

QEUH/RHC Advice, Assurance & Review Group (AARG)

Notes of Meeting

19 August 2021

Time: 09:00 – 11:00 (Microsoft Teams)

Attending:

John Burns, Scottish Government (Chair) (JB)
 Jane Grant, Chief Executive, NHS Greater Glasgow & Clyde (JG)
 Jonathan Best, Chief Operating Officer, NHS GGC (JB)
 Scott Davidson, Deputy Medical Director for Acute Services, NHS GGC (SD) (attending with Jonathan Best)
 Tom Steele, Director of Estates and Facilities, NHS GGC (TS)
 Elaine Vanhegan, Head of Corporate Governance and Administration, NHS GGC (EV)
 Margaret McGuire, Nurse Director, NHS GGC (MM)

Denise Brown, NHSGGC (DB) attending in place of William Edwards, Director of eHealth (WE)
 Jennifer Armstrong, Medical Director, NHS GGC (JA)
 Sandra Bustillo, Director of Communications and Public Engagement, NHS GGC (SB)
 Angela Wallace, NHS Forth Valley (AW)
 Christine Ward, Scottish Government (ChW)
 Irene Barkby, Scottish Government (IB)
 Craig White, Scottish Government (CrW)
 John Lewis, Scottish Government (Secretariat) (JL)

1. Welcome, apologies and new Introductions – Chair

Welcome and introductions. JB introduced himself as the interim Chair following Professor Amanda Croft's departure. The following people gave their apologies due to alternative commitments: William Edwards, Director of eHealth, NHS GGC, Marion Bain and Shalinay Raghavan, Scottish Government. Denise Brown is deputising for WE.

2. Notes and Actions from previous meeting – Chair

- It was agreed that the Actions from the previous meeting are complete so there was no need to go over the detail:

Action Log		Completed
1	JL to make changes to ToR and circulate to Group	✓
2	JG and her team to take the request for TS to chair an e-Health oversight group away to discuss and respond to IB in due course	✓
3	CrW to move into an informal role to support communication and engagement work when requested	✓
4	JL to write up and distribute notes of the meeting for comment	✓

5	AC will confirm meeting dates for the August and September meetings and send out to the Group	✓
6	JG to provide Scot Govt with the updated Action Plans to look at the detail ahead of the August meeting	✓
7	AC / ChW to check with Scot Govt teams to formally note progress of NHSGGC work	✓

- All actions agreed as completed.

3. Implementation plans: evidence of progress / closure of actions – JG and QEUH Team – JG / NHS GGC Team

JG CEO Summary/overview (Refer to PowerPoint presentation, AARG Oversight Board, 19 August 2021 – slides 2-4, and AARG Briefing Note, 11 August 2021 for more detailed summary):

Progress against the actions plans since the AARG meeting on 7 June 2021 was discussed. The significant amount of work undertaken by the Board was acknowledged, as well as the recent helpful progress made in discussions held in preparation for this meeting, along with the opportunity for Scottish Government to review a number of documents that had been requested.

JG discussed that NHS Greater Glasgow and Clyde Health Board has made substantial progress on all of the recommendations from across the 3 reports into the QEUH and RHC, with actions delivered in an accelerated timescale of delivery. All actions at this point are either completed or are underway, with the Board on course to conclude 90% of all recommendations by the end of August 2021, and with further progress on actions due by the end of September 2021.

Internal review process to make sure progress is being made, overseen by JG.

This was followed by presentations from each of the NHSGGC team members, with detailed discussion and explanations.

Infection Prevention and Control – Incident Management Process Update on Progress of the Oversight Report Recommendations – AW (Refer to slides 5-13):

AW presented an update across the recommendations which demonstrated that the work to achieve the 33 recommendations in relation to IPC processes were complete by August 2021. There were two areas that final external comments were awaited from ARHAI as key stakeholders in the work undertaken to achieve the recommendations. Within the presentation a key focus was the area of incident management teams (IMTs). A discussion followed with questions from Scottish Government members of the AARG in relation to the focus on developments progressed across the IMTs and it was recognised that the work in GGC would help inform practice and be shared nationally.

