

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 8 June 2015 at 2.00pm**

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**P R E S E N T**

Dr J Armstrong (in the Chair)

Dr R Armstrong  
Ms M Brannigan  
Ms J Brown  
Mr A Crawford  
Ms R Crocket  
Ms G Jordan  
Prof N Lannigan  
Dr P Ryan  
Dr D Stewart  
Dr M Smith  
Prof C Williams

**I N A T T E N D A N C E**

Mr K Fleming, Head of Health & Safety – for Minute 3d  
Ms A McLinton – PCHC Programme Manager – for Minute 17  
Ms R Suarez - Secretariat

**1. WELCOME & APOLOGIES**

**ACTION BY**

Dr Armstrong welcomed members to the meeting and apologies were intimated by Ms K Cormack, Ms A Galbraith, Ms A Harkness and Ms K Murray.

Dr Armstrong wondered if the Membership of the Forum should be refreshed to keep things up to date particularly in light of the current organisational changes. It was agreed that the Terms of Reference and Membership of the Forum would be reviewed and new versions brought back to the next meeting for approval.

**All  
Members/  
AC**

**2. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 20 April 2015 were approved subject to the following amendments:-

- Page 1, Item 1 – Change Mr A McLaren to *Dr* A McLaren.
- Page 3, Item 6, 3<sup>rd</sup> paragraph – 1<sup>st</sup> sentence should read: “Overall, the paper noted good, consistent levels *of reporting* of significant clinical incidents.....”

3. **MATTERS ARISING**

- (a) Rolling Action List – Dr Armstrong went through all the items on the Rolling Action List. With regards to the most recent SCASMM reports, Dr Armstrong requested that these be brought to the August meeting of the Forum as this tied in with the ongoing review of governance arrangements in the Women’s & Children’s Directorate and the upcoming Maternity Services Improvement Plan (discussed later in meeting). The Secretary would make the necessary arrangements.
- (b) Child Protection Training for GPs Update – Dr P Ryan, Partnerships Clinical Director, alluded to the update from Mrs K Murray regarding the proposal to include a “*vulnerability*” field on the SCI Gateway referral form for the referrer to indicate if they know of any vulnerability/child welfare issues in respect of the patient being referred. This had been agreed in principle by the LMC. Work would commence to make changes to the software, with this likely to be done by the end of June 2015.
- (c) NHSGGC Response to Morecambe Bay Report – Ms R Crocket, Nurse Director, explained that the Chief Executive of NHS Scotland wrote to all NHS Board Chief Executives asking them to consider the Morecambe Bay report and recommendations. An SLWG was established to benchmark maternity services against these recommendations. As a result of this an action plan was to be developed by the end of June but this had been pre-empted by the over-arching Maternity Improvement Plan. Ms Crocket noted that the deadline for a response to NHS Scotland was 24 June and agreed to expedite this with Acute Senior Staff. This response would need to be sent before the next BCGF; however it would be shared with the August meeting of the BCGF.
- (d) Managing Challenging Inpatient Behaviour – Mr Kenneth Fleming, Head of Health & Safety, showed members a flow chart of the escalation process for patients exhibiting challenging behaviour while in Acute Inpatient wards. It is to be signed off at OMG on Thursday, then distributed to wards and uploaded to Staffnet. Dr Armstrong felt it would be useful to produce a monthly return of patients being escalated to enable further analysis. Mr Fleming agreed to liaise with Andy Crawford and Geraldine Jordan to develop a process for this.

**Secretary**

**RC, DS**

**KF, AC, GJ**

4. **REVIEW OF SCI AND CLINICAL RISK MANAGEMENT PROCESS**

**Standing Item**

Mr Andy Crawford noted that the papers distributed for this item were incomplete as the Partnerships CRM report was absent and this would be brought to the August meeting of the Forum instead. In addition to the Acute Services CRM report, there was a document covering common reasons for delays in the SCI process and what solutions were being put in place to remedy this.

The Acute Services CRM report provided an overview of the clinical risk activity within the Acute Division in relation to SCI activity, any new issues identified by clinical risk team, and the avoiding Serious Events Monitoring update. The report covered the period January to March 2015. Mr Crawford noted that there had been some testing of a new way of presenting the information by replacing graphs/tables with a presentation to stimulate debate and discussion. This was an approach that would be further explored in future reports.

Dr Armstrong requested more focus on pressure ulcers in the report, breaking the information down to see how the ulcers came about, where they had developed, could they be avoidable, etc. Ms Rosslyn Crocket and Ms Mari Brannigan would

**RC, MB, AC**

liaise with Mr Crawford on progressing this.

5. **FAI UPDATE**

**Standing  
Item**

Dr Armstrong focused on one case and following discussion, Dr Stewart agreed to liaise with Ms Pamela McCamley to prepare a draft statement for staff reminding them where responsibilities lie with regards to informing relevant employers/authorities of medical restrictions which could impede an individual's ability to carry out specific functions as part of their job.

