EMBARGOED UNTIL MEETING

GGNHSB(HCGC)(M)04/1
Minutes: 1 - 13

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, 27 January 2004 at 2.00 pm

P R E S E N T

Dr H Burns (in the Chair)

Mrs P Bryson	Mr I J Irvine
Professor L Gunn	Mrs M Whitehead

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

Mr J R Best	..	Chief Executive, Yorkhill NHS Trust
Dr B N Cowan	..	Medical Director, South Glasgow University Hospitals NHS Trust
Mrs R Crockett	..	Director of Nursing, Primary Care NHS Trust
Mr J C Hamilton	..	Head of Board Administration (For Minute 10)
Miss M Henderson	..	Director of Nursing, 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
Miss B Townsend	..	Director of Nursing, Yorkhill NHS Trust
Dr I W Wallace	..	Medical Director, Primary Care NHS Trust

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Dr W G Anderson (Medical Director, North Glasgow University Hospitals NHS Trust), Prof Sir John Arbuthnott (Chairman, Greater Glasgow NHS Board), Mrs H Brooke, Councillor D Collins, Miss M C Smith (Director of Nursing, North Glasgow University Hospitals NHS Trust), and Mr R Winter.

2. MINUTES

The Minutes of the meeting held on 28 October 2003 were approved as an accurate record.

3. PATIENT FOCUS PUBLIC INVOLVEMENT

Further to Minute 42 of the meeting held on 28 October 2003, Dr Burns reported that Mr Peter Hamilton, Chairman of the Greater Glasgow Involving People Group had concurred with the view that the Committee should be involved in the development of the Patient Focus Public Involvement (PFPI) action plan. He had indicated that the current plan would be updated in the near future and that the Committee would be invited to comment on the draft of the new document. It was also understood that invitations would be extended to Committee members to attend an event being planned for April 2004 when NHS staff and the public would have the opportunity to

ACTION BY

influence and develop a pan-Glasgow strategy on PFPI.

NOTED

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

Further to Minute 43 of the meeting held on 28 October 2003, Dr Burns reported that Mr A Crawford, Primary Care Trust Clinical Governance Manager, was convening a meeting of Trust Clinical Governance representatives to finalise the details of the template to be used for future annual reports.

NOTED

5. RISK MANAGEMENT AND THE HANDLING OF SERIOUS INCIDENTS

Further to Minute 45 of the meeting held on 28 October 2003, Dr Burns reported that he had written to Trust Medical Directors about the drawing up of a pan-Glasgow Risk Management Strategy with a view to an ad hoc working group being formed to carry out a review of the processes and criteria for reporting and handling serious critical incidents. From the responses received, a number of issues arose requiring clarification as to the concepts underlying the proposal to have a pan-Glasgow strategy.

It was understood that Risk Management had been developed in each Trust. It was therefore important that the Health Board had confirmation of the adequacy of these strategies and systems. Furthermore, it was desirable that there should be a mechanism whereby the effectiveness of the local processes could be monitored, and also whereby experiences arising from incidents in one Trust could be shared with the other Trusts. There was discussion on the need for consensus on the issues that should be reported to and monitored at Health Board level The possibility was raised of approaching key individuals in each Trust, with responsibility for Risk Management, to form an ad hoc group to identify issues. A further question arose as to whether the Committee was the appropriate body to deal with Clinical Risk Management or whether the Health Board should have a Risk Management Committee who would then inform the Health and Clinical Governance Committee of clinical risk incidents.

DECIDED:-

That when the minutes of the meeting were discussed at the next Health Board meeting, Dr Burns would seek the Board's perspective on a pan-Glasgow approach to Clinical Risk Management in the light of the issues raised in Minute 5. **Dr BURNS**

6. NORTH GLASGOW TRUST CLINICAL GOVERNANCE COMMITTEE

Further to Minute 49 of the meeting held on 28 October 2003, clarification had been received from the North Glasgow Trust that the Trust Clinical Governance Committee comprised two trustees plus one nominee of Greater Glasgow NHS Board. Two members were required for a quorum, of whom one had to be a trustee.

NOTED

ACTION BY

7. DRUG TESTING FOR STAFF

Further to Minute 49 of the meeting held on 28 October 2003, a response had been received from Mr Bill Goudie, Staff Side Chairman of the Area Partnership Forum, to the effect that there did not appear to be a demand at present for a drug testing policy for staff on a Glasgow-wide basis.

DECIDED:-

That the perspective of the Area Partnership Forum be accepted.

8. CLINICAL GOVERNANCE STRATEGY

Further to Minute 42 of the meeting held on 28 October 2003, a second redrafting of the Clinical Governance Strategy had taken place in the light of points raised at the last meeting. Dr Burns explained that the issue of the relationship of the Research Governance Group to the Committee remained outstanding due to the fact that the final form of the Research Ethics structure was not yet settled. The Strategy would be finalised once this had been resolved.

NOTED

9. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

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

With regard to the minutes from the Primary Care Trust, it was felt that a presentation on the Schizophrenia Integrated Care Pathway, designed within the Trust, would be of interest to the Committee.

DECIDED:-

That arrangements should be made for a presentation on the Schizophrenia Integrated Care Pathway at a future meeting of the Committee. — **Dr WALLACE SECRETARY**

10. QUARTERLY REPORTS ON COMPLAINTS TO GGNHSB

Further to Minute 42 of the meeting held on 28 October 2003, Mr John Hamilton, Head of Board Administration, had agreed to the Committee's request that copies of the quarterly reports on complaints, submitted to the Health Board, should be made available on a regular basis to the Committee for information.

Mr Hamilton presented the most recent report from July – September 2003. He drew attention to the fact that the report predominantly dealt with trends and performances of Trusts in handling complaints within the national target of 70% of written Local Resolution Complaints to be completed within 20 working days of receipt, the themes and trends emerging from the complaints and the action taken by Trusts in response to them.

A number of issues were highlighted in discussion:

1. Meeting the national target of complaint resolution was often difficult due to the complexity of many cases.
2. The main recurrent themes in complaints concerned Clinical Treatment, Waiting Times and Attitude/Behaviour.
3. There were serious difficulties in obtaining clinical assessors to sit on independent complaint review panels, causing long delays in reviews taking place. It was understood that the national list of assessors was in the process of being updated.

The issues surrounding complaints about attitude were explored. It was recognised that these were often a consequence of communication problems, which, in turn, frequently arose due to pressure of time under which staff increasingly worked. While the importance of communications was a feature of training courses for staff, the difficulties arose in the practical application in busy work situations. There was a need for ongoing attention to these problems and for solutions to be explored. One possible area for consideration was the development of the concept that patients generally should receive copies of discharge letters (with any necessary adaptation), or even that the discharge letter should be to the patient with a copy (with any necessary adaptations) to General Practitioners.

NOTED

11. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meeting of the Area Clinical Effectiveness Committee held on 20 October 2003 were received.

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

The Minutes of the meeting of the NHS Greater Glasgow Control of Infection Committee held on 15 December 2003 were received.

NOTED

13. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 27 April 2004 at 2.00pm in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.10pm

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ACTION BY