CCCG(M)23/01
Minutes 01 - 18

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Clinical and Care Governance Committee
Held via Microsoft Teams
on Tuesday 07 March 2023 at 2.00 pm

PRESENT

Dr Paul Ryan (in the Chair)

Ms Mehvish Ashraf	Mrs Jane Grant
Ms Susan Brimelow	Professor Iain McInnes
Ms Dianne Foy	Cllr Katie Pragnell
Mr David Gould	Dr Lesley Rousselet

IN ATTENDANCE

Dr Jennifer Armstrong		Medical Director
Dr Chloe Cowan		Senior Research & Innovation Manager, Research and Innovation
Dr Scott Davidson		Deputy Medical Director, Acute
Sandra Devine		Director Infection Prevention and Control, Infection Prevention & Control
Kim Donald		Board Secretary, Corporate
Andrew Gibson		Chief Risk Officer, Finance
Geraldine Jordan		Director of Clinical and Care Governance, Clinical Governance
Jennifer Rodgers		Deputy Nurse Director, Corporate and Community
Sara Khalil		Secretariat
Professor Angela Wallace		Nurse Director
Beata Watson		Secretariat (Minute)

			ACTION BY
1.	**WELCOME, APOLOGIES AND INTRODUCTORY REMARKS**		
	Dr Ryan welcomed those present to the March meeting of the Clinical and Care Governance Committee.		
	Apologies were noted on behalf of Mr Ian Ritchie. The Chair welcomed Ms Mehvish Ashraf who had recently become a member of the Clinical and Care Governances Committee.		
	NOTED		
2.	**DECLARATIONS(S) OF INTEREST(S)**		
	Dr Ryan invited Committee Members to declare any interests in the items discussed. No declarations were made.		
	NOTED		
3.	**MINUTES OF MEETING HELD ON 6 DECEMBER 2022**		
	The Committee considered the minute of the meeting held on 6 December 2022 [Paper no. CCG(M)22/04] and were content to approve the minutes as a full and accurate record of the meeting.		
	APPROVED		
4.	**MATTERS ARISING FROM THE MINUTES**		
	a) Rolling Action List		
	The Committee considered the items detailed on the Rolling Action List [Paper 23/01] and were content to close the items recommended for closing.		
	APPROVED		
5.	**OVERVIEW**		
	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.		
	Dr Armstrong shared news relating to a letter from HIS of the Beatson Cancer Service concluding their review of the Beatson and		

			ACTION BY
	indicating they were content. There were ongoing challenges relating to Cancer Research UK as a result of a loss of income. This resulted in a decision to terminate some of the Cancer Research UK units including the Glasgow research unit. However, a £2.5 million bid was awarded for a cancer experimental medicine centre in GGC. Prof. Wallace advised that there was an ongoing focus on safe staffing including discussions with Scottish Government relating to the implementation of the Safe Staffing Act and related projects. There was an unannounced safe care inspection at the IRH. The Committee also noted that there was a recent Healthcare Improvement Scotland (HIS) visit relating to Excellence in Care programme which received a positive feedback. **NOTED**		
6.	**ACUTE SERVICES UPDATE**		
	Dr Scott Davidson presented an 'Acute Services Division Clinical Governance Report' [paper 23/02], which provided an update on clinical governance arrangements within the Acute Services Division during the 2022/2023 period. The Committee noted the following updates: - The Acute Clinical Governance Forum had been meeting monthly over the 2022/23 period. The meetings were well attended. - The sector update template had been recently reviewed to ensure data driven updates and the alignment with the principles of the safe, effective, and person-centred care. - Quality Assurance process and group were introduced to support the process of completing the Significant Adverse Event Reviews (SAERs). - There was an ongoing work relaunching Deteriorating Patient Programme which aimed to reduce the level of harm to people using the healthcare services. A steering group had been formed and a working group was reviewing the data and processes relating to cardiac arrests. - The most recent update to the Board Clinical Governance Forum had been given in February, matters discussed included: pressures within planned and unscheduled care (including an introduction of the Continuous Flow Model at the Queen Elizabeth University Hospital, QEUH), ongoing staffing pressures, Scottish National Audit Programme, ongoing management of SAERs, a review of the cardiac arrest rate, governance around breached clinical guidelines, falls prevention and management, and a positive feedback from the HIS inspection at QEUH.		

