

Board C&CG (M) 18/04  
Minutes: 45 - 62

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 11<sup>th</sup> December 2018 at 1.00pm**

**PRESENT**

Ms S Brimelow OBE - in the Chair

Dr D Lyons  
Mr S Carr  
Mrs A Thompson

**IN ATTENDANCE**

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Dr M McGuire	Nurse Director
Mrs D McErlean	Employee Director
Ms E Vanhegan	Head of Corporate Governance and Administration
Mrs J Haynes	Board Complaints Manager
Mr T Steele	Director of Estates and Facilities (For item 48)
Dr M Smith	Lead Associate Medical Director (To item 49)
Mrs E Frame	Chief Midwife (For item 55)
Dr C Bain	Consultant Obstetrician and Gynaecologist (For item 55)
Mrs W Mitchell	Chief Nurse and Head of Child Protection Unit (For items 57 & 58)
Mrs G Mathew	Secretariat Manager

**ACTION BY**

**45. APOLOGIES & WELCOME**

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

Ms Brimelow welcomed Mr Simon Carr as a new member of the Committee, following some changes to Committee representation.

Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak, Mr Chris Brown, Mr Ian Ritchie, Mrs Jane Grant, Cllr Caroline Bamforth and Mr John Brown.

Mrs Brimelow expressed apologies to members for cancellation of the meeting scheduled to take place on 4<sup>th</sup> December and thanked members for accommodating the rescheduled date.

NOTED

**46. 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

**47. MINUTES**

The Committee considered the minute of the meeting which took place on Tuesday 4<sup>th</sup> September 2018 [Paper No. CCG (M) 18/03]. The Committee approved the minute as an accurate record of the meeting, subject to the following amendment:

Page 4, Item 35 – Overview, Water Update, paragraph one, line 4, should read, “strict surveillance on the Paediatric Ward in the Royal Hospital for Children to detect any new cases related to the water.”

APPROVED

**48. MATTERS ARISING FROM THE MINUTES****a) Rolling Action List**

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 18/28] and the following updates were provided.

Minute 40 – HSMR Figures

Mr Crawford noted that the HSMR (Hospital Standardised Mortality Rate) figures released in November were within acceptable limits across all hospital sites in NHS GG&C, with the Royal Alexandra Hospital (RAH) reporting the lowest level. Mr Crawford noted that the quarter April to June was within the spring/summer period, therefore it was expected that there could be seasonal fluctuation. Mr Crawford went on to note the conclusion of the quality of care investigation at RAH. Information had been submitted to Health Improvement Scotland and feedback was awaited. Dr Armstrong highlighted incorrect coding as one of the main issue contributing to the problems and was confident that this had been rectified. In addition, other factors had been reviewed. Dr Armstrong agreed to share the HSMR response with the Committee once available. The Committee were content to accept this action as complete.

**Secretary**

Minute 41 – Clinical Governance Annual Report

This had been presented to the NHS Board Meeting in October and the Committee were content to accept this item as complete.

**Secretary**

Minute 04 – Reporting timelines for Clinical Governance Annual Report

It was clarified that this action related to the timelines applied to the production of the Clinical Governance Annual Report. The Committee noted that whilst October was deemed late in the year from a governance perspective, there were implications in terms of the type of information that could be compiled earlier in the year. On that basis, the Committee agreed that a further discussion out with the Committee would be beneficial. The Committee were content to accept this

**Secretary**

action as complete.

Mrs Brimelow invited Committee Members to raise any further matters of note, not included within the agenda.

#### Interventional Neuro-Radiology

Dr Armstrong provided Committee Members with an update on the Interventional Neuro-Radiology service. A meeting with all of the clinicians across the two teams in Glasgow and Edinburgh was scheduled to take place on 8<sup>th</sup> January 2019, where improving the quality and sustainability of the service would be discussed. Dr Armstrong noted the positive progress achieved to date to stabilise the service and promote better working relationships.

Mrs Brimelow thanked Dr Armstrong for the update and was assured of the steady progress.

#### Water Update

Mr Steele noted that the installation of the chlorine dioxide plant to dose the water supply was now complete. An additional 12 localised dosing sites were being installed in the next few weeks and work would be complete by January 2019. Ongoing reviews of the efficacy of the dosing would be undertaken. Health Improvement Scotland (HIS), Health Facilities Scotland (HFS) and external advisors continue to undertake investigation of the cause. Mr Steele went on to note that an extensive replacement programme was undertaken including replacement of basins, taps, drainage outlets with additional work being done to replace the flooring, decor, entry systems, lighting and ventilation. Work was required to replace one of the air handling units which would mean that the 17 bed area would be out of use for some months.