**DS, PMcC**

6. **IMPLEMENTATION OF NEW CLINICAL GOVERNANCE ARRANGEMENTS**

Dr David Stewart, Lead Director, Acute Services, noted that the senior clinical appointments in Acute Services had now been made and that clinical directors were currently in the process of being appointed. The development of the Clinical Quality Unit (CQU) was under discussion and several approaches were being tested at the RAH at present. Terms of Reference for the CQU were under development and a report was underway to be submitted to PWC.

Mr Crawford observed that a mapping exercise required to be undertaken to ensure that all areas were covered by the new structures and that no orphans had been created. This would be done in August/September, after the organisational changes had had a chance to bed down and Mr Crawford and Dr Stewart would report back to the Forum on progress in this area.

**AC, DS**

Dr Armstrong requested clarity on which governance group SCIs of prison suicides were reported to and Dr Paul Ryan and Mari Brannigan agreed to investigate this to ensure that there were clear lines of reporting and that all senior staff were aware of these.

**PR, MB**

7. **MATERNITY SERVICES GOVERNANCE REVIEW**

Ms Crocket explained that a meeting took place on 30 April 2015 involving herself and representatives of the Senior Management Team of the Women's & Children's Directorate. This came about following the Local Supervising Authority Midwifery Officer (LSAMO) report (April 2015) which contained concerns over basic midwifery practice, clinical knowledge and documentation in the SGHMH. The main resulting action was to develop an overarching Maternity Service Improvement Plan which is currently in draft format. Other actions agreed with the LSAMO were the secondment of a full time Supervisor of Midwives (SOM) for a period of three months to develop, implement and audit an incident reporting system in relation to midwifery practice.

In response the report on the Morecambe Bay Maternity Service, an SLWG was set up to benchmark maternity services in NHSGGC against the recommendations. This was completed by March and a summary paper was produced by mid-April. An Action Plan was to be developed by the end of June but was pre-empted by the over-arching Maternity Service Improvement Plan referred to above.

Ms Crocket advised that a response was due to Paul Gray, Chief Executive of NHS Scotland, by 24 June regarding the response to the Morecambe Bay report. She would liaise with Mr Grant Archibald, Chief Officer, Acute Services, Dr David Stewart and Dr Jim Beattie to push forward with this and the Maternity Service Improvement Plan. Progress on this would be reported to the August Forum.

**RC, DS**

## 8. MENTAL HEALTH GOVERNANCE LEAD UPDATE

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

### Medical Care for People with Eating Disorders

Some difficulties had arisen in aspects of shared care between MH Eating Disorder Services and Acute Care. Dr Smith took Forum Members through a summary of seven 'near misses' in care over the last three years which the GGC Adult Eating Disorder Service (AEDS) had compiled. AEDS had prepared a workplan to address clinical/governance issues in the service and Dr Smith drew Members' attention to the following points:-

- Identification of roles and responsibilities of clinicians involved in the patient pathway.
- A Refeeding Guide for patients with eating disorders for all hospital settings in GGC.
- Development of a group with representation from Acute, AEDS and Mental Health with managerial representation as recommended by MARSIPAN (*Management of Really Sick Patients with Anorexia Nervosa*) 2015.
- Completion of a patient pathway for ED patients across GGC.

The Forum supported the establishment of a dedicated cross-system group to drive this agenda forward, and Dr Smith and Dr Stewart would progress work on the main issues outlined in the workplan and report to the Forum in December 2015.

**MS, DS**

### Key Successes

Integrated Professional, Care and Clinical Governance arrangements had been formally ratified by Glasgow City HSCP. Shadow governance arrangements would be put in place in the coming months.

### Relevant Progress Updates on any Key Items Raised at Prior Meetings

Revised guidance on risk assessment in MH was being drafted, with a development day allocated to this task on 19 June. An update would be brought to the Forum after that date.

**MS**

### Cross-System Learning

Dr Smith led Members through a presentation on system learning from SCIs in MH, reasons for delays in the investigation process and potential improvements.

## 9. ACUTE SERVICES GOVERNANCE LEAD UPDATE

Dr David Stewart, Lead Director, Acute Medical Services, led the Forum through the following update from the Acute Services Division:-

### Key Successes

Accelerated deteriorating patients programme at RAH agreed and underway.  
Complaints second and third episodes down again.

**Relevant progress updates on any key items raised at prior meetings**

**Recording/Review of Deaths Occurring before Discharge:** Any death requiring an investigation will be checked against the EDISON list to see whether the patient was on the waiting list for discharge. Dr Stewart agreed to liaise with Ms P McCamley to progress a draft response.

