

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee Held via Microsoft Teams on Tuesday 6 December 2022 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Ms Susan Brimelow OBE	Prof Iain McInnes
Mr Ian Ritchie	Dr Lesley Rousselet

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Elaine Burt	..	Chief Nurse (Item 12)
Ms Gail Caldwell	..	Director of Pharmacy (Item 09a)
Ms Leanne Connell	..	Interim Chief Nurse East Dunbartonshire, Health and Community Care (Item 12)
Dr Martin Culshaw	..	Deputy Medical Director for Mental Health Services (Item 06)
Ms Sandra Devine	..	Director of Infection Prevention and Control
Dr David Dodds	..	Chief of Medicine, Regional Services (Item 14)
Ms Kim Donald	..	Corporate Services Manager/Board Secretary
Mr Andrew Gibson	..	Chief Risk Officer
Dr Judith Godden	..	Manager/Scientific Officer for Research Ethics (Item 13)
Mrs Jane Grant	..	Chief Executive
Dr Claire Harrow	..	Chief Officer, Clyde (Item 08)
Ms Geraldine Jordan	..	Director of Clinical Governance
Mr Colin Peters	..	Consultant Neonatologist (Item 15)
Mr Jamie Redfern	..	Director of Women and Children's Services (Item 15)
Ms Jane Richmond	..	Clinical Director (Item 15)
Ms Mary Ross-Davie	..	Director of Midwifery (Item 15)
Professor Angela Wallace	..	Executive Nurse Director
Mrs Louise Russell	..	Secretariat (Minute)

		ACTION BY
50.	Welcome, Apologies and Introductory Remarks	
	Dr Ryan welcomed those present to the December meeting of the Clinical and Care Governance Committee.	

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		ACTION BY
	Apologies were intimated on behalf of Ms Dianne Foy and Councillor Katie Pragnell. <u>NOTED</u>	
51.	Declarations(s) of Interest(s)	
	Dr Ryan invited Committee Members to declare any interests in the items discussed. No declarations were made. <u>NOTED</u>	
52.	Minutes of Meeting held on 6 September 2022	
	The Committee considered the minute of the meeting held on 6 September 2022 [Paper No.CCGC(M)22/03] and were content to approve the minute as a full and accurate record of the meeting pending the following amendments; <ul style="list-style-type: none"> • Page 7, Ms Amanda Mackintosh's title to be amended to Deputy Head of Clinical Governance. • Page 4 – Discussion regarding the work that had been carried out to support and stabilise nurse staffing across acute and HSCP's to be reflected in minute. <u>APPROVED</u>	Secretary Prof Wallace/ Secretary
53.	Matters Arising from the Minutes	
	a) Rolling Action List	
	The Committee considered the items detailed on the Rolling Action List [Paper 22/30]. The Committee were content to note the closure of 7 items and were content to approve the RAL. <u>APPROVED</u>	
54.	Overview	

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		ACTION BY
	<p>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.</p> <p>Professor Wallace provided an update on the Healthcare Improvement Scotland (HIS) unannounced visit. The Committee noted that the scope of the inspection was wider than usual. Overall, the report was positive, reflected on the current pressures and paid tribute to the staff for the hard work carried out under challenging circumstances.</p> <p>Ms Sandra Devine, Director of Infection Prevention and Control, provided an update on the work that had been commissioned regarding Aspergillus. There were 2 recommendations and 4 requirements. Ms Devine assured the Committee that work had commenced on developing robust governance processes to conclude the requirements.</p> <p>Dr Ryan thanked Professor Wallace and Ms Devine for the update provided.</p> <p>NOTED</p>	
55.	Mental Health Update	
	<p>The Committee considered the paper “Mental Health Update” [Paper 22/31] presented by Dr Martin Culshaw, Deputy Medical Director for Mental Health Services.</p> <p>Dr Culshaw provided an overview of the clinical governance arrangements for Mental Health Services. The Mental Health Services Clinical Governance Group continued to meet on a monthly basis, had oversight of the whole system and received reports from Board wide services.</p> <p>The report outlined the significant pressures faced by Mental Health Services which included significant staffing pressures and inpatient beds; particularly within adult services.</p> <p>Dr Culshaw provided an update on Significant Adverse Event Reviews (SAERS) and noted that during the pandemic 127 SAERS had breached the timeline. The Committee received assurance that work had been carried out to address the backlog and there had been a reduction in the number of open SAERS.</p> <p>Dr Culshaw explained that there were 13 recommendations as a result of the Inpatient Incident Review, mainly in relation to</p>	

