1. APOLOGIES

Apologies for absence were intimated on behalf of Prof Sir John Arbuthnott, Mr J Bannon, Prof D H Barlow, Mrs P Bryson, Dr L de Caestaker, Dr L Jordan, Mrs S Kuenssberg and Mrs J Murray.

2. MINUTES

The Minutes of the meeting held on 1 November 2006 were approved.

3. MATTERS ARISING FROM MINUTES

(i) Hospital Cleanliness

Further to Minute 70(iii), the Secretary advised that the Board’s Communications Department had explored the possibility of obtaining a DVD of the television programme on hospital cleanliness. It had emerged that a DVD would have to be specially commissioned from the film company that produced the programme and that this would be very costly. As the Chairman had previously indicated that purchase should be pursued only if the DVD was easily obtainable, no further action had been taken.

NOTED
(ii) Human Tissue (Scotland) Act 2006

Further to Minute 70(iv), Mr Crawford intimated that the proposed presentation from representatives of the Diagnostic Directorate had been deferred to the next meeting.

**NOTED**

(iii) Clinical Governance Strategy and Framework

Further to Minute 74, Mr Crawford confirmed that the production of a “plain English” synopsis of the document was being pursued.

**NOTED**

(iv) The Regulation of the Non-Medical Healthcare Professions – A review by the Department of Health (Foster Report)

Further to Minute 77, Mrs Crocket advised that she was still seeking to obtain a copy of the response to the consultation exercise sent on behalf of the Board, for members’ information.

**NOTED**

(v) Good Doctors: Safer Patients (Donaldson Report)

Further to Minute 78, copies of the Board’s response to the consultation exercise were tabled.

**NOTED**

(vi) Copying Discharge Letters to Patients

Further to Minute 80, Dr Cowan advised that a wider exercise was now being carried out at Yorkhill, the results of which would be reported back to the Committee.

**NOTED**

(vii) Membership of Reference Committee

Further to Minute 81, the Secretary reported that Mr E McVey, Optometric Adviser, was now a member of the Reference Committee.

**NOTED**

4. REPORT ON BEATSON RADIATION INCIDENT

Further to Minute 69, Mr Divers and Mr Calderwood submitted a second report on the Board’s response to the Beatson Radiation Incident. This detailed the progress made on each of the steps outlined in the previous paper that required to be taken in response to the Warranted Inspectors Improvement Notice. There was also included a report of a further inspection visit made by the Inspector as part of a programme of visits to all five Radiotherapy Centres in Scotland.

Mr Divers confirmed that corrective action had been completed by 15 December 2006 in respect of six of the eight points in the Improvement Notice. Work was continuing on the remaining two points which would be completed by the end of February 2007. A detailed action plan, updated as at 7 February 2007, covering each of the eight points of the Improvement Notice had also been compiled.
Mr Divers drew attention to the fact that the Director and Associate Medical Director of the Diagnostics Directorate had completed interviews with members of staff relative to the incident, and a detailed report with recommendations had been submitted to him and Mr Calderwood. A review had also been carried out of Radiotherapy Physics within the current management structure. It had been concluded that there should be a single Clinical Physics organisation, including Radiotherapy Physics, which should be within the new general management arrangements. A comprehensive review of the future management arrangements for Clinical Physics was being undertaken and should be concluded by the end of April 2007.

Mr Calderwood outlined the review of staffing numbers in the Radiotherapy Treatment Planning Section that had been requested in the Inspector’s Report. The Beatson’s staffing figures had been compared with other Scottish Centres and tables were submitted showing that the position within the Beatson had improved over the last two years. Current Physics staffing levels for the Beatson across Radiotherapy were above the IPEM norm, although the Treatment Planning Section staffing levels were slightly below. Overall compliance with IPEM norms revealed that the Beatson was significantly better than the other Scottish Centres. Staffing figures had also been sought from other major UK Cancer Centres and were awaited. When they were received, a further view could be taken on the significance of the level of Treatment Planning Section staffing, and a report issued.