DS, PMcC

**Medical Staffing/Resourcing (following Lanarkshire Report):** Following a review of junior doctor staffing there are plans to preferentially allocate more senior, CT2 level, doctors to Inverclyde Royal Hospital to ensure that the Acute Medical rota is staffed at the appropriate level of seniority. On a connected note, Dr Smith noted that MH is withdrawing from Hospital at Night Programme.

**10. CH(C)PS GOVERNANCE LEAD UPDATE**

Dr Paul Ryan, Partnerships Clinical Director, led the Forum through the following update from Partnerships:-

**Cross-System Learning**

SCI on Learning Disability patient and guidance for GPs – Guidance would be sent out.

SCI Monitoring and Quality Assurance.

**Key Successes**

Verification of Expected Death Protocol - This policy from Primary Care Services is to enable nurses working in NHSGGC OOH (evening, nights, weekends and public holidays), across Primary Care to verify the death of a patient and take the required action dependent on whether the death was expected or unexpected.

**Key Risks**

Reorganisation of Organisational Structure  
SPSP organisation / Next steps

**Relevant Progress Updates on any Key Items Raised at Prior Meetings**

Child Protection Training (*see Minute No 3b*)

Dr Armstrong requested that all HSCPs have their new governance structures ready to be submitted to the Board Clinical Governance Forum by December 2015, and Mr Crawford and Ms Jordan would draft correspondence requesting this.

AC, GJ

**11. PHARMACY GOVERNANCE LEAD UPDATE**

Professor Norman Lannigan, Head of PPSU, led the members through the following update:-

**Cross-System Learning**

**PPSU Response to Consultation on Rebalancing Regulation and Legislation in Relation to Dispensing Errors:**

The UK government is consulting on proposals for the rebalancing of criminal law and professional regulation so that single dispensing errors due to genuine mistakes that should properly be within the scope of pharmacy regulators, are in fact dealt with by them – and by registration sanctions, rather than by the criminal courts. The PPSU response to this consultation was circulated.

### **Key Successes**

#### **Roll out of MI databank:**

All hospital pharmacists now have access to MI Databank (database of previous MI enquiries) and training has been delivered to all sites. This will improve efficiency in dealing with medicines information enquiry answering. The MI Databank includes a quality assurance process which assures that responses remain current.

### **Relevant progress updates on any key items raised at prior meetings**

#### **Hospital In-Patient Prescription Charts:**

- Three new charts: insulin, iv fluids and iv infusions have been implemented, replacing multiple versions previously in use.
- A list of all NHSGGC approved in-patient charts and ordering details is now available on Staffnet.

Professor Lannigan also drew Members' attention the GGC Medicines App which was removed from sale following the Medical Devices Unit reporting it to the MHRA for infringement of the EU Medical Device Regulations prior to discussing the issues or potential implications with the team responsible for the app. In the long term, the registration of the GGC Medicines App as a medical device remained the aim and versions of the app without calculators had been developed and were awaiting publication as an interim measure until a password-protected version of the app, with the calculators reactivated, could be made available.

The Controlled Drug Accountable Officer report for October 2014 – March 2015 was also circulated and noted by Members.

12.

### **R&D GOVERNANCE LEAD UPDATE**

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

#### **Cross-System Learning**

- The sponsor and CRUK CTU leads are revising local process involved in reporting serious breaches in GCP to MHRA in order to ensure transparency to chief investigators and external site staff.

#### **Key Successes**

- CRF moves from WIG to SGUH almost complete.
- Clinical trials pharmacy staff & service consolidated at SGUH CRF & main pharmacies bringing VIC, SGH and WIG hosted activity together currently. RHSC to follow during June.
- Siemens workstations to be linked to NHS servers for storage of research echocardiograms: installation details being finalised.

#### **Key Risks**

- Service moves to SGUH have required some contingency and logistics to be examined for research activity and this is ongoing. E.g. studies involving BMT unit and other specialties that may/may not be able to admit patients to SGUH. Delivery of higher risk studies may have to be accommodated via CRF onsite at SGUH. Discussions will be undertaken on study-specific basis.
- A concern had been raised within BWOSCC about an issue around the appearance of IMP in one bottle (pink capsules) vs new bottle (white capsules). They appear to have had no ill-effect and the bottles were supplied sealed. The commercial sponsor is still investigating. Recorded on Datix.

- RHSC Resuscitation policy under review to accommodate the emergency response required for Paediatric Clinical Research Facility, which is located in a building separate to the RHSC on the SGUH Campus.
- Options for secure research file storage for NHSGGC active clinical studies are being explored. A temporary repository has been identified but more formal solution required.

### 13. RESEARCH GOVERNANCE PATHWAYS

Dr Roma Armstrong, Senior R&D Manager, led the members through an updated proposal to combine clinical and research governance. This update of current clinical governance and management oversight had been undertaken because the existing pathways could be difficult to navigate effectively in certain situations and had the potential to delay study start-up. The aim was to help to streamline the approval process to meet national targets for approval and study set up timelines.

