BoardC&CG(M)17/03
Minutes: 27 - 38

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Board Clinical & Care Governance Committee
held in the Boardroom, J B Russell House,
Corporate Headquarters, Gartnavel Royal Hospital,
1055 Great Western Road, Glasgow, G12 0XH
on Tuesday 6 June 2017 at 1.30pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr H Cameron
Mr A Cowan
Professor A Dominiczak (from Minute 31)
Mr I Fraser (to Minute 34)
Mr I Ritchie

IN ATTENDANCE

Dr J Armstrong	Medical Director
Ms K Cormack	Head of Clinical Risk (for Item 34)
Mr A Crawford	Head of Clinical Governance
Ms L Hall	Lead Professional Nurse Advisor (Mental Health) (for Item 32)
Dr M McGuire	Nurse Director
Ms S McNamee	Associate Nurse Director – Infection Control (For Item 33)
Dr M Smith	Assistant Medical Director Mental Health (For Item 32)
Ms M Smith	Secretariat Manager
Mt T Walsh	Head of Infection Control (For Item 33)

ACTION BY

27. APOLOGIES & WELCOME

Apologies for absence were intimated on behalf of Ms D McErlean and it was noted that Dr Lyons was present at the Audit & Risk Committee which was taking place simultaneously.

NOTED

28. DECLARATION(S) OF INTEREST(S)

No declaration(s) of interest(s) were raised in relation to any of the agenda items to be discussed.

NOTED

29. MINUTES

Dr Cameron proposed that the minute of the meeting which took place on 7

March 2017 [C&CG(M)17/02] was an accurate record and this was seconded by Mr Ritchie.

NOTED

30. MATTERS ARISING FROM THE MINUTES

(a) Rolling Actions List

- Dr McGuire confirmed that staff had been contacted with positive feedback. Overall there was a review of how feedback was managed especially in relation to complaints received. Further work was being progressed in the way the Board handled complaints in the context of a new complaints policy as well priorities set by the Chief Executive. Dr McGuire would update the Committee at the next meeting. **Dr McGuire/ September Agenda**

- Dr McGuire advised that the NHS Ayrshire & Arran review of maternity services was not yet available.

NOTED

31. UPDATE FROM EXECUTIVE LEADS – OVERVIEW INCLUDING UNCHEDULED CARE REVIEW/ HEI INSPECTIONS)

Dr Armstrong provided an update in terms of the Unscheduled Care Review, and the work already progressed. It was important to emphasise that work streams had already been put into action pending the submission of the Review report to the NHS Board. For example, the Frailty Assessment Unit would open on 7th June 2017 in the Queen Elizabeth University Hospital (QEUH), and it was hoped that this would impact on the ability to discharge patients home sooner. This would be rolled out to Glasgow Royal Infirmary (GRI). Mental Health nurses were being recruited to be located within Emergency Departments.

Dr McGuire provided an update in regard to the latest report from the Scottish Public Services Ombudsman (SPSO) which included reports and decision letters in respect of acute services whereby in many cases, at least one element was upheld. This had highlighted particular issues relating to communication with the patient's family during the complaints process, as well as a need to be in a position to better demonstrate learning and actions taken. Dr McGuire would follow this up with Mr Crawford to progress an improvement plan in relation to complaints and patient experience.

Mr Fraser commented on the way in which the NHS Board should work closely with the SPSO, and asked if the Duty of Candour legislation would have an impact. Dr McGuire emphasised that the importance of apologising was embedded in the complaints process. Direct contact either by telephone or face to face could help particularly in cases where resolution was difficult. There was a need to respond more consistently to SPSO recommendations with concrete evidence of learning and actions taken.

It was noted that Dr McGuire would update the Committee in relation to HEI inspections under Item 7 on the agenda.

NOTED

32. NHSGGC RESPONSES TO PROSECUTIONS RELATING TO INPATIENT SUICIDE

A paper [Paper No. 17/10] from the Associate Medical Director/ Mental Health Lead Dr M Smith, asked Members to note the actions taken in relation to recent and anticipated legal actions against the Board in relation to inpatient suicides.

Dr Smith led Members through the background, in particular relating to the death of Patient A at Stobhill Hospital and Patient B at Dykebar Hospital, which had led to formal charges being made against the NHS Board by the HSE. These cases were considered together on 22nd May 2017 at Glasgow Sherriff Court where the NHS Board pled guilty and were fined £100,000.

Dr Smith outlined the actions taken by the NHS Board since these cases came to light including staff training, design of small bins avoiding the need to use bin liners, review of the risk management policy, update of the observation policy as well as development of a suicide prevention policy. There was also a review of ligature points in the acute setting and clarification around the arrangements for the transfer of patients from acute to mental health settings. Full implementation of electronic care records which would enhance communication across MH and acute settings.