Members of the AARG noted the evidence submitted, the content of the presentation, the questions discussed by the group and recognised the significant progress across all recommendations. It was recognised NHS GGC's performance across the IPC AOP targets and that NHS GGC continues to demonstrate sustained improvements in these areas over time, and it was noted that this performance was not an outlier in any area in a national context. The whole system IPC improvement programme was noted as part of the ongoing work and AW highlighted that this work pre-dated the Oversight Board recommendations. The corresponding use of data, the development of the dashboard, including the communication internally and externally, was also highlighted by IB as positive developments and potential national exemplars.

Estates and Facilities – TS (Refer to slide 14):

The Group discussed progress against the recommendations affecting Estates and Facilities within the Board action plan, which brought together common themes across the Reviews, particularly regarding the management of water systems and ventilation, the planned re-opening dates of Wards 2A and 2B and data collection and assurance processes. The work that the Board has undertaken on Estates and Facilities has been impressive, with the appropriate use of experts to help them identify, address and continue to manage the substantial work that was required to be undertaken. The Board's Water Safety Group, along with an independent Authorising Engineer were charged with confirming all work, which was noted to be another exemplar of good practice. This has been used to bring them to a place where Wards 2A and 2B will be due to reopen. Additionally, NHSGGC have used their experience to contribute to the national response to IPC, through the Board's IPCT members' involvement in the Covid-19 Nosocomial Review Group (CNRG).

eHealth and Data Management – DB (Refer to slide 15):

This part of the presentation and discussion was driven by the Case Note Review work, which highlighted a number of systems and process improvements, including the development of a new database system and water and hard surface sampling. A full, end-to-end process review has been undertaken covering the sampling processes for water, environmental and clinical tests, which has informed a number of improvements and also the specification for the new completed database system. This has been achieved by working across teams and directorates (e.g. Estates, microbiology, labs) and the supplier of the estates management system, first to add additional mandatory drop down features into the system – this allows for the capture of precise locations associated with the maintenance activity. Additional fields have also been added to the water sampling request process, enabling the extraction of data into the database system to contribute to enhanced reporting. Hard surface environmental sampling data is extracted from the Telepath Laboratory System and put into the database (the latter of which was developed with colleagues across all disciplines). It was agreed that there was significant national learning from this innovative work and was unlikely to be in place elsewhere.

Duty of Candour and Datix – JA (Refer to slide 16-17):

This part of the presentation and discussion focused on the internal audit of Duty of Candour (DoC) at the Board, the consultation processes undertaken to address DoC issues and a robust review and implementation of policy to underpin these processes, along with the development of supporting guidance regarding DoC and Hospital Acquired Infections (HAIs). Sampling the testing of cases in the audit found that the incidents were consistently maintained in Datix and the appropriate mix of specialists was used to carry out the investigations in the DoC cases, finding that in the cases review appropriate engagement with patients and their families was carried out at all stages of the process. Through random sampling the audit found investigation reports were completed for all cases examined, setting out areas for improvement where relevant along with lessons learned. Relevant learning was also set out as appropriate in the reports. Policy on DoC was changed to make it much more consistent with the legislation in terms of unintended and unexpected incidents. Additionally, anonymised learning summaries are shared with the National Learning Summaries run by Health Improvement Scotland (HIS). Since 2021, this community of practice website is under review by HIS. The Board have made their roles and responsibilities clearer as well as the training – working with NES and the TURAS model. As part of external independent review, work has been ongoing with the IPC teams to look at how organisational DoC may apply – to be incorporated into the IPC accountability framework.

The utilisation of Datix in a consistent way was discussed and confirmation was given that the Datix metric report will be presented at the Divisional Clinical Governance Forums. The Board have developed a number of key metrics to ensure that the validity of the classification is audited in terms of risk categorisations – this will be looked at quarterly. It was recognised in the group that Datix reporting was an ongoing challenge nationally.