It was proposed that in clinical operational settings across the Board, local clinical governance review should be conducted at an early stage before a grant is applied for. Formal notification would then be provided to potential investigators that the intervention meets appropriate standards. Once it was proposed that a research study be launched in NHSGGC, then the principal investigator would submit the paperwork to R&D including the clinical governance notification.

The Forum approved the paper although there was debate around the financial pressures that the process would have on the Directorate/Sector involved and the SG award made for research costs in eligibly funded grants. It was agreed that this would be further discussed with the Cabinet Secretary for Health & Wellbeing on 17 June and with the Chief Scientist Office.

### 14. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

**Standing  
Item**

Members received three papers from Ms Geraldine Jordan, Clinical Effectiveness Manager; the Acute Adult Safety Programme Update, the Deteriorating Patient workstream report and a letter from HIS on the 10 Safety Essentials.

There was a lot of discussion around the Deteriorating Patient report in particular, as this workstream is to be the basis of the SPSP report which will be submitted to the June Board meeting. Dr Stewart observed that this workstream needs to be kick-started across the Board area as most of the work to date has been done at the RAH, following the investigation of the HSMR at that site. Dr Armstrong requested clarity in the Board report with regard to what resources are required to deliver this workstream, for example; a named clinician having protected time to progress this in their job plan. Mr Crawford and Ms Jordan agreed to work this into the June Board paper on SPSP.

**AC, GJ**

### 15. 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 January 2015;

- Cancer audits;
- Tracking clinical quality publications;
- Quality Improvement (QI) Report;

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

**16. HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT) Standing Item**

Professor Craig Williams, Infection Control Director gave a brief update providing information on the performance against the national targets for key infection control measures.

He noted that the final collation of March local SAB surveillance figures was not complete at time of this report compilation. Data available at 2 April 2015 (for January-March) indicated that NHSGGC currently had 102 patient cases to date. Local estimation of occupied bed day data for the first two months of 2015 indicated an Acute bed occupancy rate rise of 1.6%, which may offset the rise in SAB cases from the two previous quarters. The IPCT continued to monitor the increase in SAB cases.

Final collation of March local C.Diff surveillance figures was not complete at time of this report compilation. Data available at 2 April 2015 (for January-March) indicated that NHSGGC currently had 89 patient cases to date.

The Forum noted the update.

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

Ms Ann McLinton, PCHC Programme Manager, asked the Forum to review and comment on the twelfth 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 in the time period reported (April 2015), and Ms McLinton highlighted that 92% of responses received from patients, relatives and carers were indicative of a positive care experience. In response to a question from Mr Crawford, she noted that information reported included feedback gathered from only five clinical teams as opposed to the usual 23 teams. This was due in part to the migration of clinical teams to the new nSGUH and also due to revisions to the number of clinical teams being supported by the PCHC Team for an interim period of time. Members thanked Ms McLinton for the update and noted the report.

**18. CARE ACCREDITATION AND ASSURANCE SYSTEM UPDATE**

Ms Crocket led Members through the report on the Care Assurance and Accreditation System (CAAS) which is a care system involving nurses, midwives and allied health professionals covering all areas of nursing within NHSGGC wards and the community areas of maternity, paediatrics, adult nursing and health visiting.

It is adapted from the Salford Royal Manchester Trusts Nursing Assessment & Accreditation Standards (NAAS) and is a model of assessment which involves a self and external peer assessment incorporating an analytical component of support and continuous improvement to the process.

Ms Crocket covered the CAAS standards, staff delegation visits to Salford, staff engagement events, the communication strategy, CAAS support structures, the Link Nurse/Midwife Framework, Team Leader Network, Lead Nurse/Midwife clinical sessions, Powerful Conversations, Senior Team Walkrounds, implementation plan, "Under Starters Orders" event, assurance and accreditation process, and national nursing and midwifery assurance. In response to a question about the CAAS standards, Ms Crocket agreed to circulate these to Members.

**RC**

**19. ITEMS RELATING TO CLINICAL GOVERNANCE FOR NOTING:-**

- Partnerships Clinical Governance Forum minutes – 19 March 2015
- Area Drugs and Therapeutics Committee minutes – 20 April 2015
- Board Infection Control Committee minutes – 30 March 2015
- Quality Policy Development Group minutes – 14 April 2015
- Quality and Performance Committee minutes – 17 March 2015
- PPSU Clinical Governance Group – 15 April 2015
- Acute Clinical Governance Forum minutes – 16 March 2015
- Reference Committee minutes – 18 March 2015
- ADTC Summary February and April 2015

**20. FUTURE ITEMS FOR ACUTE SERVICES COMMITTEE**

- Person-Centred Health & Care Collaborative (12<sup>th</sup> version)

**21. DATE OF NEXT MEETING**

The date of the next meeting is Monday 10 August 2015 at 2:00pm in the Conference Room, Management Building, Southern General Hospital.

