CCG(M) 21/03
Minutes 30 - 47

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Tuesday 14 December 2021 at 1.30 pm via Microsoft Teams

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Mr Ian Ritchie (Vice Chair)	Professor Iain McInnes
Dr Lesley Rousselet	Dr Paul Ryan
Ms Paula Speirs	

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Dr Margaret McGuire	..	Nurse Director
Prof Angela Wallace	..	Infection Prevention and Control Director
Ms Sandra Devine	..	Acting Infection Prevention and Control Manager
Prof Julie Brittenden	..	Director of Research and Innovation
Dr Judith Godden	..	Scientific Officer / Manager for Research Ethics
Dr David Dodds	..	Chief of Medicine, Regional Services
Ms Geraldine Jordan	..	Director of Clinical and Care Governance
Ms Gillian Duncan	..	Secretariat
Ms Amy White	..	Secretariat (Minute)

			ACTION BY
30.	**APOLOGIES AND OPENING REMARKS**		
	Ms Susan Brimelow welcomed those present to the meeting of the Clinical and Care Governance Committee via video conferencing. Apologies for absence were intimated on behalf of Professor John Brown and Cllr Caroline Bamforth. The Chair thanked Ms Jordan for the co-ordination and quality of the papers submitted. **NOTED**		

			ACTION BY
31.	**DECLARATIONS OF INTEREST**		
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made. **NOTED**		
32.	**MINUTES OF MEETING HELD ON 14 SEPTEMBER 2021**		
	The Committee considered the minute of the meeting held on 14 September 2021 [Paper No. CCGC(M)21/02] and were content to approve the minute as a full and accurate record of the meeting. Members had queried if there had been an update on the report from Healthcare Improvement Scotland (HIS) with regards to the management of acutely unwell patients at the Beatson West of Scotland Cancer Centre. Dr Armstrong reported the HIS follow up review of the Beatson West of Scotland Cancer Centre enquiry visit had been published. The Committee were advised that the report was generally positive with a clear statement that the service was safe and effective. The enhanced model of care was welcomed and Consultants were proactively engaging in the governance arrangements at the Beatson. It highlighted the need for staff to work together to describe a settled model of care and a longer term vision for the Beatson within the GGC wider strategy. Dr Armstrong and Dr Dodds agreed the recommendations and planned actions would be presented to a Committee at a future meeting for assurance. The Committee were assured by the information provided. **APPROVED**		**Dr Armstrong/ Dr Dodds**
33.	**MATTERS ARISING FROM THE MINUTES**		
a)	**Rolling Action List** The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/16]. The Committee were content to close three items noted on the Rolling Action List.		

			ACTION BY
	A Bi-Annual report from the Public Protection Forum would be presented at the March 2022 meeting. Information Governance and Digital Strategy had been delegated to more than one Committee. Ms Jordan confirmed it was agreed delegation would be to the Audit and Risk Committee. The Scheme of Delegation to be updated for the next meeting in March 2022. There were no further matters arising that were not on the agenda. Secretary to update the list. **NOTED**		**Ms Jordan** **Secretary**
34.	**WEST OF SCOTLAND CANCER REPORTS (QUALITY PERFORMANCE INDICATOR ACTION PLANS)**		
	The Committee considered the 'Cancer Quality Performance Indicator Action Plans: Update Report for period August 2020 – August 2021' [Paper No. 21/27] presented by Dr David Dodds, Chief of Medicine Regional Services. Dr Dodds reported in 2009 the Quality Performance Indicator (QPI) was developed in collaboration with the Regional Cancer Networks to provide an overview of NHSGGC's progress against the actions identified. The regional audit and governance processes were well established within the West of Scotland Cancer Network (WoSCAN), aligned to the national Quality Performance Indicator (QPI) governance and reporting framework. Each Board within the WoSCAN reports QPI progress through the Regional Cancer Advisory Group (RCAG), which in turn reports to Healthcare Improvement Scotland (HIS) to create the national picture. NHSGGC reports progress with the national QPIs locally through the RCAG, Acute Clinical Governance Forum and the Board Clinical Governance Forum with an annual update to Clinical and Care Governance Committee. Dr Dodds advised the aim of QPIs were to ensure Boards were able to focus attention on areas for improved survival of cancer and improved patient experience. The secondary aim was to reduce variation of cancer care nationally and to ensure all treatment delivered within cancer services were safe and effective.		

