

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Clinical and Care Governance Committee  
held on Monday 17<sup>th</sup> August 2020 at 1.15pm  
via Microsoft Teams**

**PRESENT**

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Ms Amina Khan
Mr Ian Ritchie (Vice Chair)	Ms Paula Speirs

**IN ATTENDANCE**

Dr Jennifer Armstrong	..	Medical Director
Professor John Brown	..	Chairman
Mr Andy Crawford	..	Head of Clinical Governance
Ms Jane Grant	..	Chief Executive
Dr Margaret McGuire	..	Nurse Director
Ms Amanda Mackintosh	..	Deputy Head of Clinical Governance
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Dr Mark Devlin	..	Clinical Director INS & Spinal (Item 8)
Dr Scott Davidson	..	Acute Medical Director (Item 8)
Professor Angela Wallace	..	Executive Director, Infection Prevention & Control (Item 27)
Ms Sandra Devine	..	Associate Nurse Director Infection Control (Item 27)
Professor Julie Brittenden	..	Medical Director, Research & Development (Item 28)
Ms Judith Godden	..	Scientific Officer for Research Ethics (Item 28)
Ms Gillian Duncan	..	Executive Assistant to Chairman
Ms Cheryl MacIver	..	Secretariat Officer (Minutes)

		ACTION BY
<b>17.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Ms Brimelow welcomed those present to the first meeting of the Clinical and Care Governance Committee to be held which comprised some members joining via video conferencing and a socially distancing gathering of some members within the Boardroom of JB Russell House.</p> <p>Ms Brimelow also welcomed the two newly appointed members to the Committee, Ms Paula Speirs and Ms Amina Khan, following changes to Committee representation.</p> <p>Apologies for absence were intimated on behalf of Ms Audrey Thompson.</p> <p><u>NOTED</u></p>	
<b>18.</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were declared.	

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	<u>NOTED</u>		
<b>19.</b>	<b>MINUTES OF THE MEETING HELD 3<sup>rd</sup> March 2020</b>		
	<p>The Committee considered the minute of the meeting which took place on Tuesday 3<sup>rd</sup> March 2020 [Paper No. CCG(M)20/01] and were content to approve this as an accurate record, subject to the following amendments:</p> <p><u>Item 5 Overview – Paragraph 5 - Child Protection Case</u></p> <p><i>“Dr McGuire updated on recent media attention about a senior member of staff in the Child Protection Unit. A family made allegations about this member of staff and have since referred her to the NMC. The NMC investigation is in progress and the Board has provided the information requested. Advice sought from the CLO.”</i></p> <p><u>Item 5 Overview – Paragraph 5 – INR</u></p> <p>Dr Armstrong advised that following review changes were being made to the way in which patients were followed up. <i>“An audit of INR spanning a period approximately 30 months identified 17 patients who had deceased during this period. The focus was to ascertain whether follow up had been appropriate. The results will be reported at the next meeting”</i></p> <p><u>APPROVED</u></p>		
<b>20.</b>	<b>MATTERS ARISING FROM THE MINUTES</b>		
<b>a)</b>	<p><u>Item 10 Patient Experience Report – Paragraph 5</u></p> <p><i>“Concerns were raised regarding performance of HSCP complaints and independent contractors”. Mr Ritchie asked if there was an update available on how HCSP and independent contractor complaints were handled.</i></p> <p>Dr McGuire, Nurse Director, advised that the HSCP and independent contractors are required to follow the National NHS Complaints Handling Procedure, the same way the Boards are and these are reported to the corporate complaints manager.</p> <p><u>NOTED</u></p>		
<b>b)</b>	<b>ROLLING ACTION LIST</b>		
	<p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/07]. It was agreed that the action relating to SCIs could be removed as this was included on the agenda.</p> <p>It was also agreed the Stroke Improvement Programme Update and the Clinical and Care Governance Committee Terms of Reference could be removed as both had now been circulated to members.</p>		