The Committee also received a copy of the final draft of the Inspector’s Report in respect of an inspection of external beam radiotherapy services at the Beatson carried out on 21 December 2006. This was part of a programme of visits which the inspector was making to all Radiotherapy Centres in Scotland. The conclusions of the Inspector’s Report were positive.

Mr Divers confirmed that the Board had to complete work on three matters:

- A small number of treatment protocols would be finalised over the coming weeks or in advance of the onset of individuals’ treatment.
- The review of future arrangements for the management of Clinical Physics would be completed by the end of April 2007.
- A further examination of the comparative staffing positions of the Beatson and other UK Cancer Centres would reveal whether any further action was required in respect of staffing levels within Treatment Planning.

**DECIDED:-**

1. That the second report, submitted by Mr Divers and Mr Calderwood, on the response to the incident be received.
2. That it be noted that the terms of the Warranted Inspector’s Improvement Notice had almost been met entirely.
3. That a final report should be received at the end of April which would conclude the three remaining action points on the work that was progressing.  

**Mr DIVERS**

5. **CLINICAL INCIDENTS**

Dr Cowan reported on a number of clinical incidents. Three had arisen within Renal Dialysis, one of which had been a fatality. The non-fatal incidents had been fully investigated with recommendations made and acted upon. A range of issues had arisen from the investigation of the fatal incident and action initiated. This case was now with the Procurator Fiscal.

Dr Cowan also outlined a case arising from delays in transporting a patient from Law Hospital to the Institute of Neurological Sciences. Investigations were ongoing. There had been two incidents at the Vale of Leven resulting in patients’ deaths that were linked to transfer/transport issues. These were being investigated and recommendations awaited.
6. CLINICAL GOVERNANCE – SURGERY AND ANAESTHETICS DIRECTORATE

Prof Cooke gave a detailed presentation on the development of Clinical Governance within the Surgery and Anaesthetics Directorate. He outlined the Directorate’s Clinical Governance structure that was headed by a Team consisting of Head Nurse, Associate Medical Director, Director, Clinical Directors and General Managers that met bi-monthly. Monthly section meetings were held at sub-Directorate level which reported to the Directorate Team. The final level of the structure was a monthly meeting covering Audit, mortality/morbidity, MDT, adverse incident discussion, and cross directorate discussions. A major challenge that was being addressed was in the field of mortality/morbidity which was being approached more effectively in some areas of the Directorate than others. There was a focus on Risk in general with a series of audits examining risk issues being extended within the Directorate. Prof Cooke also referred to the need to rationalise and develop protocols throughout the Directorate, as currently in some cases there were a variety on the same topic while for other topics there were none.

Dr Cowan remarked that it had been decided not to have an Acute Services Clinical Governance Committee, but that Clinical Governance was a standing item on the agenda of all meetings of the Strategic Management Group.

DECIDED:-

That Prof Cooke’s presentation represented a satisfactory approach to Clinical Governance within the Surgery and Anaesthetic Directorate.

7. SURGICAL PROFILE

Prof Cooke gave a detailed presentation on the Surgical Profile. This was an NHSQIS initiative to define Surgical Services within Health Boards in Scotland. It drew from the following data sources: SMR01, Scottish Audit of Surgical Mortality, Breast Cancer Audit, Hip Fracture Audit and Arthroplasty Audit. The figures were sent to Health Boards as a clinically useful tool to evaluate the current service and to monitor and change outcomes. SMR01 figures categorised Greater Glasgow as having the highest surgical mortality in Scotland, but Prof Cooke demonstrated that this was due to the fact that Greater Glasgow had almost twice the level of deprivation than the rest of Scotland, and that SMR01 was unsuitable in reflecting this. Greater Glasgow and Clyde’s overall mortality was not worse than the rest of Scotland and this was borne out in the Scottish Audit of Surgical Mortality. He also drew attention to an extensive list of surgical audits in which Greater Glasgow & Clyde participated, the data from which would be more useful to accurately reflect the situation. He would be suggesting that NHSQIS adopt a more realistic audit on which to base the Surgical Profile, using the example of the effective Breast Cancer audit.

