

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 March 2018 at 1.30pm**

**PRESENT**

Ms S Brimelow OBE - in the Chair

Dr D Lyons  
Ms D McErlean  
Ms A Thompson  
Mr A Cowan

**IN ATTENDANCE**

Dr J Armstrong	Medical Director
Ms A Carlin	Assistant Chief Nurse/Midwife
Mr A Crawford	Head of Clinical Governance
Miss K Donald	Interim Secretariat Manager
Mr G Forrester	Deputy Head of Administration
Mr D Mann	Head of Operational Development
Dr M McGuire	Nurse Director

**ACTION BY**

**01. APOLOGIES & WELCOME**

Apologies for absence were intimated on behalf of Mr I Ritchie and Mrs J Grant.

The Committee agreed that future meetings could begin at 1.00pm but noted that this would be dependent on the running time of Board Seminars. The Committee agreed that the meeting scheduled for 12 June 2018 would begin at 1.00pm.

Ms Brimelow welcomed Ms A Carlin, Mr G Forrester and Mr D Mann to the meeting.

NOTED

**02. 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

**03. MINUTES**

Mr Lyons proposed that the minute of the meeting (which took place on 5 December

2017) was an accurate record and this was seconded by Ms Thompson.

**Secretary**

NOTED

**04. C&CG TERMS OF REFERENCE**

A report from the Deputy Head of Administration (Paper 18/01) asked the Committee to review its remit as part of the annual review process to ensure that the remit remains fit for purpose.

Mr Forrester presented his paper to the Committee and noted that this was antecedent to the Board's annual review of Corporate Governance. Mr Forrester acknowledged that the previous review was August 2017 but that he would align future reviews with the financial year. The Committee were asked to consider the current Terms of Reference and decide whether these are appropriate. Any amendments to the current Terms of Reference would be considered by Mr Forrester and shared at the NHS Board Meeting in June 2018.

The following comments were made by the Committee:

3.11 – The Committee agreed that there should be consistency regarding calendar days and working days. There was also a discussion regarding realistic timescales for the return of minutes as well as documenting that Administrative Support will manage the Committee's 'Forward Look' document.

7.1 – The Committee noted that the Committee's Annual Review may appropriately form part of the Board's Annual Review and Clinical Governance, and that Dr Armstrong and Mr Crawford would consider content and timelines for this report.

**Dr  
Armstrong/Mr  
Crawford**

Mr Forrester noted the above suggestions.

**Mr Forrester**

**MATTERS ARISING FROM THE MINUTES**

**05**

**(a) Rolling Actions List**

The Committee agreed that Minute 43 should be moved to the Committee's Forward Look document.

Dr Armstrong highlighted the work currently being carried out in relation to '*Update on rapid access clinical for paediatric dentistry RHC*' and advised that Mrs M McLaughlin, Mr K Hill and Mr G Jenkins would be invited to a future meeting to provide the Committee with an update.

Secretary to update the list

**Secretary**

NOTED

**(b) HIS REPORT HMSR**

Discussed under item 9 on the agenda.

**(c) UPDATE ON HIS INSPECTION – GARTNAVEL HOSPITAL**

Dr McGuire explained that the inspection was carried out on 22 - 24 November 2017 and the report was issued to the Board on 14 February 2018 with 11 recommendations. Dr McGuire assured the Committee that a robust improvement

plan has been developed and shared with HIS who have agreed the actions set out by the Board. The Committee discussed the recommendation regarding medication reconciliation following transfer and sought assurance that this would not pose a safety risk. Dr McGuire explained that current process is an audit of the prescriptions by a senior member of the medical team upon admission and that HIS have not raised any concerns about this.

Dr Armstrong noted the introduction of Orion software which would allow online prescribing, however, as this is not yet complete it has not been mentioned within the action plan.

ACTION

Dr McGuire to share the action plan with the Committee.

**(d) UPDATE ON HMIP INSPECTION – LOW MOSS PRISON**

Dr McGuire explained that the HMIP Inspection of Low Moss Prison was carried out from 24-26 January 2018. Dr McGuire is still awaiting the final report, however, initial findings from the verbal feedback from the inspection:

- Recruitment – progress being made to fill vacancies, improvement of staffing within the Addiction team and an additional MH Nursing post.
- Models of Nursing – development of ‘Hall Based Nurses’, improvement in provision and access to Long Term Condition Management noted as very positive.
- Control of Infection –Gold Award for meeting Infection Control Standard Precautions
- SPS Regime – impact of current regime in Low Moss on the ability to deliver clinical service and loss of 10 hours clinical time per week
- Staff Governance – significant improvement in staff having completed their appraisals and PDP. Staff supportive of improvements and in general felt very positive.

Dr McGuire highlighted the positive feedback in the recognition of improvements already made. Dr McGuire also assured the Committee that the Board and Glasgow City HSCP continue to have a strong focus on improvement within the Prison Healthcare Service.

Dr McGuire reinforced that workforce development, planning and modelling is a focus for the HSCP and work is ongoing to enhance training and development opportunities for staff, as well as capacity building and better access to bank staff.