Mrs Brimelow thanked Mr Steele for the update and invited questions from the Committee.

In response to questions from Committee Members in relation to the original design of the facility, Mr Steele advised that work was underway to consider all of the identified issues across the site in relation to the original spec requirements of the building.

#### Cowlairs Decontamination Unit

Mr Steele advised that the site had now re-opened following withdrawal of the certificate of authority. The Unit had now returned to full production. An investigation into the cause of the incident would be undertaken.

Mrs Brimelow thanked Mr Steele for the update and invited questions from Committee Members.

In response to questions from Committee Members in relation to Business Continuity Plans, Mr Steele noted that the Business Continuity Plan had been updated in 2017, however an urgent review of these plans on a Scotland-wide basis was underway along with a review of the lessons learned and information sharing.

#### NOTED

**49. SUICIDE RISK IN EMERGENCY DEPARTMENTS**

The Committee considered a paper “Suicide Risk in Emergency Departments” presented by Dr Michael Smith, Lead Associate Medical Director, Mental Health. The paper provided an overview of progress of the recommendations made following the audit conducted by PwC at the beginning of 2018. One of the recommendations made were improvements to the training programme. Dr Smith noted that a specialist tool had been developed. Six Mental Health trainers were now in post to deliver training to staff within Emergency Departments. Dr Smith also indicated that six Mental Health Liaison Nurses were in post to support staff within Emergency Departments. Other areas of work being progressed included the development of safe haven resources and partnership working with Police Scotland.

Mrs Brimelow thanked Dr Smith for an informative update and invited questions from Committee members.

In response to comments from Committee members in relation to the service model, specifically the first 90 minutes of a patient arriving at an Emergency Department, and staff understanding of duty of care and responsibilities, Dr Smith agreed to consider these points. Dr Smith would also consider how the effectiveness of the training provided could be measured.

In summary, the Committee welcomed the update provided, noted the audit undertaken and the recommendations made following the audit.

NOTED

**50. OVERVIEW**

Dr Armstrong noted that she had no further issues to report as updates had been provided under item 48a.

Healthcare Environment Inspectorate (HEI) Visit to Royal Alexandra Hospital (RAH)

Dr McGuire informed the Committee of a recent HEI visit to RAH. The visit took place over 2 days and a number of areas were visited including Acute Medical Unit, Emergency Department, Medical Assessment Unit, Special Care Baby Unit (SCBU), Ward 4 Stroke, Ward 20 Surgical Receiving, Main & Maternity Theatres, Ward 11 Medicine, Ward 24 Surgery and Ward 28 Urology.

The overall topics concentrated on included education of staff, policies, procedures and guidance, insertion and maintenance of invasive devices and decontamination.

Dr McGuire advised that there were a number of positive areas highlighted including examples of education recording and compliance with Learnpro modules, staff could explain infection control advice and policies with a positive relationship with the Infection Control Team, several prevention and control audit systems were in place in all areas, good action plans were in place to address non-compliance and staff shared audits and safety briefs. All areas demonstrated good hand hygiene compliance, protective equipment use and linen management and staff demonstrated good knowledge regarding blood and body fluid management.

There were some areas of improvement required e.g. an unlocked clinical waste bin was reported within the Emergency Department, two SCBU milk fridges were out with the range temperature, a significant amount of domestic cleaning issues were reported within Ward 4 and the Emergency Department, laptop tables were dirty, a significant amount of estates issues such as damaged wooden surfaces, flooring and skirting boards in 2 areas, and a number of patient transport chairs, although clean, were visibly damaged.

Dr McGuire noted that most of the problems reported were rectified on the day of the visit and Mr Steele had been notified of the estates related issues.

The full report on the visit was expected in February 2019 and an action plan to address the issues raised was being developed. Dr McGuire would present these to the Committee at a future meeting. **Dr McGuire**

Mrs Brimelow thanked Dr McGuire for the update. The Committee would anticipate the full report and action plan in due course.

