

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 21/75</b>
<b>Paper Title</b>	<b>Standing Committee Chairs Board Report</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Date of Meeting:</b>	<b>26 October 2021</b>
<b>Purpose of Paper:</b>	<b>For Assurance</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Name of Reporting Committee</b>	<b>Clinical and Care Governance Committee</b>
<b>Date of Reporting Committee</b>	<b>14 September 2021</b>
<b>Committee Chairperson</b>	<b>Ms Susan Brimelow</b>

### 1. Purpose of Paper:

The purpose of this paper is to inform the NHS Board on key items of discussion at NHS GGC Clinical and Care Governance Committee.

### 2. Recommendation:

The Board is asked to note the key items of discussion at the recent meeting of the **Clinical and Care Governance Committee** on **14 September 2021** as set out below and seek further assurance as required.

### 3. Key Items of Discussion noting purpose; Approval/Assurance/Awareness.

#### 3.1 Care Opinion/Patient Experience Quarter 1 Report

Dr Margaret McGuire, Nurse Director provided an overview of the Care Opinion/Patient Experience Quarter 1 Report. Dr McGuire noted the 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 were content to note the update and were assured by the information provided.

### **3.2 Clinical Governance Annual Report**

Ms Geraldine Jordan, Director of Clinical and Care Governance 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. 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. Clinical and Care Governance Committee were provided with assurance by the information and were content to approve the report.

### **3.3 Healthcare Associated Infection**

Ms Sandra Devine, Acting Infection Prevention and Control Manager provided an overview of the Healthcare Associated Infection Reporting Template (HAIRTs) for May and June 2021. 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. The Committee were content to note the update and were assured by the information provided.

### **3.4 Duty of Candour Annual Report**

Ms Geraldine Jordan, Director of Clinical and Care Governance provided an overview of the Duty of Candour Annual Report 20-21. 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. The Committee were content to note the update and were assured by the information provided.

## **4. Issues for referral to other Standing Committees or escalation to the NHS Board:**

There were no issues for referral to other Standing Committees or escalation to the NHS Board.

## **5. Date of Next Meeting:**

14 December 2021 at 1.30pm