		ACTION BY
	During the discussion it was proposed that a detailed report from the Deanery visit to Inverclyde be included at the next presentation of this report. Regarding the participation in the National Cardiac Arrest Audit, Dr Davidson assured that this would be embedded as part of the work relating to the Deteriorating Patient Programme. The Committee were content to note the update **NOTED**	Dr Davidson
7.	**MANAGEMENT OF SIGNIFICANT ADVERSE EVENTS**	
	Director of Clinical and Care Governance, Geraldine Jordan presented a 'Key Performance Indicators, Management of Significant Adverse Events' update [paper 23/03]. The report provided an update concerning KPI's related to delays in the Significant Adverse Event (SAE) process. The data in the report was extracted from Datix on 20th February 2023. There were 5 agreed KPIs: - KPI 1: SAERs commissioned within 10 days of incident date. Out of 159 SAERs commissioned between September 2022 and January 2023, 15 (9%) were commissioned within 10 days from the incident. This remained a priority area for improvement. - KPI 2: Number of potential SAERs. There were 690 potential SAERs across NHSGGC which included all patient related incidents with severity 4 and 5. Ensuring timely commissioning of SAERs remained an area for improvement. - KPI 3: Number of open SAERs. There were 397 open SAERs - KPI 4: SAERs which remained open after 12 months from incident date. There were 169 (42%) SAERs older than 12 months. There was an ongoing focus work to close the outstanding reviews. - KPI 5: Number of SAERs closed (closed within 90 days of incident date). Out of 102 SAERs closed between September 2022 and January 2023 none were closed within the 90 days. National data included in the report showed similar patterns emerging across Scotland. Recommended actions included some Board wide, as well as, sector specific actions (for Acute, Primary & Community Care, and Mental Health sectors) which aimed to increase capacity and capability to complete SAERs within the recommended timescales.	

			ACTION BY
	The Committee discussed timescales and importance for completing the long outstanding SAERs. It was noted that the reviews provided valuable learning for the service and it was recognised that it could also provide closure to patients and families involved in the incident. There was an extensive engagement with key stakeholders to understand the barriers to timely completion of SAERs and the actions outlined in the paper were developed in a response to that. The Committee were assured that the wellbeing of patients, families and staff involved in the incidents was a priority and any delays should be clearly communicated. Regarding a high numbers of SAERs reported in the Mental Health sector the Committee were assured that this was a result of the way data was being reported following a request from the Deputy Medical Director for Mental Health and that there was no significant increase in numbers when compared with previous years. The Committee noted that an internal audit looking at the SAER process was as planned and the Significant Adverse Event Policy was due for a review in August. A follow up report would be presented the Committee – timeline to be agreed. The Committee were content to note the update. **NOTED**		
8.	**LEARNING FROM PATIENT EXPERIENCE, COMPLAINTS, OMBUDSMAN AND PERSON CENTRED IMPROVEMENT PROGRAMME REPORT**		

	Director of Nursing, Professor Angela Wallace and Deputy Nurse Director, Jennifer Rodgers, jointly presented a 'Patient Experience Report - Quarter 2 and 3' report [paper 23/04] which provided an overview of the patient and family feedback process, complaints performance, as well as, learning and improvement actions resulting from these. The Committee were asked to note the information in the paper and provide relevant feedback to support the work of the person-centred care improvement programme team. The data included in the report covered Q2 and Q3 of 2022. The Committee noted the following:
	
	  - In Q3 (October – December 2022) there were total of 1446 complaints of which 88% of Stage 1 were closed within 5 working days and 71% of Stage 2 were closed within 20 working days. This was an improvement from Q2.
	  - Between 1st July and 31st December 2022 there were: 963 pieces of feedback received, 169 cases of Ombudsman processes shared with NHS GGC, and 726 stories posted		

		ACTION BY
through Care Opinion (of which 72% were positive or non-critical). - Key themes emerging from the complaints were centred on appointment waiting times. - Person-centred visiting work continued with self-evaluation exercise undertaken across 166 inpatient wards. Feedback was generated through conversations with staff and families. There was good evidence that 4 out of 5 core principles were well established in some areas. The biggest gap identified related to flexibility as visiting time restrictions were still being implemented in some areas. The second phase of the evaluation was planned for later in the year. - Person-centred care planning work had been combined with the process of implementation of digital notes and would be piloted across three areas later this month. - 5 poster abstracts resulting from person-centred and quality improvement work had been approved for presentation at the International Quality Improvement Conference in Copenhagen. The Committee discussed the need to include glossaries especially when presenting work relating to the public engagement to increase clarity and accessibility of the messaging. The Committee noted that the criteria for the complaints process (for upheld/partially upheld/not upheld complaints) were fair to both the person making the complaint and the staff. Any disagreement with the decision made by the complaints team was being logged however final decision was based on the evidence gathered through a thorough investigation process. Following a complaint which was not upheld families and patients could start an Ombudsman process and therefore ensuring internal investigations processes were robust was crucial. The Committee discussed ways of generating more feedback as current numbers only accounted for a small percentage of care episodes. The Committee noted that various approaches to incorporating different sources of feedback were considered and the numbers presented were only those that were formalised. A lot of instant feedback was dealt with and responded to by the healthcare staff on daily basis which often wouldn't be included in the formal feedback that was being reported as this could place additional burden on the staff. The Committee disused a proactive approach to complaints and noted an ongoing work pertaining to quality strategy and person-centred improvement programme. It was highlighted that improving communications and sharing learning within teams was one of the priority areas. There was ample training and development available		

