

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 19/53</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Date of Meeting:</b>	<b>22<sup>nd</sup> October 2019</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Official Sensitive</b>
<b>Name of Reporting Committee</b>	<b>Clinical and Care Governance Committee</b>
<b>Date of Reporting Committee</b>	<b>3<sup>rd</sup> September 2019</b>
<b>Committee Chairperson</b>	<b>Ms Susan Brimelow, OBE</b>

**Paper Title: Update on Key Items of Discussion at Governance Committee**

**Recommendation:**

That the Board note the key items of discussion at the recent meeting of the Clinical and Care Governance Committee on 3<sup>rd</sup> September 2019, as set out below.

**Key Items of Discussion:**

**1. Overview of Managed Clinical Networks for COPD**

Members received a presentation by Dr David Anderson, Respiratory Consultant and Clinical Lead for; NHSGGC Respiratory MCN; NHSGGC Pulmonary Rehabilitation; and Glasgow City Community Respiratory Team.

The Committee were assured of the effectiveness of the services provided, and were keen to support further development of Respiratory Services to deliver the best possible care.

**2. Extract from the Corporate Risk Register**

Members reviewed a proposal to include 2 additional clinical risks within the Corporate Risk Register, those being:

1. Person Centred Care: NHS GG&C fails to meet the legislative, mandatory, professional and ethical obligations to provide person centred care, which will reduce patient and public confidence in services, affect the therapeutic relationship, create waste from additional management burdens in resolving deficiencies and negatively impact on staff experience.
2. Clinical Quality: NHSGGC services fail to deliver high quality care to patients that results in poor outcomes or unintended harm, which significantly reduces patient health and well-being.

Members noted that inclusion of the risks within the Corporate Risk Register had been approved by the Risk Management Steering Group and endorsed by the Audit and Risk Committee. Members were content to note inclusion of the risks in the Corporate Risk Register and approved the description of the risks.

### **3. Equality and Human Rights Commission Legal Challenge**

The Committee received a report from Dr McGuire, Nurse Director, which provided an update on the legal challenge made by the Equality and Human Rights Commission regarding accommodating adults with incapacity.

The Committee noted ongoing discussions with the Equality and Human Rights Commission, and advice from NHS Scotland Central Legal Office. The Committee noted the prioritisation of patient care and were in support of the Chief Executive and Executive Team, in affording patients the best possible clinical care, whilst addressing the legal challenge made.

### **4. Internal Review of QEUH/RHC – Quality of Care**

Mr Andy Crawford, Head of Clinical Governance, presented the draft report following the Internal Review of QEUH/RHC Quality of Care. Members suggested some minor amendments and reformatting of the report, and were content to approve the report in principle, subject to the amendments agreed. The Committee were assured of the clinical quality of care provided at QEUH/RHC and were content that the report be presented to the Board Meeting in due course.

### **5. Mental Health Services Update**

Dr Michael Smith, Lead Associate Director Mental Health, attended the meeting to provided an update on mental health services, and included; the Mental Health Strategy Implementation Plan; a review of inpatient deaths; Mental Welfare Commission local visits; and an update on work of the Moving Forward Together Mental Health Care Work stream.

Members were content to note the update and were assured of the strands of work being undertaken in relation to mental health services.

## **6. Clinical Governance Annual Report**

The Committee reviewed the draft of the Clinical Governance Annual Report, which included the Duty of Candour Annual Report.

Members suggested some amendments to the Report, and agreed that further discussion on the governance process for approval of publication, was required.

The Committee were content to approve the report, subject to the amendments discussed, and noted the sensitivities of the Duty of Candour information now included within the Annual Report.

## **7. Patient Experience Report**

Dr McGuire, Nurse Director, presented the Patient Experience Report to the Committee. Dr McGuire noted that the format of the report had been revised and this would continue to be developed further.

The Committee were pleased to note the positive amendments made to the format and structure of the report and noted the actions being taken to encourage feedback from patients, carers and visitors and to use this information to improve the quality of care and services.

## **8. Board Clinical Governance Forum – Minutes of meeting held 27<sup>th</sup> May 2019**

Members considered and noted the minutes of the Board Clinical Governance Forum meeting of 27<sup>th</sup> May 2019.