31. APOLOGIES

Apologies for absence were intimated on behalf of Mr J Bannon, Dr C Benton, Dr L de Caestaker and Mr T Walsh.

32. MINUTES

The Minutes of the meeting held on 17 April 2007 were approved.

33. MATTERS ARISING FROM MINUTES

(i) Blood Transfusion

Further to Minute 21, Dr Cowan agreed to ascertain for the next meeting the progress of proposals that were to be submitted to the Acute Services Operational Group to ensure compliance with new directives/regulations affecting blood transfusion practice.

NOTED

(ii) Statement of Internal Control

Further to Minute 25, it was noted that the Statement of Assurance on Clinical Governance Arrangements for Clinical Services for 2006/7 had been included in papers within the agenda for the Board meeting held earlier in the day.

NOTED
34. BEATSON RADIATION INCIDENT

Mr Divers presented a detailed report on the work carried out on the two action points that were outstanding from the Improvement Notice, and three further points that had been contained within the Warranted Inspector’s Report, since the last report was given to the Committee in February 2007. All the eight action points in the Improvement Notice had been fulfilled, and all Clinical protocols and Work Instructions had been completed. The Board had received a letter from the Warranted Inspector confirming that the Improvement Notice had been formally “signed-off” as all the action points in the Improvement Notice had been satisfied.

In regard to the three further action points, Mr Divers outlined the developments that had taken place:-

1. A review of the actions of some staff involved in the Treatment Planning error had been completed and the outcome shared with the Warranted Inspector.
2. A review of the Physics staffing arrangements at the Beatson Oncology Centre had been carried out. These had been compared with the four other Scottish Centres, and an attempt had been made also to compare them with major cancer centres in English NHS Trusts. The latter had proved reluctant to share information. The outcome of comparing the relative staffing positions of the Scottish Centres had revealed that the overall staffing, and the staffing position within Treatment Planning, within the Beatson was satisfactory. The staffing position would be kept under continuous review.
3. A review of the organisational structure within which the Department of Clinical Physics and Bio-engineering operated had been carried out involving the Chief Executive, Chief Operating Officer, the two Senior Physicists within Greater Glasgow and Clyde and two staff-side representatives. The conclusion had been that it would be unwise to fragment the existing Department of Physics and Bio-engineering by placing groups of staff in a line accountability within individual clinical services. Instead, the management arrangements were being redrawn to provide five clusters of staff, each of which would have a senior Physicist as the Section Head. Through the use of service level agreements, it would be ensured that there was absolute clarity about line reporting relationships at each point within the structure. The Director of Clinical Physics and Bio-engineering would be accountable to the General Manager for Diagnostics.

It would be for the Scottish Executive to decide whether it published any final statement about the conclusion of the investigation.

DECIDED:-

That the report from Mr Divers, and the actions set out, be approved.

35. BREAST SERVICES - INVERCLYDE ROYAL HOSPITAL: RECALL OF 198 WOMEN

Mr Divers presented a report on the background to, and the actions taken, following alerts raised at the end of May 2007 about aspects of the quality of clinical care within the Breast Service provided at Inverclyde Royal Hospital. As part of standard procedure, the Chairman of the Clinical Governance Committee had been alerted to the concerns by the Board’s Medical Director. An external review of the service had been commissioned by the Medical Director and the one remaining surgeon providing the service was asked to withdraw from Breast Care practice. Due to commitments preventing the two Professors commencing the external review until July 2007, it was arranged for Prof Tim Cooke to undertake a review of specific cases whose management had caused concern.
Consequently an urgent review of all referrals to the service from 1 January 2006 was carried out, from which 198 women were invited to return for a precautionary clinic examination and any associated x-ray and pathology testing. The remaining 1400 women received a letter of reassurance, but with the option of contacting a helpline and accessing a clinic appointment if requiring re-assurance. The results of the recall exercise had confirmed the expectation that there would be no significant discovery of new cancers. The response of staff to the exercise had been magnificent, ensuring a swift process with the minimum level of anxiety for patients. The Board Chairman would be writing to thank the key individuals and their teams for their efforts.

Arising from discussions between the Board Medical Director and the Associate Medical Director for Clyde it had become apparent that there was an indication in September 2006 that there might be a service quality issue when a West of Scotland MCN Audit was published. While the audit showed that the Breast Service at Inverclyde Royal Hospital was within the minimum essential standards set down by NHSQIS for diagnosis before surgery, the hospital was an “out-lier” in comparison with all other Greater Glasgow and Clyde hospitals. The reporting arrangements then in place had not been sufficiently extensive for concerns to reach the attention of Medical Directors. A review of the Audit results across all the Cancer MCNs had now been initiated, and job descriptions of MCH Lead Clinicians were being redrawn in order to make clear their responsibilities to link back to the Lead Clinician for the West of Scotland Cancer Network and NHS Board Medical Directors if concerns identified within individual Audits were not being addressed timeously by the clinical units involved.

**DECIDED:-**

1. That the Chief Executive’s report be received.  
2. That a further report would be received at the next meeting from the Chief Executive on the further action being undertaken.  