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		ACTION BY
	<p>environment and lack of consistency. The Committee noted that work was being carried out to address the recommendations.</p> <p>The Committee acknowledged that staffing issues remained an ongoing challenge across all Health Boards, however, received assurance that good quality of care continued to be provided.</p> <p>In response to a question regarding the frequency of visits from the Mental Health Welfare Commission, the Committee noted that visits were carried out on average 2 times per month.</p> <p>The Committee were content to note the report and were assured by the information provided.</p> <p><u>NOTED</u></p>	
56.	Duty of Candour Annual Report Addendum Update	
	<p>The Committee considered the paper “Duty of Candour Annual Report Addendum Update” [Paper 22/32] presented by Ms Geraldine Jordan, Director of Clinical Governance.</p> <p>Following the last meeting, an addendum was added to the Duty of Candour 2021/22 Annual Report to include details of any additional Duty of Candour adverse events and those not yet concluded. The report highlighted that, as at October 2022, the figures had increased to a total of 41 Duty of Candour incidents between 1st April 2021 and 31st March 2022. The Committee noted that 38 of these investigations were now complete.</p> <p>The Committee were assured by the update provided and were content for the Duty of Candour Annual Report to be published on the NHSGGC website.</p> <p><u>APPROVED</u></p>	
57.	HOSPITAL STANDARDISED MORTALITY RATE (HSMR)	
	<p>The Committee considered the paper “Hospital Standardised Mortality Rate (HSMR)” [Paper 22/33] presented by Ms Geraldine Jordan, Director of Clinical Governance and Dr Claire Harrow, Chief of Medicine for Clyde.</p>	

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	<p>The report outlined the NHSGGC data for April 2021 to March 2022 and crude mortality for the same reporting period. The report included an update on the improvement work in the Clyde Sector.</p> <p>The Committee noted that during the reporting period, the Royal Alexandra Hospital (RAH)/Vale of Leven (VoL) and Inverclyde Royal Hospital (IRH) had a HSMR above the Scottish average. The report also highlighted that all hospital sites in NHSGGC, with the exception of RAH and IRH, had crude mortality rates below the Scottish rate for Quarter 1 in 2022. The Committee received assurance that the HSMR Steering Group at the RAH had taken a proactive approach in responding to mortality statistics and a work plan had been implemented.</p> <p>The Committee noted key areas of work, which included;</p> <ul style="list-style-type: none"> • Improving recognition and response to deteriorating patients; • Leadership for the Frailty Improvement Programme had been agreed and an initial review carried out; • A review of liver disease mortality data was in progress; • Mechanisms were being developed for monitoring improvement and providing assurance. This included workforce planning for Medical and Nursing staff. <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
58.	Clinical Governance Updates	
	a) Controlled Drugs Annual Report	
	<p>The Committee considered the paper “Controlled Drugs Annual Report” [Paper 22/34] presented by Ms Gail Caldwell, Director of Pharmacy.</p> <p>The Committee received assurance that medicines continued to be well managed and suitable controls remained in place.</p> <p>Ms Caldwell reported that key pieces of work over the last 12 months included;</p> <ul style="list-style-type: none"> - The development of an Information Sharing Protocol to facilitate the Regional Local Intelligence Network. 	

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	<p>- Development of a LearnPro Module for Prison Healthcare Staff to increase understanding.</p> <p>Ms Caldwell highlighted that the number of completed inspection visits had reduced, mainly due to infrequent ward checks during the reporting period. This was as a result of staff shortages and reprioritisation of activities during the pandemic. The Committee received assurance that there would be a focus on ward checks and the provision of on-site support was a priority in 2022.</p> <p>The report highlighted the number of incidents by Drug within Acute Sites, Hospital Theatres, Departments and Pharmacies entered on Datix in 2021. Work was being carried out to reinforce the key messages around selection of appropriate strengths, formulations and drugs. In addition, a review of the management process of high strength preparations would be carried out.</p> <p>The Committee noted that due to the pandemic, General Practitioner visits during 2021 had been temporarily suspended. The three year rolling programme of annual self-assessment questionnaires commenced in April 2022, and practice visits had been arranged.</p> <p>The report provided detail regarding administration incidents within Community Pharmacies by Drug. The Committee noted in particular that Methadone discrepancies were common place due in part to large number of patients and large volumes in use and also due to liquid variables such as overages, spillages and measuring mistakes. In response to a question regarding the reason for administration of drug errors, the Committee noted that the majority of errors were in the Prison sector and related to administration of methadone. The Committee were assured that robust systems and processes were in place and that training and education remained a focus.</p> <p>In response to a question regarding whether a change in policy had taken place with regards to supervision of substance misuse patients, the Committee noted that during the pandemic a risk based approach had been taken. The Committee noted that this had resulted in significant benefits for patients and staff without an increase in harm.</p> <p>Ms Caldwell confirmed the next annual report would be provided in June 2023 and would include further information regarding individual types of drug prescribing to provide further context.</p> <p>The Committee were content to note the update provided.</p>	<p>Ms Caldwell</p>

