NHS GREATER GLASGOW AND CLYDE

BOARD CLINICAL GOVERNANCE FORUM

**Minutes of a Meeting of the Board Clinical Governance Forum
held in the Conference Room, Management Building, Southern General Hospital,
Glasgow, on Monday 20 April 2015 at 2.00pm**
_____

P R E S E N T

Dr J Armstrong (in the Chair)

Dr R Armstrong
Dr J Beattie
Ms J Brown
Mr A Crawford
Ms R Crocket
Ms A Galbraith
Ms A Harkness
Ms G Jordan
Mr A MacLaren
Mrs K Murray
Dr M Smith

IN ATTENDANCE

Ms Y Bronksy, LSAMO – for Minute 18
Mr K Fleming, Head of Health & Safety – for Minute 5a
Ms J Murray, Director, East Renfrewshire CHCP – for Minute 4
Mr I Shariff, Senior Learning and Education Advisor – for Minute 4
Ms R Suarez - Secretariat

1.	**WELCOME & APOLOGIES**	**ACTION BY**

Dr Armstrong welcomed members to the meeting and apologies were intimated by Ms M Brannigan, Professor N Lannigan (deputy: Dr A McLaren), Dr P Ryan, Mr T Walsh and Professor C Williams.

2.   MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 2 February 2015 were approved as an accurate record.

3.   ROLLING ACTION LIST

Dr Armstrong went through all the items on the Rolling Action List and the members were content that they were either currently being worked on or were substantive items on the agenda.

4.   DEATH CERTIFICATION CHANGES

Ms Julie Murray, Director of East Renfrewshire CH(C)P and Mr Imran Shariff, Senior Learning and Education Advisor, led the Forum through a presentation which provided an overview of the changes associated with the Certification of Death (Scotland) Act 2011 which will come into force on 13 May 2015.

The Certification of Death (Scotland) Act aims to:-
- Improve the quality and accuracy of the Medical Certificate of Cause of Death (MCCD).
- Strengthen clinical governance in relation to death certification.
- Improve public health information on causes of death in Scotland.
- End additional paperwork and fees for cremations to make the process the same for everyone.
- Require that all deaths *are registered* before either a burial or cremation can take place.

They explained the role undertaken by the Death Certification Review Service (DCRS), provided information on changes which impact on doctors and non-certifying staff working in NHSGGC and highlighted the importance of communication between doctors, non-certifying staff, the DCRS and bereaved families. There was some discussion around the following:-

- The logistical issues caused by these changes coinciding with major organisational change within NHSGGC: there was still a lot of ironing out of details to be undertaken.

- Uncertainty of how death certification was to be handled in out-of-hours situations – this was still under discussion and yet to be finalised;

- Training for staff in all areas - Two booklets aimed at friends and relatives which are being used in the training process were distributed: "*When Someone has Died*" and "*What can Happen when Someone is Dying*".

Dr Armstrong thanked Julie and Imran for the informative presentation.

5. **MATTERS ARISING**

(a) Managing Challenging Inpatient Behaviour – Mr Kenneth Fleming, Head of Health & Safety, brought members' attention to a draft escalation process for patients exhibiting challenging behaviour while in Acute Inpatient wards, which may not be the most appropriate location for them. He asked the Forum for agreement in principle to roll out this process in selected pilot areas. Forum members were happy that it be rolled out in all areas immediately. Mr Fleming agreed to incorporate one-to-one care into the escalation process and to produce a flowchart for use in all wards.

(b) DATIX – Mr Andy Crawford, Head of Clinical Governance informed members that responsibility for DATIX now lies with the Clinical Governance Support Unit (CGSU) rather than HI&T. The current priority was to ensure the functionality of the incident reporting module during the organisational change process. Recruitment of the Band 7 manager to head up the users' support team was being worked on at present.

(c) Recording and Review of Deaths Occurring Before Discharge Arranged – Dr Jim Beattie explained that he and Ms Pamela McCamley were in discussion with the Administrators of the Edison Discharge Database in order to establish a flagging system to be developed to identify a patient on the database who dies before discharge. This would then precipitate a casenote review by either the named consultant or the responsible CD. Dr **JB** Beattie agreed to bring further progress back to the June Forum.