		ACTION BY
	to staff. An ongoing improvement work was focused around staff training and support but it was recognised that where the complaints related to systemic issues (e.g. waiting times) the whole system solutions were required. It was agreed that a breakdown of themes emerging from complaints over time be included in the future presentations of this report to provide assurance that the actions resulting from complaints led to improvement over time. The Committee were content to note the report **<u>NOTED</u>**	Prof. Wallace
9.	**NHSGGC CARE HOME ANNUAL REPORT 2022- 2023**	

	Deputy Nurse Director, Jennifer Rodgers, presented a 'NHSGGC Care Home Annual Report 2022- 2023' [paper 23/05], which provided an update on the progress of work relating to support for Care Homes and the ongoing Care Home Collaborative (CHC) developments over the past year. The report provided an update on the processes and functions which provided governance, assurance, improvement and achievements across the care home sector following a new arrangements set out by the Scottish Government on 14 December 2022.
	
	The Committee noted the following:
	  - In May 2020, following a request by the Cabinet Secretary, Executive Nurse Directors (END) were asked to provide professional leadership support and guidance within the care home sector. Since then there had been an ongoing collaboration with the Chief Officers, the Chief Social Workers, and the END.
	  - The 'My Health, My Care, My Home' framework which was published last summer provided recommendations for care homes and was one of the key areas of focus for the CHC. Other areas covered by the CHC work included education, assurance, and improvement.
	  - The current team structure of the CHC was provided within the paper.
	  - Care Home Assurance Visits using the Care Home Assurance Tool had continued across NHS GGC to provide ongoing support, assurance, and shared learning.
	  - There were 5 improvement work stream areas: Tissue Viability, Food, Fluid and Nutrition, Infection Prevention and Control, Right Care, Right Place and Person Centred Care. Details of work across these workstreams was provided within the report and the following had been highlighted:	

			ACTION BY
	· Very successful improvement work in care acquired pressure ulcers in Hawthorne House – there were plans to implement similar projects across other sites. · Project Milkshake · Scottish Ballet Project aimed at increasing physical activity among residents. The Committee discussed the future of the CHC given ongoing fiscal pressures and had been assured that current plans were for the work to continue to be funded as it was supported by the national framework. The Committee were content to note the update. **NOTED**		
10.	**2022 RESEARCH & INNOVATION BOARD REPORT**		
	Senior Research and Innovation manager, Chloe Cowan, presented a 'Department of Research and Innovation: Board Report 2022: Recovery, Resilience and Growth' [paper 23/06] which provided an overview of the breadth and diversity of innovative research undertaken within NHSGGC. The report focused on the progress of the UK wide research recovery, resilience, and growth plan. Key achievements in R&I in 2022 included: - Commencement of over 400 new studies. - Leading role in delivering complex early phase trials (I-II) - Impact of Research experience with advanced medicinal therapies on ability to deliver licensed products within the clinical service - An award of 2.2 Million (over 5 years) to Experimental Cancer Medicine Centre - Overall recruitment to Cancer trials had now recovered and is on par with 2019 - Leading role in the participation of COVID-19 booster trial - Establishment of a near-clinical digital pathology research environment - Digitalisation of Pathology and growth in AI evaluation - Collaboration with industry to develop a licensed (Class I) CXR A-I algorithm - Adoption of key exemplar innovation projects, and others under assessment by the centre for Sustainability for national scale-up. There was an ongoing drive to deliver valuable high quality research. There were ongoing concerns relating to UK's access to late phase pharma driven studies. There were proactive efforts to		

