

Board C&CG (M) 19/02
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 11th June 2019 at 1.00pm**

PRESENT

Ms S Brimelow OBE - in the Chair

Dr D Lyons
Mr S Carr
Mr I Ritchie
Cllr Caroline Bamforth

IN ATTENDANCE

M McGuire present for start and finish of meeting

Dr J Armstrong	Medical Director
Mr A Crawford	Head of Clinical Governance
Ms E Vanhegan	Head of Corporate Governance and Administration
Mrs D McErlean	Employee Director
Mrs P Ralphs	Planning Manager
Ms J Rodgers	Chief Nurse, Paediatrics and Neonates
Mrs G Mathew	Secretariat Manager
Mrs L Russell	Secretariat Officer

		ACTION BY
15.	APOLOGIES & WELCOME	
	Ms Brimelow welcomed everyone to the meeting and introductions were made. Apologies for absence were intimated on behalf of Professor Dame Anna Dominiczak and Mrs Audrey Thompson. <u>NOTED</u>	
16.	DECLARATION(S) OF INTEREST(S)	
	One declaration of interest was raised. Mr I Ritchie declared an interest as Chair of the Organ Donation Committee for Item 29, Board Clinical Governance Forum. <u>NOTED</u>	

17.	MINUTES	
	<p>The Committee considered the minute of the meeting which took place on Tuesday 5th March 2019 [Paper No. CCG (M) 19/01] and were content to approve this as an accurate record, subject to the following amendments:</p> <p>The Committee received correspondence from Dr Teresa Inkster, Lead Infection Control Doctor NHSGGC, in relation to information provided at the Committee meeting in March regarding the recent infections (item 6) and the report on concerns raised regarding QEUH and RHC (item 9). The Committee considered the amendments suggested by Dr Inkster, in addition to the secretaries written notes of the meeting, and, following reflection, agreed to the following amendments:-</p> <p>Item 6 – Cryptococcus neoformans – Paragraph 6 “Dr Inkster noted that installation of portable HEPA filters had been extended to include haemato-oncology patients within QEUH”</p> <p>Item 6 – Mucoraceous mould – Paragraph 1 “It is possible the dialysis point was the source as mould was grown from the area. No cases have been reported since the 18 January 2019 and this source has been remedied. Alternatively, this fungus is ubiquitous and may have been present in the air at the time”.</p> <p>Item 9 – Report on concerns raised regarding QEUH and RHC –Updated Position – Paragraph 4 “Mr Ritchie asked if colleagues were reassured by the actions that had been taken to address the issues and if there were any further concerns raised in relation to recent events. Dr Inkster advised that one colleague had since retired; other colleagues had not raised any further issues with her”</p> <p><u>APPROVED</u></p>	
18.	MATTERS ARISING FROM THE MINUTES	
a)	<u>Rolling Action List</u>	
	<p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/08] and were content to accept the recommendation that 7 actions be closed.</p> <p><u>Other Matters Arising</u></p> <p>Paediatric Dentistry Dr Armstrong noted that an update had been given at the Committee meeting in March and the matter was subsequently closed. The Committee agreed however that a further update would be requested at a future meeting.</p> <p>Short Life Expert Advisory Group – Air Samples Mr Carr requested assurance of the reporting mechanisms for the above group. It was clarified that the group would report findings via the Internal Review of the QEUH/RHC structures.</p> <p><u>NOTED</u></p>	

