

Board C&CG(M)18/03
Minutes: 31 - 44

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 4th September 2018 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair
Mr I Ritchie – Vice Chair

Cllr C Bamforth
Dr D Lyons
Mr A Cowan

IN ATTENDANCE

Mr J Brown CBE	Chairman, NHSGG&C (From Item 37)
Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nurse Director
Mrs S Manion	Chief Officer, East Dunbartonshire HSCP (To item 38)
Ms L Johnstone	Clinical Services Manager, Oral Health Directorate (To item 28)
Mr D Aitken	Joint Adult Services Manager (To item 37)
Ms E Vanhegan	Head of Corporate Governance and Administration
Mr C Brown	Partner, Scott-Moncrieff
Dr A MacLaren	Lead Pharmacist, Clinical Governance (To item 36)
Mr A Bishop	eHealth Consultant (To item 36)
Mrs G Mathew	Secretariat Manager

ACTION BY

31. APOLOGIES & WELCOME

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

Ms Brimelow welcomed Cllr Caroline Bamforth as a new member of the Committee following some changes to Committee representation. Mr Simon Carr also joined the Committee as a new member, however Mr Carr was unable to attend today's meeting.

Ms Brimelow also noted that Mr Alan Cowan would be demitting from office; therefore this would be Mr Cowan's last Committee meeting. Ms Brimelow thanked Mr Cowan for his contributions on behalf of the Committee.

Apologies for absence were intimated on behalf of Mrs A Thompson, Professor Dame Anna Dominiczak, Mr Simon Carr and Mrs Dorothy McErlean.

NOTED

32. 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

33. MINUTES

The Committee considered the minute of the meeting which took place on Tuesday 12th June 2018 [Paper No. CCG(M)18/02]. The Committee approved the minute as an accurate record of the meeting.

Ms Brimelow noted thanks to both Dr Armstrong and Dr McGuire for assisting with production of the minute and noted a commitment from Ms Vanhegan that Committee minutes would be circulated to Committee members within 10 working days.

Ms Brimelow noted thanks to Ms Vanhegan for ensuring consistent Secretariat support and noted that Mrs G Mathew would provide this function. Mrs Mathew can be contacted on 0141 201 4449 or at Geraldine.mathew@ggc.scot.nhs.uk should any Committee members have any queries.

APPROVED

34. MATTERS ARISING FROM THE MINUTES

a) Rolling Action List

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 18/20].

Mr Cowan noted an error in "Minute 25" – this should read "Perinatal Deaths".

G.Mathew

Ms Vanhegan provided an update in relation to Minute 15, and confirmed that a review of Committee membership had been undertaken as part of a wider review of all Governance Committees membership and some changes were made. The Committee accepted this action as complete.

Ms Vanhegan also provided an update in relation to the action of Minute 26 and noted that a review of all Committee governance processes and terms of reference would be undertaken in the coming months.

Mr Crawford provided an update to the Committee on Minute 07. The Committee accepted action as complete.

The Committee accepted the action of Minute 09 as complete.

Secretary to update the Rolling Action List.

G.Mathew

Ms Brimelow would welcome a review of the design of the Rolling Action List template and Ms Vanhegan advised that this would be considered as part of an overall review of governance systems. The Chair and the Committee would await the conclusion of Ms Vanhegan's review.

Neuro-Interventional Radiology

Dr Armstrong provided an update to the Committee on work undertaken to resolve issues regarding the above service. A service review was underway in conjunction with NHS Lothian to determine the best way to develop the service in the interim and the review is likely to report in October 2018.

Some early indications suggested patient follow up could be improved and the Directorate had been asked to review this. Dr Armstrong acknowledged the ongoing issues and pressures within service due to a shortage (UK wide) of suitably qualified candidates.

Ms Brimelow thanked Dr Armstrong for the update and invited questions and comments from members.

Mr Ritchie noted on behalf of the Committee that this was an area of serious concern and Dr Armstrong agreed and noted that efforts continue to address this as a priority.

SAB Summit

Dr Armstrong provided an update on the learning points and changes of practice following the SAB Summit including the implementation of different processes in relation to removal of cannula devices. The subsequent reduction in SAB cases would indicate that this has had a positive impact however it is important to ensure this reduction is sustained. A full report on SAB cases would be presented to the next Committee meeting.