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	The report considered only those action points relevant and applicable to NHSGGC. The QPI reporting figures for NHSGGC were from August 2020 to August 2021. 12 Regional and 2 National (Sarcoma and Acute Leukaemia) QPI reports were published. 12 action plans had been produced; 1 QPI Report identified no actions for NHSGGC; 1 QPI Report Action Plan remained in progress. Dr Dodds advised there were 43 actions identified, 27 of those actions were now complete and 16 actions remain in progress. The 16 actions in progress; 5 refer to improving documentation or recording; 4 request review of cases or processes; 3 apply to content or structure of MDT meetings; 2 recommend completion of an audit; 1 requested feedback from a previous review. Dr Dodds noted those 15 actions were identified to have a low clinical impact. 1 action was directly related to clinical pathways (Lung Cancer QPI 16) which was taken forward through the lung pathway redesign and currently underway. Dr Dodds noted appreciation to Ms Jordan and the Clinical Governance Support Unit for the development of the paper. Members had noted there were 2 recommendations related to MDT. Dr Dodds advised the MDT process had been reviewed and was evolving on a continuous basis. Members queried how quickly data could be received to drive the change in practice whilst influencing support and inform allocating resource. Dr Dodds advised with progression QPIs in the future may be able to assess the impact. Ms Brimelow thanked Dr Dodds for the West of Scotland Cancer Reports that demonstrated a well-established audit and reporting framework. Ms Brimelow commended Dr Dodds as scheduled reporting was not impacted by COVID-19 and noted appreciation to Ms Jordan and the Clinical Governance team for producing an excellent report. Ms Brimelow advised it would be helpful in future to identify any significant actions arising from the audit and the actions planned to provide further assurance to the Committee. The Committee welcomed the report and the considerable amount of work completed at all levels. The Committee were assured by the information provided and were content to note the report. **NOTED**		**Dr Dodds**
35.	**HEALTHCARE ASSOCIATED INFECTION**		
	Healthcare Associated Infection Reporting Template (HAIRT)		

			ACTION BY
	The Committee considered the paper 'Healthcare Associated Infection Reporting Template' [Paper No. 21/24] presented by Ms Sandra Devine, Acting Infection Prevention and Control Manager. Ms Devine presented the HAIRTs for July and August 2021 and asked the Committee to note the Annual Operating Plan (AOP) targets set for 2019-2022 for Staphylococcus aureus bacteraemias (SAB), Clostridium difficile infections (CDI) and E. coli bacteraemias (ECB). Ms Devine advised the AOP continued to be a challenge, and indicated that in the period reported that on only one occasion was the target achieved however the ARHAI report (embedded) demonstrated that NHSGGC were not outliers in any category presented. Charts within the report, where appropriate, highlight continuous improvement over time. ARHAI had not issued any exception reports to NHSGGC in relation to the AOP standards. Ms Devine noted there were no exceptions reported with Surgical Site Infection (SSI) Surveillance during the two month period. Infection Prevention and Control Quality Improvement Network (IPCQIN) had been meeting regularly. The second newsletter is due to be issued early January 2022. All work streams were progressing although significant operational pressures had impacted on the acceleration. Ms Devine advised NHSGGC reviewed the SICPs audit tool used by the IPCT and by the Senior Charge Nurses and a single tool had been agreed and would be available within the Care Assurance Improvement Resource (CAIR). This would provide outcome rather than process data and replace the existing IPCAT audit tool which would be visible through the CAIR Dashboard. Trend data from the implementation of the new tool would provide the opportunity to target specific elements in SICPs and use quality improvement methodology to improve outcomes and demonstrate sustained improvement on IPC processes over time. 3 local SAB Groups were established for continual monitoring and analysis of local surveillance data to enable IPCT and managers to identify and work towards ways to reduce infections and target interventions effectively. MicroStrategy IPC dashboard was now available to clinical staff. Ms Devine reported that PICU had been removed from the SG Support Framework in August 2021. An action plan had been completed and submitted to SG and ARHAI for approval which had been given.		