19.	REVIEW OF COMMITTEE TERMS OF REFERENCE	
	<p>The Committee considered the paper 'Review of Clinical and Care Governance Committee Terms of Reference' [Paper No 19/09] presented by Head of Corporate Governance and Administration, Ms Elaine Vanhegan. Members were asked to review the current remit of the Committee and ensure it remains, at this stage, fit for purpose.</p> <p>Following the national process to implement 'A Blueprint for Good Governance' and the publication of the Ministerial Strategic Group (MSG) Review of Progress of Integration with Health and Social Care, the proposed amendments to the Committees Terms of Reference take account of these priorities by ensuring that the Board's corporate governance framework suitably applies a 'whole system' approach to oversight of the Board's functions.</p> <p>Committee members noted the inclusion of clinical governance of the West of Scotland Research Ethics Committee.</p> <p>Clarity has been provided on the format of the minute of a meeting and rolling action list and the addition of a Chairs Report template for providing feedback to the Board.</p> <p>Ms Vanhegan agreed to circulate the Scheme of Delegation following approval at the next Audit and Risk Committee meeting on Tuesday 18th June 2019.</p> <p>Mr Crawford suggested some amendments including the addition of Duty of Candour, and Clinical Governance Strategy. Ms Vanhegan and Mr Crawford agreed to discuss this further following the meeting.</p> <p>In summary, the Committee were content to endorse the revised Terms of Reference, subject to amendments as discussed by Mr Crawford and Ms Vanhegan, for submission to the Audit and Risk Committee, and final approval by the Board.</p> <p><u>NOTED</u></p>	<p>Ms Vanhegan</p> <p>Ms Vanhegan/Mr Crawford</p>
20.	OVERVIEW	
	<p>Dr Armstrong provided an overview of topics not included on the agenda.</p> <p>Interventional Neuro-Radiology (INR)</p> <p>Dr Armstrong provided an update on activities underway following the development of an action plan to address the recommendations made by the external review. These included ongoing discussions with colleagues in Edinburgh and Glasgow, training placements and additional locum support. Dr Armstrong was pleased with the progress made to implement improvements. In relation to INR, Dr Armstrong advised that a proposal would be presented to the Managed Service Network this week, requesting support from the Managed Service Network to support INR and establish a lead clinician to provide clinical leadership to the service.</p> <p><u>NOTED</u></p>	
21.	INTERNAL REVIEW OF QEUH/RHC – CLINICAL REVIEW	

	<p>The Committee considered the paper 'QEUH/RHC – Internal Review – Interim Report on Clinical Outcomes' [Paper No 19/10] presented by Head of Clinical Governance, Mr Andy Crawford. The paper provided an update on progress to date in relation to the internal review of clinical outcomes and provided further information on additional commissioned areas of review including Deanery feedback from the recent visit to QEUH in February 2019.</p> <p>A Programme Board was recently established to coordinate the review of the QEUH/RHC. The internal review encompasses 3 work streams: Review of the facilities and environmental issues, review of capacity and flow to assess position now against the original model and planning assumptions and review of clinical quality and outcomes. Committee members noted that the interim report focused on the latter.</p> <p>The internal report will be used to provide local assurance.</p> <p>In response to questions from the Committee in relation to cross over with the external review, Mr Crawford assured members that the team working on the external review will be updated with reports and the internal review will inform parts of the external review.</p> <p>Dr Armstrong informed Committee members that a review of estates was underway. Mr Jonathan Best will also carry out a review and prepare a report on whether the original capacity assumptions made remain adequate.</p> <p>Committee members reviewed the report and noted the following comments:</p> <ul style="list-style-type: none"> • Administrative errors with the calculation of the indicators on page 5 of the report. Mr Crawford will check the calculations. • Include more detail on team working and highlight some of the different issues. Mr Crawford agreed to include more detail on SCI's and confirm if they were resolved • Broaden on tissue viability to drill down instances of pressure ulcers. Assurance was required that avoidable pressure ulcers were not occurring. <p>In response to a question from the Committee on including accreditation of laboratories in the report, Mr Crawford agreed to discuss this with Dr Armstrong.</p> <p>Dr Armstrong informed Committee members that a letter was received from General Medical Council addressed to the Chairman in relation to the volume of admissions to Intermediate Assessment Unit (IAU) at the QEUH. This issue will be included in the report. The issues were mainly in relation to availability of beds and that the unit was very busy. Additional beds had been identified for use by IAU. The Committee noted that a review of the front door was carried out in March 2018 and no SCI's were noted. The report, and the full response from the Chairman, will be shared with the Committee in due course.</p> <p>The Committee was assured by the update provided that the internal review being carried out will offer an accurate account of developments.</p> <p><u>NOTED</u></p>	<p>Mr Crawford</p> <p>Mr Crawford</p> <p>Mr Crawford</p>

