

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Clinical and Care Governance Committee
held in the Boardroom, JB Russell House,
on Tuesday 10th December 2019 at 1.00pm**

PRESENT

Ms Susan Brimelow OBE (in the Chair)

Cllr Caroline Bamforth	Mr Simon Carr
Dr Donald Lyons	Mr Ian Ritchie (Vice Chair)
Mrs Audrey Thompson	Ms Dorothy McErlean
Dr Jennifer Armstrong	Dr Mags McGuire

IN ATTENDANCE

Mr Andy Crawford	..	Head of Clinical Governance
Dr Scott Davidson	..	Deputy Medical Director - Acute
Dr Iain Kennedy	..	Consultant in Public Health Medicine
Mr Kevin Hill	..	Director, Women & Children's Directorate
Ms Jen Rodgers		Chief Nurse, Paediatrics and Neonates
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Cheryl MacIver	..	Secretariat Officer (Minutes)

		ACTION BY
46.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak & Ms Jane Grant	
	<u>NOTED</u>	
47.	DECLARATIONS OF INTEREST	
	The Chair invited Committee members to declare any interests in any of the items to be discussed. There were no declarations made.	
	<u>NOTED</u>	
48.	MINUTES OF THE MEETING HELD 3rd SEPTEMBER 2019	
	The Committee considered the minute of the meeting which took place on Tuesday 3 rd September 2019 [Paper No. CCG(M)19/03] and were content to approve this as an accurate record, subject to the following amendments:	
	<u>Item 37 – Corporate Risk Register</u>	
	<u>Paragraph – 4</u>	

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	<p>“Dr McGuire was nominated as the Corporate Lead for the Person Centre Care Risk and Dr Armstrong for Clinical Quality & Governance”</p> <p><u>APPROVED</u></p>		
49.	MATTERS ARISING		
a)	ROLLING ACTION LIST		
	<p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 19/22] and were content to accept the recommendation that 5 actions be closed.</p> <p><u>AGREED</u></p>		
b)	DUTY OF CANDOUR REPORT		
	<p>Mr Andy Crawford, Head of Clinical Governance advised that the Duty of Candour report had been presented to and approved by the CMT for publication on the website. Previous concerns were raised regarding the inclusion of sensitive information within the report and Mr Crawford confirmed that this issue had been addressed. Members were keen to ensure the organisation maintained a candid approach whilst preserving patient confidentiality.</p> <p>The Committee were fully supportive of the management approach and were assured by the actions taken.</p> <p><u>NOTED</u></p>		
50.	OVERVIEW		
	<p>Dr McGuire, Nurse Director, provided an overview of topics not included on the agenda.</p> <p><u>BEST START</u> Dr McGuire advised that following the implementation of the new arrangements for neonatal care, the transfer of babies who were less than 27 weeks was now in place. Four women had transferred from NHS Ayrshire and Arran in premature labour since implementation of the new arrangements. Dr McGuire noted her thanks to the Transport Team and Neonatal Team who liaise with NHS Ayrshire & Arran colleagues on a daily basis and have robust systems in place. Evaluation will take place in due course when data is available.</p> <p><u>RAH HAI REPORT</u> Dr McGuire advised that all actions were complete on the final improvement plan with the exception of 2 actions linked to environmental issues. These actions were being addressed as a matter of urgency. All risk areas have been completed. A work programme has commenced for further work which requires to be carried out.</p> <p><u>EHRC CHALLENGE</u> Dr McGuire advised a provisional court date has been set for January 2020. Following advice from Central Legal Office (CLO) and new counsel appointed.</p>		