Ms Brimelow thanked Dr Armstrong for the update and the Committee would expect a detailed report at the next meeting. **Dr Armstrong**

Perinatal Deaths

Dr McGuire informed the Committee that following presentation of a paper to the Committee at the June meeting, a paper would be presented to the Committee meeting in December. Dr McGuire further noted that the Acute Clinical Governance Forum followed up on the Still Births report and a meeting had taken place to ensure that robust plans were in place. Ms Brimelow requested that the Committee were presented with the revised Action Plan at the next Committee meeting in December 2018.

Ms Brimelow thanked Dr McGuire for the update and the Committee would expect an update paper and revised action plan at the next meeting. **Dr McGuire**

NOTED

35. OVERVIEW

Dr McGuire informed members of an unannounced inspection of older people's in-patient care at Inverclyde Royal Hospital. The results of the inspection were disappointing and a number of areas of concern have been highlighted including the management of falls, moving and handling assessments, do not attempt resuscitation, power of attorney and guardianship, and food, fluid and nutrition. Urgent actions were being undertaken to address several areas. Dr McGuire noted that issues with recruitment and retention of staff may have contributed to these problems. An Improvement Plan would be submitted to Healthcare Improvement Scotland this week and the full report from HIS was expected in September. NHSGGC Board would be informed of the report and actions to address the findings.

Ms Brimelow thanked Dr McGuire for the update and invited questions from members of the Committee.

Mr Ritchie asked if there was any data which indicated that there was a link between sickness absence and quality of leadership. Dr McGuire noted that there had been a recent Chief Nurse vacancy and interviews for the post would take place on 10th September. The post would incorporate a wider overview of services to improve quality of care. Dr McGuire also noted the re-establishment of the Older People in Acute Care Group.

Mr Cowan asked if there were any leadership processes in place to identify areas that require attention. Dr McGuire noted the quality assurance processes in place including unannounced inspections, audits, and safety walk rounds undertaken by colleagues out with NHSGGC although Dr McGuire noted that a more systematic approach to the implementation of high level improvement plans was required.

Ms Brimelow thanked Dr McGuire for the update and the Committee would expect further updates on this when available.

Water Update

A summary report was being drafted by HPS/HFS at the request of the Scottish Government and officers of NHSGGC await this. Dr Armstrong noted that no further cases of infection had been identified to date, however there remained strict surveillance on the Paediatric Ward in the Royal Hospital for Children to detect any new cases. A number of short term actions have been implemented, with medium and long term actions identified. Extensive cleaning, introduction of filters and replacement of spigots had been completed as part of the short term actions. Replacement of taps and pulsing of the water supply with chlorine dioxide require to be implemented as part of the medium to long term actions. Dr Armstrong noted that Mr Tom Steele had recently been appointed as Director of PPFM and would shortly take up post and Dr Armstrong felt that Mr Steele would be crucial in discussions to implement the long term plans.

Ms Brimelow thanked Dr Armstrong for the update. There were no questions noted by the Committee.

NOTED

36. MEDICINES RECONCILIATION – IMMEDIATE DISCHARGE LETTER

The Committee considered a paper “Medicines Reconciliation Immediate Discharge Letter” [Paper No. 18/21] presented by the Medical Director. Dr MacLaren, Lead Pharmacist and Mr Bishop, eHealth Consultant were in attendance at the meeting to provide an update on the project. The paper described the implementation of a digital application to improve the quality of medicines information recorded on admission to hospital and communicated in the immediate discharge letter to Primary Care at discharge. Dr MacLaren provided an overview of the key issues. Mr Bishop provided a summary of the process and key features, the pilot work conducted at the Beatson and IRH, delivery of training in clinical areas, the lessons learned as the programme developed and the potential to use this learning as foundations for the implementation of the new Hospital Electronic Prescribing and Medicines Administration (HEPMA) system.

Ms Brimelow thanked Dr MacLaren and Mr Bishop for the update and invited comments and questions from the Committee.

In response to questions from the Committee, Dr MacLaren advised that aspects of the process remain the same however the areas that have changed have reduced time and repetition.

Dr Lyons suggested that there may be issues in relation to implementation within areas where there was a much slower admission rate such as Learning Disability. This would likely impact the length of time required for staff to learn to use the new system. Dr Lyons also noted the potential for electronic prescribing to highlight many interactions and Mr Bishop agreed that work needed to be done to agree on a Board wide basis how many interactions should be displayed to avoid “alert fatigue” amongst staff.

