

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 5 December 2017 at 1.30pm**

**PRESENT**

Ms S Brimelow OBE - in the Chair

Dr D Lyons  
Ms D McErlean  
Mr I Ritchie  
Ms A Thompson

**IN ATTENDANCE**

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Mrs S Devine	Nurse Director Infection Control (Item 8)
Mr R Groden	Director, Glasgow City CHP (Item 6)
Mr D Loudon	Director, Facilities (Item 8)
Ms J Miller	Service Manager Prison Healthcare (Item 6)
Dr M McGuire	Nurse Director
Ms C MacIver	Secretariat
Mr I Powrie	Deputy General Manager, Facilities (Item 8)
Ms E Frame	Chief Midwife (Item 7)
Dr C Bain	Consultant Obstetrician and Gynaecologist (Item 7)

**ACTION BY**

**49. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Mr A Cowan and Dr Dominiczak and Mrs J Grant.

Ms Brimelow will contact Cllr McColl directly as no apologies were received and has not yet attended a meeting. **Ms Brimelow**

NOTED

**50. 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

**51. MINUTES**

Ms Thompson proposed that the minute of the meeting (which took place on 5 September 2017) was an accurate record (subject to minor amendment) and this was seconded by Ms McErlean.

**Secretary**

NOTED

**52. MATTERS ARISING FROM THE MINUTES**

**(a) Rolling Actions List**

Several actions were agreed for closure

Secretary to update the list

**Secretary**

NOTED

**53. OVERVIEW**

Dr Armstrong provided a verbal update on the PWC audit into the process of implementing the mental health risk assessment. The report will be first considered by the Audit Committee and then come to this committee in due course. It is expected that this committee will be responsible for the oversight of the improvement plan.

Action: The report action plan will be added to the forward plan for the Committee Agenda

**Secretary**

Dr Armstrong also advised the members of current fieldwork by PwC looking at the role and ways of working for this Committee, to make sure it is functioning optimally. The report will be presented once completed. It was noted that committee felt this was a good idea to support learning and improvement.

Action: The report will be added to the forward plan for the Committee agenda

**Secretary**

Dr Armstrong then gave an update on actions taken following the emergence of concerns relating to an Acute Mental Health Ward. Immediate steps were taken to provide additional support for the ward and ensure the quality of care to patients is appropriate. A process to review the issues has also been set up, the findings of which will be reported to the committee on its conclusion.

Action: Dr Armstrong will provide further updates on this situation

**Dr  
Armstrong  
Secretary**

Action: The final report and action plan will be presented to a future meeting of the Committee

Dr Armstrong advised of correspondence on organ donation which confirmed the Board policy approach was generally positive, though some aspects which could be improved were also referenced. Mr Ritchie confirmed that members of organ donation committee held the same view, they were pleased with report but also recognised areas in which we could do better.

Dr McGuire gave an update on older people's inspection at RAH. She advised that all actions were now complete from the Action Plan; however ongoing improvement work was continuing with staff and within wards. The publication date for the report is 14<sup>th</sup>

February.

Dr Armstrong then advised committee of an ongoing child protection case.

NOTED

**54. PRISONER HEALTHCARE**

Ms J Miller, Service Manager Prison Healthcare, presented a report on HMP Low Moss which addressed issues raised in the recent inspection into HMP Low Moss relating to prison healthcare, for which the HSCP has a hosting responsibility. Ms Miller advised the inspection of HMP Low Moss took place between 29 May and 9 June 2017. The final written report published on 3 October 2017; Ms Miller advised that the report was disappointing; out of 21 standards 5 were reported as poor.

Ms Miller advised that there was an ongoing rolling action plan which addressed every issue of the report. Ms Miller went on to advise that the biggest risk and challenge prison health care face is recruitment and retention which is ongoing issue. Ms Miller advised this challenge was common across all prisons, across all health boards. The action plan reflects this priority

Other issues which cause difficulty providing services included prison lock downs; there can be up to 6 lockdowns a day which disrupts the flow of providing healthcare services.

Discussion followed. Committee members wanted to know if progress was being made, how was it being evidenced and how it would be known that actions were making a difference. The Committee was advised that inspectors were coming back to re-inspect on 24<sup>th</sup> January and it was expected that significant improvement would be demonstrated. Robust evidence would be in place to show inspectors.

The Committee noted the contents of the report, and noted an ongoing robust action plan was in place and being monitored, however they were concerned regarding the underlying issue of staffing problems.

In terms of ongoing governance Dr Armstrong advised Dr S Sutton, Clinical Director, Renfrewshire HCP has been asked to monitor the improvement action plan via the Primary Care Clinical Governance Forum and to ensure updates are made at the Board Clinical Governance forum.

Committee members pointed out that the Prison Healthcare paper and other papers on the agenda had no covering sheet with it explaining what committee was expected to do. Committee need to know what they are looking at and what is expected from them.