Patient and Case Management – JB, SD (Refer to slide 18):

This part of the presentation and discussion focused on initiatives and activities to improve staff engagement, including by consulting with and listening to and learning from others, leading to a review and redesign of processes. The importance of sharing information and increased collaboration across the different sectors and directorates in the Board was discussed, to ensure that this was supported through internal review and development of SOPs in order to embed a continuous improvement and quality assurance culture. A local performance review group is in place that meets monthly, covering clinical quality and governance, staff governance and reports up through the senior team and the Clinical Governance Forum. The use of a Balanced Score Card is reviewed on a weekly basis to identify any trigger safety checks for adverse events. Due process maps have also been developed to tie various threads together.

What has helped the Board to achieve this, is that they clearly recognised that a central requirement from the reviews was an understanding of the need for change. As such, their employment of

Organisational Development (OD) as a tool with which to engage constructively within and across professional teams has helped them facilitate organisational and cultural change.

Communications and Engagement review – SB (Refer to slides 19-20):

SB updated the group on progress since the previous AARG meeting, leading to discussion on the Board's HAI communications strategy, the development of 'best practice' guidance and the independent consultation with the families and young people, along with the development of a communications plan which was shared with the families regarding the reopening of Wards 2A and 2B. Appropriate communications in each Incident Management Team is being developed in consultation with IPC colleagues. Externally, the Board have co-opted the independent Consultation Institute to undertake further engagement with over 20 families, through a tailored approach to their initial engagement, supported by guidance and input from Scottish Government. As CrW has fulfilled his role in supporting the families' communications and engagement, particularly through social media, it was confirmed that as part of the agreed process he would no longer have access to the information on the families' group. They have also recently recruited a Deputy Director – Public Engagement to a newly created post, to continue to develop progress made.

Governance and Risk – EV (Refer to slides 21-22)

The Group were given an update on and discussed the wide range of governance activity being undertaken across all levels of NHSGGC. In terms of governance, the Board has demonstrated a coherent approach, which included the Royal College of Physicians Edinburgh (RCPE) Quality Governance Collaborative undertaking an external review of governance, and Board development sessions focused on the *Blueprint for Good Governance*. From the evidence provided and this discussion of it, the Board has consistently provided strong and robust responses to questions about their internal audit, planning processes and their approach to risk management, including how this informs their Audit and Risk Committee. The Board is about to establish a revised and enhanced approach to risk as part of its Active Governance Programme.

The Board has demonstrated through the evidence provided and at the AARG that they have instituted an approach to governance and risk that can be identified throughout their engagement with addressing the recommendations and the risk management strategy that they have established, including through their Datix work and through dialogue with the Board Development Sessions. Further, the Board is developing a programme of future projects with HFS/NHS Assure to plan future applications of the assurance process. New risk arrangements were discussed and it was noted that a new Senior Risk Officer was due to be imminently appointed.

Summary and Next Steps – JG, JB, All (Refer to slide 23)

It was confirmed that approximately 90%+ of actions will be completed by the end of August, with further progress expected by the end of September.

In summary, the Board has demonstrated that there is clear and substantial evidence of their progress. They have done so through their action plans, the specifically requested evidence by Scottish Government to support what they refer to in these plans, and through their presentation and comprehensive and assured articulation of the evidence during robust assurance and review questioning throughout this meeting. The Board has clearly demonstrated the high priority that they have given to addressing all of the recommendations made for them. In so doing, they have presented evidence of a robust approach to action planning and delivery against these actions, while creating a large electronic library database of evidence to support their progress. It was also noted that the action plan will be subject to an ongoing process of audit to ensure maintenance and sustainability of actions.

Scottish Government AARG members requested a specific sample of documentary evidence to review prior to that meeting, and has been both satisfied and impressed by the quality of the evidence and the Board's assured responses to questioning on it. JG confirmed that the Board would continue to work on this going forward.

The NHSGGC position in relation to the NHS Board Performance Escalation Framework would be under consideration by the Scottish Government. The Board would be updated at the relevant point.

5. AOCB – All

The Paediatric Trigger Tool (PTT) and the PTT Report was discussed, including the approach to be taken to communicate the report to the families.