Prof Cooke advised that he was liaising with Mr Andy Crawford, Head of Clinical Governance, in the compilation of a response to NHSQIS on the Surgical Profile information. A draft response would be sent out to members of the Committee for comment before a final response was agreed for submission to NHSQIS.
DECIDED:-

1. That Prof Cooke’s presentation on the Surgical Profile be noted.
2. That members of the Committee would receive a copy of the draft response for comment prior to its submission to NHSQIS.

Prof COOKE
Mr CRAWFORD

8. CLINICAL GOVERNANCE DEVELOPMENT PLAN UPDATE

Mr Crawford submitted a detailed paper reporting on developments and issues associated with the ongoing management of Clinical Governance within NHS Greater Glasgow and Clyde, covering the Board-wide improvement programme, Clinical Risk Management and NHSQIS Standards and Guidelines. This would be an item routinely reported to the Committee. He invited members to submit comments to him on the content and style of the document. Mrs Stewart requested that anticipated timescales should be given for each action underway.

DECIDED:-

1. That anticipated timescales would be given in the document for each action underway.
2. That members should submit any further comments directly to Mr Crawford.

Mr CRAWFORD
MEMBERS

9. SAFER USE OF MEDICINES STRATEGY

Mr Crawford submitted a draft consultation paper setting out a Safer Use of Medicines Strategy for NHS Greater Glasgow and Clyde. He had already received feedback from some members, but requested that any further comments be sent to him by the end of February 2007.

DECIDED:-

That members should submit any further comments on the draft document directly to Mr Crawford by the end of February 2007.

MEMBERS

10. NHSQIS REPORT ON QUALITY AND OUTCOMES FRAMEWORK FOR PRIMARY MEDICAL SERVICES 2005/6

Mr Clackson outlined the background to the concept of the Quality and Outcomes Framework (QOF), which was a voluntary contractual requirement for participating GP practices. QOF provided a significant financial incentive to GP practices to demonstrate achievement against a wide range of clinical and organisational quality standards. There was a requirement on Health Boards to undertake a programme of supportive QOF review visits to these practices, the specification for which was defined in guidance issued each year by the national Quality Working Group. There was submitted for the Committee’s consideration a copy of the NHSQIS report on the outcome of the quality assurance review of the QOF submission for 2005/6 that had been submitted by NHS Greater Glasgow (prior to the integration of Clyde).

The report had stated that Greater Glasgow had performed exceptionally well in achieving an effective review programme during 2005/6 and had been highly commended. A number of recommendations had been made, and Mr Clackson reported on the action that had been taken on each of them. In 2006/7 Clyde had been carrying out the same system as in Greater Glasgow.
DECIDED:-

1. That the report be noted.  
2. That it be recommended that the visiting review teams should include a nursing representative.  

Mr CLACKSON

11. 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 October to December 2006. Six final reports had been received, two of which related to General Medical Practices and four to the Acute Services Division. The report included an outline of the Ombudsman’s recommendations and the action that had been taken and learning points that had been highlighted.

NOTED

12. MINUTES OF REFERENCE COMMITTEE

The minutes (anonymised) of the meetings of the Reference Committee held on 24 October and 21 November 2006 were received, together with summary papers highlighting key issues.

NOTED

13. MINUTES OF CONTROL OF INFECTION COMMITTEE

The minutes of the meeting of the Control of Infection Committee held on 4 December 2006 were received, together with a summary paper highlighting key issues.

NOTED

14. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 10 January 2007 were received, together with a summary paper highlighting key issues.

NOTED

15. NON-EXECUTIVE DIRECTORS CLINICAL GOVERNANCE NETWORK

Mrs Stewart reported on her attendance at a meeting of the Non-Executive Directors Clinical Governance Network held on 15 February 2007. There had been two presentations: (i) Progress on Independent Care Provider Arrangements and (ii) Health and Safety Executive – Prosecutions of Healthcare Organisations Relating to Patient Safety.

NOTED
16. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 17 April 2007 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.