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 23 October 2007 at 1.30 pm

PRESENT

Mr R Cleland (in the Chair)

Prof Sir John Arbuthnott
Dr C Benton
Mrs P Bryson
Dr D Colville
Mr D Sime
Mrs Agnes Stewart
Councillor Amanda Stewart

IN ATTENDANCE

Dr B N Cowan .. Board Medical Director
Mr A Crawford .. Head of Clinical Governance
Mrs R Crocket .. Director of Nursing
Mr T A Divers .. Chief Executive (Minute 68)
Dr N Gaw .. Clinical Director, Out of Hours Services
             (Minute 74)
Ms L Langan .. Clinical Risk Manager
Mr D J McLure .. Senior Administrator
Dr D A Stewart .. Associate Medical Director, Emergency Care
                 & Medical Services Directorate (Minute 74)

ACTION BY

65. APOLOGIES

Apologies for absence were intimated on behalf of Prof D Barlow, Mrs J Murray and Mr T Walsh.

66. MINUTES

The Minutes of the meeting held on 21 August 2007 were approved.

67. MATTERS ARISING FROM MINUTES

Care Governance Framework

Further to Minute 53, Mr Cleland advised that, following developments since the last meeting, it was anticipated that concerns regarding the sharing of information between Health and Social Work would be resolved.

NOTED
Annual Clinical Governance Reports of Directorates and CH(C)Ps 2006/7

Further to Minute 56, Mr Crawford advised that work was continuing on producing a revised template for use by Directorates, CH(C)Ps and Mental Health Partnerships in the submission of their future annual reports. It would be submitted to the February 2008 meeting of the Committee for approval. Mr CRAWFORD

NOTED

NHS Greater Glasgow and Clyde Clinical Governance Annual Report 2006/7

Further to Minute 57, Mr Crawford reported that he had conferred with Mr Divers and Mr McLaws on aspects of the presentation of information within the Annual Report. Consequently, the final version would soon be available and placed on the Board's website. Copies would be sent to members of the Committee. Mr CRAWFORD

NOTED

Quality of Record Keeping

Further to Minute 58, Mr Crawford confirmed that the draft response to the letter from Mr Kevin Woods, Director-General Health and Chief Executive NHS Scotland, regarding standards of record keeping which was currently being compiled. It would be e-mailed to members of the Committee for comment prior to it be finalised. Mr CRAWFORD

NOTED

68. UPDATE ON INVERCLYDE BREAST CANCER SERVICES

Review of Regional Cancer MCN Clinical Audit Reports and Governance Processes

Mr Divers submitted a paper that had been prepared by Dr Robert Masterton, Regional Lead Cancer Clinician, for West of Scotland Board Chief Executives on the review carried out of Regional Cancer Managed Clinical Network Clinical Audit Reports and Governance Processes. All clinical audit reports produced by Regional Cancer MCNs over the past five years had been reviewed to determine whether there were any other potential governance issues evident within these that required further exploration. Work to strengthen Network governance arrangements that was already underway had also been expedited.

The review of the cancer clinical audits had not identified any potentially significant new governance issues. However, in discussions with one Network Lead a potential governance issue had emerged regarding referral of patients to the Multi-disciplinary Team for discussion. This was being addressed.

Mr Divers drew attention to several aspects of the detail given in the paper on the reviews of the audits of the Cancer MCNs, with particular reference to future analyses being planned. With regard to Breast, the NHS QIS standards were in the process of being revised. Consequently, the audit data for 2006 would be compared against the revised standards.

The Committee also received a copy of the Job Description for MCN Lead Clinicians that had been drawn up to meet the requirements of HDL(2007)21. Implicit within this were Lead Clinician roles and responsibilities for identifying and reporting any potential clinical governance issues arising from clinical audits.

NOTED
Inverclyde Breast Cancer Services – External Clinical Service Review

Dr Cowan presented a confidential draft report prepared by Professor A M Thompson and Professor W D George on the external clinical service review of the management of breast patients and the delivery of breast services in Inverclyde, and making recommendations on improving further the delivery of these services.

Dr Cowan advised that following further discussions with the Professors on some points of detail, the report would be shared with relevant staff involved in the Inverclyde service. Thereafter, arrangements would be made for it to be released into the public domain and shared with the other two Regional Cancer Networks in Scotland.

Mr Divers reported on a meeting held with Dr Cowan and Mr M McKirdy, Surgical Clinical Director, Clyde, on the draft report. Mr McKirdy had raised a number of issues relating to the report which Mr Divers outlined to the Committee.

**DECIDED:-**

1. That the Committee was satisfied with the Clinical Governance process outlined in the report, and welcomed the improved service to patients arising from the review exercise.
2. That Mr Divers and Dr Cowan should continue to liaise directly with Mr McKirdy on the issues he had raised with them.