			ACTION BY
	Ms Devine highlighted to the committee that overall numbers of CDI Cases had increased but that this has been largely driven by community cases. The funnel plot analysis from ARHAI for quarter 2 of 2021 placed NHSGGC within the confidence intervals for healthcare associated infection cases. Ms Devine advised COVID-19 activity continued during July and August 2021. Infection Prevention and Control Team were working closely with colleagues in Health and Safety, Public Health Protection Unit and Occupational Health to ensure support for the implementation of national guidance and that this guidance was visible/accessible to all frontline clinical staff. There were 2 Outbreaks/Incidents assessed as Amber or Red. Four HAI pan resistant Klebsiella Pneumoniae cases were identified in RAH ITU within a twenty eight day period. This was assessed as HIIAT Red on 19th August 2021 - Green on 17th September 2021. A SAER had been commissioned and was currently in progress in response to the incident. Three cases of bacteraemia were reported within RHC, Ward 6a within a 30 day period. All were different types of bacteria. No patients were giving cause for concern at the time and all were discharged home. A multidisciplinary clinical review was undertaken for each case. In two of the three cases the most likely source was endogenous. This was assessed as HIIAT Amber on 6th August 2021 and then Green on 19th August 2021. The investigation was now closed. Members noted appreciation to Professor Wallace, Ms Devine and their team for their continued efforts during the pandemic and for producing a comprehensive report which had clear graphic presentation throughout. Ms Devine responded to a query advising it was difficult to compare blood stream infections rates particularly in paediatrics. ARHAI had previously compared NHSGGC to Edinburgh and Aberdeen however obtaining a comparable rate remained a challenge. Prof McInnes noted the services of University of Glasgow - Social and Public Health Sciences Unit were available if it would be helpful and appropriate to the Infection Prevention & Control team. Prof Wallace advised the team would facilitate additional reports that would provide further assurance to the Committee.		**Ms Devine**

			ACTION BY
	Members agreed it would be helpful to receive greater detail within the report only by exception. Ms Brimelow thanked Ms Devine for the comprehensive report regarding Healthcare Associated Infection Reporting Template. The Committee welcomed the report and were assured by the information provided. **NOTED**		
36.	**OVERVIEW**		
	Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the key priorities not included on the agenda to raise awareness; Dr Armstrong reported the potential impact and the challenges associated of the new Omicron variant of COVID-19. An escalation plan was being reviewed in light of the further issues raised by the new variant. Work was ongoing with the booster vaccination which was progressing well. Dr McGuire advised that NHSGGC continued to experience nursing and midwifery workforce pressures. At present there was no intention to deploy students in a similar manner to Spring 2020 and students would continue placements in the normal manner. Person centred visiting would continue, to ensure every patient in NHSGGC would be able to have at least one visitor to enable family support while they were in hospital. Work was underway nationally and locally to agree a process over the coming weeks. There were ongoing concerns in relation to delayed discharge and bed capacity throughout NHSGGC. Dr McGuire advised of the ongoing work with acute and HSCP teams to motivate and encourage staff through the challenges experienced. Dr McGuire reported that work was progressing to provide support and leadership to care homes. Some Care homes were more cautious and had restricted admission procedures in place which subsequently had an impact on delayed discharges in some areas. Ms Brimelow thanked Dr McGuire and Dr Armstrong for their updates and reassurance of the work ongoing in these areas. **NOTED**		