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	<p>Mr Crawford, Head of Clinical Governance, proposed that the National Benchmarking Activity Report be put on the forward planner as the process had been paused during the pandemic. Members were content with this.</p> <p>The Secretary would circulate Terms of Reference to new members.</p> <p>The Secretary would update the Rolling Action List</p> <p><u>AGREED</u></p>		<p><b>Secretary</b></p> <p><b>Secretary</b></p>
<p><b>21.</b></p>	<p><b>OVERVIEW</b></p>		
	<p>Dr Margaret McGuire, Nurse Director, provided an overview of topics not included on the agenda. This included an update on Best Start, the recent HAI inspections at the Queen Elizabeth University Hospital and Inverclyde Royal Hospital, EHRC, prison healthcare and the current position in care homes.</p> <p>Ms Brimelow thanked Dr McGuire for the update.</p> <p><u>NOTED</u></p>		
<p><b>22.</b></p>	<p><b>CLINICAL GOVERNANCE AND HEALTHCARE QUALITY REPORT</b></p>		
	<p>The Committee Considered the paper 'Clinical Governance and Healthcare Quality Report' presented by Mr Andy Crawford, Head of Clinical Governance [Paper 20/08]. The paper provided an overview of the current structures in place for monitoring and reviewing healthcare quality and clinical governance.</p> <p>Mr Crawford advised the report was initially developed to provide assurance that the Board was maintaining responsibility for monitoring and improving the quality of healthcare during the NHS response to the Covid-19 emergency. He advised that as the transition through recovery is made, and the governance structure for the report evolves, so too will the content.</p> <p>Ms Brimelow thanked Mr Crawford for the report and invited comments and questions from members.</p> <p>Ms Khan enquired if a list of abbreviations could be included within the report, Mr Crawford advised that the Clinical Governance Unit would be taking a more proactive role in assuring the content of the report in future and a list of abbreviations would be included.</p> <p>In response to questions from members in relation to INS Surgical Site Infections, Mrs Sandra Devine, Associate Nurse Director, Infection Control, advised that a screening programme had been implemented and ongoing surveillance was being carried out within the INS.</p> <p>In response to a query regarding hospital acquired Covid-19, Mrs Devine explained there was a UK definition which outlined that if a patient had been in hospital for 15 days and developed Covid-19 this would be considered hospital onset.</p> <p>In response to queries regarding adult protection cases, Dr McGuire confirmed there had been an increase in adult protection, child protection and domestic</p>		

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	<p>abuse cases. Dr McGuire advised a detailed report on AP1s (adult protections forms) had been produced and close monitoring of the situation was ongoing. Dr McGuire also advised that each of the partnerships reported Child and Adult Protection cases to the Scottish Government on a weekly basis.</p> <p>In response to a Freedom of Information request received regarding pharmacy services, Cllr Bamforth enquired if this was related to a particular drug or prescription. Mr Crawford would follow this up and clarify. In response to questions in relation to the Vale of Leven stroke pathway, Dr Armstrong advised that this would mean that the Scottish Ambulance Service would take any patient with a suspected stroke directly to the Royal Alexandria Hospital Stroke Unit, to avoid any delay in treatment.</p> <p>Dr Armstrong advised that communication was ongoing with the Scottish Ambulance Service in relation to both this and the pathway for paediatric blue light patients.</p> <p>In response to questions related to complaints, Dr McGuire advised the report showed a brief snapshot of performance and a more detailed quarterly report on complaints was on the CCG agenda. Dr McGuire also confirmed that performance over the fortnight period against Stage 2 complaints related to closed complaints.</p> <p>In response to a question relating to governance arrangements, Mr Crawford confirmed that all Governance meetings had now been scheduled and would be taking place within the coming months.</p> <p>During discussion, Members noted that the report was lengthy and contained a great deal of duplicated detail that they were also receiving in different Forums. Members also felt there should be a greater focus on quality improvement as well as quality assurance. However, Members appreciated the report and noted it was in the early stages of development. Mr Crawford thanked members for their comments which he noted and confirmed that the report would be further developed.</p> <p>In summary, the Committee noted the broad reaching report and were assured that appropriate Clinical and Care Governance arrangements during Covid-19 were in place.</p> <p><u>NOTED</u></p>	<p><b>Mr Crawford</b></p>
<p><b>23.</b></p>	<p><b>CLINICAL AND CARE GOVERNANCE ANNUAL REPORT</b></p>	
	<p>The Committee considered the paper 'Clinical and Care Governance Annual Report' [Paper No. 20/01] presented by Mr Andy Crawford, Head of Clinical Governance. Mr Crawford advised that The Annual Report described the maintenance of the Board's clinical governance arrangements, and included a range of examples to illustrate the progress made in improving person centred, effective and safe care. Mr Crawford explained that due to the emergency response to the Covid-19 pandemic, services had been unable to publish their usual individual annual reports.</p> <p>The Committee were content to approve the Annual Report and were assured by the information provided. The report would now be taken to the NHSGGC</p>	

