOTED</p>	
28.	Extract from Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 22/17] presented by Mr Andrew Gibson, Risk Manager.</p> <p>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.</p>	

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	<p>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.</p> <p>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.</p> <p>NOTED</p>	
29.	Terms of Reference	
	<p>The Committee considered the Terms of Reference [Paper 22/18] presented by Ms Kim Donald, Corporate Services Manager – Governance.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Ms Jordan/ Secretariat</p>

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	<p>The Committee were content to approve the Terms of Reference with the amendments outlined above.</p> <p><u>APPROVED</u></p>	
30.	Board Clinical Governance Forum - Minutes of Meeting:	
	a) Approved Minutes of the Meeting held on 7 February 2022	
	<p>The Committee considered the minutes of the meeting held on 7 February 2022 and were content to note these.</p> <p><u>NOTED</u></p>	
	b) Approved Minutes of the Meeting held on 11 April 2022	
	<p>The Committee considered the minutes of the meeting held on 11 April 2022 and were content to note these.</p> <p><u>NOTED</u></p>	
31.	Closing Remarks and Key Messages for Board	
	<p>Ms Brimelow summarised they key points that had been discussed by the Committee. These included:</p> <ul style="list-style-type: none"> - 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, FAs and education in public protection. - The Committee noted delays in SAERs and were assured by work underway to strengthen the response to these. 	

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	<ul style="list-style-type: none"> - 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. <p>Ms Brimelow thanked members for attending and closed the meeting.</p>	
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.	