NHS GREATER GLASGOW AND CLYDE

**BOARD CLINICAL GOVERNANCE FORUM**

**Minutes of a Meeting of the Board Clinical Governance Forum  
held in the Classroom, Queen Mother's Hospital, Glasgow  
on Monday 10 August 2015 at 2.00pm**

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**P R E S E N T**

Dr J Armstrong (in the Chair)

Ms M Brannigan  
Ms K Cormack  
Mr A Crawford  
Ms R Crocket  
Mrs A Galbraith  
Ms A Harkness  
Ms G Jordan  
Prof N Lannigan  
Mrs E Love  
Ms S McNamee  
Mrs K Murray  
Dr P Ryan  
Dr R Ward  
Dr G Welch

**I N A T T E N D A N C E**

Mr G Jenkins, Director, Regional Services – for Minute 4  
Ms R Suarez - Secretariat

**1. WELCOME & APOLOGIES**

**ACTION BY**

Ms Rosslyn Crocket, Nurse Director welcomed members to the meeting and apologies were intimated by Ms R Armstrong, Dr M Smith (deputy: Dr R Ward), Dr D Stewart (deputy: Dr G Welch) and Professor C Williams.

**2. MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 8 June 2015 were approved as an accurate record.

**3. MATTERS ARISING**

- (a) Rolling Action List – Ms Crocket covered all the items on this list, which were either substantive items on the agenda or for future agendas.
- (b) Morecambe Bay Benchmark Report – Ms R Crocket, Nurse Director, summarised the circulated report which documented NHSGGC's response to the Morecambe Bay Report. It charted each recommendation, the current position in NHSGGC, the officer responsible and the timescale required to implement the action. Members thanked Ms Crocket for the update.

4. **CANCER QUALITY PERFORMANCE INDICATORS (QPIs)**

Mr Gary Jenkins, Director, Regional Services, asked the Forum to note his paper as a baseline summary of the current status of Cancer QPIs and to agree the timeframe for subsequent updates. Mr Jenkins explained that Cancer QPIs were developed in collaboration between the three Regional Cancer Networks in Scotland, ISD and HIS. The overarching aim of the cancer quality workplan was to ensure that activity at NHS Board level was focused on improving survival and patient experience, whilst reducing variance and ensuring safe, effective and person-centred cancer care.

The development of the small sets of indicators was the main focus of cancer audit collaboration between the West of Scotland Cancer Network and the associated West of Scotland NHS Boards. QPIs replaced the majority of extant data sets previously collected by Clinical Effectiveness departments. The QPI process was introduced in a phased approach throughout 2014/15.

An initial pilot review of the Breast QPI Action Plan was undertaken by HIS. A detailed response has been submitted as part of this pilot exercise. It is anticipated HIS will in the future assess all action plans associated with QPIs following the outcome of the pilot exercise.

The report's main section provided an overview, by exception, of the issues and actions in each tumour group noted as requiring a response from NHSGGC.

It was agreed that the full report would be reported to the Acute Clinical Governance Committee every six months with a brief paper for noting to come to this Forum. Mr Jenkins would continue to coordinate this piece of work.

5. **DVLA LETTER**

Dr Armstrong drew Members' attention to a letter from Dr David Stewart, Deputy Medical Director, regarding the relevant responsibilities, requirements and guidance in relation to the notification of medical conditions to the DVLA. This had been sent out to all medical staff in the Acute Sector and the Secretary would forward it to Dr P Ryan for distribution to all Primary Care medical staff.

**Secretary,  
Dr P Ryan**

6. **REVIEW OF NEW SCIS**

Mr Andy Crawford, Head of Clinical Governance, led the Forum through the report on new SCIs in NHSGGC during June and July 2015. Members felt this was a useful overview report and wished to continue to receive this on a monthly basis.

**Standing  
Item**

7. **CLINICAL RISK MANAGEMENT REPORTS**

Ms Karon Cormack, Head of Clinical Risk, took Members through the Acute and Partnerships CRM reports. She noted that these would be the final reports to be collated on a Directorate basis; the next ones would be arranged by Sector. Within the Acute report, there was considerable discussion around the management of brain injury patients, with Dr Armstrong focussing on two main issues, namely:-

**Standing  
Item**

- (1) The management of brain injury patients whilst in Acute ward settings – it was noted that, to date, several smaller pieces of work had been done around this, and Dr Armstrong suggested that these be investigated and

consolidated. Ms A Harkness, Director, South Sector, agreed to work on progressing this along with Ms Cormack.

**A.Harkness**

- (2) A clear pathway was required for these patients when they came to be discharged from Acute hospitals into long-term care in the wider community. It was noted that Ms Catriona Renfrew, Director of Planning & Policy, and her team were working on this.