#### HEI Visit to Inverclyde Royal Hospital (IRH)

Dr McGuire provided a summary of the full report issued following the HEI Visit to IRH in July and August 2018. A number of areas of improvement were recommended. These included areas related to nutritional assessments, DNA CPR (Do Not Attempt Cardiopulmonary Resuscitation) certificates, involvement of patients in decisions about their care and treatment, patient centred care plans, food record and fluid balance charts, the use of falls alarms with consideration of the Mental Welfare Commissions Rights, Risks and Limits to Freedom and storing of patient health records to ensure patient confidentiality and data protection. Dr McGuire noted that a number of these actions were complete and advised that the updated improvement plan would be circulated to the Committee with the minutes of the meeting. **Dr McGuire**

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

In response to questions from Committee members regarding discussions at previous Committee meetings in relation to leadership issues, recruitment and sickness absence rates within IRH, Dr McGuire noted that Ms Christina McKay had recently been appointed as Chief Nurse for Clyde Sector. Dr David Raeside had been appointed as Chief of Medicine. Additional staff had been recruited to IRH following the recent recruitment of 458 newly qualified nurses. Dr McGuire was hopeful that these developments would have a positive impact on these issues.

#### NOTED

### **51. IRH INSPECTION OF OLDER PEOPLES CARE**

Covered under item 50.

**52. COMPLAINTS AND PATIENT EXPERIENCE FEEDBACK REPORT**

The Committee considered the paper "Patient Experience Report" [Paper No. 18/38] presented by the Director of Nursing, Dr Margaret McGuire.

Ms Elaine Vanhegan, Head of Corporate Governance and Administration, provided a summary of the work being undertaken to review the governance processes and reporting mechanisms for the Committee and also the wider Board Standing Committee structure, which would be completed by March 2019. As part of the review process, consideration was being given to the topics considered by the Clinical and Care Governance Committee and it was agreed that patient experience was a key theme. Ms Vanhegan introduced Mrs Jennifer Haynes, Board Complaints Manager. Mrs Haynes was keen to hear feedback from the Committee on the report.

Dr McGuire thanked Mrs Haynes and colleagues for developing the attached report. Dr McGuire noted that the report remained in development and advised the Committee of the intention to include Ombudsman data in future reports.

Dr McGuire noted that 87% of Stage 1 complaints were resolved within 5 working days however was disappointed to note that 57% of Stage 2 complaints were responded to within 20 working days. There were a number of issues highlighted and Dr McGuire assured the Committee of the commitment to improve these response rates and a number of actions had been identified.

Dr McGuire also described the pathways by which patient feedback was received, including the patient experience website and the Care Opinion website. Dr McGuire receives all of the patient feedback received via these methods, however felt that improvements could be made to maximise the use of these.

Mrs Brimelow thanked Dr McGuire, Ms Vanhegan and Mrs Haynes for the update and invited questions from Committee members.

Dr Lyons welcomed the report and was pleased to note the quality of data included, the responses and actions taken. In response to questions from Dr Lyons in relation to the governance structure for the reporting of complaints and patient feedback information, Ms Vanhegan assured the Committee that the Board would continue to have an overview of this via the totality report which is presented to the Board on a quarterly basis. Ms Vanhegan indicated that review of information flows would form part of the overall review of governance being conducted.

The Committee commended Mrs Haynes and colleagues for producing a clear and detailed analysis report, and noted the identified actions to address complaints and feedback and the use of learning points to improve services.

NOTED

**53. SAB REPORT**

The Committee considered the SAB (*Staphylococcus aureus* Bacteraemia) Report [Paper No. 18/29] presented by Dr Jennifer Armstrong, Medical Director and Dr Margaret McGuire, Director of Nursing. The paper detailed the strategy to reduce

the number of SAB infections. Following the SAB summit in June of this year, a number of actions were identified including the introduction of a new PVC Care Plan, the introduction of PVC Procedure Packs, SAB Ward rounds, awareness raising and focus on safe insertion and maintenance of vascular access devices (IVAD). Dr Armstrong noted a steady decline in the numbers reported.

Mrs Brimelow thanked Dr Armstrong and Dr McGuire for the update. The Committee were pleased to note the actions implemented to reduce SAB infections following the SAB summit and commended Dr Armstrong, Dr McGuire and colleagues for their efforts to improve this.

NOTED

#### **54. GOVERNANCE AND QUALITY OF SURGICAL CARE ASSURANCE**

The Committee considered the paper 'Governance and Quality of Surgical Care Assurance' [Paper No. 18/31] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided assurance of the range of protocols and procedures developed by NHSGG&C to review complaints relating to clinical practice. Dr Armstrong noted that NHSGG&C employed a series of metrics in order to ensure early identification of surgical care issues and positive feedback had been received from Scottish Government on the issues of surgical safety and M&M reviews at the national event which took place on 4<sup>th</sup> December 2018.

