



OVERSIGHT BOARD – NHS GREATER GLASGOW AND CLYDE

Date and time: 3rd December 2019, 14.00 – 15.30

Venue: Baird A&B, Atlantic Quay 5, 150 Broomielaw, Glasgow, G2 8LU

Attendees: see Annex A

Meeting 2 – Minute

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| 1. | Welcome, introductions, apologies |
| <p>Chair welcomed attendees and noted apologies (see Annex A). Chair noted the OB was still forming with membership and Terms of Reference to be confirmed, welcomed the contributions made in this respect from members, and further noted that while members and those in attendance represented a range of different roles and perspectives, all were committed to a common purpose.</p> <p>Chair asked for any initial comments; DM spoke to the importance of communications with NHSGGC staff and it was agreed this would be picked up with CW directly.</p> <p>Action: DM and CW to discuss communications with NHSGGC staff.</p> | |
| 2. | Minutes |
| <p>Minutes were agreed subject to two points of clarification.</p> <p>Action: KW to amend minutes of meeting 1 as agreed.</p> | |
| 3. | Matters arising |
| <p>No matters arising were noted.</p> | |
| 4. | GGC Update |
| <p>Chair noted that she had met with the Chair and Chief Executive of NHSGGC in the morning of 3 December and had discussed membership of the OB and sub-groups; the importance of two way dialogue; the need for the timeous production of information; the continuing broad media coverage; the anxieties of patients and staff, and the shared aim to restore equilibrium and support staff as well as providing assurance to the Cabinet Secretary, patients and their families, and the general public.</p> <p>AT and DM noted the pressure on staff, particularly in the unit in question, and welcomed support for processes to provide reassurance.</p> | |

DM noted that the ongoing criticism in the media has not reflected any of the mitigation already in place. Trade unions from NHS GGC are working with managers to support staff through this time.

5. Terms of Reference, Governance and Membership

The draft Terms of Reference were discussed and a variety of questions and concerns raised:

DM, HB and IB noted the importance of the OB being thoughtful about the language in the ToR, particularly in using the word 'ensure' which suggests assumptions made about the need for improvements, and the word 'ongoing'.

CW agreed that language was important but noted that it has been determined improvement is needed.

AM noted that the ToR should make clear whether the OB would be retrospectively assessing the issues or providing a snapshot of issues as they are now.

IB noted the importance of referring to agreed standards; that the OB should operate as a peer group for NHSGGC to work in tandem with them, and further noted the need for senior board representation from NHSGGC at the OB. In terms of the sub-group which she chairs, IB shared her first thoughts on the roles which should be represented on it including the HAI Executive Lead, board governance lead, head microbiologist and IPM.

KM noted the OB would need to look at what had happened, identify issues and then offer a gap analysis as a starting point for improvement work. He reflected that the issues the OB picks up might be very difficult for NHSGGC representatives and was mindful of any risk to honest reflections. IB agreed that it was likely there will be uncomfortable moments but it was essential that NHSGGC bring to the OB what gave them assurance to allow the OB to consider whether they would also have been assured. CW reinforced that his experience of being based in NHSGGC had been very helpful with respectful and open discussion.

DM referenced the recommendations from the Sturrock Review and noted this could be an opportunity to change ways of working at board level to enable the NHS to become more open and transparent, so it was essential the OB takes people with them.

Chair concluded the discussion noting that the OB would look back as well as seeking assurance about current processes and systems; would take a quality improvement approach while flushing out difficult issues, and confirmed again that membership was still in development and further consideration would be given to the roles that have to be represented round the table.

Action: KW to redraft Terms of Reference for next meeting (13 December).

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| 6. | Outcomes and action list |
| <p>Chair noted that the OB need to demonstrate pace while finding time to discuss, reminding attendees that they should be considering what is needed to work towards de-escalation for NHSGGC.</p> <p>It was agreed that the timeline needs to be confirmed (in terms of the look back); that outcomes are subject to discussion at the sub-groups which will be fed back to OB for sign off; that measures should be agreed, using national guidelines; that everyone needs to have access to the same information, and that the governance diagram needs refined to better reflect two-way dialogue and information flow.</p> <p>Action: KW to redraft governance diagram.</p> | |
| 7. | <p>Progress and next steps on key issues:</p> <ul style="list-style-type: none"> a. Infection prevention and control b. Governance c. Communications and engagement, with a focus on family members |
| <p>It was noted that the sub-group leading on (a) and (b) has not met yet but will have by the next OB on 13 December.</p> <p>CW noted that the first communications and engagement sub-group meeting will be on 5 December at 1400. In advance, a survey has been sent out to all 400 families asking for their feedback on communications with NHSGGC and with CW. The results will inform the work of the sub-group. In addition, CW reported that a database has been created to be a single point of oversight for contact with families; that he had demonstrated the database for the Cabinet Secretary; that families continue to make contact and he is working with clinicians on providing answers to their questions, and that the Cabinet Secretary had written to families to inform them that Lord Brodie has been appointed to lead the Public Inquiry.</p> | |

Annex A: List of Attendees

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| Fiona McQueen | Chief Nursing Officer, CNOD, Scottish Government |
| Keith Morris | HAI/AMR Professional Medical Advisor, CNOD, Scottish Government |
| Phil Raines | CNOD, Scottish Government |
| Craig White | Divisional Clinical Lead, Healthcare Quality and Improvement Directorate |
| Irene Barkby | Executive Director of Nurses, Midwives and Allied Health Professionals & HAI Exec Lead, NHS Lanarkshire |
| Hazel Borland* | Executive Director of Nursing, Midwifery and Allied Health Professionals & Healthcare Associated Infection Executive Lead, NHS Ayrshire and Arran |
| Andrew Murray* | Medical Director, NHS Forth Valley |
| Kirsty Walker (secretariat) | CNOD, Scottish Government |
| In attendance | |
| Dorothy McErlean | APF Chair Employee Director, NHS GGC |
| Audrey Thompson | ACF Chair Lead Pharmacist Prescribing Services, NHS GGC |

*Members participated via teleconference

Apologies:

Lesley Shepherd – Professional Advisor, CNOD

Suzanne Hart – Communications, SG

Claire McGrath (secretariat) – Policy Officer, CNOD

