

Board C&CG (M) 19/01
Minutes: 01 - 14

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 5th March 2019 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Mr S Carr
Mr I Ritchie
Cllr Caroline Bamforth
Mrs A Thompson

IN ATTENDANCE

Ms J Grant	Chief Executive
Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Ms E Vanhegan	Head of Corporate Governance and Administration
Mr T Steele	Director of Estates and Facilities
Ms M Gardner	Chief Nurse, South Sector
Dr D Dodds	Chief Of Medicine, Regional Services
Ms S Devine	Interim General Manager for Infection Control Team
Dr T Inkster	Lead Clinician for Infection Control Team
Mrs G Mathew	Secretariat Manager

ACTION BY

01. APOLOGIES & WELCOME

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

Ms Brimelow noted that, due to other commitments, Mr Carr would only be in attendance for 1 hour.

Ms Brimelow welcomed Ms Morag Gardner, Chief Nurse, South Sector, who was in attendance on behalf of Dr Margaret McGuire.

Ms Brimelow welcomed Dr David Dodds, Chief of Medicine, Regional Services, who was in attendance to provide an update on Item 10 – Interventional Neuro-radiology.

Ms Brimelow also welcomed Dr Teresa Inkster, Lead Infection Control Doctor, and Ms Sandra Devine, Associate Nurse Director, Infection Prevention and Control, who were in attendance to provide an update on Item 6 – Recent Infection Incidents Update, and Item 9 – Report on Concerns raised regarding QEUH and

RHC – Updated Position.

Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak, Dr Margaret McGuire, and Mrs Dorothy McElean.

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

The Committee considered the minute of the meeting which took place on Tuesday 11th December 2018 [Paper No. CCG (M) 18/04]. On the motion of Mrs Thompson, seconded by Dr Lyons, the Committee approved the minute as an accurate record of the meeting, subject to the following amendment:

Page 2, Item 48 – Matters Arising from the Minutes – a) Rolling Action List – Minute 40 – HSMR Figures – the second last sentence of the paragraph should read “Dr Armstrong agreed to share the HIS response with the Committee once available”.

Page 5, Item 50 – HEI Visit to Inverclyde Royal Hospital (IRH) – this should read “OPAH Visit to Inverclyde Royal Hospital (IRH).”

APPROVED

04. MATTERS ARISING FROM THE MINUTES

a) Rolling Action List

The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/01] and the following updates were provided.

Minute 54 – Governance and Quality of Care

Dr Armstrong clarified that this item was in relation to the previous paper considered by the Committee at the meeting of 11th December 2018, in relation to assurance of the quality of surgical care. Ms Brimelow recommended the closure of this action, given that this was a matter for the Board. The Committee were content with this.

Secretary

Minute 57 – Future reports to be linked/themed around Clinical Risk Register

The Committee were content to close this action.

Secretary

Other Matters Arising

Cowlairs Decontamination Unit

Ms Grant noted that a full review of the incident was underway. A report would be presented to the Acute Services Committee in due course.

PVC Procedure Packs

Dr Armstrong noted that this would be covered under the main report.

NOTED

05. OVERVIEW

Dr Armstrong provided an overview of topics not included on the agenda. Dr Armstrong advised the Committee of the HPS report on the water at Royal Hospital for Children (RHC) and the Queen Elizabeth University Hospital (QEUH), which was published on 22nd February 2019. Dr Armstrong advised that further information would be detailed within the main report under Item 9. Dr Armstrong noted the recent announcement by the Health Secretary, Jeane Freeman, of the appointment of two co-chairs to lead the independent external review of the QEUH, Dr Brian Montgomery, former Medical Director and Interim Chief Executive of NHS Fife; and Dr Andrew Fraser, Director of Public Health Science, NHS Health Scotland. An internal review by NHSGG&C had also commenced.

Ms Brimelow thanked Dr Armstrong for the update.

NOTED

06. RECENT INFECTION INCIDENTS UPDATE

The Committee considered a paper 'Recent Infection Incidents Update' [Paper No. 19/02], presented by Infection Prevention and Control Team, Dr Teresa Inkster, Lead Clinician for Infection Control Team and Ms Sandra Devine, Interim General Manager for Infection Control Team. The report asked the Committee to note the contents of the paper which provided an update on recent outbreaks or incidents which scored Amber or Red using the National Healthcare Infection Incident Assessment Tool. There had been four significant incidents/outbreaks across NHSGGC between December 2018 and February 2019. The paper summarised the incidents which had occurred and the actions taken to control them and prevent further infection.

Dr Teresa Inkster, Consultant Microbiologist, went on to provide an overview of each of the incidents.