(d) Response to VOL Inquiry Report – Dr Armstrong explained that a group led by Dr David Stewart and Joyce Brown was coordinating Acute responses for submission to the Corporate Management Team. Tom Walsh

was leading the Board Group and the Heads of Nursing were also working on a response. Dr Armstrong would ask Tom Walsh to lead the response from the Board and coordinate all the responses from Dr Stewart and the Heads of Nursing into one report for review at the Board Infection Control group.

6.	**UPDATE ON NEW SCIS, CLINICAL RISK MANAGEMENT REPORTS AND SCI POLICY IMPLEMENTATION**	**Standing Item**

Mr Andy Crawford presented an update on new SCIs in February and March 2015.

The ongoing implementation of the revised Board SCI Policy had been evaluated using data from May to November 2014, and Mr Crawford led members through a document which presented the findings and asked the Forum to consider these and identify the resulting recommendations to be actioned.

Overall, the paper noted good, consistent levels of reporting of significant clinical incidents in NHSGGC, suggestive of a learning culture and overall good awareness and use of the SCI Policy. The fact that there were incidents with lower severity and near miss events with no patient harm investigated as SCIs further added to this.

The key areas for improvement were found to be patient and staff involvement within investigations, and timelines for investigation. These areas were being worked on at present, with potential telephone interviews for patients involved in investigations, and questionnaires or focus groups to evaluate staff involvement. He intimated that evaluation of the SCI Policy would become an annual feature of clinical governance work, and he would formulate an evaluation structure and bring this back to the Forum in December 2015. Members thanked Mr Crawford for the update.

AC

7.	**FAI UPDATE**	**Standing Item**

Dr Armstrong took members through the status of current FAI cases which were noted by the Forum.

8.	**ORGANISATIONAL REVIEW – PROPOSALS FOR FUTURE ORGANISATION OF CLINICAL GOVERNANCE**

Dr Armstrong took members through a paper which set out the clinical governance arrangements for NHSGGC following the new organisational structure within the Acute Sector and the implementation of six Health and Social Care Partnerships (HSCPs). She focused on the level of Board-wide support and the associated reporting arrangements including the Board Clinical Governance Framework and other major policies such as the management of SCIs.

She alluded to the internal and external drivers for change, referred to diagrams showing the current structure and the future structure from June 2015, and described proposals to change the clinical governance structure and process. It was proposed that the basic structure of a Board-wide approach to Acute, Mental Health and Partnership governance be retained but the reporting arrangements and remit would change to reflect the new organisational arrangements for HSCPs and Acute Care.

The Acute Clinical Governance Forum and the Mental Health Services for which the Board is directly accountable would have a direct reporting line to the Board Clinical Governance Forum. Other services would report directly to the HSCP governance structures with an assurance/information line to the Board Clinical Governance Forum. The remits of the Acute, Partnership and Mental Health

Clinical Governance Fora were summarised, and set into a wider corporate, strategic and operational context which was demonstrated in a detailed diagram.

It was noted that the next step in the process would be for Acute Sector Directors, Mental Health Sector Directors and IJB Chief Officers to bring their proposals for new clinical governance structures in their areas to the Board Clinical Governance Forum for review.

9.   **ROYAL ALEXANDRA HOSPITAL/VALE OF LEVEN HSMR: UPDATE**

The RAH received a visit from a HIS and PHI inspection team on 13 February 2015, in relation to HSMR data for that hospital. Mr Crawford highlighted the letter from HIS providing feedback from this visit, and a further letter from NHSGGC responding to HIS along with NHSGGC's Improvement Plan.

Mr Crawford made reference to the HIS letter which encouraged a positive approach in responding to HSMR data following the visit. The Improvement Plan factored in patient flow, leadership, availability of suitable medical staff, systematic casenote review, the deteriorating patient workstream, clinical coding, and liaison with other Boards who have had similar improvement needs (NHSA&A).

There was much discussion around the issue of clinical coding, this being included in the Improvement Plan, with particular emphasis on: guidance to consultants on the process and timeline for clinical recording; liaison with ISD re variances in coding completeness between HSMR listing and SMR1; exploration of the NHSA&A model of additional consultant review of coding problems; and analysis of variance of coders access to clinical information between sites.

Mr Crawford noted that work was now ongoing as outlined in the Improvement Plan, and feedback was awaited from HIS on the Plan.