Following a discussion on Serious Clinical Incidents, two issues involving the Emergency Care Summary (ECS) were highlighted. Professor Lannigan agreed to provide an update at the next meeting on actions being taken to minimise the risks of recurrence for both issues discussed.

**N.Lannigan**

Within the Partnerships CRM report, Dr Armstrong requested that Dr R Ward/Dr M Smith and Ms Cormack write to the Chief Officer of the North West sector regarding their SCI rates, and the work being done to reduce these.

**R.Ward,  
K.Cormack**

## **8. A MODEL OF WORKING FOR SERVICES WITHIN GGC WHEN COMPLAINTS AND CLINICAL INCIDENTS OVERLAP**

Mr Crawford asked Members to approve a proposed process to provide an interface between the complaints process and the SCI process to ensure that all SCIs are robustly investigated and the recommendations monitored until completion.

He recommended that a process be adapted within a Service/Directorate where the manager who receives a complaint alleging concerns with the quality of care will assess the complaint as a possible SCI, using the SCI category 4/5 screening tool to assist with and record their review. If required, the Manager will initiate the standard SCI process to communicate the incident to the Senior Management Team. The complaints process will run concurrently if there are other elements of the complaint to be answered and the complainant advised by letter that the clinical component of complaint will be subject to a fuller investigation process. Clinical incidents identified within complaints that do not indicate an SCI will be entered within the incident management module of DATIX and investigated locally as part of the complaints investigation.

Forum Members approved this process.

## **9. FAI UPDATE**

**Standing  
Item**

Members noted the current cases.

## **10. QUALITY OF CARE REVIEWS - CONSULTATION**

Mr Crawford introduced the HIS consultation paper entitled “Building a comprehensive approach to reviewing the quality of care: Supporting the delivery of sustainable high quality services”. He explained that HIS had launched this consultation on a new model for reviewing the quality of care. They were collating views from Health Boards on the new model, and how it could be improved, so that boards can consistently deliver care to a high standard and continue to deliver high quality care in the future. It was noted that this is a very important consultation as this model of scrutiny would determine the way that HIS review NHS GGC in the future.

He noted that he had spoken with several colleagues from other Scottish health boards who had concerns about the extensive nature of the standards and whether they could realistically be supported by the current resources available in any health

board in Scotland. Discussion by Forum Members echoed these sentiments with many having reservations about the proposed new model. It was also noted that NHSGGC already had its own scrutiny processes in place and it was unclear what the rationale for duplication of these would be, or what benefits would be gained from it.

Mr Crawford noted that the deadline for responses on the consultation was 30 September 2015, with Directors and Clinical Leads providing their responses to him by 21 August to allow a Board response to be reviewed before submission. Dr Armstrong encouraged Forum Members to feed their responses back to Mr Crawford and he also agreed to look at developing an alternative model to suggest to HIS in place of their proposals.

All Members,  
AC

11. **UPDATE ON DEVELOPING CLINICAL GOVERNANCE ARRANGEMENTS**

Mr Crawford explained that the Board document describing clinical governance arrangements was due for upgrade and republication this summer. Given the organisational change process underway it had been agreed to defer this until after the major changes in the Acute Service Division in June 2015. The document's content described the structure of accountabilities and the responsibility or key requirement of these roles. Given this, it was now more akin to a policy so, it was proposed that it be relabelled as the NHSGGC Clinical Governance Policy.

After an initial sense check from members of the Board Clinical Governance Forum, there would be a broader consultation of six weeks duration which would allow comments to be collated and integrated into a final draft for presentation at the October meeting of the Forum. The main issues to consider were: the change of title, suggestions on suitable wording for its status with respect to HSCPs, and where the final approval for the document will rest.

All Members,  
AC

Mr Crawford also introduced a revised Terms of Reference for the Board Clinical Governance Forum and invited Members to feed back their comments to him, in particular, with reference to the membership of the group which had not yet been finalised.

All Members,  
AC

12. **RAH HSMR PROGRESS UPDATE**

Mr Crawford updated the Forum on the current position with regards to the improvement work ongoing regarding the Hospital Standardised Mortality Ratio (HSMR) at the RAH in Paisley. He explained that improvement work was currently ongoing with regards to patient flow, management of deteriorating patients, review of mortality and morbidity, and coding improvements. A draft report covering all of this work would be pulled together by mid-September and would be brought back to the October meeting of the Forum.

AC/DS

13. **MENTAL HEALTH GOVERNANCE LEAD UPDATE**

Dr Ruth Ward, Consultant Psychiatrist, deputising for Dr M Smith, confirmed that the main issue in the Mental Health Update was work ongoing to improve the clear-up rate of overdue SCIs, particularly in the North West Sector, as discussed previously in Minute No 7.