**36. RESPONSE TO NHS GREATER GLASGOW AND CLYDE SURGICAL PROFILE**

Dr Cowan presented the response sent on behalf of the Board to NHSQIS on the Surgical Profile. Members of the Committee had been invited to comment on the draft version in March, after which the final version was produced. The Board had sought to impress upon NHSQIS that, due to the use of SMR01 data, the extent of deprivation affecting Greater Glasgow compared to the rest of Scotland had been significantly underestimated in the Profile. Pressure would continue to be exerted on NHSQIS on this matter.

**NOTED**

**37. NHSQIS CLINICALGOVERNANCE AND RISK MANAGEMENT STANDARDS – NHS GREATER GLASGOW AND CLYDE LOCAL REPORT**

Dr Cowan commented on the Local Report for Greater Glasgow and Clyde on Clinical Governance and Risk Management Standards that had been published by NHSQIS following the peer review carried out in 2006. The Board had been placed at level 6 which confirmed the Board’s own assessment. However, the report’s contents were not substantial which was disappointing given the large volume of work that had been required to prepare the submissions to NHSQIS. Due to the lack of detail, it had not been possible to construct a workplan based on the report, but a workplan had been produced from the Board’s own information.

**NOTED**
38. CLINICAL GOVERNANCE ANNUAL REPORT 2006/7

Dr Cowan explained that it had not been feasible to compile an annual clinical governance report for 2005/6 due to the re-deployment and re-location of staff in the major reorganisation of Clinical Governance/Clinical Effectiveness arising from single system working. A report had now been produced for 2006/7 and the Committee was invited to comment on the draft that had been submitted.

There was discussion surrounding the detail of information given in the sections on Significant Clinical Incidents, and a number of amendments were proposed that Mr Crawford would incorporate into a revised version. It was felt that the number of incidents should be set within the context of the overall volume of care. It was also important that the report should reflect the success achieved during the year.

**DECIDED:-**

1. That the draft report should be referred to the Chief Executive for comment.
2. That the Committee would receive a revised draft at the next meeting for final approval.

Mr CRAWFORD

39. PLAIN ENGLISH VERSION OF CLINICAL GOVERNANCE STRATEGY AND FRAMEWORK

Following an earlier request from the Committee, a Plain English version of the Board’s Clinical Governance Strategy and Framework had now been produced and submitted for approval. Once approved, it would be published on the Board’s website.

**DECIDED:-**

1. That the document be approved.
2. That it should be included at the start of the Annual Clinical Governance Report for 2006/7.

Mr CRAWFORD

40. QUARTERLY SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORT

Mr Crawford submitted a paper that summarised reports on cases within NHS Greater Glasgow and Clyde that had been considered by the Scottish Public Services Ombudsman covering the period January to March 2007. He drew attention to the persistence of poor record keeping and poor complaints handling in the issues upheld by the Ombudsman throughout Scotland as a whole. It was understood there had been discussions at a national level out of which a letter was being sent to Chief Executives. Mr Crawford referred to discussions that had already taken place on both issues within Greater Glasgow and Clyde. In respect of complaints handling, Mr Calderwood was preparing a report arising from work that had been carried out on the time taken to process complaints and complainants experiences of the process. In regard to record keeping, there was a need for an ongoing fundamental debate on the purpose of records.

**NOTED**

41. CLINICAL GOVERNANCE COMMITTEE – WAYS OF WORKING

Mr Crawford referred to his invitation that had been sent to non-Executive Board members of the Committee to comment on the working of the Committee over the last year and the support being given to them. There had been consensus in the responses received to date that the Committee agenda was much more dynamic than previously.
One issue that had been raised was the importance of briefing and support for new members joining the Committee. Concern was also expressed about the need to be aware and assured of Clinical Governance arrangements within CH(C)Ps. Mr Crawford intimated that at the next meeting there would be presentations on Clinical Governance both in CH(C)Ps and the Mental Health Partnership.

**NOTED**

42. MINUTES OF REFERENCE COMMITTEE

The minutes (anonymised) of the meeting of Reference Committee held on 27 March 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

43. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 9 May 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

44. MINUTES OF NON-EXECUTIVE DIRECTORS CLINICAL GOVERNANCE NETWORK

The minutes of the meeting of the Non-Executive Clinical Governance Network held on 15 February 2007 were received.

**NOTED**

45. ANNUAL REPORTS OF DIRECTORATES AND CH(C)PS

Mr Crawford advised that the Clinical Governance Support Unit had received around twenty Annual Clinical Governance Reports from individual Directorates and CH(C)Ps throughout Greater Glasgow and Clyde. It might be appropriate for these to be seen by members of the Committee, but it was not feasible for each member to look at all twenty reports.

**DECIDED:-**

1. That the reports would be placed on CD ROMs and distributed to members.  
2. That each report should be reviewed by two members, the allocation being organised by Mr Crawford.

**Mr CRAWFORD**

**Mr CRAWFORD**

46. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 21 August 2007 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.