

**Minutes of Meeting of Greater Glasgow Health
and Clinical Governance Committee held on
Tuesday 25 June 2002 at 2pm in Greater Glasgow NHS Board
Dalian House, 350 St Vincent Street, Glasgow**

Present

Professor M J G Farthing.....(in the Chair)

Dr W G Anderson	Mr I J Irvine
Mrs H Brooke	Miss M C Smith
Dr H Burns	Mrs A Stewart MBE
Miss M Henderson	Miss B Townsend
Dr I W Wallace	

Attending

Mr D J McLure....(Secretary)

ACTION BY

1. APOLOGIES

Apologies were intimated on behalf of Mr Best, Ms Boyle, Mr Calderwood, Councillor Collins, Dr Cowan, Mr Davison, Professor Hamblen, Mr Hamilton, Mr Jamieson and Mr Winter.

2. MINUTES

The Minutes of the meeting held on 4 April 2002 were approved as a correct record.

3. MATTERS ARISING FROM THE MINUTES

Clinical Governance in the Private Sector

The Secretary reported that a survey of private hospitals and nursing homes had been initiated by Mrs A Garvie, formerly Head of GGHB Nursing Home Registration Department, prior to the transfer of these responsibilities to Local Authorities on 1 April 2002. It was understood that the returns were about to be analysed and a report was expected in time for the next meeting.

Post Mortems and Organ Retention

The Secretary reported that Mr Jamieson had attended the meetings held on Post Mortems and Organ Retention in

Glasgow and Dunblane. It was understood that a final report would be issued shortly, after the resolution of a number of issues.

4. REVISED MEMBERSHIP AND REMIT OF COMMITTEE

Notes of the ad hoc meeting held on 9 May 2002 held to discuss issues regarding the membership and remit were received. Professor Farthing drew attention to the main proposals that emerged, namely: there should be 2 rather than 3 non-executive members; there should be 2 co-opted lay members; Trust Medical Directors, Directors of Nursing, Chairmen of Trust Clinical Effectiveness Committees, the GGNHSB Chairman, Chief Executive, Director of Public Health and Nurse Adviser should be ex-officio (non-voting) members and Trust Chief Executives should have the right to attend. The points of the remit had been re-ordered and grouped to reflect the two distinct strands of the Committee's responsibilities: (i) the Greater Glasgow-wide strategic role in ensuring that clinical governance mechanisms were in place and effective, (ii) the application of clinical governance to GGNHSB staff.

Members raised concerns that the wording of the section on the quorum was ambiguous. It was decided to recommend to the Board that it be stated explicitly that the 4 members required for a quorum should be voting members, ie not ex-officio.

Secretary

It had also been agreed at the ad hoc meeting that Mr Winter should informally approach Professor Lewis Gunn about the possibility of him becoming the second co-opted lay member of the Committee. Professor Gunn was a member of the Primary Care Trust Clinical Governance Committee and it was felt that his wide experience and expertise would be of great value to the Committee.

There was some uncertainty whether it was necessary to apply the Nolan procedure to Professor Gunn's proposed membership. The consensus was that this was unlikely, but it was agreed that this should be confirmed with Mr John Hamilton, Head of Board Administration. Thereafter, Professor Gunn would be formally invited to join the Committee.

Secretary

Secretary

5. AREA CLINICAL EFFECTIVENESS COMMITTEE - PRIORITY AREAS

Following discussion at the last meeting, a paper had been prepared outlining the background to the setting up of the Area Clinical Effectiveness Committee (ACEC) and detailing its remit and membership. Given the way it had developed from the former Area Clinical Audit Committee,

it did not have formal reporting mechanisms to the Board or other Committees. Dr Burns (Chairman of ACEC) felt that it was important that Clinical Effectiveness should be part of the Clinical Governance structure, and proposed that consideration be given to ACEC becoming a sub-committee of the Health and Clinical Governance Committee who would, in turn, offer advice to the Board on pan-Glasgow Clinical Effectiveness issues and make recommendations. It would also be appropriate for the Committee to refer issues to ACEC. A significant problem for ACEC had been that it lacked designated funding to pursue studies in key problem areas identified within Glasgow. Previous submissions of clinical effectiveness issues for inclusion in the Board's Health Improvement Programmes had been overwhelmed by other issues facing the Board.