			ACTION BY
37.	**QEUH / RHC UPDATE**		
	The Committee considered the 'Queen Elizabeth University Hospital Campus/Royal Hospital Children Update' [Paper No. 21/17] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the report provided a summary of data and information that related to the Queen Elizabeth University Hospital campus. It considered and incorporated information that was processed through the existing governance arrangements for services at the campus. A review of data and information was commissioned which included; Clinical governance arrangements and the oversight of clinical quality; Infection control data; Hospital Standardised Mortality Ratio (HSMR); Scottish National Audit Programme (SNAP); Clinical Quality Publications; Patient and carer feedback QEUH and RHC; Incident Reporting; National Services. Ms Jordan reported the Clinical governance arrangements within services responsible for patient care in the QEUH/RHC were in place and operating well. The QEUH were not outliers in terms of rates of Healthcare Associated Infection (HAI) with rates that were similar to or better than other comparable hospital sites in Scotland. The infection control data was obtained from Discovery for the time period Q1-2020 – Q2 2021. Discovery was an information system that provides approved users from the Scottish Government, Health Boards, Local Authorities and Health & Social Care Partnerships with access to a range of comparative healthcare information to support performance and quality improvement across Health & Social Care in Scotland. This data was for management use only and permission should be sought from ARHAI for further publication or distribution. The Surgical Site Infection Surveillance (SSI) was maintained compared to the National Surveillance which was suspended. Caesarean section and Large bowel surgery were within expected levels across all sites in 2021 to date. Hip arthroplasty procedure numbers had decreased by 52% at QEUH for the same period in 2018/19 and there was no comparator. Ms Jordan reported the HSMR rate and the crude mortality rate for QEUH was less than the Scottish Average. Scottish National Audits Publications programme indicated that services exceed or meet expectations for the majority of		

			ACTION BY
	indicators and there were no red flags identified. Patient/Carer Feedback was reported to be similar to other hospitals across the Board with 66% of feedback shared positive, 27% of people shared feedback containing a negative experience presenting an opportunity for learning and improvement. Information relating to the RHC for the same time period showed 88% of feedback was positive. The rate of patient incidents was reported by occupied bed days for QEUH and GRI. The rate of SAEs reported for QEUH and GRI were comparable for the time period. The outcome codes for concluded SAERS within the time period reviewed were broadly comparable between the QEUH and GRI. A number of National Services were participating in processes to benchmark clinical quality with other comparable services in the UK. It was agreed that there would be further work on the National data to update this and Ms Jordan agreed to produce a paper for review at the BCGF in Spring of 2022 and thereafter the CCGC. Members noted complaints were not included within the patient feedback and it would be useful going forward. Ms Jordan noted complaints were not selected within the paper as they were presented within the Patient Experience paper on the agenda and would be content to include complaints in the future. Ms Brimelow thanked Ms Jordan for the report regarding the Queen Elizabeth University Hospital Campus/Royal Hospital Children noting the detailed information which provided a clear understanding of exemplary clinical quality and safety across campus. There were no outliers in terms of rates of Healthcare Associated Infection with rates similar to or better than comparable hospital sites across Scotland. The Committee welcomed the report and were assured by the information provided. **NOTED**		**Ms Jordan** **Ms Jordan**
38.	**CLINICAL RISK MANAGEMENT – CLINICAL RISK REPORT JANUARY 2021 – JUNE 2021**		
	The Committee considered the 'Clinical Risk Management – Clinical Risk Report January 2021 – June 2021' [Paper 21/19]		