Mr DIVERS
Dr COWAN

69. CLINICAL INCIDENTS

Further to Minute 51, Dr Cowan reported that he anticipated that the outcome of the review following the Fatal Accident Inquiry regarding the case affecting the Institute of Neurological Sciences would be available for the next meeting. With regard to the incident linked to the treatment/transfer of a patient at the Vale of Leven Hospital, he confirmed that progress was taking place on the Action Plan which would be submitted to the next meeting.

**NOTED**

70. FATAL ACCIDENT INQUIRIES – A GUIDE FOR NHS STAFF

There had been submitted to the Committee copies of the text of a booklet that NHSQIS had produced for widespread distribution to staff entitled "Fatal Accident Inquiries – A Guide for NHS Staff". Dr Cowan drew attention to the statement in the booklet that an FAI did not apportion blame. He felt that this did not reflect the reality of many FAI reports.

**NOTED**

71. SURGICAL PROFILES REPORT

There had been submitted to the Committee a report produced by NHSQIS entitled "Using Data to Improve Surgical Care – The Surgical Profiles Project". Dr Cowan referred to the background to the Report and the reports and responses relating to the Board's performance that had been submitted to the Committee previously.

**NOTED**
72. **NHSQIS INTERIM REPORT: "VITAL SYSTEMS – THE HEALTH OF NHS SCOTLAND"**

There had been submitted to the Committee an Interim Report from NHSQIS entitled "Vital Systems – The Health of NHS Scotland" which had been produced following the recent Clinical Governance and Risk Management Review cycle. Dr Cowan drew attention to the appendices in which the scores for each NHS Board that had been reviewed were detailed. NHS Greater Glasgow and Clyde required to increase its scores and, to this end, developments were currently underway that would be carried forward by the Clinical Governance Department. The Board was required to carry out an internal review in 2008.

**NOTED**

73. **DELIVERING CARE AND ENABLING HEALTH – NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONS STRATEGY**

Mrs Crocket presented a paper on the Nursing, Midwifery and Allied Health Professions Strategy entitled "Delivering Care and Enabling Health" which had been published in November 2006. Its purpose was to harness the nursing, midwifery and allied health professions contribution to implementing the health agenda in Scotland. The various sections of the strategy covered:

(i) the policy context within which nurses, midwives and allied health professions functioned and a description of each of the underpinning principles of these professions;

(ii) a description of the fundamental necessity to ensure that the capability of the workforce was considered in relation to delivering on key policies;

(iii) the issue of capacity, by focusing on the workforce;

(iv) a 'Delivery Action Plan' which specified the actions needed to achieve the objectives set out.

The Action Plan specified 85 actions over a period of two years, and identified lead responsibilities for their implementation. NHS Boards were responsible for 40 of the 85 actions.

Mrs Crocket reported that local service areas had developed implementation plans and had established performance management processes to review progress on achievements. The Health Department had produced a monitoring template. Copies of completed templates for (i) nursing and midwifery and (ii) allied health professions had been submitted as appendices to the paper. Steady progress was being made in the implementation of the strategy, and over the next year this would be ongoing through the local processes of the Acute Directorates and Partnerships.

**DECIDED:**

1. That the Committee should receive feedback on the progress of the ongoing implementation of the Strategy.  
2. That reporting on the Strategy should be included in the template for the annual clinical governance reports of Directorates and Partnerships.

Mrs CROCKET  
Mr CRAWFORD
Out of Hours Medical Services

Dr Gaw outlined the background to the setting up of the current out of hours service in Greater Glasgow which had been part of the Acute Services Emergency and Medical Directorate since April 2006. Currently the Clyde was still separate but was in the process of moving towards the Greater Glasgow arrangements.

NHSQIS had published national standards in 2004 and an out of hours reference group to review services was set up. A local self assessment exercise took place in the summer of 2005, followed by an external peer review visit. The outcome was a banding averaging level 3 (level 4 being the top banding) which gave Greater Glasgow a "largely compliant" status. This was followed by a requirement from NHSQIS that all 23 criteria in the assessment should be at least level 3, in response to which Greater Glasgow drew up an action plan. The NHSQIS requirement was achieved in July 2007. Dr Gaw highlighted the actions that were taken to achieve compliance.

NOTED

Clinical Governance Arrangements in Emergency Care and Medical Services Directorate

Dr Stewart gave a detailed presentation on Clinical Governance arrangements within the Emergency Care and Medical Services Directorate. He outlined the organisational structure, which was based on sectors. It was headed by a Clinical Governance Forum into which fed a Sector Governance Committee, Specialty Governance Committee, Risk Management, Infection Control, Pharmacy, AHPs, Nursing and Child Protection. The Forum, which met bi-monthly, then reported upwards to the Directorate's Senior Management Group, the Acute Services Strategic Management Group, the Clinical Governance Implementation Group and the Clinical Governance Committee.