		ACTION BY
	better utilise digitally enabled trials and data provision building on the experience during the pandemic period. The Committee were content to note. **NOTED**	
11.	**KEY PERFORMANCE INDICATORS FOR CLINICAL AND CARE GOVERNANCE COMMITTEE**	
	Director of Clinical and Care Governance, Geraldine Jordan, presented a 'Performance Indicators for Clinical and Care Governance' [paper 23/07] which outlined the current position with regard to the KPIs aligned to the Clinical and Care Governance Committee and associated programmes. There were 10 KPIs aligned to CCGC 5 of which were reported to the Committee via other reports (HAIRT and Patient Experience Report). The Committee noted the following in relation to the remaining 5 KPIs: Acute Inpatient Falls per 1,000 OBD - Data presented was from October 2022 to December 2022 - The baseline median rate was 8 falls per 1000 occupied bed days (OBD) - There was a decreasing trend over the July 2022 to November 2022 period which was not sustained over December 2022 - In addition to a national programme of improvement work to reduce falls (as part of the Scottish Patient Safety Programme, SPSP) there was a NHSGGC Improvement Programme for Acute Falls which was aligned to the NHSGGC Quality Strategy. Inpatient Falls with Harm per 1,000 OBD - Data presented was from October 2022 to December 2022 - The baseline median rate of falls with harm was 0.16 per 1000 OBD - From July 2022 to December 2022 there was a shift with 6 consecutive data points above the median. - Local and National programmes were in place to reduce number of falls with harm. Avoidable pressure ulcer rate (grade 2-4) - Data reported was for hospital acquired pressure ulcers, rather than avoidable pressure ulcer rate – data to report the latter was still under development. - Data was from February 2021 – January 2023 - The baseline median rate of hospital acquired pressure ulcers was 0.78 per 1000 OBD. - The data showed a stable rate over recent months	

			ACTION BY
	- The NHSGGC Improvement Programme for reduction in pressure ulcers was in place and was aligned to the NHSGGC Quality Strategy. Rate of cardiac arrests (per 1,000 discharges) - Data presented was from October 2020 – December 2022 - The baseline median rate was 2.1 cardiac arrests per 1000 discharges - From March 2022 to October 2022 there was a shift with 6 consecutive data points above the median - In addition to a national programme, as part of the SPSP, there was a NHSGGC improvement programme for deteriorating patient to reduce the cardiac arrest rate and improve reporting of true cardiac arrest rate as opposed to current data based on the number of 2222 calls. Hospital Standardised Mortality Rate (HSMR) - The most recent published HSMR data was for period from October 21 – September 22. - Three sites, RAH/VoL, IRH, and GRI, were above the Scottish average, 1.0. All were within control limits. The Committee were asked to note the report and provide relevant feedback, as this was the first presentation of this paper. It was proposed that control charts were included in the future presentation of the report. **NOTED**		G. Jordan
12.	**INFECTION CONTROL UPDATE**		
	a) HAIRT Report Director of Infection Prevention and Control, Sandra Devine, presented 'The Healthcare Associated Infection Reporting Template (HAIRT) for October - December (Quarter 4) 2022' [paper 23/08]. The Committee were asked to note the report, which provided an overview of Healthcare Associated Infections (HCAI) targets, incidents, and outbakes. Healthcare Associated targets position in Q4 was as follows: - *Staphylococcus aureus* bacteraemias (SAB) - Rates remained within expected limits. - In Q4 there were 86 healthcare associated SAB reported in NHSGGC against the target of 69 or less cases per quarter		

			ACTION BY
	Clostridioides difficile infections (CDI) - In Q4 there were 61 healthcare associated CDI reported in NHSGGC against the target of 51 or less cases per quarter *E. coli* bacteraemias (ECB) - Rates remained within normal control limits. - In Q4 there were 136 healthcare associated ECB reported in NHSGGC against the target of 114 or less cases per quarter Additionally the Committee noted the following updates: - Funnel plots provided showed that NHS GGC performance as compared with other Boards was not an outlier. - There were continuous efforts to reduce the number of ECB which remained above target through January and February 2023 - Scottish Government announced that the targets for ECB had been reduced from 50% reduction to 25% reduction and this would be reflected at the next presentation of the report. - This winter had been challenging due to high numbers of influenza and group A *Streptococcus* infections combined with high bed occupancy and reduced availability of single bed wards to isolate patients. - There was an announcement that Covid-19 numbers validation was no longer required. - Covid infections were slightly increasing but there was an ongoing close monitoring in place. If clusters were detected wards were being closed as appropriate. The Committee discussed the growing tendency for healthcare settings around the world to shift towards waterless handwashing in order to reduce numbers of waterborne infections. The Committee were assured that there were multiple safeguards against waterborne infections across NHSGGC. The Committee were content to note **NOTED**		
	b) Board Infection Control Committee The Committee considered the approved minutes of the Board Infection Control Committee meeting on 15 December 2022 and were content to note. **NOTED**		
13.	**SCOTTISH NATIONAL AUDIT PROGRAMME UPDATE**		

		ACTION BY
	Director of Clinical and Care Governance, Geraldine Jordan, presented an 'Annual Scottish National Audit Programme (SNAP) Update' [paper 23/09], which provided background to SNAP and an overview of the NHSGGC position in relation to the 2022 annual governance process.	