			ACTION BY
	presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the paper provided an overview of the recommendations for NHSGGC from internal and external scrutiny on the Policy of the Management of Significant Adverse Events and an update on clinical risk management from January 2021-June 2021. Ms Jordan assured Members that the recommendations in relation to internal and external scrutiny of the Management of Significant Adverse Events Policy were complete and the paper was comprehensive describing that. Improving compliance within the required timescales for both initiating and concluding Duty of Candour investigations remained a challenge. Ms Jordan advised each of the Divisional Clinical Governance Forums were developing an improvement plan with timelines to include a review of delays and identify areas for improvement in SAER processes. With a focus on improving delays in both commissioning of SAERs and reviewing the list of potential SAERs, providing screening tools to evidence decision making. Ms Jordan reported the number of actions closed on DATIX was positive with around 87% closed. There remained a challenge with what work was completed to close the action to provide a comprehensive overview to share with others. Ms Jordan responded to a query of the increased interest from Fiscal on the findings and actions taken from a SAER noting NHSGGC liaise with the Fiscal closely both from the Clinical Risk team and the Corporate Administration team. It was important to work collaboratively and share learning regularly with Fiscal. Ms Jordan advised there were systems and processes in place to monitor the actions committed to and if they had been completed. Work was ongoing to look at analysis to ensure improvements put in place were appropriate to the challenges identified for assurance that the system was working well and to prevent it in the future. Ms Jordan advised a report of the findings would be presented at a future meeting upon completion of analysis. Ms Brimelow thanked Ms Jordan for the Clinical Risk Report January 2021 – June 2021. The Committee welcomed the report and recognised the challenges around the timeline of initiating and completing SAERS and were assured that actions to improve these were being taken forward through the Clinical and Care Governance forums.		**Ms Jordan**

			ACTION BY
	NOTED		
39.	**WEST OF SCOTLAND RESEARCH ETHICS COMMITTEES ANNUAL REPORT**		
	The Committee considered the paper 'West of Scotland Research Ethics Service: Annual Report, April 2020-March 2021' [Paper No. 21/26] presented by Dr Judith Godden, Scientific Officer, West of Scotland Research Ethics Service. Dr Godden reported the paper was to share the annual report for the West of Scotland Research Ethics Service which incorporated the four NHS Research Ethics Committees. Dr Godden advised she was pleased to present the annual report and to bring the Ethics Committees to the attention of the Committee to highlight the important role the volunteers and staff play in the protection and promotion of the interests of patients in health care research. Dr Godden advised Research Ethics Committees (REC) were subject to audit by the Health Research Authority (HRA) every two years and must gain Full Accreditation to continue. All of the West of Scotland RECs were audited within the last year and each received full accreditation with no actions required. Dr Godden noted that it was a great reflection on the hard work and dedication of staff and volunteers. Dr Godden noted particular appreciation to the volunteer REC members who give their time freely and had taken part in training to maintain strict timelines. Dr Godden noted any appropriate recognition of this work by NHSGGC would be extremely helpful. Members agreed Prof Brittenden and Dr Godden should discuss communications further with Ms Bastille, Director of Communications on the recognition of volunteer REC members. Dr Armstrong noted appreciation to Dr Godden for the comprehensive report. Ms Brimelow thanked Dr Godden for the West of Scotland Research Ethics Service Annual Report. The Committee were assured by the robustness of the processes outlined in the report and noted admiration for the important role of volunteers in health care research. The Committee were content to approve the report. **APPROVED**		**Prof Brittenden/ Dr Godden**

			ACTION BY
40a.	**SCOTTISH NATIONAL AUDIT PROGRAMME (SNAP)**		
	The Committee considered the paper 'Scottish National Audit Programme (SNAP)' [Paper No. 21/20] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the report provided an overview of the Scottish National Audit Programme (SNAP) and the current position in NHSGGC. SNAP aims to ensure consistent delivery of high quality evidence based care across Scotland reducing variation, death and disability; and ensuring patients continue to be supported to maximise their quality of life. NHSGGC had a robust process in place for responding to SNAP and the SNAP governance process. There was excellent clinical engagement with the audit process within NHSGGC including data collection, ongoing data review, oversight of audit results, review of any outliers, and ongoing work to deliver high quality evidence based care to patients. Ms Jordan advised for the 2021 reports, each outlier had been reviewed and responded to, in line with the SNAP Governance Process with progress noted from 2020 position. 2 outliers required investigative review, which had been completed and no systemic errors or failures were identified. 2 outliers required clinical review; 1 review was ongoing but no themes had been identified to date, 1 review had been completed. NHSGGC were positive outliers in 5 SHFA standards in 2021, where NHSGGC performed better than the Scottish mean. The recommendations were for the Committee to note the robust assurance processes in place within NHSGCG to respond to SNAP and to note the progress and be assured of the ongoing work to deliver high quality evidence based care to patients. Ms Brimelow thanks Ms Jordan for the comprehensive Scottish National Audit Programme report. The Committee welcomed the report and were assured that there was a robust process in place for responding to SNAP and that there was excellent clinical engagement with the audit process in NHSGGC. **NOTED**		
40b.	**HOSPITAL STANDARDISED MORTALITY RATE HSMR**		