10.   **ACUTE SERVICES GOVERNANCE LEAD UPDATE**

Dr Jim Beattie, Associate Medical Director, Women and Children's Directorate, led the Forum through the following update from the Acute Services Division:-

- Disinvestment in Bed and Chair alarms – consideration of removing these from local policy in view of the lack of an evidence base for this equipment.

- Complaint numbers were up due to patient flow issues stemming from unscheduled care.

- Unscheduled care remained a significant challenge - particularly at the Western Infirmary, which now had the benefit of the support team previously based at RAH.

- Paediatric Cardiac Service Issues, RHSC, Yorkhill – Following three recent post-op deaths in infants with complex congenital heart disease, the nationally reported outcome trajectory based on risk adjusted 30 day mortality is likely to be adversely affected although the formal analysis will not be available until mid-May at the earliest and not in the public domain until the Autumn. However, in the expectation that the trajectory has been adversely affected the Directorate will commission an external review of the post operative deaths over the last three years. In parallel with this there will be an internal review of the functionality of the wider cardiac service team (anaesthetics, intensive care, cardiology and cardiac surgery) that is

4

likely to involve external professional support.

11. MENTAL HEALTH GOVERNANCE LEAD UPDATE

Dr Michael Smith, Lead Associate Medical Director, Mental Health, updated the Forum on the following points:-

Integrated Governance in HSCI
The document describing integrated Quality, Care and Professional Governance arrangements had been revised in the light of feedback, and would be completed once final agreement was reached about the extent of the services in the Integration Scheme.

Medical Care for People with Eating Disorders
Some difficulties had arisen in aspects of shared care between MH Eating Disorder Services and Acute Care. The Eating Disorder Service was collating information on these difficulties and possible responses; these would be presented for discussion at the next BCGF.

MH Emergency Tray contents
Following new guidance from the UK Resuscitation Council and an SCI involving the contents of MH emergency trays held in response wards had been reviewed.

Risk Assessment
MH risk assessment policy and practice was criticised in an external review of an SCI prepared for the PF. The current review of risk management policy had drafted new guidance on implementation, and a new risk assessment tool would be developed based on current evidence. This material would be presented to the BCGF in draft form.

SCI Reports Update
The number of SCIs not yet completed had reduced from 63 in December and 61 in January to 59 in March.

12. SUPPORTING GPS IN CHILD PROTECTION WORK

As Dr Paul Ryan, Partnerships Clinical Director, had submitted his apologies, members noted the CH(C)P Update which he had provided, and Mrs Karen Murray, Interim Chief Officer, East Dunbartonshire IJB, talked through the document on *Supporting GPs in Child Protection Work* which had been distributed to Members. Details of the training had now been sent out to GPs and each CH(C)P/HSCP would arrange training and put a lead GP in place.

Mrs Murray explained that all practice staff (both clinical and non-clinical) required to be trained in child protection to a level appropriate to their role. She went on to say that the purpose of the distributed document was to describe areas of good practice that could be integrated within the GP practice to strengthen both the identification and potentially improve outcomes for vulnerable children and young people. It was intended to be helpful to all GPs on the performers list in NHSGGC including those undertaking sessional work or OOH activities. It would also help support GPs with their professional requirements within the current appraisal process and contribute to ongoing Personal Development Plans (PDPs). Each CH(C)P/HSCP would commit to delivering regular Protected Learning Events (PLEs) to provide GPs access to child protection training.

The document covered the following areas:-

1. Child protection training
2. Practice self-audit and assessment
3. Practice child protection policy development
4. Child protection case conference management
5. Read coding and use of child protection templates

In response to a question from Dr Armstrong about the opportunity to include in the SCI Gateway referral template a field to allow information from the referrer about any child vulnerability/welfare issues to be identified, if known, by the referrer, Mrs Murray agreed to confirm that this proposal is being progressed through the Referral Management Group. She agreed to update the BCGF on progress after the next RMG meeting on 26 May 2015.

13.   **PHARMACY GOVERNANCE LEAD UPDATE**

Mr Alister MacLaren, Lead Pharmacist, Clinical Governance, led the members through the following update:-

Key Successes
A policy for Medicines Reconciliation in Hospital has been developed in response to the Scottish Government Chief Medical Officer letter (SGHD/CMO(2013)18).