Dr Armstrong commended Dr MacLaren and Mr Bishop for their efforts to develop an excellent project and suggested this work could be showcased on a national basis to share learning.

Ms Brimelow noted thanks to Dr MacLaren and Mr Bishop for presenting this excellent work and commended the rollout across most of the Acute site.

NOTED

37. JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION IN EAST DUNBARTONSHIRE

The Committee considered a paper ‘Joint Inspection of Adult Support and Protection in East Dunbartonshire’ [Paper No. 18/22] presented by Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP. Mr David Aitken, Joint Adult Services Manager, also attended to provide an overview of the findings of the report. The Inspection was completed using a different approach. Six partnership areas were selected for inspection with an overall report produced detailing findings across the six partnerships, followed by findings for the partnerships individually. Key findings of the East Dunbartonshire specific inspection were that there was a significant amount of good work going on locally to support adults at risk of harm.

Ms Brimelow thanked Mrs Manion and Mr Aitken for the update and invited comments from the Committee.

In response to questions from the Committee in relation to the development plans to improve the score of “good”, Mr Aitken noted that there was work underway to consider the recommendations made across all of the partnerships to extract the learning points from other areas. An implementation plan would then be developed within the next 3 months.

Dr Armstrong stressed the importance of ensuring that feedback regarding the outcome of referrals was communicated to the referring individual and asked that this was addressed.

In response to questions from Mr Brown regarding the feedback from staff on page 115 paragraph 3.11 and the possible causes of the comments regarding workload, Mr Aitken and Mrs Manion assured the Committee that this was not related to shortages of staff, staff vacancies or funding issues and was related to structural changes which were being implemented at the time the feedback was collected. Mr Aitken assured the Committee that there were no vacancies within the team and that the team had a full complement of staff.

Ms Brimelow thanked Mrs Manion and Mr Aitken for the helpful discussion on this paper and the Committee were assured that an improvement plan was being developed, that effective governance, clear and easy to follow policies and staff training were in place.

NOTED

38. RAPID ACCESS CLINIC FOR PAEDIATRIC DENTISTRY AT RHC UPDATE

The Committee considered a paper ‘Paediatric Pain and High Caries Dental Pathway’ [Paper No. 18/23] presented by Mrs Susan Manion, Chief Officer, East Dunbartonshire HSCP. Mrs Manion was accompanied by Ms Lisa Johnstone, Clinical Services Manager, Oral Health Directorate. The Committee were asked to note the pathway of care for patients attending with dental pain and high caries, the progress made to reduce waiting times and theatre capacity issues. Ms Johnstone noted the areas of progress.

Ms Brimelow thanked Mrs Manion and Ms Johnstone for the update and invited comments from the Committee.

Dr Armstrong clarified that this issue was raised initially by the GDP Sub Committee, with concerns regarding the waiting times and the number of very young, vulnerable children that were awaiting dental treatment which required sedation/general anaesthetic with anaesthetic support. Dr Armstrong had hoped to see some statistics in the report which outlined the numbers of children on the waiting list, what the current resource was and what the plan was to address this issue. Mrs Manion apologised that the report did not include this information and was happy to provide data in terms of statistics. Mrs Manion also noted that this issue was discussed at the GDP Sub Committee meeting of Monday 3rd September.

Dr McGuire echoed the comments of Dr Armstrong, that these were a very

vulnerable group of children and although this was implicit in the document it would be helpful to state this directly.

Mr Brown was pleased to note that theatre sessions were being increased from 8 sessions per week to 10 sessions per week, however expressed concerns regarding the time it had taken to identify the issues and suggested a greater focus on learning from implementation of service changes was required.

Ms Brimelow thanked Mrs Manion and Ms Johnstone for the report and the Committee noted the progress made through new pathways, the implementation of a waiting list initiative and the increase of theatre sessions, however noted that there remained issues to be addressed and the Committee would await further assurance on waiting times for this vulnerable group of children.

Mrs Manion

NOTED

39. GOVERNANCE AND QUALITY OF SURGICAL CARE – DISCUSSION

Further to a recent BBC television programme entitled Harmed By My Surgeon Mr John Brown led a short discussion on the governance arrangements around the quality of care provided by surgeons and how Boards sought assurance about the quality of individual surgeons care. He asked the question how can Boards be assured that governance arrangements are robust. Discussion took place about the indicators used to monitor doctors performance.