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	<p>NHSGGC will pursue options to settle this matter out of court. Dr McGuire advised there were 2 options identified, those being Community Treatment Orders and Interim Guardianships. Dr McGuire assured the Committee that patients were being cared for in the most appropriate setting. The Committee fully support the Chief Executive and the Corporate Team in continuing to afford patients the best possible clinical care, whilst addressing the ongoing legal challenge.</p> <p>Dr Armstrong, Medical Director, provided an overview of topics not included in the agenda.</p> <p><u>PRISONS</u> There have been 4 deaths within HMP Low Moss and HMP Barlinnie prisons. Dr Deighan, Deputy Medical Director, was reviewing these cases with the Clinical Director for Glasgow City. Further update would be given in due course.</p> <p><u>INTERVENTIONAL NEURO RADIOLOGY (INR)</u> Dr Armstrong informed the Committee that a paper had been presented to the Acute Clinical Governance Forum, and would be presented to the Board Clinical Governance Forum and the Clinical and Care Governance Committee in due course. NHSGGC continued to manage Acute patients, with NHS Lothian providing care for elective cases. A meeting with colleagues from NHS Lothian would take place in the coming weeks to discuss ongoing issues.</p> <p><u>IMMEDIATE ACCESS UNIT</u> Dr Armstrong informed members that a Deanery visit would take place on 4th February 2020. Preparations for the visit were underway.</p> <p><u>LEVEL 4 ESCALATION</u> Dr Armstrong advised that NHSGGC has been escalated to Stage 4 of the NHS Board Performance Escalation Framework by the Scottish Government. This was in respect of issues relating to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children and communication and engagement with patients and families.</p> <p>The Chair thanked Dr McGuire and Dr Armstrong for the update.</p> <p><u>NOTED</u></p>	<p>Dr Armstrong</p>
<p>51.</p>	<p>REVIEW OF CLINICAL QUALITY: QEUH/RAH</p>	
	<p>The Committee considered the paper 'Internal Review of Quality of Care QEUH/RHC' [Paper No. 19/23] presented by the Medical Director, Dr Jennifer Armstrong and Andy Crawford, Head of Clinical Governance. The review of Clinical Quality, formed part of the overall Internal Review of QEUH/RHC commissioned by the Chief Executive in February 2019. The reports were presented to and reviewed by the Board Clinical Governance Forum and members were satisfied that there were no areas or issues of serious concern evident in the review, and that the prevailing clinical governance arrangements were appropriate in ensuring issues were recognised and resolved.</p> <p>Members were asked to review and comment noting specific changes in the following documents;</p>	

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	<ul style="list-style-type: none"> ○ No4 Review of Infection Control data against National Performance Standards (minor revision to include 2019 information in table 2) ○ No7 Review of national services provided in the Royal Hospital for Children where there is an opportunity for external comparisons of the quality of care. ○ No 9 Addendum 2019 Assurance Review (new addition for approval) ○ No 0 Summary Report (updated to reflect new changes) <p>Following review of the additional papers, the Committee provided feedback on specific areas of the reports. Whilst members were assured by the information presented, it was agreed that some areas within the reports required additional information to confirm the outcomes of action taken. Appropriate labelling of the tables contained within paper number 7 of the pack was required and as the embedded documents contained within paper number 19/23i – could not be opened, Mrs Mathew would upload these individually to Admin Control for members to review electronically. In addition, Mrs Mathew would circulate the improvement Action Plan following inspection of Inverclyde Royal Hospital in 15th and 16th July 2019 to members by email.</p> <p>In conclusion, members were content to approve the report for onward submission as part of the overall Internal Review to be presented to the NHS Board meeting on the 17th December 2019, subject to refinement of the reports contained within the paper, as discussed. The Committee were assured by the report that NHSGGC had maintained an appropriate set of clinical governance arrangements within services responsible for patient care in QEUH and RHC.</p> <p><u>NOTED</u></p>		<p>Secretary</p>
<p>52.</p>	<p>PAEDIATRIC HAEMATOLOGY/ONCOLOGY</p>		
	<p>Members received a presentation from Dr Scott Davidson, Deputy Medical Director for Acute Services and Dr Iain Kennedy, Consultant in Public Health Medicine. Mr Kevin Hill, Director of Woman & Children’s Directorate and Ms Jen Rodgers, Chief Nurse Paediatrics & Neonates were also in attendance to comment and answer any questions from members. The presentation covered Infection Prevention and Control; Governance and Accountability Framework within NHSGGC; Incident Management Team; definition of outbreak; 2018/2019 incident and actions undertaken; Water Quality and Control; and Patient Engagement, Communication and Whistleblowing.</p> <p>In conclusion, Dr Davidson advised that:</p> <ul style="list-style-type: none"> • No single source of infection had been found. Infection rates were within range or better than other Boards. • Water related incidents in 2018; a managed response was taken by the organisation through robust monitoring and assurance process. • The organisation continued to seek external advice to help manage incidents and provide independent assurance. • A diligent approach and due process had been followed. • Communications were complex due to individual patient cases and there was limited availability for the organisation to respond. • In respect of whistleblowing, some concerns had not been raised through the correct process. 		

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The Chair thanked Dr Davidson, Dr Kennedy, Mr Hill and Ms Rodgers for providing an informative presentation. She invited comments and questions from members.

In response to questions from members in respect of the water reports, it was clarified that all actions identified by the 2015, 2017, and 2018 reports, had been completed. Furthermore data was available from 2015 and extensive water sampling was conducted throughout this period.

Questions were raised about work being carried out in relation the whistleblowing cases. Dr Davidson confirmed that the outcome of the latest whistleblowing case was awaited however work was underway across the organisation in respect of organisation culture. In addition work was underway within the Microbiology Teams to support relationships and behaviours. The Chief of Medicine and the Director continue to meet with the team on a weekly basis.