Cryptococcus neoformans

Two cases were identified between 21st November 2018 and 9th December 2018. This was considered an exceptional infection episode and was therefore reported, managed and controlled as per Chapter 3 of the National Infection and Prevention Control Manual. The incident was downgraded to green on the 15th February.

There have been no further cases reported since 11th December 2018. Dr Inkster described a number of actions completed and the outcomes of each including a review of drugs given to patients by the aseptic pharmacy, a review of the plant

room on the roof of the adult hospital, professional clean of plant rooms, air sampling of ward areas, prescribing of antifungal prophylaxis medication, installation of HEPA air filters and samples of bird droppings obtained and sent for testing. A number of samples had revealed the presence of *Cryptococcus albidus*, but not *Cryptococcus neoformans*. The initial hypothesis suggested a plant room could have been a source, however air sampling results did not support this. A short life expert advisory group with input from UK experts was set up to explore a number of hypotheses as to the source of the *Cryptococcus*.

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

In response to questions from Committee members in relation to the existing air filters, Dr Inkster advised that following the learning points from this incident, a review of air filters had been undertaken. She also confirmed that HEPA air filters were being installed in Wards 2a and 2b.

In response to questions from Committee members in relation to national recommendations and guidance about the use of HEPA air filters, Dr Inkster noted that HEPA air filters were recommended for patients undergoing bone marrow transplant and those with acute lymphoblastic leukaemia. These patients had been moved to the adult BMT unit. Dr Inkster noted that installation of HEPA filters had been extended to include conditions and treatment which compromised the immune system within the QEUH.

In response to questions from Committee members in relation to the fungus, Dr Inkster advised that whilst exposure to the fungus is common, infection following exposure was rare and usually in patients with severe immuno-compromised system.

Following discussion, Dr Inkster noted that the short life expert advisory group continued to explore all possible hypotheses to identify the source, however stressed that the safety of patients and the prevention of further infections remained the highest priority.

Mucoraceous Mould

Two cases of infection were identified within the QEUH ICU department on 18th January 2019 and results on January 21st confirmed them as Mucoraceous. Dr Inkster noted a number of actions undertaken to identify the source, including samples taken from a dialysis point in Room 23, review of near patient equipment, linen swabs taken, and air sampling. There were no further cases reported since 18th January 2019. There had been no source identified. This fungus is widespread in the environment generally.

Stenotrophomonas maltophilia

Four confirmed cases of *S.maltophilia* had been identified within the ITU/HDU at Royal Alexandra Hospital (RAH). Dr Inkster described a number of actions undertaken including a deep clean, twice daily enhanced cleaning, hard surface environmental swabbing carried out, screening of all patients in the unit, water outlets sampled pre and post flush, and an audit of hand hygiene. There had been no further cases since 22nd February.

Ms Brimelow invited questions from Committee members.

In response to questions from Committee members regarding the hand hygiene audit, Ms Devine noted that the results of the audit highlighted improvements required in technique used. Hand hygiene audits were regularly undertaken in all areas, and the Hand Hygiene Coordinator conducted random audits across NHSGG&C. Dr Lyons was interested to note that the results of the hand hygiene audit conducted at RAH ITU/HDU were reported as two distinct categories: - opportunity and technique, however the routine hand hygiene audit results were not usually recorded in this way.

Ms Devine

In response to questions from Committee members in relation to bank and agency staff and hand hygiene audits, Ms Devine assured the Committee that hand hygiene audits include a proportion of all staff groups present in the department at that time.

In response to questions from Committee members in relation to vacancies reported within the domestic teams, Mr Steele assured Committee members that work was underway with both HR and the Recruitment Team to improve the pace of the recruitment process.

Staphylococcus aureas Bacteraemia (SABs)

Seven confirmed cases and one possible case of an unusual strain of Staphylococcus aureus Bacteraemia (SAB) had been identified within the Neonatal Intensive Care Unit at Princess Royal Maternity Hospital, and subsequently, the Royal Alexandra Hospital (RAH). Dr Inkster noted the actions underway to address this including a full terminal clean using hydrogen peroxide vapour, increased daily cleaning measures, hand hygiene audits, environmental screening, staff screening and weekly screening of all babies in all units. Dr Inkster also noted the communications process followed to inform parents of babies within the affected units.

Ms Brimelow invited questions from Committee members.

In response to questions from Committee members in relation to the hand hygiene audits carried out and the outcomes of these, Ms Devine agreed to share information with the Committee.

Ms Devine

Ms Brimelow thanked Dr Inkster and Ms Devine for the assurance provided. The Committee would expect a further report from Ms Devine in relation to hand hygiene audits at the next Committee meeting.