There was discussion relating to the way these cases had highlighted the particular challenge of providing a therapeutic environment within the context of the observation policy. Ms Hall emphasised the de-briefing provided to staff following these events, with reassurance being given from both clinical and management leads. She clarified that the observational policy from 2012 was expanded and operationalised for all wards and services in 2014. Since that time, there have been no further significant changes and national policy was currently awaited.

Professor Dominiczak commented on the difficulty of managing patients with mental health issues within the acute setting a well as transferring to a more appropriate care environment. Dr Smith advised that the Psychiatric Emergency Plan, which applied to non–detained patients, set out the protocol in these circumstances.

Ms Brimelow thanked Dr Smith and Ms Hall and noted that the issue of transition of patients between acute and mental health setting was an area that the Committee may re-visit in the future.

The Committee noted the actions taken in relation to recent and anticipated legal actions against the Board in relation to inpatient suicides.

NOTED

33. KEY ACHIEVEMENTS AND CHALLENGES IN THE PREVENTION AND CONTROL OF INFECTION

Before introducing this item, Ms Brimelow asked Dr McGuire to provide Members with an overview of HEI inspections since the date of the last meeting of the Committee.

Dr McGuire provided an overview and assured Members in respect of the considerable work and focus over the past 6 months. In answer to a question from Mr Cowan, Dr McGuire outlined the framework through which this is reported within the Board, through the Board Clinical Governance Forum and Infection Control Committees, as well as to this Committee. The work of the HEI steering group within the sectors and directorates was noted.

A paper of the Head of Infection Control [Paper No, 17/11] asked the Committee to note that key achievements and challenges within the prevention and control of infection within NHSGGC. Mr Walsh introduced this paper and discussion of the themes followed.

Mr Cowan asked about the programme of education provided by the IPCT (Infection Prevention and Control Team) and Ms McNamee noted the challenge in capturing different staff groups within this programme. This was being led by Ms L Lauder (Head of People & Change). Mr Walsh noted the difficulty experienced in tracking training in different staff groups, and the advantage Learnpro had in doing so.

The report of the national HAI and Antimicrobial Prescribing Point Prevalence Survey 2016 had indicated an overall HAI rate of 3.1% for NHSGGC acute hospitals which was a reduction from 2011 rates and below the 20116 national rate of 4.6%. All hospitals in NHSGGC were below the national prevalence. The prevalence survey would be presented to the NHS Board on 27 June 2017. Mr Fraser asked how NHSGGC compared with other Health Boards Dr Armstrong advised that whilst there was variability on sites within NHSGGC, the Board was performing well overall. Mt Walsh confirmed that at the National Infection Control meeting in May 2017, NHSGGC performance was positive in comparison to peer health boards.

Mr Walsh outlined the changes implemented in collection and reporting of data. The IT system was built around the needs of the IPCT and able to respond to the specific surveillance needs e.g. theatre, microbiology.

Mr Walsh advised that on behalf of the IPCT, he would be happy to receive any further questions from Members and also to arrange a visit to the team for Board Members in the future. **Secretary**

NOTED

34. DUTY OF CANDOUR

A paper from the Head of Clinical Effectiveness [Paper No 17/12] asked Members of the Committee to note The Health (Tobacco, Nicotine etc and Care) Bill which included Duty of Candour. The details of this procedure would be set out in Regulations to be published prior to implementation which was planned for 1st April 2018.

Ms Cormack led Members through a presentation highlighting the main issues including definition candour as the quality of being open and honest. A professional Duty of Candour meant that patients should be well-informed about all elements of their care and treatment. All caring staff had a duty of candour responsibility and the organisation needed to sustain a culture to support staff to be candid.

Ms Cormack detailed the history within the NHS in the U.K which led to the Duty of Candour Bill in Scotland, to create a legal requirement and consistent responses for health and social care organisations.

Ms Cormack provided an overview of the current position in terms of guidance and recording, training and staff support highlighting the existing Significant Clinical Incident (SCI) policy and procedure. She also outlined the action plan in place to ensure that NHSGGC are ready for implementation in April 2018. The first annual report would be available in April 2019.

Mr Cowan asked about delivery of training given the size of NHSGGC. Ms Cormack advised that much of the work was already underway but the significant change the new legal requirement made was recognised. Training would be progressed through a number of methods including Learnpro as well as targeted train the trainer sessions. Mr Crawford added that the training would be competency based and needs led. The new legal requirement would be for s structured programme to be embedded within staff groups.