JB thanked JG and the NHSGGC team for the work that they have undertaken in meeting the recommendations and noted that this has been done while the Board continues to have to manage the challenges of the pandemic.

JG thanked the group for the constructive, measured approach taken throughout the discussions in both previous AARG meetings.

Action Log		Completed
1	JB to work with CNOD/Scottish Government colleagues to take forward the work shared within the AARG and provide advice to the Director General Health and Social Care / Chief Executive NHS Scotland (DG-HSC/CE-NHS), particularly in relation to the Board's Stage 4 escalation status	
2	JB / CNOD to confirm if scheduled meeting with Cabinet Secretary will proceed following this AARG meeting and discussion with DG-HSC/CE-NHS	
3	ChW and CNOD team to work with Board team to agree a process for sharing the PTT Report with the families, while considering any Data Protection issues for patients and their families in the process	
4	JL to write up and distribute notes of the meeting for comment	

QEUH Advice, Assurance & Review Group (AARG)

17 December 2021

Time: 09:00 – 10:00 (Microsoft Teams)

Attending:

Alex McMahon, Chief Nursing Officer, Scottish Government (Chair) (AM)
 Jane Grant, Chief Executive, NHS Greater Glasgow & Clyde (JG)
 Elaine Vanhegan, Head of Corporate Governance and Administration, NHS GGC (EV)
 Angela Wallace, Nurse Director, NHS Forth Valley (AW)
 Christine Ward, CNO Deputy Director Scottish Government (CW)

Irene Barkby, Professional Nursing Advisor – Infection Prevention and Control, Scottish Government (IB)
 Shalinay Raghavan, Head of QEUH Response Team, Scottish Government (SR)
 Calum Henderson, Team Leader, QEUH Response Team, Scottish Government (CH)
 John Lewis, QEUH Response Team, Scottish Government (Secretariat) (JL)

1. Welcome, apologies and introductions – Chair

Welcome and introductions. AM introduced himself as the new Chair. The following people gave their apologies due to alternative commitments: Shalinay Raghavan, Scottish Government.

2. Notes and Actions from previous meeting – Chair

- The following Actions from the previous meeting were discussed:

Action Log		Completed
1	JB to work with CNOD/Scottish Government colleagues to take forward the work shared within the AARG and provide advice to the Director General Health and Social Care / Chief Executive NHS Scotland (DG-HSC/CE-NHS), particularly in relation to the Board's Stage 4 escalation status	✓
2	JB / CNOD to confirm if scheduled meeting with Cabinet Secretary will proceed following this AARG meeting and discussion with DG-HSC/CE-NHS	*
3	ChW and CNOD team to work with Board team to agree a process for sharing the PTT Report with the families, while considering any Data Protection issues for patients and their families in the process	✓
4	JL to write up and distribute notes of the meeting for comment	✓

- Discussion occurred on the completeness of the notes of the meeting of 19 August 2021 and the need to update them to more accurately reflect the discussion and progress made by NHS GGC.
- **IB** suggested that if meetings are intended to continue then a recording of them would help ensure a full, accurate record of the discussion.
- **JL/CH** to review and amend the notes of the previous meeting to more accurately reflect the progress made by NHS GGC as well as assurances that were provided. **EV** and **CH** to liaise in order to seek approval on the draft.
- * Action 2 was superseded by the submission of a paper to the Health and Social Care Management Board (HSCMB) on NHS GGC's progress against their action plans.

3. Update on actions closed since 19 August – NHS GGC

JG and **EV** talked through the paper submitted by the Board to provide an update on progress in relation to actions previously met up to 19 August 2021 and since that time. See the accompanying paper, *NHS Greater Glasgow and Clyde Summary Update – 15th December 2021*.