22.	HEI INSPECTIONS – UPDATE REPORTS	
	a) <u>RAH INSPECTION</u>	
	<p>The Committee considered the paper ‘Unannounced Healthcare Associated Infection (HAI) Inspection RAH 4th – 6th Dec 18 Progress Update’ [Paper No 19/11a] presented by the Director of Nursing, Dr Margaret McGuire. The paper highlighted the requirements and recommendations from the report, detailed the action plan and progress of improvements being made.</p> <p>Dr McGuire informed the Committee that the post inspection 16 week ward and theatre action plans were submitted to Healthcare Improvement Scotland on 23rd April 2019.</p> <p>Following the recommendation of removal of bladeless fans, Dr McGuire informed the Committee that in the interim suitable bladed fans, which could be cleaned, have now been sourced.</p> <p>The issues identified with environmental cleanliness within ED have been rectified. The gap in cleaning staff has been resolved and a 24/7 cleaning service for ED was being maintained.</p> <p>Following the recommendation to review storage options, in particular the stacking of sterile trays, immediate action was taken to reorganise storage to allow additional storage for sterile trays. An alternative location to store less frequently used equipment was in the process of being identified.</p> <p>In response to questions from Committee members in relation to continuity of domestic services, staff levels and recruitment and retention of staff, Dr McGuire informed members that this was being addressed through the healthcare quality improvement strategy. The importance of staff feeling valued at work was recognised. Mrs Dorothy McErlean informed the Committee that the Staff Governance Committee was reviewing the cultural framework to address issues.</p> <p>In response to questions from Committee members in relation to the reporting of broken and fatigued equipment and current backlogs, Dr McGuire assured members that work was being carried out to address this. Dr McGuire assured members that staff were more aware of prompting when actions were outstanding and working in conjunction with the Estates team. Dr McGuire informed members that the Director of Facilities and Estates, Mr Tom Steele was considering ways to manage risk associated with ensuring adequate staffing.</p> <p>Chief Nurse for Paediatrics and Neonates, Ms Jennifer Rodgers, informed Committee members that a successful Learning for Excellence test had been carried out. The main aims were to improve staff morale and promote excellence. Reporting good pieces of work has been very positive and was improving performance.</p> <p>The Committee noted completed actions and the progress made.</p> <p><u>NOTED</u></p>	
	b) <u>QEUH INSPECTION</u>	

	<p>The Committee considered the paper 'Unannounced Safety and Cleanliness Inspection QEUH (including Institute of Neurosciences and Royal Hospital for Children) 29th – 31st January 2019 Progress Update' [Paper No 19/11b] presented by the Director of Nursing, Dr Margaret McGuire. The paper highlighted the requirements and recommendations from the HIS report, and updates on further progress reports submitted to Healthcare Improvement Scotland (HIS) 12th April and 10th May.</p> <p>Dr McGuire informed the Committee that monthly update reports were being submitted to Healthcare Improvement Scotland, for onward submission to the Scottish Government.</p> <p>Following the recommendation to consider the use of red/amber/green indicators, these have been amended to include percentage and clear explanation of where points have been lost.</p> <p>In response to questions from Committee members about governance issues highlighted by the inspection, Dr Armstrong assured members that work was progressing to address these issues. A Built Environment Group was in the process of being created to provide oversight to three Sub-Groups which were theatres, ventilation and water. This group will be chaired by Director of Facilities and Estates, Mr Tom Steele. The Terms of Reference for the group were in the process of being drafted. Dr Armstrong reported that Mr Steele was also carrying out a review of all estates issues. Some concerns were noted by Committee members in relation to the timescale in addressing these issues.</p> <p>Ms Rodgers assured members that actions for the Royal Hospital for Children were complete within 4 weeks.</p> <p>Mr Donald Lyons requested that acronyms were explained in the document.</p> <p>Ms Brimelow thanked Dr McGuire for the assurance provided and noted the progress made and close scrutiny from the Scottish Government. The Committee expect a further report with a detailed action plan for addressing the outstanding governance issues to be presented in due course. The Director of Facilities and Estates will be invited to attend the meeting to provide an update on the report.</p> <p><u>NOTED</u></p>	Secretary
23.	PURSUIING EXCELLENCE IN HEALTHCARE	
	<p>The Committee noted the paper 'Pursuing Excellence in Healthcare' [Paper No 19/12]. The Pursuing Excellence in Healthcare: NHS GGC Healthcare Quality Strategy has been revised in line with feedback received from the NHS Board on 19th February 2019, and was remitted to the Committee by the Board, for approval.</p> <p>The Committee noted the amendments made and were content to approve the Strategy.</p> <p><u>APPROVED</u></p>	

