

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday, 4 June 2024 at 2.00 pm

PRESENT

Mr Ian Ritchie (in the Chair)

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| Dr Jennifer Armstrong | Dr Becky Metcalfe |
| Ms Mehvish Ashraf | Cllr Katie Pragnell |
| Ms Dianne Foy | Dr Lesley Rousselet |
| Mrs Jane Grant | Dr Lesley Thomson KC |
| Professor Iain McInnes | Professor Angela Wallace |

IN ATTENDANCE

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| Ms Gail Caldwell | Director of Pharmacy |
| Ms Mandy Crawford | Corporate Services Manager – Complaints |
| 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 |
| Mr Jamie Redfern | Director Women and Children's Services |
| Dr Jennifer Rodgers | Deputy Nurse Director |
| Ms Paula Spaven | Acting Director of Clinical Governance |
| Ms Elaine Vanhegan | Director of Corporate Governance |

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| 18. | Welcome, Apologies and Introductory Remarks | |
| | The Chair welcomed those present to the June 2024 meeting of the Clinical and Care Governance Committee. | |
| | Apologies were noted on behalf of Dr Paul Ryan. | |
| | <u>NOTED</u> | |
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| 19. | Declarations(s) of Interest(s) | |
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| | <p>The Chair invited Committee Members to declare any interests in the items discussed. Dr Becky Metcalfe highlighted her current employment as Clinical Director for Sexual Health Services it was agreed that she would be excused from the meeting during the verbal updates from Dr Jennifer Armstrong and Professor Angela Wallace, and return to the meeting at Item 6.</p> <p><u>NOTED</u></p> | |
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| 20. | Minutes of Previous Meeting | |
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| | <p>The Committee considered the minute of the meeting held on 45 March 2024 [CCCG(M)24/01] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p> | |
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| 21. | Matters Arising from Minutes | |
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| | <p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 24/11] and were content to close the items recommended.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p> | |
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| 22. | Overview | |
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| | <p>Mr Ritchie 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>The Committee were content to note the overview.</p> <p><u>NOTED</u></p> | |
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| 23. | NHSGGC Quality Strategy: Quality Everyone, Everywhere | |
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| | <p>Professor Angela Wallace and Dr Jennifer Rodgers, Deputy Nurse Director, presented the 'Quality Strategy: Quality Everyone, Everywhere' [Paper 24/12] for approval.</p> | |

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| | <p>The Committee were assured that the the strategy aligned with NHSGGC purpose and values, and aligned would build on the Health Board's current strengths. There was recognition that improvements had been made over the period during, and since, the Covid-19 pandemic.</p> <p>The Committee noted the extensive stakeholder engagement that had taken place, and were invited to watch a video from the Accelerated Design Event (ADE) which would be circulated to them after the meeting.</p> <p>In response to a questions regarding funding, Dr Rodgers highlighted the importance of ensuring alignment with the other strategies and that work has been ongoing with Public Health colleagues with a focus on health inequalities. Prof Wallace noted the ties with Realistic Medicine and that one of the main elements of feedback from the ADE was to do more of what works and less of what doesn't, and the importance of value based healthcare.</p> <p>With regards to outcome measurement, Prof Wallace highlighted the importance of KPIs and measurement, and the need for an associated measurement plan, along with building QI Capability.</p> <p>Prof Wallace outlined next steps. The strategy would be presented to the Board on 25th June, and following approval, an implementation approach would be considered. An initial focus will be on testing the Organisation Readiness Tool for Quality baseline for quality maturity assessment would be developed.</p> <p>The Committee noted the excellent work and case studies, and were content to approve the Quality Strategy for onwards review at the June Board.</p> <p>APPROVED</p> | |
| 24. | Update on Gynaecology-Oncology Services | |
| | <p>The Committee considered the 'Update on Gynaecology-Oncology Services' [Paper 24/13] presented by the Director and Women and Children Services, Mr Jamie Redfern, for assurance.</p> <p>Mr Redfern highlighted the ongoing multidisciplinary approach to reducing waiting times and reported a vast improvement in waiting times. He highlighted a stable and secure service. He referenced the difference between patients who require standalone treatment and those who require a multidisciplinary approach, and the work underway to standardise the treatment processes and bring everyone in line with best practice.</p> | |