Dr Armstrong assured members that a vigorous process had been undertaken, with the development of the 27 Point Action Plan. The Plan was shared with the microbiologists who had raised concerns and all of the actions had been completed.

The Committee had previously noted concern regarding the relocation of children to the adult hospital during the refurbishment works within RHC and were assured by the work of Dr Davidson and Ms Jen Rodgers to minimise disruption to the children and their families and engagement by the clinical teams. Ms Rodgers noted that a comprehensive piece of work was undertaken following the relocation, including the installation of door locks, the conversion of a room to create a family room and the creation of a play room. Furthermore, a play therapist was also present within the ward.

In respect of points raised by member in relation to communication and engagement with families, Ms Rodgers explained the communication with inpatient families including briefings with families and staff on the wards 6a and 4b, following each IMT meeting, with key colleagues present to answer any questions. Communication with outpatient families was more challenging, however there was a commitment to address this in a person-centred way. A closed Facebook Group had been established and this was useful to gain feedback from families. Dr McGuire added that several members of the Executive Team, including herself, the Chairman and the Chief Executive had visited to speak with families and staff. She wished to note appreciation to Ms Rodgers and the wider teams for their efforts to ensure that families received regular communication and answers to their questions. Mr Hill acknowledged the challenges and emphasised that the care of the patients and their families remained the first and foremost priority. He thanked all staff for their efforts and recognised the skills and competence of the clinical teams.

In summary, the Committee were content to note the presentation and were fully assured by the information provided.

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53.	CORPORATE RISK REGISTER		
	<p>The Committee considered the paper ‘Corporate Risk Register: Additional Clinical Risks’ [Paper No. 19/24] presented by the Head of Clinical Governance, Mr Andy Crawford.</p> <p>Members reviewed and requested that the risk below was remitted back to the Audit & Risk Committee.</p> <ul style="list-style-type: none"> • Failure to Comply with recognised policies and procedures in relation to infection control <p>Members noted the risks, and were satisfied the scope of risks described were correct; that risks and controls were described appropriately; and that the organisation was taking the required action to mitigate the risks.</p> <p>Mr Crawford agreed to remit back to the Risk Management Sub Group of the Audit & Risk Committee to review risk controls taking account of prevailing situation at the RHC.</p> <p>Ms Brimelow thanked Mr Crawford for the update. The Committee were content to note the report.</p> <p><u>NOTED</u></p>		Mr Crawford
54.	PATIENT EXPERIENCE REPORT		
	<p>The Committee considered a paper ‘Patient Experience Report – Quarter 1’ [Paper No. 19/25] presented by the Nurse Director, Dr Margaret McGuire.</p> <p>The paper detailed the performance and methods used to identify opportunities to implement service improvements for patients from complaints received, SPSO (Scottish Public Service Ombudsman) Investigative Reports and Decision Letters, and feedback opportunities. The report provided an insight as to how complaints, concerns, comments, and feedback were used to bring about improvements in services for patients. It included performance data on complaints and feedback received throughout NHSGGC for the reporting period. It considered complaints received locally, by the Scottish Public Services Ombudsman (SPSO) and detailed information on feedback received from the centrally managed feedback systems operating across NHSGGC.</p> <p>Dr McGuire advised the structure of the report had been redesigned so that reporting on complaints and patient feedback was intertwined, rather than delivered as two separate sections. As the Board was required to report quarterly against the national Complaints Handling Procedure Key Performance Indicators (KPIs), this has largely informed the structure of this report.</p> <p>In summary, the Committee commended an excellent report and noted thanks to the Complaints Team. Members noted the performance and methods used to identify opportunities to bring about service improvements.</p> <p><u>NOTED</u></p>		

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55.	BOARD CLINICAL GOVERNANCE FORUM – MINUTES OF MEETINGS		
	27TH MAY 2019 & 28TH October		
	<p>The Committee considered the minute of the Board Clinical Governance Forum meeting of 19th August 2019 [Paper No. BCGF(M)19/04] and 28th October 2019 [Paper No. BCGF(M)19/05].</p> <p>The Committee were content to note the minute of the meetings.</p> <p><u>NOTED</u></p>		
56.	CLOSING REMARKS AND KEY MESSAGES		
	<p>Ms Brimelow covered the key messages to the Board including:</p> <ol style="list-style-type: none"> 1. Internal Review of Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC): Review of Clinical Outcomes 2. Paediatric Haematology/Oncology Presentation 3. Extract from the Clinical Risk Register 4. Patient Experience Report 5. Board Clinical Governance Forum – Minutes of meetings held on 19th August 2019 and 28th October 2019 		
57.	DATE OF NEXT MEETING		
	Tuesday 3 rd March 2019, 1.00pm, Boardroom, JB Russell House, Gartnavel Royal Hospital.		