24.	HAND HYGIENE AUDITS UPDATE	
	<p>The Committee considered the paper 'Update on Hand Hygiene Audits' [Paper No 19/13] presented by Dr Armstrong and Ms Rodgers, Chief Nurse, Paediatrics and Neonates. The paper provided additional information in relation to the Hand Hygiene Audits discussed at the Committee meeting in March 2019.</p> <p>Ms Rodgers assured members that hand hygiene audits were carried out routinely on a number of different levels. Committee members noted the two different percentage targets, one for opportunity and one for technique.</p> <p>Mrs Brimelow thanked Ms Rodgers for the assurance provided and the Committee were content to note the update.</p> <p><u>NOTED</u></p>	
25.	STROKE IMPROVEMENT PROGRAMME UPDATE	
	<p>The Committee considered the paper 'Stroke Improvement Programme Update' [Paper No 19/14] presented by Planning Manager, Mrs Pamela Ralphs on behalf of the Clyde Sector Director. The paper highlighted progress of the NHSGGC Stroke Improvement Plan.</p> <p>Mrs Ralphs highlighted the key points. Scanning targets changed in January 2019 from 95% access within 24 hours to achieving 90% within 12 hours of presenting. Following this the bundle performance had improved. Mrs Ralphs reported that there have been some continuing challenges in Royal Alexandra Hospital (RAH) and work had begun to review activity against the current bed model with a view to redesigning this within the sector.</p> <p>Mrs Ralphs provided an update on changes to the Acute Stroke Pathway for Inverclyde residents. The proposed pathway change would see QEUH take an average of 16 direct patient admissions per month from the Inverclyde area. To date, the changes have not yet been implemented and no timescale has been agreed to implement these. Discussions remain ongoing with the Scottish Ambulance Service to agree the pathway for the repatriation of patients. The front door responsibility target is 100% in 4 hours which is challenging. Mrs Ralphs reported that GG&C was achieving 85%. Staff training continued to be rolled out and exception reporting carried out.</p> <p>Dr Armstrong noted that positive progress has been made on the Stroke Improvement Plan. Work was ongoing with the TIA pathway and planning for Thrombectomy.</p> <p>A Standard Operating Procedure for Water Swallow has been drafted and will be approved by the Stroke Improvement Group. Mrs Ralphs agreed to circulate this to Committee members following approval.</p> <p>Following the redesign of the South Glasgow clinic, the process was still being embedded. There was local ambition to move to a 24 hour target to prevent/reduce incidences of strokes.</p>	Mrs Ralphs

	<p>In response to a question raised by the Committee regarding adequate staffing levels for INR to provide the service, Dr Armstrong informed members that the team were not at full compliment. There was discussion about ensuring thrombolysis pathways are clearer. For this reason, the lead clinician for stroke for Clyde was working with the Chief of Medicine and the Stroke Review Group to develop this pathway.</p> <p>Mrs Brimelow thanked Mrs Ralphs for the report and update. Committee members requested further updates on clinical input from Professor Keith Muir, SINAPSE Professor and Consultant Neurologist. The Committee members noted the significant work being carried out to improve quality, and noted the national work being carried out to develop a national stroke Thrombectomy service.</p> <p><u>NOTED</u></p>	
26.	UPDATE ON LEARNING STRATEGY FOR CHILD PROTECTION	
	<p>Ms Rodgers presented the paper 'Update on the Implementation of NHSGGC Child Protection Learning and Education Strategy 2019' [Paper 19/15] which provided an update on the development and implementation of a Child Protection Learning & Education Strategy (CPLES) for 2019, to be delivered by the Child Protection Service (CPS). The Strategy aims to deliver high quality learning opportunities that meet the needs of staff protecting children.</p> <p>Ms Rodgers reported that the learning strategy has been well received by medical and nursing teams. Between January 2019-March 2019, 629 members of staff have received face to face training.</p> <p>Sessions have been well received however releasing staff from their day to day role has been challenging. Work was taking place with CPS to develop a dynamic approach to delivery of training in order for staff to attend the training course.</p> <p>In response to Committee member's questions seeking assurance that staff were being given the opportunity to attend training, Ms Rodgers informed members that training courses were available board wide. The courses were being delivered locally to allow more members of staff the opportunity to attend the course.</p> <p>The Committee noted the development and implementation of the Strategy however, the Committee requested a more detailed report on the Strategy and learning for the future. More detail was required on evaluation, in particular how the University West of Scotland (UWS) level 4/5 CP experts were being evaluated.</p> <p><u>NOTED</u></p>	Ms Rodgers
27.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>Mr Crawford presented the paper 'Extract from Corporate Risk Register' [Paper 19/16]</p> <p>The risk register identifies 5 key areas. Mr Ritchie sought assurance that the controls in place to mitigate the risk of failure to comply with recognised policies and procedures in relation to infection control were effective. The work done in relation to Peripheral Venous Catheter's (PVC) was recognised, however further actions were</p>	