NOTED

09. REPORT ON CONCERNS RAISED REGARDING QEUH AND RHC – UPDATED POSITION

The Committee considered the paper 'Report on Concerns raised regarding QEUH and RHC – Updated position' [Paper No. 19/05] authored by the Infection Control Management Team. The paper provided an overview of the progress being made in relation to a number of issues highlighted in the previous report of 5th December 2017 [Paper No.17/24]. Key areas of progress were noted including the inclusion of 34 rooms on the PPVL schedule; compliance with SHFN 30 HAI Scribe Programme and process for refurbishment; the 12 month capital plan for upgrade

of the ventilation system of Ward 2a at RHC; significant reduction in Central Line Associated Bacteraemia Infections (CLABSI) due to improvement work carried out since 2017; compliance with SHTM 04-01 Part B- operational Management testing for Legionella and HSE Legionnaires disease “Microbiological Monitoring” HSG 274; establishment of local water safety groups and testing including exception reporting and escalation; and review of ICD roles and responsibilities including development of ICD Job Description.

In response to questions from Committee members in relation to the issues associated with the Adult and Paediatric Bone Marrow units moving into the QEUF when the facility opened in 2015, Dr Armstrong set out that in the case of the Adult BMT, the unit had higher than optimal particle counts. As patient safety is paramount, patients were moved back to the Beatson while extensive refurbishment took place. Patients were not moved back until extensive air testing and engagement with clinical directors, clinicians, infection control and estates colleagues had been undertaken.

In response to questions from Committee members regarding the number of vacancies within the Estates Team, and the level of training and experience requirements, Mr Steele noted that extensive work was underway in partnership with universities, to develop expertise in required areas and create modern apprenticeship and management opportunities. Work was being progressed with HR and Recruitment colleagues to streamline the recruitment process.

Mr Ritchie asked Dr Inkster if she and her colleagues were content with the progress of actions taken to address their concerns. Dr Inkster replied that she and her colleagues were content with the good progress made on all of the areas.

The Committee were assured of the actions being undertaken to address the issues and to ensure the safety of patients. The Committee commended the efforts of the Medical Director who asked the Microbiologists to document all concerns in 2017 with all meeting and developing an action plan to address concerns directly. The Committee noted thanks to the various teams work to address these issues.

In summary, the Committee noted that progress had been made, were content that patient safety remained the top priority and were pleased to note that there had been no further water incidents in the last 6 months.

NOTED

10. UPDATE ON INTERVENTIONAL NEURO-RADIOLOGY REPORT

The Committee considered the paper ‘Update on Interventional Neuro-radiology Report’ [Paper No. 19/06] presented by the Medical Director, Dr Jennifer Armstrong. An action plan has been developed to address the recommendations following the external review of the INR service. Dr Armstrong introduced Dr David Dodds, Chief of Medicine, Regional Services. Dr Dodds provided an overview of the areas within the action plan to address the three areas of recommendation following the review including staff governance, establishment of a national service and national governance.

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

In summary, the Committee noted the report, noted the tabled Action Plan, and would await further updates to the Committee as this work progressed.

NOTED

07. UPDATE ON RAPID ACCESS CLINIC FOR PAEDIATRIC DENTISTRY

In the absence of a written report, Ms Grant provided a verbal update to the Committee. Ms Grant noted the significant challenges for a number of specialties in relation to anaesthetic support. Ms Grant advised that 2 additional Paediatric Anaesthetists had been recruited, in addition to the 2 vacant posts, which had now been filled. Additional support from other NHS Board areas had also been received. The number of patients waiting over 12 weeks had been significantly reduced, and there were currently a total of 134 patients waiting longer than 12 weeks. Work was also being progressed to identify the underlying causes of the increase in numbers of children requiring treatment.

In summary, the Committee were content to note the recruitment of 2 additional Paediatric Anaesthetists, along with the recruitment of the 2 vacant posts and noted that there were currently 134 patients waiting over 12 weeks. The Committee were content that this issue would be considered by the Acute Services Committee as part of the overall waiting times report, and therefore **Secretary** recommended the closure of this item.

NOTED

08. HEI VISIT TO ROYAL ALEXANDRA HOSPITAL

The Committee considered the paper 'Unannounced Healthcare Associated Infection (HAI) Inspection RAH 4th – 6th Dec 18' [Paper No. 19/04] presented by the Chief Nurse, South Sector, Ms Morag Gardner, on behalf of the Director of Nursing. The paper highlighted the requirements and recommendations of the report, details the action plan and progress of improvements made.

