EMBARGOED UNTIL MEETING

GGNHSB(HCGC)(M)03/4
Minutes: 40-52

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, 28 October 2003 at 2.00 pm

P R E S E N T

Dr H Burns (in the Chair)

Mrs H Brooke	Mrs M Whitehead
Mrs P Bryson	Mr R Winter

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

Dr W G Anderson	..	Medical Director, North Glasgow University Hospitals NHS Trust
Prof Sir John Arbuthnott	..	Chairman, Greater Glasgow NHS Board
Dr B N Cowan	..	Medical Director, South Glasgow University Hospitals NHS Trust
Mr M P G Jamieson	..	Medical Director, Yorkhill NHS Trust
Mr D J McLure	..	Senior Administrator, Area Clinical Effectiveness Office
Dr I W Wallace	..	Medical Director, Primary Care NHS Trust

ACTION BY

40. APOLOGIES

Apologies for absence were intimated on behalf of Mr J R Best (Chief Executive, Yorkhill NHS Trust), Councillor D Collins, Mrs R Crocket (Director of Nursing, Primary Care NHS Trust), Professor L Gunn, Miss M Henderson (Director of Nursing, South Glasgow University Hospitals NHS Trust), Mr I J Irvine, Miss M C Smith (Director of Nursing, North Glasgow University Hospitals NHS Trust), Miss B Townsend (Director of Nursing, Yorkhill NHS Trust).

41. MINUTES

The Minutes of the meeting held on 29 July 2003 were approved as an accurate record.

42. CLINICAL GOVERNANCE STRATEGY

Further to Minute 28 the Clinical Governance Strategy had been redrafted following receipt of a perspective on the issue of quality improvement from the Chairman of the Health Board's Public Involvement Network Management Committee, together with some minor changes recommended at previous meetings.

The redrafted version was discussed in detail and a number of issues were raised relating to various sections, including:

ACTION BY

Analysis of Significant Adverse Events

Trust Medical Directors had met recently with Dr Burns to discuss a comparable reporting system throughout Glasgow. Trusts would report on their systems and their use to the Area Clinical Effectiveness Committee (ACEC). It was felt appropriate that Dr Cowan, Chairman of ACEC, should keep the Health and Clinical Governance Committee informed of these reports.

Analysis of Complaints

There was support for the view that the Committee should be informed of the issues arising from complaints from across Glasgow, and that this could be done by receiving the copies of the reports that were regularly submitted to the Health Board on the number of complaints received and how they were handled.

Research and Development

Dr Burns referred to the Glasgow Research Governance Group, and suggested that it might be appropriate for the Group to report to the Committee.

Quality Improvement – Patient Focus Public Involvement

Mr Winter raised the relationship between the Committee and the Health Board's newly set up Greater Glasgow Involving People Group, chaired by Mr Peter Hamilton, and in particular the desirability of being able to influence the Group's Patient Focus Public Involvement Action Plan.

Remit

In the light of the new unified Board structure, it was necessary that the remit of the Committee be amended accordingly.

DECIDED:-

1. That the Committee should be kept informed of the systems in place throughout Glasgow for the reporting of significant adverse effects by the chairman of the Area Clinical Effectiveness Committee. **Dr COWAN**
2. That it would be requested that copies of the routine reports submitted to the Health Board on complaints should be received by the Committee. **SECRETARY**
3. That the proposal that the Glasgow Research Governance Group should report to the Committee be pursued. **Dr BURNS**
4. That the chairman of the Greater Glasgow Involving People Group be approached about a role for the Committee in influencing the Group's Patient Focus Public Involvement Action Plan. **Dr BURNS**
5. That the terminology used in the remit of the Committee be amended appropriately in the light of the new unified Board structure. **SECRETARY**

43. ANNUAL REPORTS OF GREATER GLASGOW AND TRUST CLINICAL GOVERNANCE COMMITTEES

Further to Minute 34, following the last meeting Professor Farthing proposed that he should meet with Dr Burns and Trust Medical Directors to discuss the construction of a template that would be the framework for the reporting of clinical governance activity in Glasgow out of which the annual report would be compiled. Due to heavy commitments prior to his departure, Professor Farthing had been unable to identify a date suitable to him. A meeting had recently taken place on 27 October involving Dr Burns and the Trust Medical Directors. Following these discussions a template would now be drawn together. **Dr BURNS SECRETARY**

ACTION BY

NOTED

44. YORKHILL NHS TRUST CLINICAL GOVERNANCE STRATEGY

The Yorkhill NHS Trust Clinical Governance Strategy was received.

NOTED

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45. RISK MANAGEMENT AND THE HANDLING OF SERIOUS CLINICAL INCIDENTS

Further to Minute 29, a response had been received from Mr A Lindsay, Head of Control and Support Systems, GGNHSB, to the Committee's recommendation that there should be a single Risk Management Strategy for the whole of Glasgow.