	The Committee noted the following:
	  - Each outlier had been reviewed and responded to as required for the 2022 SNAP Governance Process.
	  - There were robust processes in place for responding to SNAP and the annual SNAP governance process.
	  - There was an excellent clinical engagement with the audit process in NHSGGC. This included data collection, ongoing data review, oversight of audit results, review of any outliers, and an ongoing work to deliver high quality evidence based care to patients.
	  - There were 9 national audits included in the SNAP programme and the current report included 7 of them (Scottish Audit of Intracranial Vascular Malformations and Scottish Electroconvulsive Therapy Accreditation Network did not have reports come out last year)
	  - The summary provided in the paper showed total of 11 positive outliers and 15 negative outliers. A detailed summary of the 8 negative outliers which were more than 3 standard deviations from the mean was provided.	

	The Committee were content to note.	
	NOTED	
14.	**EXTRACT FROM CORPORATE RISK REGISTER**	
	Chief Risk Officer, Andrew Gibson, presented a 'Corporate Risk Register Extract' [paper 23/10] which provided an overview of the Corporate risks aligned to the Clinical and Care Governance Committee. There were 3 risks aligned to the CCGC:	
	· Public protection failure in relation to a vulnerable child or adult. · Safe & effective use of medicines. · Failure to meet obligations to provide person centred care.	
	These were reviewed by risk owners in February and CMT in March 2023 and there were no changes proposed to the risk scores for this reporting period. There was however an ongoing progress relating to	

			ACTION BY
	mitigating actions and controls and a report would be presented at the next meeting. The Committee were keen to see more details linking the risks causes, risk scores and actions presented as part of this report. The Committee noted that there was no current timescales set for the overall reduction of the risk scores however individual mitigating actions had timescales associated with them. The Committee were content to approve the Corporate Risk Register Extract. **APPROVED**		
15.	**CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL REPORT**		
	Board Secretary, Kim Donald, presented an 'Annual Report of Clinical and Care Governance Committee (22/23)' which provided an overview of the Committee proceedings during the 2022/23 period. The Committee were asked to approve the report which formed a part of the Active Governance work and would be presented to the Board. The paper was circulated late and the Committee asked to be given a further week for any comments but were otherwise content to approve. **APPROVED**		
16.	**BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETING**		
	The Committee considered the approved minutes of the Board Clinical and Care Governance Forum meeting on 14th November 2022 and were content to note. **NOTED**		
17.	**CLOSING REMARKS AND KEY MESSAGES FOR BOARD**		
	Dr Ryan summarised they key points that had been discussed by the Committee. These included: - An Update from the Acute Services presented by the Deputy Medical Director for Acute, Dr Scott Davidson. - The Committee were presented a report on the ongoing work on the management of the Significant Adverse Events.		

			ACTION BY
	- The Committee received an update relating to the ongoing work on learning from patient experience, complaints, Ombudsman, and person-centred improvement programme. - A 2022-2023 Care Home Annual Report was considered by the Committee and multiple improvement projects across NHSGGC were praised. - The Committee were given a 2022 Research and Innovation Report which updated on the progress of the UK wide research recovery, resilience, and growth plan. - A newly developed Clinical and Care Governance Committee KPI report was presented and Members were invited to provide their feedback for future presentations. - The Committee noted and discussed the Infection Prevention and Control updates which included HAIRT report and the minutes of the Board Infection Control Committee. - An annual Scottish National Audit Programme report was presented to the Committee. - The Committee approved the Extract from the Corporate Risk Register and discussed the format of the report. - The Committee agreed to take an additional week to provide feedback relating to the Clinical and Care Governance Committee Annual Report after which the paper would be approved. - The Committee noted the most recent approved minutes of the Board Clinical Governance Committee. Dr Ryan thanked Susan Brimelow who was retiring that month for her contribution to the Committee and to the Board over the last 40 years. Dr Ryan thanked those present for attending and closed the meeting. **NOTED**		
18.	**DATE OF NEXT MEETING**		
	The next meeting of the Committee would be held on Tuesday 20 June 2023 at 2.00 pm, via MS Teams.		