Also provided was a paper outlining the existing governance arrangements for Glasgow City HSCP and a proposal of how these could be developed to meet the needs of the HSCP in future. Dr P Ryan talked the Forum through this document

which was based on previous versions already shared with Members and was a work in progress. Dr Armstrong brought up the following two points:-

- (a) The reference to the Quality & Performance Committee in the document should be updated to reflect the fact that this committee has been discontinued and to incorporate the new Acute Services Committee;
- (b) Prison custody suite issues – Ms M Brannigan agreed to review the protocol to ensure it was fit for purpose and reflected the recent organisational changes.

**M.Smith**

**M.Brannigan**

#### **14. ACUTE SERVICES GOVERNANCE LEAD UPDATE**

Dr G Welch, Chief of Medicine, South Sector, deputising for Dr D Stewart, led the Forum through the following update from the Acute Services Division:-

##### **Key Successes**

The Catheter associated urinary tract infection (CAUTI) bundle was rolled out to 58 wards with 54 reporting regularly. This highlighted the need for improved access to bladder scanners and the Infection Control Team are taking this forward.

##### **Key Risks**

It was identified that the isolation rooms for the Bone Marrow Transplant (BMT) service in QEUH were not performing to an adequate standard. The service was temporarily moved back to the Beatson Oncology Centre. Protocols were in place for the escalation of care for patients requiring critical care input. These arrangements have been working well with no incidents of concern occurring. Work is underway to allow the service to return to QEUH in the next few weeks.

Deanery reports on Inverclyde Royal Hospital, the Vale of Leven Hospital and the Beatson Oncology Centre have resulted in action plans to improve the quality of training.

##### **Relevant progress updates on any key items raised at prior meetings**

Deaths in patients with delayed discharge: A process was agreed with the Clinical Directors for Elderly Care. Patients who die whilst awaiting discharge would be identified from the Edison database. A casesheet review would then take place to identify any clinical concerns.

Medical aspects of fitness to drive - a communication had been drafted and would be circulated to all medical staff. (This was covered in Minute No 5).

#### **15. CH(C)PS GOVERNANCE LEAD UPDATE**

Dr Paul Ryan, Partnerships Clinical Director, led the Forum through the following update from Partnerships:-

##### **Cross-System Learning**

Learning from SCI in Learning Disabilities/Section 47 compliance.

Use of EKIS to share information – to be rolled out for wider use e.g. with Secondary Care, Ambulance Service.

##### **Key Successes**

Palliative Care Kardex endorsed.

Verification of Death protocol.

Improvement on Complaints reporting (increased categories) – commenced use of the “partially upheld” category.

### **Key Risks**

Ongoing development of governance arrangements within HSCPs which will be formed throughout the coming year.

Loss of Protected Learning.

### **Relevant Progress Updates on any Key Items Raised at Prior Meetings**

SCI in Primary Care Pilot being launched.

## **16. PHARMACY GOVERNANCE LEAD UPDATE**

Professor Norman Lannigan, Head of PPSU, led members through the following update:-

### **Cross-System Learning**

#### **Maintaining the Hospital Prescribing record**

The Medicines Reconciliation Oversight Group tasked a group of pharmacists, doctors, IT and eHealth clinical leads to explore potential IT options to link ECS/eMR on admission with IDL. Potential benefits are reduced transcription and improved medicines reconciliation. Several options have been identified and a request for a formal option appraisal is being submitted to the Acute HI&T Steering Group.

#### **GP Prescribing Record**

EMIS have accepted a change request to support safe recording of medication supplied outwith the GP practice. A timescale for implementation is to be agreed.

### **Key Successes**

#### **'Pharmacy View'**

This is a digital whiteboard which integrates with 'Ward View' allowing clinical pharmacists to record patients' triage status, document activity and receive referrals. It is accessible to all pharmacy staff via PCs, mobile devices and ward electronic whiteboards. This supports implementation of the new pharmacy triage and referral system, as pharmacists can readily identify who needs triaged, who needs reviewed and who has been referred.

### **Key Risks**

#### **Chlorhexidine**

A recent FOI prompted a review of the formulations of Chlorhexidine used for pre-operative skin decontamination. A review of evidence/best practice, current practice and prescribing costs was now underway and would make recommendations on future practice.

### **Relevant progress updates on any key items raised at prior meetings**

#### **CAAS**

Pharmacy was working with nursing colleagues on implementation of the CAAS Medicines Management Standard.

## **17. R&D GOVERNANCE LEAD UPDATE**

Dr Roma Armstrong, Senior R&D Manager, had submitted her apologies. Dr Armstrong acknowledged the paper she had submitted to the Forum and there were no questions or comments regarding this.