The response confirmed that a Risk Management Strategy for NHS Greater Glasgow was being considered as part of a range of actions being taken towards the implementation of the White Paper "Partnership for Care". It was expected that members of the Health Board's Risk Management Committee would liaise with their counterparts at Trust level to produce a new Strategy that would address all aspects of risk, both clinical and non-clinical. The assistance of the Health and Clinical Governance was being sought to identify suitable individuals to help in addressing the clinical risk aspect of the new strategy.

There was general support for the Health Board's approach, as outlined. It was considered appropriate that Mr Lindsay should make an initial approach to Risk Managers in the Trusts to ascertain the systems currently in place, and then to proceed to ensure that there were similar criteria for the reporting and handling of incidents throughout Glasgow.

There was consensus among members that, as Risk Management came under the ambit of Clinical Governance, there should be built into the new strategy arrangements a mechanism whereby the Committee received copies of risk management reports and was able to comment on them. It should also be appropriate for the Committee to have a role in reviewing the Risk Management Strategy on an annual basis. Dr Anderson stressed the need to recognise the need for the allocation of resources to enable risk issues to be addressed.

DECIDED

1. That it be recommended to Mr Lindsay that, initially, he should meet with relevant Trust personnel responsible for risk management and chairmen of Trust committees covering risk management to ascertain the systems currently in place. **SECRETARY**
2. That Mr Lindsay be invited to the next meeting to discuss the progress of discussions that had taken place and the proposals outlined in Minute 45. **SECRETARY**

46 FATAL ACCIDENT INQUIRY

Dr Burns reported on a sheriff's determination on a Fatal Accident Inquiry affecting a patient transferred between two Glasgow hospitals. He had highlighted the absence of protocols for communicating patients' clinical condition between medical staff on the transfer of hospital patients between the two Acute Trusts. Following the publication of the sheriff's determination, both North and South Glasgow Trusts had been actively addressing the issues raised.

Dr Anderson reported that North Glasgow Trust now had communication protocols in place throughout all hospitals for patients from elsewhere, and a training process relating to them was currently being carried out for Junior Doctors.

Dr Cowan reported that a protocol had been circulated to clinicians in all specialist units in the Trust to be followed.

The fiscal had been informed in writing of the action taken.

NOTED

47. WEST OF SCOTLAND MANAGED CLINICAL NETWORKS REPORTS FOR 2002

Further to Minute 32, a response had been received from Mr I G Finlay, Lead Clinician, Managed Clinical Network for Colorectal Cancer, to the Committee's recommendation that clinicians should receive comparative information on figures relating to them. Writing on behalf of the Network Advisory Board, Mr Finlay confirmed that, at present, the numbers involved were not large enough to give meaningful data to individual participating clinicians. However it was likely that hospital-based data for the 2003 audit, which would be published in 2004, would be reported. This would give data to individual clinicians that could be compared with other hospitals.

DECIDED:-

That the approach outlined by Mr Finlay had the Committee's support.

48. AREA CLINICAL EFFECTIVENESS OFFICE – PROGRAMME OF AUDIT WORK

Further to Minute 33, a meeting took place between Dr Burns, Dr Cowan (in his capacity as chairman of the Area Clinical Effectiveness Committee) and Miss Catriona Renfrew, Director of Planning and Community Care, to discuss the co-ordination of the future work of the Area Clinical Effectiveness Office with the work of the Planning Department in the light of the Health Board's priorities and strategies. It had been agreed that the Planning Department would have an ongoing input into the decisions regarding audit work to be carried out and would, in turn, utilise the audit results in the planning process for the improvement of outcomes. It had been agreed in principle that a rolling programme of audit be constructed, and further discussions would take place to establish this. Dr Burns highlighted the limitations to the extent of audit work that could be carried out due to the level of resources currently allocated for this purpose.

Dr Wallace questioned whether sufficient attention was being given throughout Greater Glasgow to addressing the issue of the effect on patient care arising from an audit having been carried out. It was important that resources were targeted towards areas where positive outcomes would result.

NOTED

ACTION BY

49. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

Minutes of meetings of the North Glasgow, Yorkhill and Primary Care Clinical Governance Committees, submitted since the last meeting, were received.

Matters were raised arising from the minutes of the North Glasgow and Primary Care Trusts.

DECIDED:-

1. That clarification would be sought from North Glasgow Trust Clinical Governance Committee regarding the number of members required for a meeting quorum. — **SECRETARY**
2. That, the question of a Glasgow-wide approach to a drug testing policy for staff should be referred to Mr William Goudie, Staff Side Chairman of the Area Partnership Forum. — **Dr BURNS/ SECRETARY**

50. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the Area Clinical Effectiveness Committee held on 21 August 2003 were received.

NOTED

51. MINUTES OF MEETING OF NHS GREATER GLASGOW CONTROL OF INFECTION COMMITTEE

The Minutes of the meeting of NHS Greater Glasgow Control of Infection Committee held on 22 September 2003 were received.

NOTED

52. DATES OF MEETINGS FOR 2004

DECIDED:-

That the dates of meetings of the Committee for 2004 would be:
Tuesdays – 27 January, 27 April, 27 July, 26 October.

The meeting ended at 3.30pm