

GGNHSB(HCGC)(M)03/1
Minutes: 1 - 12

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 January 2003 at 2.00 pm**

P R E S E N T

Professor M J G Farthing (in the Chair)

Mrs H Brooke	Mr P Hamilton
Councillor D Collins	Mr I J Irvine
Professor L Gunn	Mrs A Stewart MBE

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
Mrs R Crocket	..	Director of Nursing, Primary Care NHS Trust
Mr M Jamieson	..	Medical Director, Yorkhill 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
Dr I W Wallace	..	Medical Director, Primary Care NHS Trust

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr J R Best (Chief Executive, Yorkhill NHS Trust), Dr H Burns (Director of Public Health), Dr B N Cowan (Medical Director, South Glasgow University Hospitals NHS Trust), Mr R Calderwood (Chief Executive, South Glasgow University Hospitals NHS Trust), Mr T P Davison (Chief Executive, North Glasgow University Hospitals NHS Trust), Mr T A Divers (Chief Executive), Miss M Henderson (Director of Nursing, South Glasgow University Hospitals NHS Trust), Ms S Plummer (Nurse Adviser), Miss B Townsend (Director of Nursing, Yorkhill NHS Trust), Mr R Winter.

2. MINUTES

The Minutes of the meeting held on 29 October 2002 were approved as an accurate record.

3. AREA CLINICAL EFFECTIVENESS COMMITTEE

The Secretary reported that the Health Board's Chief Executive was currently seeking the view of the Area Partnership Forum regarding staff representation on the Area Clinical Effectiveness Committee (ACEC). The question of the continued membership of the Health Board's Nurse Adviser would be discussed at the next meeting of ACEC to be held on 17 February 2003.

NOTED

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

The Secretary reported that no positive responses had been received to the letter sent to members inviting expressions of interest in taking up the invitation from the OD Partnership Network for a nomination to join their new subnetwork for the purpose of learning from governance practices employed in other industries and sectors.

Mr Peter Hamilton indicated that he would be willing to be nominated

DECIDED:-

That Mr Hamilton would be nominated for membership of the new sub-network.

SECRETARY

5. CLINICAL GOVERNANCE IN THE PRIVATE SECTOR

An analysis of data collected on clinical governance policy and practice in private institutions had been completed by Dr Susan Williams of the Area Clinical Effectiveness Office. The Secretary explained that this issue had arisen within the former Area Clinical Governance Committee when responsibility for inspection of private institutions rested with the Health Board. The gathering of data had been organised by the Nursing Home Registration Department of the Health Board but had not been analysed prior to their departure, when responsibility transferred to the Care Commission. Subsequently, Dr Williams agreed to the request that she should seek to obtain and analyse the available data.

The survey covered twelve key areas identified either as important areas of clinical practice or were common causes of complaints and investigations. The findings gave cause for concern at the incidence of the lack of adequate policies/protocols/guidance in a number of important areas.

Mr Hamilton indicated that the Health Council was meeting with the Care Commission on 10 February 2003, and that he would take that opportunity to raise concerns about the findings of the survey on behalf of the Health Council.

DECIDED:-

1. That the report of the survey be forwarded to the Care Commission from the Health Board highlighting the Committee's concerns.
2. That the report should be circulated to the participating institutions, if this had not already been done.

**SECRETARY
Dr WILLIAMS**

**SECRETARY
Dr WILLIAMS**

6. CLINICAL GOVERNANCE STRATEGY

Dr Burns had prepared a Clinical Governance Strategy document as part of the requirement placed on the Health Board prior to the visitation in December 2002 by representatives of CNORIS (Clinical Negligence and Other Risks Indemnity Scheme) in respect of level 1 accreditation.

There was discussion on the document, and it was felt that a number of aspects required to be developed further:-

1. The importance of systems being in place to identify under-performance among clinical staff should be included.
2. Quality Improvement linked to Patient/Public Partnership should be highlighted in the Priorities and Action section.
3. The section on Analysis of Complaints should clarify that its current reference to the frequency of complaints about communication of information between clinicians and patients was an example of the range of issues that were the subject of complaints.

DECIDED:-

1. That Dr Burns be advised of the points raised by members, and that these should be incorporated into a revision of the document.
2. That the revised document should avoid the use of acronyms.
3. That members should send any further comments on the document directly to Dr Burns.

**SECRETARY
Dr BURNS**

MEMBERS

7. RISK MANAGEMENT AND HANDLING OF SERIOUS CLINICAL INCIDENTS

Trusts had submitted copies of their strategies for risk management and the handling of serious clinical incidents.

There was discussion on the desirability of having a single policy document that would set out common strategic principles for the whole of Greater Glasgow, but with flexibility for operational policies to be adopted as appropriate to each Trust. Dr Anderson expressed the view that the requirements of a Greater Glasgow strategy should be linked to an awareness of the availability of resources to implement them.

DECIDED:-

That a draft Greater Glasgow strategy document be prepared for the next meeting, based on the principles outlined in the Trust strategies.

**Dr BURNS
SECRETARY**

8. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

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

NOTED

9. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meeting of the Area Clinical Effectiveness Committee held on 17 December 2002 were received.

NOTED

10. AREA CONTROL OF INFECTION COMMITTEE

Dr Burns had submitted for the agenda an item in which he had planned to verbally outline a proposal that the Area Control of Infection Committee (ACIC) should regularly report to the Greater Glasgow Health and Clinical Governance Committee. In the unavoidable absence of Dr Burns, there was some discussion based on the understanding of members of current discussions within ACIC of that committee's future role and reporting arrangements.

DECIDED:-

That the proposal that that the Area Control of Infection Committee should report to the Greater Glasgow Health and Clinical Governance Committee be approved in principle, subject to clarification of the details.

Dr BURNS

11. NATIONAL CLINICAL GOVERNANCE WORKSHOP

The Health Board had been invited to nominate up to five participants to attend a National Clinical Governance Workshop being organised by Lothian Primary Care NHS Trust, with the support of NHS Quality Improvement Scotland, for 27 March 2003. The Health Board had sent details for the interest of the Committee.

Members indicated that information about the workshop had already been widely disseminated through other channels.

NOTED

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 6 May 2003 at 2pm in Greater Glasgow NHS Board, Dailan House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.20pm