Mrs Brimelow thanked Dr Armstrong for the report. The Committee welcomed the work undertaken to ensure the quality of surgical care, and were assured by the report that the appropriate checks and balances were in place. The Committee suggested that it would be appropriate for this paper to be presented to NHSGG&C Board.

**Dr Armstrong**

NOTED

#### **55. LOCAL STILLBIRTH AUDIT, ARRIVING FROM HIS REPORT ON NHS AYRSHIRE & ARRAN**

The Committee considered the paper 'An Investigation Audit of 48 Stillbirths / Late Fetal Deaths in first and Second Quarter 2016' [Paper No. 18/30] presented by the Director of Nursing, Dr Margaret McGuire. Dr McGuire introduced Mrs Evelyn Frame, Chief Midwife, and Dr Catrina Bain, Consultant Obstetrician and Gynaecologist to Committee members. The paper provided an update on the improvement plan following the presentation of the audit of 48 Still Births/Late Fetal Deaths in the first and second quarter of 2016.

Dr Bain noted that the paper described the evolution of how care was being reviewed with regards to perinatal loss and the process to ensure still births were reviewed from an educational, clinical and risk perspective. A robust process had been developed and actions identified following the review presented previously to the Committee. An extensive suite of audits had been identified along with sessions delivered on documentation and standard approaches. Dr Bain also noted that NES were currently developing a national standard and this was expected shortly.

Mrs Brimelow thanked Dr McGuire, Mrs Frame and Dr Bain for the report and invited questions from Committee members.

In response to questions from Committee members in relation to the educational courses available both locally and through NES, Dr Bain noted that the back to basics course included some of the NES material covered and indicated that this formed part of the core mandatory training. Dr McGuire went on to note that a national discussion was underway with regards to Continued Professional Development (CPD) and the requirement of 25 hours per year of mandatory training. This may have resource implications.

Dr Armstrong felt that information on the NHS GG&C rate in comparison with the national rate would be helpful. In addition to this, data which detailed avoidable incidents and unavoidable incidents would also be useful. Dr Bain was hopeful that further data would be available once the new tool had been adopted within NHS GG&C.

In summary, the Committee noted the progress of the improvement plan, noted the development of a national tool and noted plans to participate in national reporting. The Committee would welcome a further report to a future meeting.

**Dr McGuire**

NOTED

#### **56. CLINICAL AND CARE GOVERNANCE RISK REGISTER**

The Committee considered the paper 'Extract from the Corporate Risk Register' [Paper No 18/33] presented by the Head of Clinical Governance, Mr Andy Crawford. The paper requested that the Committee consider the extract from the Corporate Risk Register that related to risks that come under the remit of the Clinical and Care Governance Committee. The Committee were asked to review the risks included to ensure that these were aligned with the agenda of the Committee and to advise of any gaps with regards to the risks noted. Discussion took place regarding the risk related to Child and Adult Protection staffing, and Mr Crawford advised that this issue had been raised through the Risk Management Steering Group. Mr Crawford assured the Committee that this had been addressed with Mr Michael Gillman, Financial Governance Manager. Following discussion about the potential for risks to be reviewed by the wrong Committee, Mr Carr noted that the Audit and Risk Committee receive an annual report of which Committees have reviewed which risks. Mr Carr indicated that there was confusion about how this was administered and that Mr Mark White, Director of Finance would produce a briefing note on this.

The Committee noted concerns regarding some risks including those without a target date allocated, confusion with regards to the Infection Control risks and the omission of HSMR.

Ms Brimelow thanked Mr Crawford for the report. In summary, the Committee were content that HSMR (Hospital Standardised Mortality Rate) was being addressed through other processes and therefore did not require to be included. The Committee would expect a further update on the risk register at the next meeting in March 2019.

**Mr Crawford**

NOTED

**57. CHILD PROTECTION SIGNIFICANT CLINICAL INCIDENTS OVERVIEW REPORT**

The Committee considered the paper 'Introduction of Child Protection Significant Clinical Incident Protocol' [Paper No. 18/36] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire introduced Mrs Wendy Mitchell, Chief Nurse and Head of Child Protection Unit to the Committee. Mrs Mitchell advised that the paper provided an update following the introduction of the Child Protection Significant Clinical Incident (CPSCI) protocol in February 2017. Mrs Mitchell noted that, to date, 9 SCIs had been conducted, which had identified learning and changes required. Work has been undertaken to address issues with compliance, and Dr McGuire has written to HSCP Chief Officers with regards to this. Improvement with compliance would be monitored and reported.

