

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Clinical and Care Governance Committee
held on Tuesday 1st December 2020 at 1.30 pm
via Microsoft Teams**

PRESENT

Ms Susan Brimelow OBE (in the Chair)

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

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| Dr Jennifer Armstrong | .. | Medical Director |
| Professor John Brown | .. | Chairman |
| Ms Gail Caldwell | .. | Interim Lead for Clinical Governance |
| Dr Scott Davidson | .. | Deputy Medical Director |
| Ms Sandra Devine | .. | Interim Executive Director of Infection Prevention and Control |
| Ms Jane Grant | .. | Chief Executive |
| Ms Jennifer Haynes | .. | Corporate Services Manager - Governance |
| Dr Margaret McGuire | .. | Nurse Director |
| Dr Alistair Leanord | .. | Consultant Microbiologist |
| Ms Amanda Mackintosh | .. | Deputy Head of Clinical Governance |
| Ms Elaine Vanhegan | .. | Head of Corporate Governance and Administration |
| Ms Gillian Duncan | .. | Secretariat |

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| 47. | APOLOGIES AND OPENING REMARKS | | |
| | <p>Ms Susan Brimelow welcomed those present to this meeting of the Clinical and Care Governance Committee which she was chairing remotely via MS Teams. Ms Brimelow welcomed Ms Gail Caldwell who was attending in her new role as Interim Lead for Clinical Governance and Ms Amanda Mackintosh, Deputy Head of Clinical Governance. She also welcomed Ms Jennifer Haynes, Corporate Services Manager - Governance, who was observing the meeting.</p> <p>Apologies for absence were intimated on behalf of Professor Linda de Caestecker and Dame Anna Dominiczak.</p> <p>NOTED</p> | | |
| 48. | DECLARATIONS(S) OF INTEREST(S) | | |
| | <p>The Chair invited Committee members to declare any interests in any of the items to be discussed. No declarations were made.</p> <p>NOTED</p> | | |

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| 49. | MINUTES OF MEETING HELD ON 15TH OCTOBER 2020 | |
| | <p>The Committee considered the minute of the meeting which took place on Thursday 15th October 2020 [Paper No. CCG(M)20/03] and were content to approve this as an accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> - Ms Paula Speirs should be removed from the attendance list as her apologies had been submitted. - Ms Audrey Thomson should be added to the attendance list. <p>The minute would be updated to reflect these changes.</p> <p>APPROVED</p> | Secretariat |
| 50. | MATTERS ARISING FROM THE MINUTES | |
| a) | Rolling Action List | |
| | <p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 20/21].</p> <p>It was agreed that the update on Care Opinion should remain on the Rolling Action List as this update would be provided as part of the Patient Experience report which was due to go the Committee in March 2021. In the meantime, however, Dr Margaret McGuire, Nurse Director, advised that following the discussion at the previous meeting she had spoken with Dr Kerri Neylon, Clinical Director for Primary Care, about encouraging the use of Care Opinion by GP contractors and patients. Ms Thomson confirmed that she had also fed this back to the Area Clinical Forum.</p> <p>The Risk Register was being discussed at Item 9 on the agenda and the Committee were content to close this item.</p> <p>There were no matters arising that were not on the agenda.</p> <p>APPROVED</p> | Secretariat |
| 51. | OVERVIEW | |
| | <p>Dr Margaret McGuire, Nurse Director, and Dr Jennifer Armstrong, Medical Director, provided an overview of the following topics not included on the agenda.</p> <p>Dr McGuire outlined the work that was ongoing with Care Homes and advised that work was also underway with the Care Inspectorate to provide support to individual Care Homes as required.</p> <p>Dr McGuire provided an update on the EHRC proceedings in relation to adults with incapacity and the Committee noted that the issues raised in the judicial review had now been resolved.</p> | |