There are two issues that remain outstanding going forward – structure and posts:

1. Structure: In terms of Wards 2A and 2B there have been a small number of commissioning issues, but the Board understands that the Wards will be handed back in December 2021, with a plan to occupy them in January 2022. The date is to be confirmed once confirmation is provided to the Board, at which point the date will be notified to Scottish Government. Confirmed that dialogue would occur with clinicians regarding the reoccupation of these wards, but also the importance being placed on communication with the families.
2. Posts – Board finalising job description for the substantive Associate Director of Infection Prevention and Control to be forwarded to **AM** over next few days for agreement. Once agreed the advertisement will probably be listed in the first week of January, as job listing over the Christmas period doesn't attract many applicants. The substantial and effective work carried out by **AW** will need to be fed into the transitional phase while recruiting. **AM** to review and sign off ASAP.

AM observed that this was a big step for NHS GGC as it represents not just a managerial and leadership change, but also significant step in the addressing the recommendations. The communications around this process need to be clear so that the purpose of this change is well understood in terms of the transitional period from **AW**'s role to the recruitment of the new Associate Director of Infection Prevention and Control and the timelines for it. **AW** highlighted that the work taken forward in support of the recommendations had been developed with sustainability from a leadership and a delivery perspective, therefore ensuring a transition plan would be relatively straight forward. **AW** advised that the transition was an important step in moving forward and that NHS GGC was well placed for the transition.

AM suggested that AW provide Scottish Government and the AARG with a report covering the assurance activity – what AW was asked to do, what has been done, etc. – to enable this work to move on through the transitional arrangements and beyond. **AW** confirmed that she would be happy to undertake this piece of work if directed to – she came into the role as part of the Oversight Board, but there needs to be a formal function as to what's expected of her in terms of such a report. **AM** to discuss with Scottish Government and JG to agree what would be the most useful approach in the context of the AARG and HAI. **IB** suggested that this might take the form of a 'legacy piece' that may be used to help take people through NHS GGC's journey of improvement, including for the (national) Future Workforce Strategy. Some of AW's recommendations could be utilised in this report so that colleagues can be informed about how nationally they consider their leadership in IPC as well as considerations from an improvement perspective. **JG** to consider this in the context of the existing pressures experienced within the Board.

JG described how NHS GGC began the AARG programme of audit and review in November 2021 where a selection of recommendations from across the three reviews are selected for a random audit on a monthly basis. This is to provide assurance on the policy, governance and ensure that best practice is in place as a fully embedded part of NHS GGC's routine processes. The intention of this programme is to ensure that the whole process is audited within one year, while prioritising the most important aspects. **AM** agreed that this was a reasonable approach. **IB** and **CW** were also reassured by this.

4. Update on all outstanding actions – NHS GGC

JG confirmed that it's NHS GGC's belief that they have covered all of the actions from the recommendations across the three reports, notwithstanding the four that remain open as of 15 December 2021, which relate to the outstanding recommendations on the completion of the Wards 2A and 2B refurbishment and the governance and management structure of IPC.

CW will ensure that Scottish Government will check that the outstanding actions are checked against Scottish Government reporting for consistency and accuracy between both NHS GGC and Scottish Government reporting in terms of the evidence.

AM requested that EV and CH to have a discussion after the NHS GGC Board meeting on 21 December 2021 to ensure that Scottish Government is up to date on any developments.

5. AOCB – All

AM suggested that quarterly meetings are set up, with the next meeting of the AARG to take place at a time to be confirmed in March 2022. **CW** confirmed that the quarterly meetings would be 'light touch/keep in touch' update discussions with the Chief Nursing Officer (CNO) and the Chief Operating Officer (COO). At the same time a Monthly Exception Report (MER) would be provided by NHS GGC. It was highlighted that it required to be clear what was to actually be reported, while acknowledging that there were few outstanding actions. NHS GGC had indicated that they had a structure for the MER that

would be shared with Scottish Government, which should be sufficient for the governance. Regarding the escalation process, this will be discussed with the Director General – Health and Social Care, with the next stage being a requirement for officials to go to the National Performance and Oversight Group at Scottish Government for presenting the case for de-escalation, which officials will discuss with COO.

AM asked JG to write to him in January 2022 to provide and update, particularly regarding Wards 2A and 2B and progress on the recruitment of the Associate Director of Infection Prevention and Control and any other relevant business. EV and CH would meet to agree the scope and level of granularity of the Monthly Report, so that both Scottish Government and NHS GGC have clarity about what's required.

