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Board C&CG(M)18/02
Minutes: 15-30

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 12th June 2018 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair

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

IN ATTENDANCE

Dr J Armstrong	Medical Director
Mrs E Vanhegan	Head of Board Administration
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nursing Director
Ms M Kane	Associate Director of Facilities (item 8)
Dr T Inkster	Consultant Microbiologist (item 8)
Mr I Beattie	Head of Health & Social Care
Dr C Jones	Chief of Medicine, Clyde (item 9)
Dr M Smith	Lead Associate Medical Director, Mental Health (item 6)
	Consultant Psychiatrist (item 6)
Dr R Ward	
Ms C MacIver	Secretariat

ACTION BY

15. APOLOGIES & WELCOME

Ms Brimelow welcomed everyone to the meeting and introductions were made round the table.

Apologies for absence were intimated on behalf of Mrs A Thompson and Professor Dame Anna Dominiczak.

Concern was raised, given the small membership of the Committee, that there could be problems remaining quorate. Mrs Vanhegan agreed to review the membership of the Committee.

Mrs Vanhegan

NOTED

16. 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

17. MINUTES

Ms McErlean proposed that the minute of the meeting which took place on 6th March (Paper No. CCG(M)18/01) was an accurate record and this was seconded by Dr Lyons.

Ms Brimelow thanked Interim Secretariat Manager, Ms Kim Donald, for her help over the past few months.

NOTED

18. Matters Arising from the Minutes/Rolling Action List

The Committee reviewed the items on the RAL (Paper No. 18/09).

Members were content to remove any complete actions from the list.

Secretary

Secretary to update list.

NOTED

19. OVERVIEW

Dr McGuire informed members that initial feedback had been positive following an inspection of older people's care in-patient ward at the New Victoria Hospital, formal feedback was expected within 6 weeks. She went on to advise members that the Cuthbertson Ward Improvement Plan had been completed and a copy of the plan would be shared with members.

Secretary

Dr Armstrong informed members that an outbreak of astrovirus had been identified within Ward 2a at the RHC. Five patients had been infected and control measures were in place to address this.

Dr Armstrong also advised members of the current consultant staffing difficulty within Radiology. Assistance from NHS Lothian was being utilised to ensure minimal disruption to service provision and locum cover would be identified as a priority.

NOTED

20. Mental Health Risk Assessment Internal Audit Report and Management

Dr M Smith & Dr R Ward were introduced to give members an update on the Mental Health and Risk Assessment Internal Audit Report (Paper No. 18/09). Price Waterhouse Cooper (PWC) completed an Internal Audit Report into Suicide Risk Assessment in NHS Greater Glasgow and Clyde in November 2017. The audit recognised the significant volume of work ongoing within NHSGGC to improve and consolidate the Board's approach to suicide prevention.

Dr Smith advised members that the audit identified four areas that required action:-

- Risk assessment procedures were not operating in practice; staff training had been updated and performance audited
- Lack of co-ordinated framework to govern suicide prevention; a Board-wide guidance document on suicide prevention had been updated to provide that coordination
- Absence of a robust approach to mental health training; following updated guidance from Scottish Government in March 2018, training arrangements were reviewed.
- Information about referral options in Emergency Departments needed to be updated; this had been completed.

Dr Smith & Dr Ward summarised the suicide prevention activities which were currently taking place in clinical services.

Members thanked Dr Smith & Dr McKee for the update and acknowledged the huge amount of work taking place within Mental Health.

Members also noted the range of suicide prevention work taking place across the Board.

NOTED

21. HSMR Report

Dr Armstrong introduced and gave members an update on HSMR (Paper No. 18/11), before Mr Crawford gave a presentation on the Hospital Standardised Mortality Ratio (HSMR), for October to December 2017, which was publicly released on 15th May 2018. The data indicated the HSMR at Royal Alexandra Hospital/Vale of Leven Hospital was notably different to the Scottish average.

Mr Crawford advised members of a range of actions which had been implemented to address issues linked to the HSMR at the RAH. Recent analysis has confirmed an additional set of concerns regarding the quality of clinical information linked to the coding process and it was identified that a number of patients had been coded inappropriately. There is now ongoing work with the Managers, Clinical Staff & Coding teams to correct and resubmit a number of SMR1 forms for the period of January to March by the deadline of the 12th July. Alongside the work on

information quality, there is an accompanying review of the quality of clinical care, the routine governance arrangements and the various quality improvement activities within the hospital.

There were local monitoring processes in place with regular reporting links from the Head of Clinical Governance and the Clyde Chief of Medicine to the ASD CG Forum and the Board Clinical Governance Forum.

Members noted the update, and thanked Mr Crawford for the presentation and noted the ongoing actions and governance of this issue. Members also noted the significant number of actions being undertaken to resolve these issues.

NOTED

22. Review of Water Incident at QEUH and RHC

Dr Armstrong introduced Dr T Inkster, Consultant Microbiologist, who presented an update on the Water Contamination incident at QEUH, and RHC which included current and future infection control measures (Paper No. 18/12).

Dr Inkster informed members that following the detection of an unusual bacterial infection on a patient in Ward 2a RHC, water sampling was undertaken and water tests were positive. Immediate infection control measures were implemented. Despite chemical dosing, water testing results from outlets on the ward remained positive. Further testing revealed evidence of a more widespread problem in RHC and QEUH.