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	Board meeting on 25 <sup>th</sup> August 2020 and be made publicly available via the NHSGGC website.  <u>APPROVED</u>		<b>Mr Crawford</b>
<b>24.</b>	<b>DUTY OF CANDOUR REPORT</b>		
	The Committee considered the paper ‘Duty of Candour Report’ [Paper No. 20/03] presented by Mr Andy Crawford, Head of Clinical Governance. Mr Crawford explained that the Duty of Candour annual report was a legal requirement which follows the nationally agreed template and provides assurance that NHSGGC has followed the Duty of Candour policy and procedures.  Following discussion Mr Crawford noted comments received and agreed to update the report accordingly. The Committee were content to approve the Duty of Candour Report with the agreed changes and were assured by the information provided. The report would be embedded within the Clinical Governance Annual Report which would be taken to the NHSGGC Board meeting on 25 <sup>th</sup> August 2020 and made publicly available via the NHSGGC website. Ms Brimelow recorded her thanks to the Clinical Risk team for preparing the report.  <u>APPROVED</u>		<b>Mr Crawford</b>
<b>25.</b>	<b>INR UPDATE</b>		
	Dr Scott Davidson, Deputy Medical Director for Acute Services, and Dr Devlin, Clinical Director INS & Spinal, provided an update on the INR service. [Paper No. 20/10]. Members were informed that an INR review had been completed providing details including procedures and follow up of 17 patients who presented with an acute intracranial vascular issue between 01.01.2016 to 30.06.2018. The review had been led by an independent INR practitioner commissioned through the Chief of Medicine for Regional Services. The report outlined that:  <ul style="list-style-type: none"> <li>• The majority of patients were medically unsuitable for further investigation or treatment and deceased following conservative management or through effects of concomitant medical issues.</li> <li>• None of the patients died while awaiting an INR procedure.</li> </ul> <p>Dr Devlin advised that funding approval was being sought to replace the Bi-planar suite and scoping work was underway with Capital Planning around the potential location for a replacement unit. The new location was being considered in line with two bi-planar units being purchased to future proof for the demand that thrombectomy would bring.</p> <p>Members were assured that the service was stable and noted the ongoing plan to recruit additional Consultant staff members. It was also noted that work was underway to review radiology equipment within Glasgow and the Committee noted the conclusion of two audits. The Committee were content to note the report and the progress made to date.</p> <u>NOTED</u>		



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<b>28.</b>	<b>RESEARCH &amp; DEVELOPMENT INCLUDING ETHICS</b>		
	<p>Professor Julie Brittenden, Director of Research and Development, and Ms Judith Godden, Manager and Scientific Officer for Research Ethics, presented the Research and Development report [Paper 20/13] with a focus on ethics.</p> <p>Ms Brimelow thanked Professor Brittenden for the report and invited comments and questions from members.</p> <p>Mr Ritchie thanked Professor Brittenden and Ms Godden for the comprehensive report and commented that the report provided assurance about the ethics systems and that the systems in place worked well throughout the pandemic.</p> <p>In response to a question in relation to the Ethical Advice and Support Group Ms Godden advised that the group had been set up for and during the Covid-19 pandemic, however, Mr Crawford advised that the Scottish Association of Medical Directors were undertaking a review Chief Medical Officers review to determine whether these groups should continue and in what format. Dr Armstrong advised that NHSGGC had found the Group to be helpful and had responded positively to this review.</p> <p>The Committee were content to note the governance, approvals and regulations under which clinical trials operate within NHSGGC and noted the impact of the Covid-19 pandemic on clinical trial set up and delivery. The Committee also noted the establishment of the Ethical Advice and Support Group and that consideration was being given to the continued running of the Group. Dr Armstrong recorded her thanks to Mr Crawford and Professor Brittenden for setting up the group quickly.</p> <p><u>NOTED</u></p>		
<b>29.</b>	<b>PATIENT EXPERIENCE REPORT</b>		
	<p>The Committee considered the 'Patient Experience Report – Quarter 4' [Paper No. 20/14] presented by the Nurse Director, Dr Margaret McGuire.</p> <p>The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman) Investigative Reports and Decision Letters, and feedback opportunities. The report provided an insight into how complaints, concerns, comments, and feedback were used to bring about improvements in services for patients. It included performance data on complaints and feedback received throughout NHSGGC during the reporting period. It considered complaints received locally, by the SPSO and detailed information on feedback received from the centrally managed feedback systems operating across NHSGGC.</p>		