18. **SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)** **Standing Item**
- Mr Crawford explained that there had been some challenge around both the schedule of reporting on SPSP and adapting to the new organisational arrangements. A more suitable approach was now required which considered the needs of the NHS Board, the Acute Services Committee, the Board Clinical Governance Forum and the other forums/groups within the Acute Division and HSCPs.
- He explained that the plan was to move away from the focus on SPSP and to consider the development of a Board safety programme within which SPSP would sit. This approach would allow a much fuller representation of improvement activities and internal governance of safety within the Board. For instance, it may be possible to design a small set of core outcome-based indicators that reflect the major priority themes as the basis for a constant report section and alongside this to develop a schedule of in-depth reporting around each of the specified priorities.
- The newly formed Quality Improvement Network would be involved in this process and Terms of Reference were currently being developed for this group, which would be directly accountable to the Board Clinical Governance Forum.
- Forum Members agreed with the plan to step back and take a more substantial look at safety reporting overall rather than maintaining focus specifically on redesigning SPSP reporting. Mr Crawford would progress this and bring a report back to the October Forum. **AC**
19. **HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)** **Standing Item**
- Ms Sandra McNamee, Infection Control Manager, gave a brief update providing information on the performance against the national targets for key infection control measures. She explained that the report represented data on the performance of NHSGGC on a range of key HAI indicators at national and individual hospital site level and led the Forum through a summary of performance in relation to SABS, C.Diff and Surgical Site Infection (SSI) rates for caesarean section, knee arthroplasty, repair of neck of femur procedures and hip arthroplasty procedures.
- She added that the Infection Prevention Control Team (IPCT) had received DL(2015)19 which mandated the collection of enhanced surveillance data on e-coli bacteraemia. It was noted that this was resource intensive and that the impact on patient outcomes was limited from information gleaned for the current scientific literature, i.e. most occurred in the community and that the intervention most likely to reduce the incidence was already in place (the CAUTI bundle).
- The Forum thanked Ms McNamee for the update.
20. **PERSON-CENTRED HEALTH AND CARE COLLABORATIVE, STRATEGIC WORK PLAN & REPORT** **Standing Item**
- Mr Crawford asked the Forum to review and comment on the updated strategic report for the Person-Centred Health and Care Collaborative within NHSGGC. It was the thirteenth report, describing the progress being made locally with the pilot improvement teams in clinical services within the board. The report covered the reporting period from May–June 2015.

He noted that there had been some changes to the format of the report, namely the separation of feedback gathered into two distinct sections to make a distinction between what was attributable to the Acute Services Division and to the HSCPs. A case study was also added to share and spread learning across both sectors.

Members thanked Mr Crawford for the report and approved its contents.

**21. 2014/15 ANNUAL COMPLAINTS REPORT**

As Ms Crocket had just left the meeting, Mr Crawford explained that the complaints report had been included for information, and several members noted that they were impressed with the comprehensive level of detail, and that Public-Partnership Forums also thought it was a useful document and again had given positive feedback about the in-depth nature of the report.

**22. FALLS POLICY**

A policy on the Prevention and Management of Falls for Adults aged 16 and Over had been circulated by the Nurse Director and sought approval by the Forum. Due to uncertainty about the administrative processes for approving policies, the decision to approve this was deferred until the October meeting. In the meantime, Ms G Jordan, Clinical Effectiveness Manager, would advise Ms A Galbraith, AHP Director, further on this. Mr Crawford would speak to the Head of Board Administration to seek clarification on the process for approving policies and what role the Forum would have in this.

**G.Jordan**

**AC**

**23. NEGATIVE PRESSURE WOUND THERAPY PROTOCOL**

The Negative Pressure Wound Therapy Protocol which had previously been circulated to Members was approved for publication on Staffnet.

**24. CLINICAL GUIDANCE NEWSLETTERS**

Ms Geraldine Jordan, Clinical Effectiveness Manager, talked through two documents which provided a summary of clinical governance related guidelines (HIS, SHTG, NICE, SIGN, & NHS England PSA) published in May and June 2015. Members thanked her for these updates.

**25. ITEMS RELATING TO CLINICAL GOVERNANCE FOR NOTING:-**

- Building a QI Infrastructure – Mr Crawford felt it would be useful to be kept informed about the Quality Improvement Hub’s improvement activities. He would liaise with Mrs A MacPherson, Director of HR & OD with regards to this.
- Area Drugs and Therapeutics Committee minutes – 8 June 2015
- Board Infection Control Committee minutes – 18 May 2015
- Quality and Performance Committee minutes – 19 May 2015
- Acute Clinical Governance Forum minutes – 20 April and 18 May 2015
- Reference Committee minutes – 20 May 2015
- ADTC Summary June 2015

**AC,  
A.MacPherson**

**26. DATE OF NEXT MEETING**

The date of the next meeting is Monday 19 October 2015 at 2:00pm in the Conference Room, Management Building, Queen Elizabeth University Hospital.