Dr McGuire also highlighted that there is a renewed focus on exploring opportunities to improve the interface between prison healthcare and other HSCP services. This will allow the Board and HSCPs to work towards the goal of the prison population having equality of access and experience to healthcare provision as far as is practicably possible.

The Committee thanked Dr McGuire for the update and noted the work towards an improved interface with the HSCPs and hosted services.

Dr McGuire noted that Jackie Kerr is meeting with HIS and a date has yet to be set for the final publication.

NOTED

**06. OVERVIEW**

Dr Armstrong noted the increased pressure on unscheduled care due to the red weather warning issued on 28 February 2018. Dr Armstrong commended staff for their efforts to get to work and maintain the service in the face of very challenging circumstances.

Dr Armstrong noted the discharge requirements of the Queen Elizabeth University Hospital (QEUH) and the increased number of GP referrals to the Immediate Assessment Unit (IAU).

The Committee acknowledged that this was an unusual circumstance but queried whether the Board had contingency plans in place to ensure the safe staffing of services. Dr Armstrong explained that there are checks that are carried out and that there are ongoing debates regarding bed modelling for the QEUH. Dr Armstrong noted that work is being carried out to increase flow through the Emergency Department.

Mrs Brimelow queried whether the Rapid Access clinics were useful. Dr Armstrong explained that due to the narrow funnelling of patients at the front door there can be difficulties in patients reaching the Rapid Access clinics. She also noted that medical staff are deployed to the emergency areas due to the numbers of patients coming in and that this results in Rapid Access and Hot Clinic models not being fully utilised.

The Committee noted the difficulties experienced by colleagues across the Board due to the extreme weather and noted their gratitude for the hard work and dedication of staff during this period.

NOTED

**07. CLOSURE OF WARD 15 RAH**

Dr Armstrong confirmed that Ward 15 Royal Alexandra Hospital (RAH) closed on 7 February 2018. Dr Armstrong was pleased to note that the family 'Open Door' event in advance of the closure was successful. This event included focus and group work as well as one to ones with clinicians.

Dr Armstrong highlighted a debate regarding the ambulance bypass protocol to Inverclyde Royal Hospital and a potential cost attached to this.

The Committee acknowledged the seamless move from Ward 15 RAH to the Royal Children's Hospital (RHC) but noted that the media did not seem to reflect the positives of the transfer. Dr Armstrong agreed and the Committee noted potential learning for future initiatives.

Mrs Brimelow queried the environment of the RAH Accident & Emergency and whether this was suitable for children. She also queried whether children would be seen in A&E at RAH and whether this was appropriate.

ACTION

Dr Armstrong agreed to review this and provide the Committee with an update at a future meeting.

**Dr Armstrong**

NOTED

### **QUALITY OF CARE WITHIN INPATIENT MENTAL HEALTH**

Dr McGuire explained that, as a result of media attention following an incident, HIS had requested assurance about the quality of care on the Cuthbertson Ward. A robust action plan has been developed and staff development and training is at the forefront. Dr McGuire wanted to assure the Committee that both she and Dr Armstrong will be directly monitoring the implementation of both the action and improvement plan.

Dr McGuire noted that the Mental Welfare Commission (MWC) has visited and that a response to their report is due to be submitted by 8 April 2018.

Both Mrs Brimelow and Dr Lyons noted the significance of this work and the importance of this feeding in to the Mental Health Strategy.

ACTION

**Dr McGuire**

08. Dr McGuire agreed to share a copy of the improvement plan with the Committee as well as the letter of assurance to both HIS and the MWC.

NOTED

### **HEALTHCARE QUALITY STRATEGY AND CLINICAL GOVERNANCE STRATEGY**

Dr McGuire introduced Mr D Mann, Head of Operational Development, who was in attendance to provide the Committee with an update on the Healthcare Quality Strategy and to its place within the Clinical Governance Structure. The main points of consideration were:

- The document should be considered a ‘call to action’
- The strategy will consider staff, patient and public view of quality
- The strategy will require coordination with Primary and Secondary Care as well as Third Sector
- There will be a person centred approach and complaints/feedback will be considered
- A Clinical Governance sub-committee will be created to develop and implement the strategy
- Social Care will be included within the strategy as part of a longer term plan

The Committee raised concerns regarding the development of a further sub-group and noted pressures on time. Dr McGuire and Mr Mann agreed to review the governance structure.

Mrs Brimelow and Mr Cowan noted their attendance at a QI session regarding quality strategies across the Health Boards and highlighted the importance of shared learning. The Committee agreed that wider attendance at these sessions would be beneficial. Mr Crawford to be invited to future sessions.

Dr Armstrong and Mrs McErlean highlighted the need for the patients rights, Duty of Candour and the Carers legislation to be included within the strategy’s development.

Mr Crawford presented the Clinical Governance Strategy to the group and highlighted the following:

- The potential impact of Moving Forward Together on the strategy and models
- Shared learning with other Health Boards, including NHS Highland and NHS Lanarkshire
- E-Health and improved use of current systems
- Supporting staff in their commitment to delivering quality
- Noting that this is a statutory function and the importance of reporting

The Committee noted the ongoing work on development and implementation of the Healthcare Quality and Clinical Governance strategies.