Mrs Brimelow thanked Mrs Mitchell and Dr McGuire for the update and invited questions from Committee members.

In response to questions from members with regards to compliance within HSCPs, Mrs Mitchell was hopeful that this would improve given the endorsement by the Board, however recognised that further work was required to ensure understanding and clarification of guidance and responsibilities.

In summary, the Committee were satisfied to note the content of the report.

NOTED

**58. IMPLEMENTATION OF NHSGG&C CHILD PROTECTION LEARNING AND EDUCATION STRATEGY**

The Committee considered the paper 'Implementation of NHSGGC Child Protection Learning and Education Strategy 2019' [Paper No. 18/37] presented by the Director of Nursing, Dr Margaret McGuire.

The paper described the development and implementation of a Child Protection Learning & Education Strategy (CPLES) for 2019, to be delivered by the Child Protection Service (CPS).

Mrs Brimelow invited questions and comments from Committee members.

In response to comments from Committee members in relation to the tiered approach to training, it was agreed that a further discussion was required to clarify monitoring, training requirements for individual staff groups, when training would take place and responsibilities of key individuals.

Mrs Brimelow thanked Mrs Mitchell and Dr McGuire for the report and the Committee were content to note the report and agreed the direction of the Education Strategy. The Committee would expect a further paper detailing information on the implementation of the strategy at a future meeting.

**Dr McGuire**

NOTED

**59. HEALTHCARE QUALITY STRATEGY**

The Committee considered the paper 'Healthcare Quality Strategy' [Paper No. 18/32] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire noted that the paper would be presented to the Board Meeting in February 2019. The aim of the strategy was to ensure that the care that we provide to our patients and their families/carers is person-centred and meets high standards of clinical quality. Dr McGuire highlighted page 13 which detailed the actions required and noted that work was already underway to deliver these.

The Committee would review the document further and would submit any further comments to Dr McGuire and Mr Crawford.

Mrs Brimelow thanked Dr McGuire for the update. The Committee noted that the strategy was in draft and that this would be presented to the Board in February 2019. The Committee were comfortable with the overall direction of the strategy, however suggested the inclusion of more information on the deliverables.

NOTED

**60. ACUTE CLINICAL RISK REPORT INCLUDING UPDATE ON DUTY OF CANDOUR**

The Committee considered the paper 'Acute Services Clinical Risk Report (including update on Duty of Candour)' [Paper No. 18/34] presented by the Head of Clinical Governance, Mr Andy Crawford.

Mr Crawford provided an overview of the report and noted that a total number of 40 events were being tracked. All events were in line with the Duty of Candour policy. A total number of 133 investigation reports were shared with patients and Mr Crawford was pleased to note early adoption of the transparency principles.

Mrs Brimelow thanked Mr Crawford for the report and invited comments and questions from Committee members. Concerns were noted in relation to high risk areas, in particular, events within Pain Teams. Mr Crawford described the process of change, and noted the significant changes in practice required across lots of small areas. Mr Crawford did not think it would be beneficial to issue a directive in respect of this issue, but felt that a commitment to implement changes in practice would be of greater benefit.

Further discussion took place about consistency of approach, a more active approach to monitoring and clearer guidance.

In summary, the Committee were content to note the report and update on the implementation of the Duty of Candour policy. The Committee noted that the policy had now been implemented and were satisfied that this was being managed in line with policy requirements.

NOTED

**61. BOARD CLINICAL GOVERNANCE FORUM**

The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 1<sup>st</sup> October 2018 [Paper No. 18/39].

Mr Brimelow was in attendance at the meeting and gave a brief overview of the items discussed, in particular, the HSMR (Hospital Standardised Mortality Rate) report. Mrs Brimelow commended the work of the Board Clinical Governance Forum and encouraged Committee members to consider attending a future meeting.

NOTED

**62. DATE OF NEXT MEETING**

The Committee noted the schedule of dates for 2019 [Paper No. 18/40].

Date: Tuesday 5<sup>th</sup> March 2019  
Venue: Boardroom, JB Russell House  
Time: 1.00pm

The meeting concluded at 4.30pm.