AM thanked everyone, particularly JG, EV and AW and confirmed that the discussion and accompanying paper was very constructive and helpful and that for both NHS GGC and Scottish Government it was really important that we all have clarity on the next steps.

Action Log	Completed
1 JG / EV to notify Scottish Government once a date for the reopening of Wards 2A and 2B is confirmed.	
2 JL / CH to review and amend the notes of the previous meeting to more accurately reflect the progress made by NHS GGC as well as assurances that were provided. EV and CH to liaise in order to seek approval on the draft.	
3 NHS GGC to share finalised job description for the Associate Director of Infection Prevention and Control post to AM over next few days for AM to review and sign off ASAP.	
4 AW to provide Scottish Government and the AARG with a report covering the assurance activity to support transitional arrangements and beyond. AM to discuss with Scottish Government and JG to agree what would be the most useful approach in the context of the AARG and HAI.	
5 EV and CH to have a discussion after the NHS GGC Board meeting on 2 December 2021 to update on any developments.	
6 Next quarterly update discussions with NHS GGC, CNO and COO to be arranged for March 2022. JL to convene with CNO , COO and EV to arrange.	
7 NHS GGC to share structure for the Monthly Highlight Report with Scottish Government – CH and EV to agree the scope and level of granularity.	



QEUH/RCH Advice, Assurance & Review Group (AARG)

Notes of Meeting

7 June 2021

Time: 13:30 – 15:30 (Microsoft Teams)

Attending:

Amanda Croft, Scottish Government (Chair) (AC)
Jane Grant, Chief Executive, NHS Greater Glasgow & Clyde (JG)
Jonathan Best, Chief Operating Officer, NHS GGC (JB)
Tom Steele, Director of Estates and Facilities, NHS GGC (TS)
Elaine Vanhegan, Head of Corporate Governance and Administration, NHS GGC (EV)
William Edwards, Director of eHealth, NHS GGC (WE)
Margaret McGuire, Nurse Director, NHS GGC (MM)

Jennifer Armstrong, Medical Director, NHS GGC (JA)
Sandra Bustillo, Director of Communications and Public Engagement, NHS GGC (SB)
Angela Wallace, NHS Forth Valley (AW)
Christine Ward, Scottish Government (ChW)
Irene Barkby, Scottish Government (IB)
Craig White, Scottish Government (CrW)
Marion Bain, Scottish Government (MB)
Shalinay Raghavan, Scottish Government (SR)
John Lewis, Scottish Government (Secretariat) (JL)

1. Welcome and Introductions – Chair

Welcome and introductions. **AC** noted that the purpose of the AARG is to have in place a system to work together and to ensure that Scottish Government can continue to support the progress that's being made, noting thanks to JG and her team for all of their substantive hard work on this. The aim of this meeting is high level discussion on the objectives and to seek assurance on systems, processes and improvement.

2. Terms of Reference – Chair / All

JG 3 changes suggested. Proposed changes were agreed.

3. Overview of the implementation plans and progress to date – JG / NHS GGC Team

JG CEO Summary/overview (refer to slide 2, Oversightv3):

JG confirmed an NHSGGC top priority is to fully implement the various reports' recommendations, and also to recognise the learning gained. Clear corporate and local ownership of recommendations across all 3 reports has been established. A Board-wide Action Plan is in place for oversight and project management. A Board-wide library of documents has been established containing NHSGGC



evidence of all associated work undertaken against each recommendation. By early June c.1/3rd of actions are complete, with majority likely to be completed September 2021. However, not all actions have to be completed for de-escalation.

This was followed by presentations from each of the NHSGGC team members, with detailed discussion and appropriate actions (in the table below).

Incident Management Process – AW (Refer to slides 4-5, Oversightv3 for details):

The presentation and discussion addressed the key points raised regarding the large volume of work carried out on NHSGGC's Incident Management Process, enabling a constant review of improvements.