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| | <p>Dr Armstrong updated the Committee on the position in respect of thrombolysis services. A paper on this would come to the Committee in March 2021.</p> <p>Dr Armstrong also advised the Committee that the Flow Navigation Hub at the Queen Elizabeth University Hospital, which was part of the new national model for unscheduled care, had launched that morning.</p> <p>The Committee noted these updates.</p> <p>NOTED</p> | | Dr Armstrong |
| 52. | CLINICAL GOVERNANCE AND HEALTHCARE QUALITY REPORT | | |
| | <p>The Committee considered the paper Clinical Governance and Healthcare Quality Report [Paper No. 20/22] presented by Ms Gail Caldwell, Interim Lead for Clinical Governance, and Ms Amanda Macintosh, Deputy Head of Clinical Governance.</p> <p>Ms Caldwell advised that this was an integrated report which brought together clinical governance and healthcare quality and had been developed from reports that had been produced during the COVID-19 response to provide assurance that the responsibility for monitoring and improving healthcare quality was being maintained.</p> <p>The Committee were asked to consider maintaining this report as part of ongoing governance arrangements. Ms Caldwell advised that the document was currently in development and asked the Committee for feedback on content and quality to shape the final report.</p> <p>Professor Brown asked for clarification on where the Scottish Patient Safety Programme linked into this report. Dr Armstrong said that the Scottish Patient Safety Programme had changed at a national level but agreed that the patient safety work that was ongoing in NHSGGC should be included in this report.</p> <p>Professor Brown also asked for assurance that Serious Adverse Events Reviews (SAERs) were managed consistently across the Board. Dr Armstrong provided reassurance that there was a recent update of the board wide SAERs policy across GGC with the expectation that the guidance was consistently applied across Acute, Mental Health and Primary Care and reported to the Board's Clinical Governance Forum. A review of SAERs may be undertaken in due course given the new policy. Many of the reports reviewed the process of SAERs across these sectors. Ms Caldwell would ensure that was made clearer in the next version of the report.</p> <p>Professor Brown also asked for clarity on the complaints figures included in the report and Ms Vanhegan explained that the complaints figures had not followed the usual trajectory due to the pandemic. She agreed that it was important that learning and trends for complaints were included in the report.</p> | | |

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| | <p>There was discussion on how detailed the information included in the report should be and it was important that the right balance needed to be struck. Dr Armstrong said that this report should focus on how care was provided, was it matching demands and providing assurance that services were effective.</p> <p>Cllr Bamforth asked if there were any issues related to Brexit and prescribing and Ms Caldwell reassured the Committee work was ongoing across the Board on the potential impact of Brexit w.</p> <p>Ms Caldwell explained that the report would be in a cycle with the Clinical Governance Forum to keep the Committee up-to-date. A more detailed piece of work was being undertaken and she would bring the revised version of the report to the next meeting of the Committee.</p> <p>The Committee were content to note the report acknowledging that further work on the format and content would be undertaken and Ms Brimelow thanked the Committee for their comments which would be used to inform the detail of the report.</p> <p>NOTED</p> | Ms Caldwell |
| 53. | <p>ACHIEVEMENT OF SCOTTISH GOVERNMENT TARGETS FOR REDUCTION OF HEALTHCARE ASSOCIATED INFECTION (HAI)</p> | |
| | <p>The Committee considered the paper Achievement of Scottish Government Targets for Reduction in HEI [Paper No. 20/23] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control, Dr Scott Davidson, Deputy Medical Director, and Dr Alistair Leanord, Consultant Microbiologist. The paper described NHS Greater Glasgow and Clyde's progress in achieving the Scottish Government standards for reducing Healthcare Associated Infection.</p> <p>Ms Devine outlined the three areas that the targets were focused on which were a reduction in C.difficile, E.coli bacteraemia and S.aureus bacteraema (SAB) and provided an update to the Committee on the work that was ongoing to meet these targets. The Committee were asked to note in particular the good progress that had been made on the C.difficile target.</p> <p>Ms Devine also advised that an Improvement Collaborative had been set up which would give a multidisciplinary focus to identify barriers to compliance, improvement methodology and provide support to the Infection Control team. The Committee was encouraged to hear this and said that they would welcome a report on the work of the Improvement Collaborative in due course.</p> <p>The Committee were assured by the work that was ongoing to meet these targets and noted that a report on the work of the Improvement Collaborative would be provided in six months.</p> <p>NOTED</p> | Ms Devine |

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| 54. | INFECTION PREVENTION AND CONTROL MANAGEMENT COVID-19 | |
| | <p>The Committee considered the paper Infection Prevention and Control Management COVID-19 [Paper No. 20/24] presented by Ms Sandra Devine, Interim Executive Director of Infection Prevention and Control.</p> <p>Ms Devine said that the paper provided a briefing to the Committee on the current position in regards to the COVID-19 pandemic and the impact of the second wave across NHSGGC hospitals and within Care Homes. The report also outlined the actions and approaches being taken by the Infection Control team.</p> <p>Dr Leanord assured the Committee that learning from the first wave of the pandemic had enabled the Infection Control team to take a proactive approach to managing patients, services and transmission during this second wave</p> <p>Dr Armstrong and Dr Davidson provided further reassurance that critical care and ICU capacity was also being managed proactively with daily discussions taking place across the Board.</p> <p>Professor Brown asked about winter planning arrangements and also whether guidance had been received from the Scottish Government on screening and outbreak management. Dr Armstrong confirmed that there was a letter being finalised for submission to Mr John Connaghan, Interim Chief Executive of NHS Scotland, which outlined the planning over the winter months. Ms Devine confirmed that staff screening guidance had now been received from the Scottish Government and advised that the outbreak management guidance was in the process of being finalised. Dr Leonard assured the Committee that staff screening was being undertaken as advised by the Scottish Government.</p> <p>Professor Brown thought it would be helpful if the Healthcare Associated Infection Reporting Template (HAIRT) report could come to this Committee as a regular item. Dr Armstrong outlined the governance around the HAIRT report and said that she would explore the logistics of including this Committee in this.</p> <p>Dr McGuire updated the Committee on the current position in Care Homes. She confirmed that the Board Nurse Director had responsibility for leadership and support of Care Homes since May 2020 and outlined the work that had been underway since then. She advised that further resources for this work had been agreed with a Lead Nurse and three Senior Infection Control Nurse posts being advertised.</p> <p>Professor Brown asked for assurance that Care Home governance was appropriate. Dr McGuire advised meetings every week with key staff, one of which included Care Home commissioners. Ms Grant advised that the development of the Care Home hub model had been signed off which would built in greater knowledge and resilience and she commended the team for achieving this.</p> | <p>Dr Armstrong</p> |

