GGNHSB(HCGC)(M)02/03
Minutes: 10 - 20

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow Health and Clinical Governance Committee
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 0YZ
on Tuesday, 29 October 2002 at 2.00 pm**

P R E S E N T

Professor M J G Farthing (in the Chair)

Mrs H Brooke	Mr I J Irvine
Professor L Gunn	Mrs A Stewart MBE

I N A T T E N D A N C E

Dr H Burns	..	Director of Public Health
Dr B N Cowan	..	Medical Director, South Glasgow University Hospitals NHS Trust
Mrs R Crocket	..	Director of Nursing, Primary Care NHS Trust
Mr M Jamieson	..	Medical Director, Yorkhill NHS Trust
Miss M Henderson		Director of Nursing, South Glasgow University Hospitals NHS Trust
Mr D J McLure	..	Senior Administrator, Area Clinical Effectiveness Office
Miss M C Smith	..	Director of Nursing, North Glasgow University Hospitals NHS Trust
Miss B Townsend	..	Director of Nursing, Yorkhill NHS Trust
Dr I W Wallace	..	Medical Director, Primary Care NHS Trust

ACTION BY

10. APOLOGIES

Apologies for absence were intimated on behalf of Dr W G Anderson (Medical Director, North Glasgow University Hospitals NHS Trust), Mr J R Best (Chief Executive, Yorkhill NHS Trust) Councillor Daniel Collins, Mr T P Davison (Chief Executive, North Glasgow University Hospitals NHS Trust), Professor G Dickson (Vice Chairman, Greater Glasgow NHS Board), Mr T A Divers (Chief Executive), Mr P Hamilton, Ms S Plummer (Nurse Adviser), Mr R Winter.

11. MINUTES

The Minutes of the meeting held on 25 June 2002 were approved as an accurate record.

12. QUORUM AND MEMBERSHIP OF COMMITTEE

The Chairman reported that the Health Board had approved the recommendation that the 4 members required for a quorum should be voting members, ie not ex-officio.

ACTION BY

13. CLINICAL GOVERNANCE IN THE PRIVATE SECTOR

The Secretary reported that serious difficulties had arisen in progressing the analysis of the survey of policy and practice with regard to clinical governance in private institutions. It had been understood that staff who had commenced the survey prior to the transfer of these institutions from the registration of the Health Board to the Care Commission had given a commitment to complete it. It had recently been discovered that this had not been fulfilled.

A member of staff at the Health Board had now taken possession of the data available and was in the process of analysis. A report was expected for the next meeting. **SECRETARY**

14. REPORT OF SEMINAR EXPLORING THE FUTURE AGENDA OF THE COMMITTEE

The Secretary had submitted a report on the half-day seminar held on 9 October 2002 that had explored the approach of Trusts to Clinical Governance issues, and their perspectives for the future, with the aim of identifying topics for the future agenda of the Committee. Seven areas had been identified:

1. To identify areas where collective thinking and decision making were required.
2. To define boundaries of interface.
3. To identify areas where consistency between Trusts was important.
4. To facilitate the sharing of knowledge and experience gained in one Trust with other Trusts.
5. To receive details of all pan-Glasgow initiatives.
6. To encourage a pro-active approach to issues.
7. To prioritise areas of additional work and identify requirements for additional resources and resource re-distribution.

There was further discussion on several aspects of the areas identified.

Professor Gunn highlighted interface issues for patients when they moved between different areas, such as between primary and secondary care. The management of patient records and discharge systems was a major issue. There were significant challenges for information technology and management in achieving consistency in records systems throughout Glasgow.

Dr Burns stressed the importance of a pro-active approach to Risk Management and the need for there to be an awareness that in identifying risk areas significant resource allocation needs could emerge. The Committee had a role in promoting the importance of funding being made available by the Health Board where Trusts were unable to fund necessary measures in response to major areas of risk.

The Chairman drew attention to the need to ensure that there were comparable mechanisms throughout Glasgow for staff to alert to risks, and that staff should be aware of these mechanisms.

Dr Burns referred to increasing pressure from the Scottish Executive for Health Boards to make public suspected infection outbreaks prior to investigations taking place to establish whether there was a significant incident. It was recognised that there was a need to ensure that the policies of each Trust on investigating and reporting the whole range of major incidents were consistent. It was understood that the Health Board was appointing a Director of Communications. This would facilitate co-ordination of approach on matters of reporting.

ACTION BY

Dr Burns reported that as part of the CNORIS (Clinical Negligence and Other Risks Indemnity Scheme) accreditation process, the Health Board was required to produce a Clinical Governance Strategy. He proposed that the existing Trust Clinical Governance Committee Strategies be looked at together with the seven areas identified at the recent seminar for the Committee's future agenda. A draft strategy should then be produced, and sent out to members for comment.

DECIDED:-

1. That at the next meeting the issues of Risk Management and the Handling of Major Incidents be discussed further.

2. That Trusts be asked to provide copies of their Risk Management Policies (including the mechanisms for staff to alert to risks). **SECRETARY**

3. That Trusts be asked to provide copies of their policies for handling the investigation and reporting of major incidents. **SECRETARY**

4. That the seven areas identified at the recent seminar should be the basis of ongoing agenda topics and discussion for the Committee.

5. That a draft Clinical Governance Strategy be produced, which would include the seven areas identified as the basis of ongoing agenda topics for the Committee, and circulated to members for comment. **Dr BURNS SECRETARY**

15. AREA CLINICAL EFFECTIVENESS COMMITTEE (ACEC)

Dr Burns reported that the Area Clinical Effectiveness Committee had carried out a review of its membership as requested by the Committee. It had proposed that the existing membership be retained with the addition of four members to be nominated by the Trust Directors of Nursing and a further member from the Local Health Council. There had also been discussion on the possibility of including a staff representative.

DECIDED:-

1. That ACEC's proposals for five additional members be approved.

2. That the question of the possible inclusion of a staff representative be referred to the Area Partnership Forum. **SECRETARY**

3. That the newly appointed Health Board Director of Nursing should become a member of ACEC. In the light of this, the continued membership of the Health Board's Nurse Adviser would be discussed further.

16. PRIMARY CARE TRUST - CLINICAL GOVERNACE ANNUAL REPORT 2001/2

The Primary Care Trust had submitted its report on Clinical Governance activity for the year 2001/2. The Committee was impressed with the level of activity described and the standard of the presentation of the report.

NOTED

ACTION BY

17. NEW SUB-NETWORK: CLINICAL GOVERNANCE - LEARNING FROM OTHER SECTORS/INDUSTRIES

The Health Board had received an invitation from the OD Partnerships Network London, of which it was a member, for a nomination to a new sub-network set up for the purpose of learning from governance practices employed in other industries and sectors.

DECIDED:

That a letter be sent to all members of the Committee inviting expressions of interest in being nominated to the OD Partnerships sub-network. **SECRETARY**

18. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

Minutes of meetings of all four Trust Clinical Governance Committees submitted since the last meeting were received.

NOTED

19. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The minutes of the meeting of the Area Clinical Effectiveness Committee held on 21 August 2002 were received.

NOTED

20. DATES OF MEETINGS FOR 2003

The Secretary reported that he had discussed with Trust Clinical Governance Committee secretaries the Committee's proposal that future meeting dates of the Greater Glasgow and Trust Clinical Governance Committees should be co-ordinated.

A series of proposed meeting dates was considered.

DECIDED:-

That the meeting dates for 2003 would be 28 January, 6 May, 29 July and 28 October. Meetings would commence at 2pm and be held in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.20pm

ACTION BY