Estates and Facilities – TS (refer to slides 6-7, Oversightv3):

The Group discussed the update on the 11 recommendations affecting estates and facilities as part of the overall Board Action Plan, which brought together common themes across the Reviews, particularly regarding the management of water systems and ventilation.

eHealth and Data Management – WE (refer to slides 8-10, Oversightv3):

This part of the presentation and discussion was driven by the Caseload Review work, which highlighted a number of systems and process improvements.

Governance and Risk – EV (refer to slide 11, Oversightv3)

The Group were given an update on and discussed the wide range of governance activity being undertaken across all levels of NHSGGC and how it is being aligned to the national work and implementation of 'Blueprint for Good Governance'.

Patient and Case Management – JB, SD (refer to slides 12-13, Oversightv3):

The 15 Recommendations across 2 reports and its complementarity to the Independent Review work (63 Recommendations, 40 of which NHSGGC has taken forward – and are completed or underway), was discussed.

The Group discussed each of the above areas in detail, including with respect to the National Recommendations and Actions set out in the Terms of Reference.

4. Communications and Engagement review – SB (refer to AARG Communication and Engagement slides):

SB outlined in detail the activities and progress being made on NHSGGC's very comprehensive Communications and Engagement Review and the different approaches being undertaken to improve and enhance both communication and engagement and different roles within this activity. Further discussion took place on NHSGGC's exit strategy on the back of the Case Note Review Team finishing their work at the end of June.

5. AOCB and date of the next meeting – All

AC confirmed that the AARG has to report back formally in September and is engaging with the Chief Executive of NHS Scotland/Director General and the Cabinet Secretary's Private Office regarding this. Another meeting similar to this will take place in August (date TBC) followed by the formal session in September (date TBC) to complete the work of the AARG. The August meeting will provide NHSGGC with the opportunity to continue to provide continuous improvement updates and also to flag any risks ahead of the formal reporting stage in September.

Action Log		Completed
1	JL to make changes to ToR and circulate to Group	✓
2	JG and her team to take the request for TS to chair an e-Health oversight group away to discuss and respond to IB in due course	✓
3	CrW to move into an informal role to support communication and engagement work when requested	✓
4	JL to write up and distribute notes of the meeting for comment	✓
5	AC will confirm meeting dates for the August and September meetings and send out to the Group	✓
6	JG to provide Scot Govt with the updated Action Plans to look at the detail ahead of the August meeting	✓
7	AC / ChW to check with Scot Govt teams to formally note progress of NHSGGC work	✓

Queen Elizabeth University Hospital (QEUH)/Royal Hospital for Children (RHC) Advice, Assurance & Review Group (AARG)

Terms of Reference

Date Published: June 2021
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Review Date: **N/A**

DOCUMENT CONTROL SHEET



1.1.1 Key Information:

Title:	Terms of Reference
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Document Status:	Draft
Author:	John Lewis
Owner:	Scottish Government
Approver:	Shalinay Raghavan, Team Leader

1.1.2 Approvals: *This document requires the following signed approvals:*

Name	Title	Date
Amanda Croft	Chief Nursing Officer	

1.1.3

1. Name of the Group
QEUH/RHC Advice, Assurance & Review Group (AARG)
2. Background
<p>In response to concerns raised in relation to patient safety and healthcare associated infections at the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC), the previous Cabinet Secretary for Health and Sport commissioned a number of investigations into the built environment at the hospital and a review of clinical cases in relation to children who had been treated there. In November 2019 the then Cabinet Secretary escalated NHS Greater Glasgow and Clyde (NHS GGC) to Stage 4 of the NHS Board Performance Escalation Framework.</p> <p>The reports were commissioned between 2019 and 2020 and include:</p> <ol style="list-style-type: none">1. The Independent Review conducted by Dr Andrew Fraser and Dr Brian Montgomery (published June 2020);2. The Oversight Board (chaired by Professor Fiona McQueen) Interim Report (published December 2020);3. The Oversight Board Final Report (published March 2021);4. The Overview Report of the Case Note Reviews (published March 2021). <p>The Independent Review, together with the Interim and Final Oversight Board reports, specifically identified a number of national recommendations to be taken</p>

forward by different parties. The Case Note Review Overview Report provided insight on the issues encountered within NHS GGC, on the basis of which national recommendations were also drawn.

