

## **OVERSIGHT BOARD – NHS GREATER GLASGOW AND CLYDE**

## Date and time: 13<sup>th</sup> December 2019, 14.00 – 15.30 Venue: Flemming A, Atlantic Quay 5, 150 Broomielaw, Glasgow, G2 8LU Attendees: see Annex A Meeting 3 – Minute

	Welcome, introductions and apologies		
1.	Chair welcomed attendees to the third meeting of the Oversight Board for		
	NHS Greater Glasgow & Clyde and noted apologies (see Annex A).		
2.	Minutes The Chair asked attendees for comments on the minutes from the previous meeting that took place on the 3 <sup>rd</sup> December. Revisions were suggested and accepted and the amended minute is embedded here for reference. Meeting 2 Minutes ACTION: • CM to update minutes.		
	Matters arising		
2	No matters arising were noted.		
3.			
4.	<ul> <li>Terms of Reference, Governance and Membership: <ul> <li>Redrafted ToR for discussion</li> <li>Governance structure diagram</li> </ul> </li> <li>The Chair asked for comments on the revised Terms of Reference. KM proposed that Marion Bain's (MB) role be referenced which prompted discussion on the Independent Case Review. In relation to this, the Chair noted that: <ul> <li>MB has been appointed as HAI Executive Lead for NHSGGC, accountable and responsible to the Chief Executive of NHSGGC and the Chief Nursing Officer.</li> <li>MB will be invited to attend the Oversight Board and provide regular updates on her review of cases.</li> <li>The review will focus on the individual clinical cases and also the wider context; a process for reviewing cases will be developed and support provided from a policy team.</li> <li>The parameters of the work are still be agreed, however, Chair confirmed that it will include an epidemiological review and enable the voices of patients and families to be heard throughout the process. The role of CW's sub-group was discussed in supporting the families affected to input into the OB, taking into account the ethical considerations.</li> </ul> </li> </ul>		

	DM asked that under purpose and role of group, the first bullet point is changed to 'seek assurance that appropriate governance is in place to increase public confidence'.			
	Attendees reflected on references to NHSGGC staff within the ToR and considered whether an additional point would be required around appropriate support for them. It was agreed that the 'approach' section of the ToR should be adapted to include an additional reference to NHSGGC staff.			
	DM asked that the ToR are adapted to note that AT and DM, as ACF and APF Chairs respectively, are listed as being 'in attendance' within the membership section.			
	Chair noted that a third sub-group is being established to focus on technical issues in relation to facilities and estates. Members discussed and agreed that once the technical sub-group is established, additional expertise will be required on the OB to provide appropriate levels of assurance.			
	The Chair reminded members that the 'background' section of the Terms of Reference is based on wording that is in the public record and cannot be changed.			
	Attendees reviewed and agreed the updated governance structure diagram.			
	ACTION: • CM to revise Terms of Reference			
	<b>Update from chair</b> The Chair provided an update on developments since the previous meeting on			
	<ul> <li>3 December:</li> <li>The Cabinet Secretary's statement to Parliament on Tuesday 10<sup>th</sup></li> </ul>			
	December;			
	<ul> <li>Dr Eleri Davies, Consultant Medical Microbiologist and Director of Infection Prevention and Control at Public Health Wales, will bring independent expertise and support the work of MB in the Independent Review;</li> </ul>			
	A Programme Management Office (PMO) is being established within			
5.	NHS GGC to centralise and co-ordinate requests and information flows.			
0.	Discussions are taking place between Elaine Vanhegan (NHS GGC) and Jason Birch (Scottish Government) to develop a system for			
	managing requests. Angela O'Neill has been appointed to work within			
	NHS GGC to provide support to the OB and Independent Review.			
	The Chair introduced Dr Andrew Murray's SBAR on prescribing to Haemato-			
	oncology patients within the Royal Hospital for Children (RHC), and asked for comment. CW suggested that it would be useful to get a steer on whether, in			
	light of environmental concerns, recommendations around what to provide to			
	patients and families were implemented. AT felt it would be helpful to consider governance in more detail around decision making and the audit trail, with a			
	more overt consideration of the role of pharmacists in prescribing. MM			