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	<p>Members asked what actions were being taken to reduce the number of Acute Services complaints not authorised to go beyond 20 days. Dr McGuire advised that considerable work was being undertaken locally. Ms Vanhegan advised that the Complaints Team infrastructure was currently being reviewed and a staff member would be identified to manage these complaints. Dr McGuire also informed members that staff were being encouraged to intervene and resolve complaints at an early stage.</p> <p>In relation to item 3.10 of the report “Primary Care” confirmation was requested about governance and action of primary care complaints. Dr McGuire advised that local HSCP Clinical Governance received complaint reports from primary care representative sat on the Board Clinical Governance meeting.</p> <p>The Committee were content to note the report and performance in Quarter 4. Members noted the actions being taken in regard to complaints not authorised to go over 20 days and also noted concern on the on primary care initial data complaints.</p> <p><u>NOTED</u></p>		
<b>30.</b>	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>		
	<p>The Committee considered the paper ‘Extract from Corporate Risk Register’ Paper No. [20/15] presented by the Head of Clinical Governance, Mr Andy Crawford.</p> <p>Mr Crawford explained that Board’s Audit and Risk Committee has the responsibility to ensure that there were effective risk management systems in place throughout the organisation. The Clinical and Care Governance Committee must provide assurance on the governance of the risks relating to their remit, confirming that these were being managed appropriately.</p> <p>Mr Crawford advised that the standing sub-committees of the NHS Board each have responsibility for a subset of risks on the Corporate Risk Register. The Corporate Risk Register was modified during the Covid-19 emergency response to better reflect expectations during the ongoing recovery phase.</p> <p>The Committee were content to note the report, and were assured by the information provided on the appropriate identification of risks and mitigating actions. It was also noted that the Extract from the Corporate Risk Register would be a standing item on the agenda for this meeting.</p> <p><u>NOTED</u></p>		
<b>31.</b>	<b>BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETING 2<sup>nd</sup> DECEMBER 2020</b>		
	<p>The Committee considered the minute of the Board Clinical Governance Forum meeting of 2<sup>nd</sup> December 2020 [Paper No. BCGF (M) 19/05].</p> <p>For the benefit of new members, Mr Andy Crawford, Head of Clinical Governance, explained the remit of the Board Clinical Governance Forum (BCGF). Mr Crawford advised that the BCGF was an executive led forum and</p>		

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	<p>members included major service leads from across the Board. He went on to advise that the BCGF was responsible, on behalf of the Chief Executive, for directing the development of policy and establishing decisions on strategic priorities deemed essential to clinical governance and the attainment of NHSGGC's clinical quality aims. The BCGF was also responsible for monitoring progress against the strategic objectives linked to Clinical Governance within NHSGGC.</p> <p>The Committee were content to note the minute of the meeting.</p> <p><u>NOTED</u></p>		
<b>32.</b>	<b>CLOSING REMARKS AND KEY MESSAGES</b>		
	<p>Ms Brimelow covered the key messages to the Board including:</p> <ol style="list-style-type: none"> <li>1. Clinical Governance and Healthcare Quality Report</li> <li>2. Clinical and Care Governance Annual Report</li> <li>3. Duty of Candour Report</li> <li>4. INR Update</li> <li>5. Achievement of Scottish Government Targets for Reduction in HAI</li> <li>6. Research &amp; Development Including Ethics</li> <li>7. Patient Experience Report</li> <li>8. Extract from Corporate Risk Register</li> <li>9. Board Clinical Governance Forum – Minutes of Meeting held on 3<sup>rd</sup> February 2020</li> </ol>		
<b>33.</b>	<b>DATE OF NEXT MEETING</b>		
	<p>Tuesday 15<sup>th</sup> October 2020, 2.30pm, Boardroom, JB Russell House, VIA Microsoft Teams</p>		