Trust representatives outlined their local arrangements regarding the relationship of Clinical Effectiveness to Clinical Governance. These consisted either of total integration into a single body, or formal reporting of Trust Clinical Effectiveness Committees to Trust Clinical Governance Committees.

There was some comment from members on the current membership of ACEC. From the list it was unclear which body each member was representing, and the balance of members from the various Trusts was questioned. Given the length of time since ACEC was constituted, it was felt that it should be asked to consider whether its membership was still appropriate or required to be amended.

The paper from ACEC proposing that work be funded to study 6 priority areas within Glasgow was discussed. (Discussion had been deferred from the last meeting.) Dr Burns reported that, since then, monies to fund 3 of the areas had been identified in discussions with Mr Divers and Ms Hull. These were: Control of Hospital Acquired Infection, Audit of Need for Medical High Dependency Beds and Management of Medication Incidents. Following a wide-ranging discussion, it was agreed that broad support could be given in principle to the 6 areas. The question of resources for the 3 still unfunded areas required to be explored.

DECIDED

- a. That the relationship of ACEC to the Committee, and in particular the proposal that ACEC become a subcommittee, be explored with the Board Chairman and Chief Executive.

**Chairman/
Secretary**

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| b. | That the procedure for submitting proposals from ACEC for Glasgow-wide projects be explored with the Board Chairman and Chief Executive. | Chairman/
Secretary |
| c. | That ACEC be asked to review its membership and to re-submit its list designating the bodies being represented by members. | Secretary |

6. TRUST CLINICAL GOVERNANCE STRATEGIES

The Clinical Governance Strategies made available to the Committee by the Trusts had been drawn up mainly some time ago. Some were in the process of being reviewed.

Recent minutes of Trust Clinical Governance and Effectiveness Committees were received and a number of points were highlighted. These included the difficulties Trusts were experiencing in supporting Clinical Governance activity from existing resources. Dr Wallace drew attention to the detailed work carried out in the Primary Care Trust in drawing up a resuscitation policy in the light of the requirements of the Adults with Incapacity (Scotland) Act 2000. He would be willing to provide copies to other Trusts if this might be of assistance to them.

DECIDED

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| a. | That Trusts should review and update their Clinical Governance strategies, as required. These would be included in the Committee's annual report. | Trusts |
| b. | That the Committee should have a Greater Glasgow Clinical Governance strategy based on the Committee's remit. | |
| c. | That the Trust annual reports should, as far as practicable, follow a broad-based template. | |
| d. | That at each meeting a representative of each Trust would speak to the minutes of Trust Clinical Governance and Clinical Effectiveness Committees which had been submitted. | |

7. ANNUAL REPORT OF AREA CLINICAL EFFECTIVENESS OFFICE

The annual report of the Area Clinical Effectiveness Office for 2001/2 had been submitted for information. Dr Burns explained that the Office was part of the Department of Public Health, and was one of the responsibilities of a Consultant in Public Health.

The Office was funded from annual clinical effectiveness/audit monies and dealt with Glasgow-wide projects. He drew attention to a number of interesting findings of the audits reported.

DECIDED

- a. That Dr Burns would consider the possibility of some of the projects reported being compiled as a series of papers on health related issues for submission to the Board.
- b. That future annual reports of the Area Clinical Effectiveness Office should be linked to the Committee's Annual Reports.

Dr Burns

8. PROPOSED HALF-DAY SEMINAR

There was discussion on the proposed half-day seminar. It was decided that this should be held on either the 7th, 8th or 9th October in the afternoon. The Secretary would contact members to identify the most suitable date.

Secretary

9. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 29 October 2002 at 2pm in Board Room 1, Greater Glasgow NHS Board, Dalian House.

It was agreed that future meetings should aim to complete the business within 90 minutes.