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| | <p>The Committee discussed theatre capacity and the impact on waiting times. Mr Redfern explained that if a patient is delayed due to capacity issues they would be prioritised against their clinical need for the next available space. In response to a query regarding 100% utilisation within theatres, Mr Redfern explained that, although this was an aim, it can be difficult to achieve for a variety of reasons, including theatre staff annual leave.</p> <p>Mr Ritchie reported that he had visited the Glasgow Royal Infirmary Robot Assisted Teams and commended the collaboration between the different disciplines to ensure our patients receive a quality service.</p> <p>It was agreed that future iterations of the report would include previous theatre activity figures to offer assurance that the number of delays was reducing.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p> | |
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| 25. | Best Start Programme | |
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| | <p>Mr Jamie Redfern provided an update on the 'Best Start Programme' [Paper 24/14] presented for assurance.</p> <p>Mr Redfern highlighted that the Best Start report had been submitted to the Scottish Government with the majority of the recommendations having been implemented, alongside excellent feedback from both staff and users of the service. He advised that there were some ongoing actions that were being taken forward and monitored via the directorate clinical governance routes. Mr Redfern explained some of the actions were difficult to implement, e.g. workforce and transitional care, due to the limitations of the maternity buildings across the sites. He did, however, assure the Committee that an approach of transitional care was underway and the Glasgow Royal Infirmary site had been considered for taking this particular action forward across 2024/25.</p> <p>Mr Redfern reported that there was a new framework for SAER activity which included job planning with the clinical teams to ensure this work could be taken forward.</p> <p>The Committee discussed the current financial challenges faced by the Board and the risks of taking forward business cases and funding not being approved. Mr Redfern explained that this work was being monitored through the acute division with associated cost benefit analysis to help identify efficiencies, and ensure the right things are being</p> | |

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| | <p>prioritised. He also noted that upcoming Maternity and Neonatal Strategy which would consider how services could be best delivered.</p> <p>In response to a query regarding the AMMA Impact Report, the Committee were assured that colleagues were working closely with AMMA and an action plan had been created as a result of the report findings.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | |
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| 26. | NHSGGC Care Home Support Annual Report 2023-2 | |
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| | <p>The Committee considered the 'NHSGGC Care Home Support Annual Report 2023-24' [Paper 24/15] presented for assurance by Dr Jennifer Rodgers.</p> <p>Dr Rodgers reported that there were 182 Care Homes across the 6 HSCPs and from 2020 the Nurse Directors of Health Boards took overall responsibility for Care Home care. She highlighted that there was a new model as a result of the Care Home collaborative which included engagement with a range of stakeholders across the system over the last 8 months.</p> <p>Dr Rodgers noted the publication of the My Health, My Care, My Home national document which resulted in NHSGGC realigning our support model to the 6 core elements of the framework. She explained that the overarching aim of the Care Home collaborative was to enhance the experience of those living in care homes, and that 97% of the care homes used the assurance tool to measure the care provided. She also noted that they were subject to self-assessment and peer visits.</p> <p>The Committee recognised the work undertaken with regards to educating staff, with 250 colleagues engaging in training in the past 12 months. Dr Rodgers emphasised that education was a core part of the support model, with a learning forum being created to further enhance educational opportunities for care home staff. Dr Rodgers also raised the improvement work streams underway with a focus on falls reduction, pressure ulcer reduction and improved nutrition.</p> <p>In response to a query regarding funding, Dr Rodgers confirmed that every Health Board received an allocation depending on the number of care home beds.</p> | |