			ACTION BY
	The Committee considered the paper 'HSMR Report April 2020 – March 2021' [Paper 21/21] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan noted the purpose of the paper to outline the Hospital Standardised Mortality Rate (HSMR) and crude mortality data for NHSGGC April 2020 – March 2021. 2 hospitals, RAH/Vol and IRH had an HSMR above the Scottish average. HSMR had been above 1.0 in Clyde for a number of years. Ms Jordan advised an HSMR group was previously established in Clyde to review data, consider actions and progress those in response. As HSMR in Clyde remained above the Scottish average, focused work had been re-established and a formal update from Clyde on this matter would be provided to Acute Clinical Governance Forum in January 2022. A comprehensive update would be provided to the Board Clinical Governance Forum in February 2022 and to CCGC thereafter. The control charts for crude mortality within 30 days of admission were within control limits. With the exception being an "astronomical point" noted at 2020 Quarter 2 in crude mortality rates, across NHS Scotland, NHSGGC, and the individual hospital sites. This was likely to be the impact of COVID-19. The charts in the report indicate that NHSGGC was generally mirroring crude mortality rates for NHS Scotland. Ms Brimelow thanked Ms Jordan for the HSMR and crude mortality report. The Committee welcomed the update and were assured that NHSGGC had maintained HSMR monitoring processes and the establishment of focused work in Clyde. **NOTED**		**Ms Jordan**
41.	**PATIENT EXPERIENCE, COMPLAINTS, OMBUDSMAN – QUARTER 2 REPORT**		
	The Committee considered the paper 'Patient Experience Report - Quarter 2' [Paper 21/22] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire noted the purpose of the paper was to provide the performance and mechanisms used to identify feedback from the quarterly report on Patient Experience in NHSGGC for the period 1st July to 30th September 2021 (Quarter 2). Dr McGuire reported that for the complaints performance, 86% were responded to within 5 working days and 72% were responded to within 20		

			ACTION BY
	working days. 73% of the total feedback received was mostly positive and 27% contained suggestions for improvement. Quarter 1 feedback received by Acute Sector and Directorates on experience of care was positive (78%) and negative (27%). In Quarter 2, 74% was positive and 33% required improvement. Dr McGuire advised despite current pressures experienced NHSGGC had managed well. The paper highlighted that during the reporting period, NHSGGC closed 31 complaints that had a COVID-19 element. That was a significant decrease on last quarter and equates to 2.5% of all complaints, last quarter this element was present in 12% of all complaints. Complaints by staff group in Acute or HSCP were recognised to be similarly linked by Doctors, Nurses and Allied Health Professionals. Prison Healthcare complaints were largely noted by nurses. Mr Ritchie commented on the report layout and members discussed potential for improvement. Dr McGuire noted the Patient Experience & Public Involvement (PEPI) team were working closely with primary care and HSCPs around feedback. Learning from complaints was shared through the organisation through the Person Centred Care programme or through Board Clinical Governance Forum. Learning from Ombudsman recommendations was shared at local governance groups and where board wide recommendations were made, the learning for improvement was shared across the organisation. Dr McGuire noted Quarter 2 was largely positive with a clear focus on person centred care. Ms Brimelow thanked Dr McGuire for the report on Patient Experience Quarter 2. The Committee welcomed the paper and were assured the performance and the complaints performance in line with Scottish Government targets had improved over the quarter. **NOTED**		
42.	**PERSON CENTERED IMPROVEMENT PROGRAMME**		
	The Committee considered the paper 'Person-Centred Care Improvement Programme' [Paper 21/23] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire reported the purpose of the report was to provide an update on the progress of the Person-Centred Care Quality		