Dr Armstrong agreed to consider this matter further and to report back to the Committee in due course.

Dr Armstrong

NOTED

40. HOSPITAL STANDARDISED MORTALITY RATIO: QUALITY OF CARE DRAFT INTERIM REPORT

The Committee considered the paper 'HSMR: Update on recent figures and Quality of Care Report' [Paper No. 18/24] presented by the Medical Director. Dr Armstrong noted that the Committee had previously discussed coding problems and Mr Crawford noted that the results from the last quarter would suggest that the interventions to address the coding issue had been successful. The Quality of Care Report had been shared with Health Improvement Scotland however no feedback had been received to date. There were no issues about the quality of clinical care highlighted at a national level regarding the RAH and the local conclusion is that there were no significant concerns regarding the process.

Ms Brimelow thanked Dr Armstrong and Mr Crawford for the update and invited comments from the Committee.

In response to questions from Committee members regarding possible backdating exercise over the last year rather than just the quarter, Mr Crawford noted that October to December was flagged as above the control limit however the whole year was within the control limit. Mr Crawford also noted that due to this being regression analysis, the previous quarter figures would impact on the next quarter figures.

Ms Vanhegan noted the importance of continuing to ensure the Clinical & Care Governance Committee monitored an overview of HSMR on a rate basis.

Ms Brimelow noted an excellent report which provided high levels of assurance that there were no significant concerns about the quality of clinical care at the Royal Alexandra Hospital (RAH). However questions remained regarding staff shortages, both nursing and medical, and the need for increased engagement with staff regarding quality issues. The Committee would await a further update on the HSMR figures to the next meeting for further assurance that the measures put in place had addressed this issue.

Mr Crawford

NOTED

41. DRAFT CLINICAL GOVERNANCE ANNUAL REPORT

The Committee considered the paper 'Draft Clinical Governance Annual Report' [Paper No. 18/25] presented by the Head of Clinical Governance. The Committee were asked to review and comment on the draft annual report and identify areas of development necessary before endorsement of the report. Mr Crawford provided the Committee with an overview of the report and advised that the report was scheduled to be presented to the Board Meeting of 16th October. The Committee acknowledged that the report was in draft format and agreed that further work was required before endorsement. Given the timeframes for submitting to the Board, it was agreed that the Committee would expect an updated version of the report to be circulated electronically for comments to Mr Crawford, with a final version to be circulated to the Committee for endorsement before submission to the Board.

Mr Crawford

Ms Brimelow thanked Mr Crawford for the report. The Committee would await a further version for comment, and a final version for endorsement, to be circulated electronically.

NOTED

42. CLINICAL GOVERNANCE OVERVIEW REPORT

The Committee considered a paper 'Clinical Governance Overview Report' [Paper No. 18/26] presented by the Head of Clinical Governance. The report provided a brief update on key issues impacting on clinical governance priorities and arrangements and included a summary of the meetings of the Board Clinical Governance Forum. Mr Crawford highlighted three key areas including the release of the Orkney Pilot Report undertaken by HIS, the Health Care and Quality Strategy and National Audits.

Ms Brimelow thanked Mr Crawford for the report.

NOTED

43. CHILD PROTECTION POLICY AND PROCESS IN ED UPDATE

The Committee considered the paper 'Emergency Department Child Protection Bundle, Education and Training Strategy' [Paper No. 18/27] presented by the Nurse Director. The paper asked the Committee to note the developments from

the Child Protection Service (CPS) including the development of an Emergency Department (ED) Child Protection Bundle, arrangements to deliver board wide ED/MIU child protection educational briefing sessions covering ED bundle and recent learning from Significant Case Reviews (SCRs) and a refresh of NHSGGC Child Protection Education and Training Strategy.

In response to questions from the Committee regarding how success of the measures being implemented would be determined, Dr McGuire noted that an increase in the number of notification of concerns would be expected and further auditing of Datix would be carried out to confirm this.

Ms Brimelow thanked Dr McGuire for the report. The Committee noted and endorsed the key developments in the report and would expect a further report on the refresh of the Training Strategy in 2019. **Dr McGuire**

NOTED

44. DATE OF NEXT MEETING

Date: Tuesday 4th December 2019
Venue: Boardroom, JB Russell House
Time: 1.30pm

The meeting concluded at 4.30pm.