It has been agreed that a review and assurance process would need to be retained for NHS GGC beyond the Oversight Board Final Report. As part of this process, NHS GGC will draw up an action plan to address all of the recommendations highlighted across all four reports. It is envisaged that this would allow Scottish Government (SG) to assess and agree monitoring arrangements for NHS GGC's action plan in response to findings and context specific criteria for de-escalation.

The intention is to review the progress of NHS GGC (with regards to QEUH and RHC) in June 2021 and again in September 2021 with a view to determining if proposed actions had been progressed or completed and to consider whether conditions had been satisfied for de-escalation to be recommended. This would also provide opportunities for officials to provide support with particular risks in respect of issues known to take time to improve, specifically those relating to culture and leadership in relation to Infection Prevention and Control (not the whole NHS Board). It would also support any modifications in order to achieve more integrated strands of governance and interfaces.

3. Scope of work

Respecting the importance of the Chief Executive and her team to take operational decisions the QEUH/RHC Advice, Assurance & Review Group (AARG) will provide advice, assurance and review of all reports, recommendations and closed actions, based on NHS GGC's overarching action plan. This will include the following:

- Establish purpose of AARG; the make-up and of its core membership; the format and duration of meetings; the inclusion and role of invited guests; reporting arrangements of the review group; the timeline and agreement of the Final Review;
- Undertake an initial formal review of progress in first meeting of AARG;
- Implement the recommendations within the action plans and the reports relating to improvement;
- NHS GGC to establish an ongoing and regular monitoring process of the plan within the Board and update AARG accordingly;
- Provide advice regarding weekly progress meetings between SG Lead and NHS GGC, including on further interventions, if appropriate;
- Consider and provide advice to CNO in her discussions/liaison with SG colleagues;
- Undertake a timely formal review and produce a briefing with recommendations for the CNO to take to the Chief Executive of NHS Scotland/Director General of Health and Social Care regarding the level of escalation and any recommendations in relation to this;

- Progress that review with CNO and the Chief Executive of NHS Scotland/Director General of Health and Social Care to inform a meeting with the Cabinet Secretary.

4. Membership

The QEUH/RHC Advice, Assurance & Review Group (AARG) membership consists of:

- Amanda Croft, Chief Nursing Officer (CNO), Scottish Government (Chair)
- Jane Grant, Chief Executive of NHS Greater Glasgow and Clyde (NHS GGC)
- Jonathan Best, Chief Operating Officer, NHS GGC
- Tom Steele, Director of Estates and Facilities, NHS GGC
- Elaine Vanhegan, Head of Corporate Governance and Administration, NHS GGC
- William Edwards, Director of eHealth, NHS GGC
- Margaret McGuire, Nurse Director, NHS GGC
- Jennifer Armstrong, Medical Director, NHS GGC
- Sandra Bustillo, Director of Communications and Public Engagement, NHS GGC
- Irene Barkby, Associate Chief Nursing Officer, Scottish Government
- Craig White, Deputy Director, Scottish Government
- Marion Bain, Deputy Chief Medical Officer (DCMO), Scottish Government
- Angela Wallace, Nurse Director, NHS Forth Valley
- Shalinay Raghavan, Interim Head of QEUH Response Team, Scottish Government
- John Lewis, AARG Secretariat, Scottish Government

Other regular or invited attendees at the meeting will include:

- Christine Ward, CNOD Deputy Director, Scottish Government
- Others TBC according to theme discussed and area of expertise

5. Governance

The AARG will provide ongoing guidance and support to NHS GGC and also monitor activities to ensure progress and adequate responses are being made to the relevant recommendations.

6. Meetings

The AARG will meet initially on 7 June 2021 with additional meeting frequency TBC.

7. Outputs

- The AARG Chair will formally report on progress to the Cabinet Secretary in September 2021.
- Additional reporting to the NHS GGC Board will occur, with briefing to the Chief Executive of NHS Scotland/Director General of Health and Social Care accordingly.