NOTED

## **09. CLINICAL GOVERNANCE FORUM**

A routine report from the Head of Clinical Governance (Paper 1804) summarised the key topics considered within the most recent meeting of the Board Clinical Governance Forum as follows:

### Duty of Candour

Mr Crawford noted the implementation of the Duty of Candour policy on 1<sup>st</sup> April 2018 and that the final document will be shared with the Committee in due course. Mr Crawford has explained that Datix has been updated to allow the capture of Duty of Candour cases which will allow the Board to report on this information.

Mr Crawford noted that 90% of SCI reports are already shared with patients and families but the policy has been developed separately to highlight the legal requirement of the Board.

Mr Crawford also explained that one of the requirements is to provide an initial meeting with the patient/family, however, experience has shown that these meetings are spontaneous and that a meeting at the end of an investigation has proved more meaningful. Mr Crawford has advised that the policy's wording will reflect our interpretation of the requirement.

### HSMR

Mr Crawford highlighted the changes to SMR forms and coding which has seen a drop of 2000 patients in our reporting at the Vale of Leven Hospital. Mr Crawford noted the potential disadvantage and that there is a review underway regarding this with ISD.

### Mental Health Risk Assessment

Mr Crawford confirmed that the report and action plan had been shared with the Board Clinical Governance Forum and that Dr M Smith, Medical Director for Mental Health Services, will be sharing an updated version of both with the forum in June prior to it coming to the Committee. Mrs Brimelow asked that a copy of the PwC report be shared with the Committee in advance.

The Committee thanked Mr Crawford for his work on the Duty of Candour policy and noted his ongoing commitment to the HSMR reports.

NOTED

**10. SCI REPORT**

A report from the Head of Clinical Governance (Paper 18/05) asked the Committee to note the benefits and importance of thematic analysis of SCIs.

Mr Crawford explained that SCI reports are processed on a quarterly basis and provided the Committee with a thematic report of the management of diabetes. Mr Crawford noted the importance of this work and the possible risk associated with increased resource and time being applied to the investigation stages of SCIs. Mr Crawford noted that the management of diabetes SCI report will be shared with the Operational Management Group who will review and confirm recommendations.

Mrs Brimelow queried the reporting and monitoring of outcomes. Mr Crawford confirmed that actions associated with SCIs are tracked using Datix,. Dr Lyons reinforced the importance of a strategic response to these reports as well as recommendations and action plans.

ACTION

The Committee agreed that this should be reviewed at a future meeting and added to the Forward Looks document.

**Secretary**

NOTED

**11. MIDWIFERY SUPERVISION**

Dr McGuire introduced Mrs A Carlin, Assistant Chief Nurse/Midwife who presented an update on midwifery supervision to the Committee.

Ms Carlin highlighted a change in legislation which has resulted in clinical supervision transferring from the Nursing and Midwifery Council (NMC) to the Health Board. The Scottish Government have been clear that the Restorative Model should be at the centre of this transfer.

Ms Carlin confirmed that we have appointed 35 supervisors and that there are a mix of NMC previous SoMs and new Board supervisors. She is hopeful that the mix of experience and new staff will be positive for the development of the new model. Ms Carlin also noted that NES are developing a supportive education package for all of the supervisors.

Ms Carlin noted the introduction of mindfulness into midwifery and that this is in conjunction with HIS and Mindfulness Scotland. By September 2018 trained midwives should be in a position to train incoming midwives in mindfulness.

Dr Lyons noted the importance of mindfulness training across Mental Health as well as Acute Services.

Mrs McErlean also noted the wider importance of mindfulness training in succession planning.

Ms Thompson expressed an interest in mindfulness training being rolled out to Primary Care Pharmacists in light of the changes to the GP contract.

The Committee thanked Ms Carlin for attending.

NOTED

**12. MOVING FORWARD TOGETHER (MFT)**

Dr Armstrong updated the Committee regarding the MFT Programme and noted that all groups were multidisciplinary and that each group had a GP member. Dr Armstrong also highlighted that there are currently 650 clinicians involved.

The Committee noted the update.

NOTED

**13. BEATSON HIS REPORT**

A report from the Medical Director (paper 18/08) asked Committee to note the response to HIS (including the HAU and CCO report).

Dr Armstrong explained the ongoing work relating to the four recommendations for HIS and that there has been further engagement from Consultants within the Beatson.

Dr Armstrong led the Committee through the High Acuity Unit (HAU) and Critical Care Outreach (CCO) report and noted that this information demonstrates that the service within the Beatson has been stabilised.

Both Dr Armstrong and Mrs J Grant are scheduled to meet with HIS on 14 March 2018 to discuss the response to the recommendations and a further update will be provided to the Committee in due course.

The Committee thanked Dr Armstrong for her ongoing commitment to risk management and noted their contentment with the risk mitigation regarding the Beatson.

NOTED

**14. DATE OF NEXT MEETING**

Date: Tuesday 12 June 2018  
Venue: Boardroom, J B Russell House  
**Time: 1.00pm**

The meeting ended at 5.05