			ACTION BY
	Improvement Programme objectives aligned to the Healthcare Quality Strategy. Person Centred Visiting was a main focus with the benefit it had to patients having support from people who matter to them and being able to see a familiar face. Person-centred virtual visiting (PCVV) would continue to be available in all clinical areas as an integral part of person-centred approach to visiting which had been positively received. Despite the many challenges during COVID-19 good progress had been made to progress the Person-Centred Care Quality Improvement Programme objectives. The NHSGGC Patient Story Development Group was formed in 2020 to formalise the approach with the involvement of key stakeholders for the development of Board patient stories. Dr McGuire noted the positive consequences of the Patient Story highlighting the learning from them had spread across the organisation as they were highly effective. The Person-Centred Steering group was now well established to provide strategic oversight and assure key stakeholder engagement for each of the sub-groups and work-streams with alignment to Realistic Medicine, the Equalities and Human Rights Monitoring Report, Excellence in Care and Public Health priorities. Dr McGuire noted the ongoing work with staff was a priority and important within the process. Ms Brimelow thanked Dr McGuire for the report on Person-Centred Care Improvement Programme. The Committee were assured by the progress made, particularly in relation to patient visiting, and noted that the Person-Centred Strategic Group was now well-established to provide oversight. **NOTED**		
43.	**HEALTH AND SAFETY EXECUTIVE PROSECUTION**		
	The Committee considered the paper 'Health and Safety Prosecution' [Paper 21/25] presented by Dr Margaret McGuire, Nurse Director. Dr McGuire noted the report was to advise the Clinical and Care Governance Committee that the Board was fined £200,000 at Glasgow Sheriff Court on 12 November 2021 following a guilty plea to a breach of health and safety legislation. This conviction attracted national press coverage. The Board decided not to appeal the fine. The prosecution was brought by the Crown		

			ACTION BY
	following the suicide of a patient who was admitted into the QUEH in May 2015. NHSGGC was criticised for the breakdown in communication between Mental Health Services and Acute staff. HSE concluded that there was a lack of clear and consistent understanding of the patient's significant risk of self-harm and suicide following the liaison psychiatry assessment, and that assessment measures should have been put in place to control this risk. HSE identified that there was clearly inadequate communication regarding this risk. A Suicide Risk and Design Standards Group had been established to seek solutions to mitigate ligature risks in Board premises. The group was Chaired by the Head of Adult Services in the Glasgow Health and Social Care Partnership and sponsored by the Director of Human Resources given the health and safety implications. Dr McGuire advised ongoing work would continue to ensure there was strong and robust communication and information regarding mental health in Acute areas was shared widely and staff understood it. Ms Brimelow thanked Dr McGuire for the report on the Health and Safety Prosecution. The Committee noted the key findings from the report and were assured of the changes that had been implemented since 2015 including the establishment of a Suicide Risk and Design Standards Group. **NOTED**		
44.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Corporate Risk Register' [Paper 21/28] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance. Ms Jordan advised the key changes within the Corporate Risk Register included; an expansion of the Risk Descriptors to make the risk and its potential impacts clearer; application of risk types and associated risk appetites in line with the Risk Appetite Statement agreed by the Board 26 October 2021; updated narratives for current controls and additional mitigating actions for many of the risks. Ms Jordan reported Committee Members were asked to consider if the controls and mitigating factors were sufficient, were the risks clearly described and appropriate and if there were any additional risks that should be considered. Ms Jordan noted the 4 Risk identified on the Register were; Infection Prevention and Control; Safe Effective use of Medicines;		