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| | <p>Ms Brimelow asked about the key local and national challenges set out in the paper and was reassured that work was underway on these through the Acute Tactical Group.</p> <p>Ms Brimelow thanked Ms Devine for an excellent paper which had allowed a full and frank discussion by the Committee. Mr Ritchie also asked for the Committee's thanks to be recorded to Ms Devine and her team for the huge amount of work that was ongoing in this area.</p> <p>The Committee were reassured by the actions being taken to mitigate risk and noted the proposed developments moving forward.</p> <p>NOTED</p> | | |
| 55. | Corporate Risk Register | | |
| a) | <p><u>Extract from the Corporate Risk Register</u></p> <p>The Committee considered the paper Extract from the Corporate Risk Register [Paper No. 20/25] presented by Mr Michael Gillman, Financial Governance Manager.</p> <p>Mr Gillman reminded Members that all Standing Committees had a responsibility to ensure that the risks remitted to them were accurate and being managed appropriately. He asked the Committee to note the Clinical and Care Governance Committee risk overview and raise any concerns or points of clarification.</p> <p>The Committee were content with the overview and Ms Brimelow advised that she would refer to the risk register when setting the agenda for future meetings of the Committee.</p> <p>NOTED</p> | | |
| b) | <p><u>Risk Register Process</u></p> <p>The Committee considered the paper Risk Register Process [Paper No. 20/26] presented by Mr Michael Gillman, Financial Governance Manager. The Committee also noted that an exercise was in progress to carry out a full review of the Corporate Risk Register.</p> <p>There were a number of comments on the risk register process paper which explained how risks were identified, managed and allocated to the Committees. However, it was acknowledged the appropriate place for these discussions was at the Audit and Risk Committee.</p> <p>The Committee also noted that this would also be discussed as part of the Assurance Framework that was being developed and Ms Vanhegan would discuss this separately with Mr Gillman and the Board Non-Executive Directors.</p> | | |

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| | The Committee were content to note that this review was being taken forward. NOTED | | |
| 56. | BOARD CLINICAL GOVERNANCE FORUM - MINUTES OF MEETINGS: | | |
| a) | <u>Approved minute of Board Clinical Governance Forum Meeting of 30th July 2020</u> The Committee considered the approved minute of the Board Clinical Governance Forum that was held on 30 th July 2020 [Paper No. BCGF(M)20/07]. The draft minute had been considered by the previous meeting of the Committee and Members were content to note the ratified minute. NOTED | | |
| 57. | CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD | | |
| | Ms Brimelow thanked Committee members and those who had presented papers for the constructive discussion and she provided a brief overview of the key messages that would be reflected in the minute which were: <ul style="list-style-type: none"> - An update on the EHRC proceedings in relation to adults with incapacity and the resolution of the issues raised in the judicial review.. - An update on the position in respect of thrombolysis. - Further work on the format and content of the Clinical Governance and Healthcare Quality report would be undertaken. - NHSGGC's progress in achieving the Scottish Government standards for reducing Healthcare Associated Infection and the setting-up of an Improvement Collaborative. - The current position in regards to the COVID-19 pandemic and its impact across NHSGGC and within Care Homes, the actions being taken to mitigate risk and the proposed developments moving forward. - The extract from Corporate Risk Register relating to the Clinical and Care Governance Committee was noted and an exercise was in progress to carry out a full review of the Corporate Risk Register. | | |
| 58. | SCHEDULE OF MEETINGS 2021/22 | | |
| | The Committee noted the Schedule of Meetings 2021/22 [Paper No. 20/26]. NOTED | | |

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| 59. | DATE OF NEXT MEETING | | |
| | The next meeting would take place on Tuesday 2 nd March 2021 at 1.30pm, via MS Teams. | | |