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		ACTION BY
	<u>NOTED</u>	
59.	a) Public Protection Unit Update	
	<p>The Committee considered the paper “Public Protection Unit Update” [Paper 22/35] presented by Professor Angela Wallace, Nurse Director.</p> <p>Prof Wallace provided an update on the National Guidance and Public Protection Accountability Framework published in October 2022. The Framework set out collective responsibilities across NHS Boards and was initiated as part of the implementation of the National Guidance for Child Protection (2021). The scope of the framework was broadened to include Adult Protection and MAPPA.</p> <p>Prof Wallace highlighted that there were currently 22 open Child Protection SAERS and a Cross Partnership Group had been established to provide assurance regarding actions from CP SAERS.</p> <p>The Committee noted that staff were encouraged to complete Public Protection training. Managers and professional leaders had been urged to ensure arrangements were in place for staff to attend training.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
	b) Public Protection Forum: Minutes of Meeting 25 May 2022	
	<p>The Committee were content to note the approved minute of the meeting held on 25th May 2022.</p> <p><u>NOTED</u></p>	
60.	Infection Control Update	
	a) Board Infection Control Committee: Minutes of Meeting 18.08.22	
	<p>The Committee were content to note the approved Board Infection Control Committee minute from the meeting held on 18th August 2022.</p>	

		ACTION BY
	<u>NOTED</u>	
61.	Quality Strategy Annual Report – Pressure Ulcer Update	
	<p>The Committee considered the paper “Quality Strategy Annual Report – Pressure Ulcer Update” [Paper 22/36] presented by Ms Elaine Burt, Chief Nurse, and Ms Leanne Connell, Interim Chief Nurse East Dunbartonshire, Health and Community Care.</p> <p>The report provided an update on progress made towards the rate per 1000 Occupied Bed Day in Acute Services, and quality improvement actions in relation to pressure ulcer prevention and reduction. The report provided assurance that reducing the incident of healthcare acquired pressure ulcers remained a key safety priority. Pressure Ulcer Prevention Operational Groups had been established and met on a quarterly basis to report on progress with the key work streams.</p> <p>The Committee noted in particular that;</p> <ul style="list-style-type: none"> • Targeted improvement work would be undertaken over the next 3 months with the Chief Nurses in North and Clyde Sectors, Tissue Viability and Podiatry Teams; • Wider roll out of the quality improvement documentation project will take place following a sector wide test; • Training and education; • Caseload acquired pressure ulcers to be reported as a rate per 1000 caseload <p>The Committee noted that specific aims had been set to reduce the incidence of avoidable healthcare acquired pressure damage and work had been undertaken to reduce the level of pressure ulcers to a rate of 0.40 per 1000 occupied bed days across the Board by June 2023.</p> <p>Following consultation with the Chief Nurses, 16 wards had been identified for quality improvement work. The Committee noted that early indicators highlighted a reduction in the North sector.</p> <p>The data trends identified peaked in the winter months, however, there had been a reduction in the last quarter. Challenges included flow and front door pressures. There was a continued focus on eliminating grade 3 pressure ulcers.</p>	

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	<p>Ms Connell provided an update on the work that had been carried out in HSCPs reporting that whilst there had been an increase in number of patients developing caseload acquired pressure ulcers, there was no corresponding increase in the number of avoidable pressure ulcers since May 2021. Key pieces of work included delivering education and training, linking with Care at Home Teams and progressing with a number of initiatives.</p> <p>In response to a question regarding pressure alleviation in Emergency Departments, the Committee received assurance that there had been no increase in the number of avoidable pressure ulcers. Data collection would continue to be carried out in this area.</p> <p>The Committee were content to note the report provided.</p> <p><u>NOTED</u></p>	
<p>62.</p>	<p>West of Scotland Research Ethics Committees Annual Report</p>	
	<p>The Committee considered the paper “West of Scotland Research Ethics Committees Annual Report for April 2021 to March 2022” [Paper 22/25] presented by Dr Judith Godden, Manager/Scientific Officer for Research Ethics.</p> <p>The report described the activity of the four Research Ethics Committees and the important role volunteers and staff played in the protection and promotion of the interests of patients in health care research.</p> <p>Dr Godden informed the Committee that during the reporting period, there were 150 research applications reviewed.</p> <p>Recruitment of new members to the Committee had been successful. The Committee noted that a training day was held at the end of September which was successful and provided an opportunity for the Committee to interact.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
<p>63.</p>	<p>West of Scotland Cancer Reports</p>	