			ACTION BY
	Public Protection and Patient's Rights, Feedback & Person Centred Care. Members noted the Corporate Objective for the Risk on Patient's Rights, Feedback & Person Centred Care was 'Better Value'. Dr McGuire agreed the Corporate Objective should be 'Better Care' and it would be updated. Ms Brimelow thanked Ms Jordan for the update on the Corporate Risk Register. The Committee were assured that the risks were clearly described and scored appropriately. **APPROVED**		**Dr McGuire**
45.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS**		
a) **b)**	**Approved minute of Board Clinical Governance Forum Meeting of 16 August 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 16 August 2021 [Paper No. BCGF(M)21/04]. **Approved minute of Board Clinical Governance Forum Meeting of 4 October 2021** The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 4 October 2021 [Paper No. BCGF(M)21/05]. The Committee noted appreciation to the level of detail Clinical colleagues go into when presenting to the Board Clinical Governance Forum which was reflected within the minutes to provide assurance. Members agreed going forward the Committee would receive approved minutes from the Board Infection Control Committee. **NOTED**		**Ms Jordan**
46.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		

			ACTION BY
	Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and provided a brief overview of the key messages; - The Committee noted that the Healthcare Improvement Scotland Follow up review of the Beatson West of Scotland Cancer Centre enquiry visit had been published. The Committee were advised that the report was generally positive with a clear statement that the service was safe and effective. - The Committee noted the West of Scotland Cancer Report which provided an update of NHSGGC's key reporting figures against national Cancer Quality Performance Indicator (QPI) Action Plans and the audit and governance processes in place. The Committee were assured that this demonstrated a well-established audit and reporting framework and noted that the response to the COVID-19 pandemic had not impacted on this work. - The Committee noted the HAIRT and were assured that no exception reports had been issued to NHSGGC and that performance was within control limits. The Committee were assured by the improved position and the good work that continued in the Improvement Collaborative. - The Committee noted the QEUH / RHC Update and welcomed the quality and safety of clinical care. The Committee were assured by the detailed information which provided a clear picture of exemplary clinical quality and safety across the campus and noted that there were no outliers in terms of rates of Healthcare Associated Infection with rates similar to or better than comparable hospital sites across Scotland. - The Committee noted the Clinical Risk Management – Clinical Risk Report January 2021 – June 2021. The Committee recognised the challenges around the timeline of initiating and completing SAERS and were assured that actions to improve these were being taken forward through the Clinical and Care Governance forums. - The Committee approved the annual report of the West of Scotland Research Ethics Service, which incorporated the four NHS Research Ethics Committees. The Committee were assured by the robustness of the processes outlined in the report and noted the important role of volunteers in health care research. - The Committee noted the Scottish National Audit Programme (SNAP) report that provided an overview of the current position in NHSGGC. The Committee were assured that there was a robust process in place for responding to SNAP and that there was excellent clinical engagement with the audit process in NHSGGC.		

			ACTION BY
	- The Committee noted the Hospital Standardised Mortality Rate (HSMR) and crude mortality data for NHSGGC from April 2020 – March 2021. The Committee were assured that NHSGGC had maintained HSMR monitoring processes and noted the establishment of focused work in Clyde. - The Committee were content to note the Patient Experience Quarter 2 Report (1 July 2021 – 30 September 2021). The Committee noted the performance and were assured that complaints performance in line with Scottish Government targets had improved over this quarter. - The Committee noted the report on Person-Centered Care Quality Improvement Programme April - September 2021. The Committee were assured by the progress made, particularly in relation to patient visiting, and noted that the Person-Centred Strategic Group was now well-established to provide oversight. - The Committee noted the report on the Health and Safety Prosecution. The Committee noted the key findings from the report and were assured of the changes that had been implemented since 2015 including the establishment of a Suicide Risk and Design Standards Group. - The Committee approved the Corporate Risk Register and were assured that the risks were clearly described and scored appropriately. - The Committee noted and were assured by the Board Clinical Governance Forum minutes of the meetings held August and October 2021. Ms Brimelow thanked members for attending and closed the meeting. **NOTED**		
47.	**DATE OF NEXT MEETING**		
	Tuesday 1 March 2022 at 1.30 pm, via MS Teams.		