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| | <p>A concern was raised regarding the understanding of sight loss across the care homes. It was agreed that information on sight and auditory care would be considered in the next report.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | Dr Rodgers |
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| 27. | Prison Healthcare Annual Governance Report January – December 2023 | |
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| | <p>The Committee considered the 'Prison Healthcare Annual Governance Report January – December 2023' [Paper 24/16] presented for assurance by Ms Rhoda MacLeod, Head of Service.</p> <p>Ms MacLeod explained that there were plans to replace HMP Barlinnie with HMP Glasgow with the trajectory of completion being in 2028. She noted issues with the fabric of the buildings and that work was underway within HMP Greenock to replace the roof.</p> <p>Ms MacLeod highlighted the increasing number of the prison population and the impact across healthcare as a result. She also noted the increase in complaints, with themes being across oral health and access to medication. She explained the significant amount of time this took away from Band 6/7 nursing staff who investigate the complaints and as a result they are looking to introduce complaints officers and are working with the Corporate Services Manager – Complaints and Public Affairs with a view to streamlining the process.</p> <p>Ms MacLeod noted the MWC visits that had taken place, with HMP Greenock receiving a satisfactory grade and an HMP Barlinnie visit being scheduled for September 2024. She also reported that training was ongoing with nursing staff regarding certification of death training.</p> <p>Ms MacLeod advised that there had been historical issues with regards to the recruitment and retention of GPs and as a result Advanced Nurse Practitioners will be introduced, allowing a MDT approach to care.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p> | |
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| 28. | Clinical Risk Report | |
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| | Ms Paula Spaven, Director of Clinical Governance, provided the 'Clinical Risk Report' report [Paper 24/17] presented for assurance. | |

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| | <p>Ms Spaven recognised the further improvement work required with regards to reducing the overdue SAERs and noted the progress on reducing the overall number and those waiting on a decision. She highlighted the positive compliance with Duty of Candour, and the work underway to learn from other Health Boards regarding their policies and procedures and an action plan would be developed and brought back through the Board Clinical Governance Forum.</p> <p>Ms Spaven emphasised the importance of learning from adverse events and outlined that learning summaries are presented to relevant clinical governance forums so that overall themes could be taken forward. In response to a question on the process of board-wide learning, Ms Spaven advised she would review arrangements to establish how this is captured at board level.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | Ms Spaven |
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| 29. | Hospital Standardised Mortality Ratio (HSMR) Update Report | |
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| | <p>Ms Paula Spaven provided the 'Hospital Standardised Mortality Ratio (HSMR) Update Report' [Paper 24/18] for assurance.</p> <p>Ms Spaven assured the Committee that NHSGGC were statistically stable and utilise crude mortality to review mortality over time. This data concludes that NHSGGC mirrors the crude mortality rates across NHS Scotland. She noted that work was underway with Public Health Scotland regarding understanding the predicted death model, and shared learning across Health Boards regarding any further improvements that can be made.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | |
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| 30. | Public Protection Governance Report | |
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| | <p>The Committee considered the 'Public Governance Report' [Paper 24/19] presented by Dr Deirdre McCormick, Chief Nurse, for assurance. Dr McCormick highlighted that there had been a number of policy and guidance documents developed since the last update to the Committee, and the team were now reviewing the Delivery Plan which was scheduled to be reviewed by the Public Protection Forum in July with a view to formal sign off. Dr McCormick highlighted the Quality Framework in place</p> | |