Dr Stewart reported on the range of issues dealt with under Clinical Governance within the Directorate and illustrated the areas of work covered by each. Clinical Effectiveness covered Guideline Implementation and Clinical Audit for which there were both specialty and sector committees.

With regard to Complaints, he detailed the main themes, numbers and process of handling and reporting. Patient Safety covered three areas: Clinical Incidents (including Medication Errors), Infection Control and Child Protection. He presented a series of charts detailing each stage in the handling of Clinical Incidents and the range of staff and committees involved in the investigation, reporting, monitoring and initiating action as appropriate. He also gave examples of action taken. In respect of Infection Control and Child Protection he highlighted a number of areas where action was being taken to improve processes and address needs. For example, in Infection Control the establishment of a pan-Glasgow approach was being pursued. In Child Protection, the long delays in Social Work Standby response rates had been raised with Glasgow City Council's Director of Social Work, while the lack of an IT system to pick up multiple attendances at Accident and Emergency Departments was being pursued with the Board's Director of Health Information and Technology.

DECIDED:-

That the presentations from Dr Gaw and Dr Stewart represented a satisfactory approach to Clinical Governance within the Emergency Care and Medical Services Directorate.
75. OMBUDSMAN QUARTERLY 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 April to June 2007. He drew attention to the fact the issues raised in the letter to Health Boards from Dr Kevin Woods (Minute 67) regarding standards of record keeping were consistent with the Board's own analysis of issues from the current Ombudsman's Report. He also referred to recently published statistics for the year 2006/2007 which revealed that 19% of the total number of complaints received by the Ombudsman's office concerned NHS Greater Glasgow and Clyde. This was significantly lower than the Board's share of the Scottish population.

NOTED

76. NHS GREATER GLASGOW AND CLYDE CLINICAL GOVERNANCE – UPDATE REPORT

Mr Crawford submitted a monitoring report, as at October 2007, on the progress of achievement of the aims set out in the NHS Greater Glasgow and Clyde Clinical Governance Plan for 2007/2008, together with timescales. He outlined the action already completed and the work that was ongoing.

NOTED

77. NHS GREATER GLASGOW AND CLYDE DRAFT CLINICAL EFFECTIVENESS FRAMEWORK AND ACTION PLAN 2007-2009

Mr Crawford referred to the Draft Clinical Effectiveness Framework and Action Plan 2007-2009 that had been e-mailed to members in September as part of the consultation exercise. He invited members to respond to him directly by 22 October 2007. Thereafter, the final version would be submitted to the Committee for approval.

NOTED

78. NEW INTERVENTIONAL PROCEDURES POLICY

Mr Crawford submitted, for final approval, the New Interventional Procedures Policy for NHS Greater Glasgow and Clyde. The original HDL had stated that a clinician considering using a new interventional procedure should seek prior approval of their organisation's Clinical Governance Committee. The policy, building on previous arrangements, sought to create a scheme of devolved responsibility assigned to local clinical governance forums but maintaining the oversight role of the Board's Clinical Governance Committee through the monitoring system operated by the Clinical Governance Implementation Group.

DECIDED:–

That the policy be approved.
79. **NHSQIS DRAFT STANDARDS FOR HEALTHCARE ASSOCIATED INFECTION (HAI)**

Further to Minute 59, Mr Welsh had e-mailed the NHDQIS Draft Standards for HAI to members of the Committee for comment. Members had been invited to respond directly to him by the end of October 2007.

**NOTED**

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

The minutes of the meeting of the Clinical Governance Implementation Group held on 12 September 2007 were received, together with a summary paper highlighting key issues. Mr Crawford drew attention to references to the Scottish Patient Safety Alliance (SPSA). It was anticipated that the Board's Chief Executive would shortly be receiving an official communication from the SPSA on the action that would be required from the NHS Greater Glasgow and Clyde. This would be an item for the agenda of the next meeting of the Committee.

**NOTED**

81. **MINUTES OF REFERENCE COMMITTEE**

The minutes of the meeting of the Reference Committee held on 26 June 2007 were received, together with a summary paper highlighting key issues.

**NOTED**

82. **MEETING DATES 2008**

Further to Minute 63, the Secretary reported that on the basis of responses received from members, meetings in 2008 would be held on the following dates at 1.30pm in the Conference Room, Dalian House:-

- Tuesday 5 February
- Tuesday 1 April
- Tuesday 3 June
- Tuesday 5 August
- Wednesday 8 October
- Tuesday 2 December

**NOTED**

83. **DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Tuesday 18 December 2007 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.