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	<p>The Committee considered the paper “West of Scotland Cancer Reports” [Paper 22/38] presented by Dr David Dodds, Chief of Medicine, Regional Services.</p> <p>The report provided assurance to Committee members by providing a summary of:</p> <ul style="list-style-type: none"> • The established governance structures the Cancer QPI Reports and Action Plans; • The key reporting figures for NHSGGC from the QPI Reports for period September 2021 to August 2022; • Progress with action plans for this current period and the last reporting period, August 2020 to August 2021. <p>The Committee were content to note the report and were assured by the actions being taken forward.</p> <p><u>NOTED</u></p>	
64.	Best Start Maternity and Neonatal Care	
	<p>The Committee considered the paper “Best Start and Neonatal Care” [Paper 22/39] presented by Mr Jamie Redfern, Director of Women and Children’s Services, Mr Colin Peters, Consultant Neonatologist, Ms Mary Ross-Davie, Director of Midwifery and Ms Jane Richmond, Clinical Director.</p> <p>The report provided an update on the current position of the remobilisation of Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland Programme. Mr Redfern confirmed that the implementation of the 76 recommendations had been progressing since publication in January 2017, however, COVID-19 had impacted on the progress made.</p> <p>The Committee acknowledged that there had been significant change in leadership in NHS Great Glasgow and Clyde across both Maternity and Neonatal Services.</p> <p>There would be a strong focus on clinical risk across maternity and neonatal services including linking to the new national arrangements for Significant Adverse Event Reviews (SAERs).</p> <p>A draft plan had been developed and included information in relation to local activity, projected timelines and overall aim in NHSGGC for each recommendation.</p>	

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	<p>The Committee noted the current risks regarding delivery, which included;</p> <ul style="list-style-type: none"> • Midwifery and nursing vacancies; • Community midwifery models of care; • Midwife led intrapartum care for universal pathway women; • Neonatal Service – Level 3 Configuration; • Neonatal Mortality; • Neonatal Nurse Staffing <p>Further work was required around;</p> <ul style="list-style-type: none"> • Revision of the loss and miscarriage service; • Current infrastructure. Informal links had been made with capital planning; • Drafting the Maternity Strategy to shape the services for 2023-2028. <p>In response to a question regarding whether the timescales set would be manageable, the Committee received assurance that positive progress would be made towards the aims.</p> <p>The Committee noted that close monitoring of progress was required and recognised the challenges ahead. It was recognised that the challenges in relation to maternity and neonatal care were similar across Scotland.</p> <p>It was agreed that the team would be invited to the June 2023 meeting to provide an update on progress.</p> <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	<p>Secretariat</p>
<p>65.</p>	<p>Extract from Corporate Risk Register</p>	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 22/40] presented by Mr Andrew Gibson, Risk Manager.</p> <p>Mr Gibson reported that no changes were proposed to the risks aligned to the Committee.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	

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		ACTION BY
66.	Board Clinical Governance Forum - Minutes of Meeting:	
	a) Approved Minutes of the Meeting held on 8 August 2022	
	The Committee considered the minutes of the meeting held on 8 August 2022 and were content to note these.	
	<u>NOTED</u>	
67.	Closing Remarks and Key Messages for Board	
	Dr Ryan summarised the key points that had been discussed by the Committee. These included: <ul style="list-style-type: none"> - The Committee received assurance regarding the HIS Inspection at the Queen Elizabeth University Hospital. - The Committee received an update on Mental Health Services by Dr Martin Culshaw. - The Duty of Candour Annual Report was approved to be published. - The Committee received a paper in relation to Hospital Standardised Mortality Rate (HSMR) which outlined the figures for NHS Greater Glasgow & Clyde (NHSGGC) for April 2021 – March 2022. - The Committee received a paper providing an update on Public Protection governance and activity, which included an update on Child Protection SAERS. - The Committee received the Controlled Drugs Annual Report for the period 1st January to 31st December 2021. - The Committee received a paper to provide an update on NHSGGC pressure ulcer reduction. - The Committee received a paper which provided an update on the current position of the remobilisation of the Best Start: A Five Year Forward Plan for Maternity and Neonatal Care in Scotland Programme. - The Committee received the Corporate Risk Register (CRR) and considered the risks aligned to the Committee. The Committee were content to approve the CRR. <p>Dr Ryan thanked members for attending and closed the meeting.</p>	
68.	Date of Next Meeting	

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		ACTION BY
	The next meeting of the Committee would be held on Tuesday 7 March 2023 at 2.00 pm, via MS Teams.	