Dr Inkster advised members that work was ongoing and described short term and long term plans in detail. Filters have been installed in high risk areas on taps and showers and other areas where immunocompromised patients may be present. These were considered as a short term control measure only. Due to a lack of experience with the use of filters and significant contamination, evidence of filter efficacy was sought. This was done using two indicator and Wards 2a and 4b were sampled weekly. Following evidence of filter efficacy repeat testing has been discontinued.

NHSGGC have been working closely with Health Protection Scotland and Health Facilities Scotland throughout and an SLWG has been established to develop long term control measures. Two site visits have been undertaken by Susanne Lee and Tom Makin, national water experts. The SLWG would produce an action plan which would include plans for chemical dosing, review of taps and flow straighteners and long term use of filters in some areas.

Members thanked Dr Inkster for the update and noted the concerns raised in relation to the QEUH and RHC water supply in an ever changing situation.

Members noted the short term controls in place and were assured by long term preventative methods in conjunction with UK water experts.

NOTED

23. Update on Staphylococcus aureus bacteraemias (SABs) from NHSGGC SAB Steering Group

Dr Chris Jones was introduced to give members an update on SABs within NHSGGC (Paper No. 18/13). Dr Jones advised that the NHSGGC SAB Steering Group was reconvened in May 2018. Rates of SAB within NHSGGC remained a significant challenge and a number of additional interventions were being progressed, including a “Summit” meeting with colleagues from Boards with lower rates of SAB.

The Committee noted and thanked Dr Jones for the update and noted the significant ongoing work however members remained concerned about the number of SABs within NHSGGC.

Members noted the work currently being done to address SABs and welcomed hearing about the summit meetings with other Health Boards.

**Update from
Medical
Director**

NOTED

24. Review of Child and Adult Protection Governance

Dr McGuire gave members an update on Child and Adult Protection Governance (Paper No. 18/14). She advised that governance arrangements for Child Protection and Adult Support Protection would be combined under one Board-wide Group. Work was continuing and a further update would be brought back to a future meeting.

Dr McGuire advised that governance arrangements for Chief Officers were well established and oversee the collective multi-agency responsibilities in the form of Chief Officer Groups and Child and Adult Protection Committees.

Members noted the content of the report on the outcomes of both Child Protection and Adult Support and Protection Reviews.

Members thanked Dr McGuire for the update and were content to see governance arrangements for child protection & adult support and protection governance and reporting structures under one Board wide group.

NOTED

25. Review of Perinatal Deaths 1st and 2nd Quarter 2016

Dr McGuire presented the paper on perinatal deaths (Paper No. 18/15), the report was prepared by Dr A Mathers, Clinical Director, and Women and Children’s Directorate.

Members noted the contents of the report and the conclusions.

It was agreed further discussion with the author was required and that significant

governance review process had to be followed to ensure a more robust action and improvement plan was put in place. Members need assurances that actions are followed and lessons learned.

Dr McGuire to feedback to author and this would be brought back to the Committee in 6 months. **Dr McGuire**

NOTED

26. Clinical & Care Governance Internal Audit Report and Management Actions

Mrs Vanhegan presented the C&CG Internal Audit Report (Paper No. 18/16).

Members noted the content of the report.

Mrs Vanhegan advised members that two low risk findings were noted within the audit report. She advised that some inconsistency was identified within the quality of papers submitted to the Committee, and secondly, plans for the Committee to undertake a self-review were not scheduled in the Committee's 'Future Look' agenda planning document.

Mrs Vanhegan advised that she would work with the Chair and Members to ensure there is a consistent approach across all Committees of the Board.

**Mrs
Vanhegan/Chair**

Thanks were given to Mr Ritchie and Mrs Brimelow who spoke with the internal auditors.

NOTED

27. Joint Strategic Inspection of Adult Health and Social Care in Renfrewshire

Mr I Beattie, Head of Health & Social Care, presented the report of the Joint Strategic Inspection (Paper No. 18/17).

Mr Beattie advised members that at this early stage in the integration of health and social care, the aim is to ensure that the integration authorities have building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely: A shared vision; Leadership of strategy and direction; A culture of collaboration and partnership; Effective governance structures; A needs analysis on which to plan and jointly commission services; Robust mechanisms to engage with communities; A plan for effective use of financial resources; A coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning.

Members noted the positive outcomes arising from the inspection report and noted that Renfrewshire HSCP were making significant progress on improving residents health and social service.

Mr Beattie advised that an Action/Improvement Plan would be presented to the next meeting of Renfrewshire's Integration Joint Board (IJB). Once agreed, it is expected that the IJB would monitor progress over the next 12 months.

Members thanked Mr Beattie for the report and noted that the Inspection report

has been published and that the HSCP will take a report to the next Renfrewshire Integrated Joint Board (IJB) to approve an action plan in response to the recommendations.

NOTED

28. Clinical Governance Annual Report

Mr Crawford apologised that Annual Clinical Governance Report was not yet available to Members. He advised that an electronic version of the report would be circulated as soon as possible and hoped members would be satisfied to comment via email. **A Crawford**

Members were content to comment via email.

NOTED

29. Clinical Governance Overview Report

Mr Crawford gave members an update on the Clinical Governance Overview Report (Paper No. 18/19). The report updated on four areas including, Duty of candour; The Clinical Governance Strategy; A review of the Clinical Governance Support Unit and the April meeting of the Board Clinical Governance Forum.

Members noted the content of the report and thanked Mr Crawford for the update, noting the extensive work ongoing across clinical directorates with support from the Clinical Governance Support Unit.

NOTED

30. DATE OF NEXT MEETING

Date: Tuesday 4th September 2018
Venue: Boardroom, J B Russell House
Time: **1.00pm**

The meeting ended at 4.35