Key Risks
A recent incident involved refrigerated medicines being stored outwith the acceptable temperature range. The temperature was being logged, but wasn't acted upon quickly when it went outwith acceptable limits. Guidance will be issued to all wards and staff directed to a Learnpro module. There are plans to include fridge storage/monitoring as part of the medicines management standard in the new nurse-led Care Assurance & Accreditation System.

Relevant progress updates on any key items raised at prior meetings
The Trakcare and Ascribe HEPMA systems both failed to meet NHS Scotland operational requirements and require some development work. Only one system at present meets NHS Scotland's requirements.

The national eHealth Board have:
- Commissioned NHS Lanarkshire to develop a local full business case and establish a national procurement process by autumn 2015.
- Commissioned NHSA&A to review the NHSS HEPMA operational requirements.

Plans for a national roll-out of HEPMA over the next 3-5 years. Due to size and complexity it is likely that NHSGGC will be towards the end of that timescale.

14.   **R&D GOVERNANCE LEAD UPDATE**

Dr Roma Armstrong, Senior R&D Manager, gave the following brief update:-

Cross-System Learning
- Aim to fund external audit of the electronic case report form (eCRF) developed by GU for use in sponsored drug trials. This will examine the design and robustness of the eCRF and how data queries are managed.
- Contracts used in sponsored drug trials will also be audited including those with GU, vendors/suppliers and agreements with sites in multi-site trials.

- R&D activity increased last year compared with other Health Boards in Scotland.
- GBRAG review is complete and group are meeting regularly post review of membership & remit.

Key Risks

- A number of serious breaches have been reported to MHRA since the last BCGF meeting. Appropriate action has been taken in each case and corrective plans are in place.
- OOH cover for hosted studies underwent local review as a result of a patient complaint and awareness of processes and checks to be undertaken has been highlighted within R&D for onward cascade to investigators.
- Monitoring activities on formal closeout of sponsored studies at sites external to GGC has highlighted some issues that will require further local review and update of processes.

Relevant progress updates on any key items raised at prior meetings

GB Board-initiated review of governance arrangements for laboratories operated by Glasgow University will report at the June meeting.

Ms Armstrong noted that there had not been any significant progress on the research governance pathways paper but that she would progress this and bring an update to the June Forum.

RA

| 15. | **SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)** | **Standing Item** |

Members received and noted a paper from Mr Crawford setting out an overview of the Acute Adult Safety Programme consisting of a generic update, a section on venous thromboembolism (VTE) and a section on the Safety Essentials.   He noted that VTE is an area of relative success where other Boards have struggled to make progress.

On a general SPSP point, Mr Crawford noted that nationally set aims are often so unrealistic that in practice they become ignored. Recognising the benefit of clearer goal-setting, there is a question as to whether there should be stronger sets of local improvement aims and objectives for each of the major programmes NHSGGC is involved with. He explained that the plan was to work with each service on better goal-setting for the coming 12 months and to make clearer aims for each programme.

| 16. | **CLINICAL EFFECTIVENESS REPORT** |

Ms Geraldine Jordan, Clinical Effectiveness Manager, asked the Forum to note the summary of the current position with regard to following key areas of clinical effectiveness work:-

- Implementation of the NHSGGC Clinical Guidelines Framework;
- Impact Assessment of National Guidance published up to and including November 2014;
- Cancer audit;
- Tracking clinical quality publications;
- Quality Improvement (QI) Report;

There were no issues to escalate to the Forum from any of these areas. She also showed Forum members clinical governance related guidelines (from HIS, SHTG, SIGN & NHS England PSA) for February and March 2015. Members thanked her for the update.

17.	<u>**HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)**</u>	**Standing Item**

The paper for this item that had been distributed prior to the meeting was noted by Members.

18.   <u>**LSAMO MIDWIFERY ANNUAL REPORT 2014-15**</u>

Yvonne Bronsky, Local Supervising Authority Midwifery Officer (LSAMO) for South East and West of Scotland Region, presented the Annual Report of the Nursing and Midwifery Council. This covered the statutory supervision of midwives in the South East and West of Scotland – in the NHSGGC area, covering the Southern General Hospital, Royal Alexandra Hospital and Princess Royal Maternity Unit, GRI.

The LSAMO is professionally accountable to the Nursing and Midwifery Council and the function of the LSAMO is to ensure that statutory supervision of midwives is in place to ensure that safe and high quality midwifery care is provided to women.