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| | <p>which demonstrated a number of measures and level of scrutiny taking place across the area.</p> <p>Dr McCormick noted the actions developed as a result of recommendations from the internal audit report and a process of prioritisation had been developed with actions aligned to the Board's strategic aims. She advised that progress against the actions was being monitored through the governance process with update reports being scrutinised by both the Public Protection Forum and the Committee.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p> | |
| 31. | Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme | |
| | <p>The Committee considered the 'Patient Experience, Complaints, Ombudsman, Person Centred Improvement Programme' [Paper 24/20] presented by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs.</p> <p>Ms Crawford reported on the data from quarter 4, highlighting that there had been an increase in the number of complaints received since the previous quarter with the majority being managed via Stage 1 of the process. She noted that there had been a slight decrease in performance against Stage 2s, but overall 84% had been achieved. Ms Crawford referred to the learning from complaints examples shared within the report, noting communication as one of the main themes.</p> <p>With regards to patient centred care, Dr Rodgers highlighted that phase 2 of the evaluation into patient centred visiting was now complete. She also noted the upcoming What Matters to You Day.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p> | |
| 32. | Healthcare Associated Infection Reporting Template (HAIRT) | |
| | <p>Ms Sandra Devine provided an update on the 'The Healthcare Associated Infection Reporting Template (HAIRT) for January and February 2024' [Paper 24/21a] 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 22</p> | |

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| | <p>reported SAB in January and 25 in February against the target of 23 or less per month. There were 41 healthcare associated ECB in January and 41 in February, the aim was 38 or less per month. CDI: 17 cases in January and 19 in February, aim was 17 or less. SAB, ECB and CDI rates remained within the control limits as indicated by provided funnel plots.</p> <p>Ms Devine highlighted that March – June data would be available for the next meeting.</p> <p>The Committee were advised that there were 2 ward closures and 105 positive cases for Covid-19.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p> | |
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| 33. | HAIRT Annual Report | |
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| | <p>The Committee considered the HAIRT Annual Report [Paper 24/21b] presented by Ms Sandra Devine.</p> <p>Ms Devine explained that this was the first annual report reviewed by the Committee and the next iteration would be earlier in the cycle of business. She also highlighted that work was underway to develop an Infection Prevention and Control strategy 2024-27.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | |
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| 34. | Controlled Drugs Annual Report | |
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| | <p>The Committee considered the Controlled Drugs Annual Report [Paper 24/22] presented by Ms Gail Caldwell, Director of Pharmacy, for assurance.</p> <p>Ms Caldwell explained that, as a result of the Shipman Inquiry, all Health Boards were required to establish a Controlled Drugs Accountable Officer (CDAO) with regards to the safe management of controlled drugs across the Board. She reported that controlled drugs were used for a range of reasons, e.g. palliative care, and that there was a balance of meeting the requirements of safe management and the clinical need of the patient. Ms Caldwell reported that in 2023 they began to implement a risk based approach where the service was intelligence led meaning resourcing could be targeted. She explained that this has resulted in the reduction in controlled drug incidents within prison services, and monitoring remains</p> | |

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| | <p>ongoing. With regards to community pharmacy, Ms Caldwell reinforced the importance of collaborative working across all community services, including third sector.</p> <p>Ms Caldwell highlighted system wide learning was becoming embedded and annual reports would be brought through the Committee moving forward.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p> | |
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| 35. | Extract from Corporate Risk Register | |
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| | <p>The Committee considered the Extract from the Corporate Risk Register [Paper 24/23] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan explained that the register now includes a metric to confirm which risks were subject to review each month and this would be tracked through the CMT. She reported that the safe and effective use of medicines risk was in progress and would be presented at a future meeting.</p> <p>The Committee were content to approve the register.</p> <p><u>APPROVED</u></p> | |
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| 36. | Committee Terms of Reference | |
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| | <p>The Committee considered the Committee Terms of Reference [Paper 24/24] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval.</p> <p>The Committee were content to approve the terms of reference for inclusion in the annual review of governance which would be considered at the June Board.</p> <p><u>APPROVED</u></p> | |
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| 37. | Closing Remarks and Key Messages for Board | |
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| | <p>Mr Ritchie 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> | |
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| 38. | Date of Next Meeting | | |
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| | The next meeting was taking place on 3 September 2024 at 2 PM (hybrid) JB Russell House and via Microsoft Teams | | |