Dr McGuire advised that all reports coming to committee should be clear on why & what they are for; need purpose background and recommendation so committee know what they are to consider. This would be addressed for future items.

Action: A template should be agreed to ensure the Committee are directed to the key issues and recommendations in every submission

NOTED

**Secretary**

## **55. MATERNITY SERVICES**

Dr McGuire introduced Ms E Frame, Chief Midwife & Dr C Bain who were in attendance to provide an overview of Maternity Services within GGC and their Clinical Governance Structure and also to update committee on work progressing in relation to;

- Clinical Risk Management
- Significant Clinical Incidents
- National Maternity Reports
- GGC Stillbirth Review
- MCQIC SPSP
- Patient Experience
- Service Developments

Ms Frame explained that Maternity Services with support of the Clinical Governance Support Unit have focussed on continuing to develop their clinical risk management processes and in translating the learning on Significant Clinical Incidents (SCI) to ensure the recommendations generated from each case are implemented. The service now has the capability through the actions module on DATIX to monitor and close recommendations. This is done at a local unit level and overseen but transferrable across all sites under the Obstetric Clinical Governance Group feeding into the Women and Children's CG group. Learning summaries and clinical risk updates are being developed in cases where there is identified systemic learning.

Discussion followed, committee felt assured by the report and the amount of detail provided however the pace of improvement was unclear.

Committee agreed a report with robust timescales should come back to a future meeting

NOTED

## **56. INFECTION CONTROL**

Dr Armstrong introduced S Devine, LN Infection Control, Mr I Powrie, Estates, Deputy General Manager & Mr D Loudon, Director of Facilities.

It was confirmed that infection rates on the QUEH site are some of the lowest on the board and are in line with Scottish infection rates standards.

However it was recognised that the QUEH was planned and designed in 2007/08 which has meant a number of structural changes link to changes in case mix from the original planning assumptions are required. Committee were advised that there has been a series of issues raised by a small number of microbiologists associated with the facilities in QUEH and RHC and the structure of the Infection Prevention and Control (IPCT) Service within NHS Greater Glasgow and Clyde.

Ms Devine explained the Chief of Medicine for Diagnostics and members to the IPCT Senior Management team met with the consultants to discuss all the concerns raised. The consultant microbiologists tabled a list of concerns and it was confirmed that all of the issues have been reviewed and where required acted upon to address all concerns

The Committee noted that the paper was clear and gave assurances.

Committee thanked Mrs Devine, Mr Louden and Mr Powrie for attending.

NOTED

**57. CORPORATE RISK REGISTER**

Mr Crawford presented the Corporate Risk Register paper and explained the Audit Committee suggested that the Standing Sub-committees of the Board, including the Clinical and Care Governance Committee, take direct oversight of the relevant corporate risks.

Committee noted the contents of the report. It was agreed it was a work in progress. Discussion followed; it was agreed that agenda items should be linked/themed around risks. It was also agreed to bring to committee every 6 months and review annually.

**Future  
Agenda**

NOTED

**58. CLINICAL & CARE GOVERNANCE – OVERVIEW REPORT**

A report from the Head of Clinical Governance (paper 17/26) asked Committee to review the content and advise on areas where the information supports assurance or requires further action.

Mr Crawford led members through the paper, giving an update on the most recent publication of HSMR. Mr Crawford advised the group that HIS visited VoL on the 30<sup>th</sup> November; he advised that the Clyde team provided an impressive presentation on their approach to addressing the issue which received good feedback. Mr Crawford advised findings of the visit would be confirmed formally by HIS and brought back to the group, at a later date.

An update was given on Mental Health Safety Programme. There are a number of different workstreams active with the programme. Mental Health Services have been running a patient safety programme for some years. A significant focus of the local programme is the development of a strong safety climate as an area of collective leadership. A number of formal interventions are in place as part of the approach. An annual staff survey is conducted in participating wards with the help of the Clinical Governance Support Unit. Eleven 2017 staff surveys have been completed to date with 1 currently in progress and the remaining 4 scheduled. Wards are able to compare each year's results with previous year's results, and act individually on the findings. Mr Crawford advised work was ongoing and an update would be brought back to a future meeting as part of routine reporting.

Members advised they were assured by the paper Ms Brimelow thanked Mr Crawford for the paper.

NOTED

**59 BOARD CLINICAL GOVERNANCE FORUM - UPDATE**

A routine report from the Head of Clinical Governance (Paper 17/27) summarised the key topics considered within the most recent meeting of the Board Clinical Governance Forum.

Committee noted the contents of the report.

NOTED

**60. FUTURE LOOK**

Members noted Future dates for 2018 Board Clinical& Care Governance Meetings and proposed items for discussion.

Members were advised to contact Chair or Secretary if they would like to see any items added.

Members noted the content of the paper.

NOTED

**61. DATE OF NEXT MEETING**

Date: Tuesday 6<sup>th</sup> March 2018

Venue: Boardroom, J B Russell House

Time: 1.30pm

The meeting ended at 4.55