GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Greater Glasgow and Clyde Clinical Governance Committee
held in the Conference Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday 17 April 2007 at 1.30 pm

PRESENT

Mr R Cleland (in the Chair)

Ms G Leslie
Mrs J Murray

IN ATTENDANCE

Mrs E Burns .. Nurse Director, NHS 24
Dr B N Cowan .. Board Medical Director
Mrs R Crocket .. Director of Nursing
Dr C E McKean .. Head of Pharmacy & Prescribing Support Unit (Minute 23)
Mr D J McLure .. Senior Administrator
Ms S McNamee .. Nurse Consultant, Infection Control (Minute 26)
Dr R Reid .. Associate Medical Director, Diagnostics (Minutes 21-22)
Mr T Walsh .. Infection Control Manager (Minute 26)

ACTION BY

17. 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, Mr A Crawford, Dr L Jordan, Mrs A Stewart and Mr D Sime.

18. MINUTES

The Minutes of the meeting held on 20 February 2007 were approved.

19. MATTERS ARISING FROM MINUTES

(i) Clinical Governance Strategy and Framework

Further to Minute 3(iii), Mr Crawford would report to the next meeting on progress in producing a “plain English” synopsis of the document. Mr CRAWFORD

(ii) The Regulation of the Non-Medical Healthcare Professions – (Foster Report)

Further to Minute 3(iv), the Secretary confirmed that copies of a response to the consultation exercise, supplied by Mrs Crocket, had been circulated to members.

NOTED
(iii) Report on Beatson Radiation Incident

Further to Minute 4, Dr Cowan reported that all the clinical protocols were now completed. Good progress was being made towards the completion of a final report on the work outlined by Mr Divers at the last meeting.

**NOTED**

(iv) Surgical Profile

Further to Minute 7, the Secretary confirmed that copies of the draft response to NHSQIS on the Surgical Profile had been e-mailed to members of the Committee in mid-March inviting comments, to be sent directly to Mr Crawford, prior to a final response being submitted to NHSQIS.

**NOTED**

20. CLINICAL INCIDENTS

Dr Cowan updated the Committee on ongoing clinical incident cases. He understood that the Fatal Accident Inquiry regarding the case arising from delays in transporting a patient from Law Hospital to the Institute of Neurological Sciences was nearing completion. He outlined the actions already taken following the Board’s own investigation. With regard to the two incidents linked to transfer/transport issues at the Vale of Leven Hospital, Dr Cowan reported on the investigations that had taken place and the actions that had been taken or were in progress.

**NOTED**

21. CLINICAL GOVERNANCE IN ACUTE DIAGNOSTICS DIRECTORATE

Dr Reid gave a detailed presentation on the structure of Clinical Governance within the Diagnostics Directorate which covered Laboratories, Clinical Imaging (including X-Ray and Nuclear Medicine), Clinical Physics, Control of Infection for the Acute Division, and Medical Illustration. The Directorate’s Clinical Governance Committee met monthly.

Dr Reid highlighted four major Clinical Governance items addressed within the Directorate:

Ionising Radiation (Medical Exposure) Regulation 2000

A large volume of work was now in place to ensure the full implementation of Ionising Radiation Regulations that govern the safety of works and the public. It had emerged as a result of the Beatson Radiation Incident that their implementation had been incomplete; consequently a large volume of work was now in place to remedy the situation. A new Board Radiation Safety Committee had been established which reported to the Health and Safety Committee. A new Board Radiation Policy had been drawn up, and a new structure for underpinning specialist committees established. A programme of work had been initiated that would be monitored by the Radiation Protection Committee. This would include inspections of the Diagnostic Directorate’s facilities.
The document, which had been sanctioned by NHSQIS, raised specific issues in Radiology but the concepts discussed applied equally to laboratory reports. The Directorate had initiated work to address the recommendations and would be cooperating with other Directorates and CH(C)Ps in defining policies.

Blood Transfusion

Dr Reid highlighted three most important directives/regulations affecting blood transfusion practice: (i) the EU Blood Directive, (ii) Medicines and Healthcare Products Regulatory Agency (MHRA), (iii) NHSQIS standards on Blood Transfusion. In respect of MHRA, a number of issues relating to the fabric of blood banks had emerged. Work was being carried out by the General Manager (Laboratories) following concerns that there might be a lack of compliance with the MHRA regulations. Proposals to address the issues, together with financial implications, would be submitted to the Acute Services Operational Management Group as a matter of urgency.

The Beatson Radiation Incident

The details of the action taken in response to the incident had been communicated to the Committee at recent meetings.

Dr Reid concluded by detailing a range of other Clinical Governance action carried out by the Diagnostics Directorate.

DECIDED:-

That Dr Reid’s presentation represented a satisfactory approach to Clinical Governance within the Diagnostics Directorate.