	suggested that further assurance is required as to whether good practice is being implemented and evidenced through patient records.
	The SBAR was accepted by the OB and it was agreed actions be remitted to the Communications & Engagement subgroup and the Infection Prevention & Control and governance subgroup.
	<ul> <li>ACTION:</li> <li>Subgroups to provide a report for the OB on current prescribing practice in NHSGGC and how it is evidenced</li> </ul>
	Progress and next steps on key issues: a. Infection prevention and control b. Governance c. Communications and engagement, with a focus on family members
7.	The Terms of Reference and minutes of initial meetings for the Communications & Engagement sub-group and the Infection Prevention & Control and Governance (IPCG) sub-group were circulated as papers in advance of the meeting. Attendees did not have comments and the Chair asked for any material comments to be sent to a member of the Scottish Government policy team following the meeting.
	KW fed back to the OB on the initial meeting of the IPCG sub-group, in light of apologies from the Chair. KW noted that the meeting was action focused and members discussed the methodology that they will be adopting to fulfil their objectives. A draft timeline is in development and the sub-group will follow a 'board to floor' approach. The sub-group aims to next meet on the 30 <sup>th</sup> December.
	CW provided a report of the initial meeting of the Communications & Engagement sub-group and noted that further meetings have been arranged to take place fortnightly until April. CW noted that he has written to 400 families that have had involvement with the haemato-oncology units within NHSGGC to ask for their views on what has worked well and what could be improved in their interactions with NHSGGC and with CW; responses will be considered at the next meeting. CW highlighted the importance of creating the conditions for all family representatives to feel confident and supported to share their experience. The Chair of the OB noted that the answers that families are looking for may come from a variety of sources, including the public inquiry.
	The Chair asked sub-groups to begin setting out a work programme as part of a robust programme management process. Sub-groups were asked to discuss this at their next meeting. SA has been asked to provide a draft work programme.
	The Chair asked attendees to consider how patients and families will feed into the work of the OB, and stated that she would welcome family members around the table. CW will ask the Communications & Engagement sub-group for their views on this.

	Attendees recognised that issues relating to information governance must be considered now for the work of the OB as well as for MB role. It was agreed that SG will take this forward as an action through discussions with MB and with advice from HIS.	
	The Chair noted a third sub-group is to be established, to be chaired by Alan Morrison (SG).	
	<ul> <li>ACTIONS:</li> <li>Communications &amp; Engagement sub-group to ascertain views on how family representatives can best feed into work of OB</li> <li>Sub-groups to develop a work programme with support from SA</li> <li>PR to consider issues relating to information governance in discussion with MB and taking advice from HIS.</li> </ul>	
	<b>AOB</b> KW noted that the Scottish Government is continuing to add staff resource to support the work of the OB and subgroups.	
6.	<b>Timeline and next steps</b> The next meeting of the Oversight Board will take place on the 19 <sup>th</sup> December. The Chair suggested the OB meets fortnightly from the New Year to enable sub-groups opportunity to meet and feed into the work of the OB. The Communications & Engagement sub-group already has dates until April. This will be used to inform the dates of the OB meetings and attempts will be made to find an opportunity to meet at the same time each week.	

## Annex A: List of Attendees

Fiona McQueen	Chief Nursing Officer, CNOD, Scottish Government				
Keith Morris	HAI/AMR Professional Medical Advisor, CNOD, Scottish Government				
Laura Imrie	Lead Consultant for Healthcare Associated Infection (HAI), Antimicrobial Resistance and Infection Prevention and Control, HPS				
Sandra Aitkenhead	CNOD, Scottish Government (secondee)				
Craig White	Divisional Clinical Lead, Healthcare Quality and Improvement Directorate				
Lesley Shepherd	Professional Advisor, CNOD, Scottish Government				
Kirsty Walker	CNOD, Scottish Government				
Calum Henderson	CNOD, Scottish Government				
Claire McGrath	CNOD, Scottish Government				
(secretariat)					
In attendance	În attendance				
Dorothy McErlean	APF Chair				
	Employee Director, NHS GGC				
Audrey Thompson	ACF Chair				
	Lead Pharmacist Prescribing Services, NHS GGC				
Mags Mcguire	Executive Nurse Director, NHS GGC				

Apologies:

Irene Barkby - Executive Director of Nurses, Midwives and Allied Health Professionals & HAI Exec Lead, NHS Lanarkshire

Andrew Murray – Medical Director, NHS Forth Valley

Hazel Borland - Executive Director of Nursing, Midwifery and Allied Health Professionals & Healthcare Associated Infection Executive Lead, NHS Ayrshire and Arran

Angela O'Neill – NHS GGC

Phil Raines – CNOD, Scottish Government