The aims of the audit were:-
- To review the evidence demonstrating that the standards for supervision are being met.
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies.
- To review the impact of supervision on midwifery practice.
- To ensure that midwifery practice is evidence-based and responsive to the needs of women.

Ms Bronsky noted that no standards in any of the maternity units were *not met* although some were only *partially met*, and recommendations had been passed onto these units for improvements to be implemented. There was some discussion around issues occurring when there was an absence of foetal movement, and Ms Crocket explained that there was now training in place for this.

Dr Armstrong thanked Ms Bronsky for her presentation.

19.   <u>**MORECAMBE BAY REPORT**</u>

Ms Crocket gave a brief verbal overview of the report following the independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust from January 2004 to June 2013.

The Report detailed a distressing chain of events that began with serious failures of clinical care in the maternity unit at Furness General Hospital, and resulted in avoidable harm to mothers and babies, including tragic and unnecessary deaths. There was a pattern of failure to recognise the nature and severity of the problems, with, in some cases, denial that any problems existed, and a series of missed opportunities to intervene that involved almost every level of the NHS. The Report

included detailed and damning criticisms of the maternity unit, the Trust and the regulatory and supervisory system.

In the maternity services at Furness General Hospital, it was noted that there was a dangerous combination of declining clinical skills and knowledge, a drive to achieve normal childbirth 'whatever the cost' and a reckless approach to detecting and managing mothers and babies at higher risk. There was also a repeated failure to examine adverse events properly, to be open and honest with those who suffered, or to learn so as to prevent recurrence.

Ms Crocket explained that a Short Life Working Group had now been established in NHSGGC, reporting through GONEC. This SLWG was currently working on an action plan and hoped to have this finalised by May 2015. She agreed to bring this back to the June Forum.

R.Crocket

| 20. | **PERSON-CENTRED HEALTH AND CARE COLLABORATIVE, STRATEGIC WORK PLAN & REPORT** | **Standing Item** |

Ms Rosslyn Crocket, Nurse Director, asked the Forum to review and comment on the eleventh report for the Person-Centred Health and Care Collaborative and to approve the report for communicating and sharing information with other parts of the Board and its services and the HIS Person-Centred Health and Care Team.

The report described the progress made locally with the pilot improvement teams in clinical services within NHSGGC in January to March 2015. Ms Crocket highlighted that in the period noted, there were 463 conversations with patients, relatives and carers, and 17,500 responses from patients within the "themed conversations". 95-97% of feedback gathered from patients, carers and relatives in the three month period indicated a positive care experience. Members thanked Ms Crocket for the update.

| 21. | **OPAH (OLDER PEOPLE IN ACUTE HOSPITALS) INSPECTION REPORT** |

Ms Crocket led Members through the report of the two Corporate OPAH/HEI inspections which were held at the Victoria Infirmary on 26 November 2014 and Drumchapel Hospital on 22 December 2014. This provided a summary of these inspections, and showed the positive key findings and areas identified for improvement.

The positive findings included patients being well cared for and complimentary about their care; patients' dignity and respect being observed, clean and inviting wards; good dementia signage in place. Areas for improvement included documentation not being properly completed or unavailable. Ms Crocket explained that the improvement areas had been escalated and were being worked on at present.

| 22. | **ITEMS RELATING TO CLINICAL GOVERNANCE FOR NOTING:-** |

- HIS LDP 2015-16
- HEI Chief Inspector Report 2013-14
- Partnerships Clinical Governance Forum minutes – 22 January 2015
- Area Drugs and Therapeutics Committee minutes – 16 February 2015
- Board Infection Control Committee minutes – 26 February 2015
- Quality and Performance Committee minutes – 20 January 2015
- PPSU Clinical Governance Group – 18 February 2015

- Acute Clinical Governance Forum minutes – 16 February 2015
- Reference Committee minutes – 28 January 2015
- ADTC Summary December 2014

23.   <u>**FUTURE ITEMS FOR QUALITY & PERFORMANCE COMMITTEE**</u>

- Person-Centred Health & Care Collaborative (11th version)

24.   <u>**DATE OF NEXT MEETING**</u>

The date of the next meeting is Monday 8 June 2015 at 2:00pm in the Conference Room, Management Building, Southern General Hospital.