Dr Cameron raised the issue of how to define harm to a patient within the new duty of candour, and Ms Cormack clarified that the requirement would be for moderate harm although it was recognised that this could be subjective. The same issue already existed within SCI policy and procedure. Mr Crawford noted that if there was a degree of uncertainty about the need for SCI, then the default position would be to progress along this route; the new Duty of Candour may be handled with a similar sensibility.

Mr Ritchie queried whether the training would be incorporated in training for trainee doctors, and Ms Cormack agreed that this should be the case.

Dr Armstrong confirmed her role here as Executive Lead, with the establishment of a short life working group including Human Resources' representative given the scale of the staff training programme. This was already embedded into acute services and the Integrated Joint Boards (IJBs) would also appoint members to the group as well independent practitioners to allow access to training. Dr McGuire emphasised the importance of a multi-disciplinary approach.

It was noted that the NHS Board would submit a response to the Scottish Government draft regulations and this was being co-ordinated by the Head of Administration. The Secretary would ask Mr Hamilton for an update in respect of including input from this Committee. **Secretary**

Ms Brimelow thanked Ms Cormack for a helpful and comprehensive overview of the new legislation and the preparatory work being carried out by NHSGGC.

NOTED

35. CLINICAL & CARE GOVERNANCE – OVERVIEW REPORT

A report from the Head of Clinical Governance [Paper17/04] asked the committee to review the content and advise on areas where the information supports assurance, or requires further action; advise on changes or

inclusions to the report so it could be used in effectively supporting Non-Executive oversight and the Board's corporate accountabilities for clinical governance.

Mr Crawford led Members through the paper focussing on the four domains of clinical quality and governance as follows; clinical safety, clinical effectiveness, person centred care and clinical governance system and leadership. Mr Crawford provided the Committee with an outline of the two Clinical Risk Management Reports published each quarter; one for the Acute Services Division and one for Partnerships.

Mr Crawford updated Members that following discussion and agreement at the Board Clinical Governance Forum regarding the potential benefits in introducing the practice of publishing Significant Clinical Incident (SCI) learning summaries of the NHSGGC website. This would enable the NHS Board to demonstrate learning from adverse events and openness with the public. Options for a safe design were being developed and would be presented in the Autumn 2017.

An update was also provided regarding the work streams in the local Scottish Patient Safety Programmes within Mental Health and Primary Care. Mr Crawford updated Members on the publication of the NHSGGC Significant Incident Policy and the NHSGGC Consent Policy on Healthcare Assessment, Care and Treatment. Mr Crawford highlighted the link provided by the Clinical Governance Support Unit for NHSGGC and Healthcare Improvement Scotland (HIS). HIS had agreed to provide a review report on their direct work with HSCPs linked to NHSGGC, and this report was likely to be produced quarterly and shared with the HSCP Chief Officers and the NHS Board's Quality Improvement lead.

In relation to the consent policy, Mr Ritchie noted good practice in obtaining the patient's consent in the outpatient clinical setting which would be long before the proposed date for the surgery allowing detailed consideration and then a re-fresh of this just before theatre. Mr Crawford confirmed that he would bring an update back to the Committee in respect of this type of re-signing process. Dr McGuire noted the importance of stating the key principles at the time of the surgery, and that it should be the person performing the procedure who takes the patient's consent. Mr Ritchie confirmed that the GMC good practice guidelines stipulated that this should be the case.

Head of Clinical Governance

It was noted that the supplementary papers provided on the Admin Control portal for Members had also been helpful, and that the continued provision of the background papers would be welcomed with future papers/ meetings.

Ms Brimelow thanked Mr Crawford for a very helpful summary and overview of the paper.

NOTED

36. BOARD CLINICAL GOVERNANCE FORUM – UPDATE

A report from the Head of Clinical Governance [Paper17/14] asked the Committee to note the key points from the meeting of the Board Clinical Governance Forum which took place in April 2017, which detailed an early draft of the Clinical Quality Improvement Strategy. The report included

updates on infection Control, Adult and Child Protection, HEI Reports as well as service updates from the following: Mental Health, Acute Services Division, Pharmacy, Research and Development. There had also been updates on developments in implementing the Patient Rights Act and the Midwifery LSAMO report.

NOTED

37. ANY OTHER COMPETENT BUSINESS

Ms Brimelow noted that as Dr Cameron would come to the end of her tenure as a Non-Executive Board Member at the end of June 2017, this would be her last meeting of the Clinical & Care Governance Committee. Ms Brimelow thanked Dr Cameron for her dedication and the valuable contributions she had made to the Committee, and wished her well for the future.

NOTED

38. DATE OF NEXT MEETING

Date: Tuesday 5th September 2017
Venue: Boardroom, J B Russell House
Time: 1pm - 3pm

The meeting ended at 4 pm