	<p>required. The Committee noted that nurses do remove cannulas as soon as it is no longer required, however they do not make the decision on whether the cannula is required. Nurses are encouraged to change cannulas as quickly as possible.</p> <p>Mr Crawford noted that more detail will be added regarding patient standards as this does not reflect current practice. Committee members noted that a Public Protection Forum has been established for Adult and Child Protection. This will help to ensure actions were joined up however members suggested that another item around adult protection should be added to the risk register. Committee members noted that Health and Social Care Partnerships (HSCP's) were involved in the formulation of the risk register.</p> <p>Ms Brimelow thanked Mr Crawford for the update.</p> <p><u>NOTED</u></p>	
28.	UPDATE ON HISTORICAL CHILD ABUSE INQUIRY	
	<p>Committee members noted the paper 'Scottish Child Abuse Inquiry – Lennox Castle Hospital [Paper 19/17] which provided the Committee with a further update of work undertaken in relation to the Scottish Child Abuse Inquiry.</p> <p>Sections A & B of the response were submitted to the Scottish Child Abuse Inquiry on 1st March 2019 and Sections C & D were submitted on 31st May 2019. Directors and senior Councillors reviewed section C & D prior to submission.</p> <p>In summary, the Committee were content to note the report and the submission of Sections C & D.</p> <p><u>NOTED</u></p>	
29.	BOARD CLINICAL GOVERNANCE FORUM	
	<p>The Committee considered the minute of the Board Clinical Governance Forum Meeting held on Monday 4th February 2019' [Paper No. BCGF (M)19/01] and Monday 8th April 2019 [Paper No. BCGF (M)19/02]</p> <p>In response to questions from Committee members in relation to Clinical Governance Support Unit (CGSU) staffing issues, Mr Crawford informed members that the high turnover of staff was mainly due to staff moving to promoted posts, out with NHSGG&C. Nine members of staff have recently moved on to promoted roles. The team use iMatters and have team and individual sessions to ensure awareness of any staff issues. No underlying issues have been highlighted.</p> <p>Committee members noted that Women and Children's (W&C) Services remain below the 70% target for completed actions from closed SCI's. This has been flagged and engagement has been made with W&C Services.</p> <p>Committee members noted positive reports were received from the Mental Health Welfare Commission visits. Members were assured that updates from the Mental Health Welfare Commission were visible through the Board Clinical Governance Forum minutes. Any concerns can be highlighted to members and drawn as an individual action.</p>	

	<p>The Committee noted, as per the minute of Board Clinical Governance Forum of 8th April 2019, that there had been an increase in the number of solid organ donors in the period April to September 2018, compared with the same period of the previous year. However, concerns were raised regarding the below average performance in NHSGGC for SNOD (Specialist Nurse Organ Donation) presence when approaching families about organ donation. Mr Crawford advised that the Acute Clinical Governance Team were aware of this issue and had requested an update from Professor Rooney to the next meeting in August. Questions were raised about the most appropriate governance reporting route for organ donation matters, and Ms Vanhegan advised that this was a matter being considered as part of the recent review of governance. Mr Crawford added that the operational issues regarding organ donation remained within the remit of the Acute Clinical Governance, with Clinical and Care Governance Committee retaining oversight of this on behalf of the Board, via the Board Clinical Governance Forum.</p> <p>Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the minute.</p> <p><u>NOTED</u></p>	
30.	DATE OF NEXT MEETING	
	<p>Date: Tuesday 3rd September 2019 Venue: Boardroom, JB Russell House Time: 1.00pm</p> <p>The meeting concluded at 4.30pm.</p>	