22. IMPLEMENTATION OF HUMAN TISSUE (SCOTLAND) ACT 2006

Dr Reid gave a presentation on the Human Tissue (Scotland) Act 2006 and the major issues arising when assessing the Board’s compliance. He highlighted:-

Tissue for Transplantation

The process for consent authorisation within the Board’s area was reliable.

Post Mortem Authorisation

The process for post-mortem authorisation within the Board’s area was compliant with the legislation. However, in response to suggestions that performance could be improved in various areas, an audit was being carried out of the process of authorising autopsies throughout the Board’s hospitals.

Organ Retention

An audit had been commissioned to look at current practice. With regard to the status of those organs previously retained, it had been agreed that (i) Glasgow University would lead on the matter of museum collections of historic and more recent teaching specimens, (ii) a decision would be made shortly by NHS Pathology staff as to which organs, not in museum collections, should be used for teaching or research and which should be respectfully disposed of.
EU Directive on Safety of Tissue and Cells

While there was no prima facie evidence that the Board was not compliant with the Directive, a review had been initiated to determine the situation.

Provision of Human Tissue for Research

A Biobank had been established in North Glasgow in 2003 which had been developed with robust governance arrangements. Currently explicit consent was sought from patients, but the principle of generic consent had now been agreed and would be introduced shortly with appropriate audit to assess the quality of authorisation.

It was being proposed that an audit be carried out to establish whether there were collections of tissue within the Board’s area that had been collected previously for research and to ensure that they were maintained in an appropriate ethical and governance framework. Dr Reid was seeking the support of the Committee for this proposal.

DECIDED:-

That the proposed audit of tissue collections within the Board area be supported.

23. PHARMACY PRESCRIBING SUPPORT UNIT

Dr McKean gave a detailed presentation on the medicines advisory structures headed up by the Prescribing Management Group and the Area Drugs and Therapeutics Committee together with a range of subcommittees, and their links and relationships with other bodies, Board structures and officers. She discussed a range of key issues relating to the benefits, risks, safety and costs of medicines and new medicines, prescribers and the quality of prescribing, and the constant underlying importance of communication. She listed the considerable achievements that had taken place in 2006/7 and outlined various objectives for 2007/8 and beyond. There were a number of important challenges that had to be addressed, including (i) effective communication with all staff involved in medicines, (ii) streamlining systems, (iii) harmonisation of policies and procedures throughout Greater Glasgow & Clyde (iv) safety of medicines.

She then explained the role and structure of the Pharmacy and Prescribing Support Unit (PPSU) whose responsibilities covered (i) the safe clinical and cost effective use of medicines, (ii) supporting policy development, implementation and monitoring, (iii) delivering pharmaceutical care to patients. There were four PPSU teams with responsibilities for acute care sites, community pharmacy development, prescribing advice and support, and pharmaceutical public health. There were three committees including Clinical Governance. PPSU reported to the Medical Director of the Acute Division. Dr McKean then outlined the aims, key issues, achievements in 2006/7, the work programme for 2007/8 and challenges.

DECIDED:-

That Dr McKean’s presentation represented a satisfactory approach to Clinical Governance issues within the Pharmacy Prescribing Support structure.

24. CLINICAL GOVERNANCE OVERVIEW REPORTS

The Chairman advised that the anticipated availability of the Clinical Governance Overview Reports from NHSQIS had been delayed until the start of May. This item would therefore be deferred to the next meeting.
25. **STATEMENT OF INTERNAL CONTROL**

The Chairman reported that a draft paper setting out the Statement of Assurance on Clinical Governance Arrangements for Clinical Services within NHS Greater Glasgow for 2006/7 had been delayed due to staff illness. It would be submitted to the next meeting.

**NOTED**

26. **ANNUAL INFECTION CONTROL PROGRAMME**

Mr Walsh and Ms McNamee submitted for consideration a draft of the Annual Infection Control Programme for 2007/8 that had been approved by the Board's Control of Infection Committee. There was discussion on the issue of achieving compliance in key issues, such as handwashing. Members expressed concern around this issue. Ms McNamee felt there was a need for more research into ways of effectively influencing the public and staff. Mr Walsh advised that a post of Hand Hygiene Co-ordinator had recently been established. In addition to an education role with staff and patients, reports of non-compliance among staff would be monitored and taken forward as a management issue.

**DECIDED:-**

That the draft programme should be approved, as submitted.

27. **MINUTES OF REFERENCE COMMITTEE**

The minutes (anonymised) of the meeting of the Reference Committee held on 23 January 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

28. **MINUTES OF CONTROL OF INFECTION COMMITTEE**

The minutes of the meeting of the Control of Infection Committee held on 19 March 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

29. **MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP**

The minutes of the meeting of the Clinical Governance Implementation Group held on 14 March 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

30. **DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Tuesday 26 June 2007 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.