Following the visit, there were 8 requirements and 1 recommendation made and the Board have completed and returned improvement action plans to address these. Ms Gardner noted that all requirements highlighted had been addressed, including the removal of the damaged clinical waste bin; replacement of the fridges for breast milk; removal of bladeless fans; cleanliness issues within Emergency Department rectified and continuity of domestic services being addressed by the Facilities Manager; review of all chairs and transport chairs for damage and added to cleaning schedule; immediate work carried out to replace damaged wooden surfaces within theatre areas; and immediate reorganisation of storage area within theatres to allow additional storage for sterile trays.

Ms Gardner described the positive feedback received following the visit including feedback received from patients; standard of equipment; cleanliness; hand hygiene; and use of personal protective equipment.

Ms Brimelow thanked Ms Gardner and Ms Devine for the update and invited questions from Committee members.

In response to questions from Committee members in relation to the current domestic staff capacity at RAH, Mr Steele advised the Committee that the issues related to access to areas in order to carry out cleaning. Committee members were disappointed to note a high volume of low level estates matters; however Mr Steele provided assurances that this was being addressed, along with a review of the cleaning processes.

In response to questions from Committee members in relation to a potential gap within the Emergency Department between 1.30pm and 4pm, Mr Steele assured the Committee that work was underway to address this.

In summary, the Committee were content to note the report and thanked Ms Gardner, Ms Devine and Mr Steele for the assurances provided.

NOTED

11. UPDATE ON HISTORICAL CHILD ABUSE INQUIRY

The Committee considered a paper 'Scottish Child Abuse Inquiry – Lennox Castle Hospital' [Paper No. 19/07] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The Inquiry commenced in October 2015, and in September 2018, NHSGG&C were notified that Lennox Castle Hospital would be included within the Inquiry. Ms Vanhegan described the 4 sections required in the response and noted that sections A & B had been submitted on 1st March 2019. Sections C & D require to be submitted by 31st May 2019 and work continued in partnership with the Central Legal Office and the Local Authority, to gather the information required.

Ms Brimelow thanked Ms Vanhegan for the update. In summary, the Committee were content to note the report, the progress made, and the submission of sections A & B.

NOTED

12. COMPLAINTS AND PATIENT EXPERIENCE FEEDBACK REPORT

The Committee considered a paper 'Patient Experience Report – Quarter 3 – 1st October to 31st December 2018' [Paper No. 19/08] presented by the Chief Nurse, South Sector on behalf of the Director of Nursing.

Complaints

Ms Gardner noted the areas included within the report including Acute, Partnerships and Prisons. She advised the Committee of the common complaint themes and highlighted that clinical treatment was the most common theme reported, followed by date of appointment; communication; and attitude of staff. Ms Gardner noted an increase in the number of complaints received related to prisons and across the Board area. She advised that a series of training sessions had been organised by Complaints colleagues to encourage early resolution of complaints.

Ms Brimelow thanked Ms Gardner for the update and invited questions from Committee members.

In response to questions from Committee members in relation to the percentage of complaints related to interactions with staff, Ms Gardner advised that work was underway to include complaints and communications with patients as part of the induction process for new members of staff. Newly qualified nursing staff were being trained on how to respond to conflict; how to break down communication barriers; and the empowerment of staff to encourage early resolution.

Feedback

Ms Gardner provided an overview of the positive areas of note within patient feedback including examples of care and compassion and access. She also noted the negative feedback received in relation to attitude and behaviours. Ms Gardner noted that in addition to the induction programme as mentioned, a positive behaviours video was being developed for staff and would be available soon.

Ms Gardner described recent postal surveys conducted, and the key themes emerging from this, notably patients wishing to be more involved in their care and decisions about their care. Actions have been developed following this survey and were detailed within the report.

In summary, the Committee were content to note the report, and wished to thank Mrs Haynes for her production of the report and the teams involved in delivering the actions noted.

NOTED

13. BOARD CLINICAL GOVERNANCE FORUM

The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 3rd December 2018 [Paper No. BCGF (M) 18/12].

Mr Crawford noted the key points from the meeting including a presentation given on the Scottish Stroke Improvement Programme, CQI Project Update, Healthcare Quality Strategy, Inverclyde OPAH Inspection Report, and the five main service area reports.

In response to questions from Committee members in relation to the concerns raised by foundation Orthopaedic trainees, Mr Crawford advised that a full report would be presented to the Acute Clinical Governance Committee, before being presented to the Board Clinical Governance Forum, to consider the matter fully.

The Committee felt it would be helpful to hear the presentation by Ms Marie Farrell on the Scottish Stroke Implementation Programme and Dr Armstrong would be happy to ask Ms Farrell to attend a future meeting. This item would be included on the forward planner.

Secretary

Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the minute.

NOTED

14. DATE OF NEXT MEETING

Date: Tuesday 11th June 2019
Venue: Boardroom, JB Russell House
Time: 1.00pm

The meeting concluded at 4.30pm.