

EMBARGOED UNTIL MEETING

GGNHSB(HCGC)(M)04/2
Minutes: 14 - 27

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 April 2004 at 2.00 pm**

P R E S E N T

Mr M P G Jamieson (in the Chair)

Mrs H Brooke Professor L Gunn
Mrs P Bryson Mrs M Whitehead

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

Dr A Blair .. Consultant Psychiatrist, Primary Care Division (Minute 15)
Mr J Crichton .. General Manager, South Sector, Primary Care Division (Minute 15)
Mr R Davidson .. Sector Nurse, Primary Care Division (Minute 15)
Mr J C Hamilton .. Head of Board Administration (Minute 20)
Miss M Henderson .. Director of Nursing, South Glasgow University Hospitals Division
Mr D J McLure .. Senior Administrator, Area Clinical Effectiveness Office
Miss M C Smith .. Director of Nursing, North Glasgow University Hospitals Division
Miss B Townsend .. Director of Nursing, Yorkhill Division
Dr I W Wallace .. Medical Director, Primary Care Division
Dr L Watt .. Associate Medical Director, Primary Care Division (Minute 15)

ACTION BY

14. 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), Mr J Best (Chief Executive, Yorkhill Division), Dr H Burns (Director of Public Health, Greater Glasgow NHS Board), Mr R Calderwood (Chief Executive, South Glasgow University Hospitals Division), Councillor D Collins, Dr B N Cowan (Medical Director, Greater Glasgow NHS Board), Mrs R Crocket (Nursing Director, Greater Glasgow NHS Board), Mr I J Irvine and Professor S Smith.

15. INTEGRATED CARE PATHWAY - SCHIZOPHRENIA

Dr Watt outlined the background to the development of an Integrated Care Pathway for Schizophrenia in the Primary Care Division. In January 2001 the Clinical Standards Board published standards for schizophrenia which were reviewed later that year in the Greater Glasgow Primary Care Trust. The subsequent national report included the recommendation that an ICP be developed.

Mr Davidson explained that a multi-disciplinary steering group was formed, which in turn involved over ninety people in working groups and consultation exercises. The result was the development of an innovative model of integrated care which, though specifically for Schizophrenia, could be adapted for chronic disease management in general.

Dr Blair outlined the considerable benefits that could accrue to patients, carers and staff from the use of the ICP, and also its ability to highlight service gaps and to ensure compliance with national standards.

Mr Crichton described the three-phase implementation process which had both major organisational and funding implications. The initial pre-implementation phase had now been completed and the piloting phase, in North Glasgow, would commence in May for a twelve-month period. This would be followed in April 2005 with a two-year rollout throughout the Primary Care Division. There were considerable financial implications amounting to £560,000 over the next three years.

DECIDED:-

That it be recommended that an invitation be extended to Dr Watt and her colleagues to give their presentation to the Greater Glasgow NHS Board Service Redesign Committee.

SECRETARY

16. MINUTES

The Minutes of the meeting held on 27 January 2004 were approved as an accurate record.

17. RISK MANAGEMENT AND THE HANDLING OF SERIOUS CLINICAL INCIDENTS

DECIDED:-

That, as Dr Burns had been unable to attend, the report on progress in seeking the Board's perspective on a pan-Glasgow approach to Clinical Risk Management in the light of the issues detailed in minute 5 would be sought for the next meeting.

Dr BURNS

18. CLINICAL GOVERNANCE STRATEGY

Further to Minute 8, Mrs Whitehead enquired whether the final form of the Research Ethics structure had been settled, in order that the relationship of the Research Governance Group to the Committee could be clarified in the strategy document.

DECIDED:-

That clarification be sought from Dr Burns for the next meeting.

SECRETARY

19. ANNUAL REPORTS OF GREATER GLASGOW AND OPERATING DIVISIONS CLINICAL GOVERNANCE COMMITTEES

Further to Minute 4, Mr A Crawford, Primary Care Division Clinical Governance Manager, had convened meetings with Clinical Governance representatives from the Operating Divisions to agree a template to be used for annual reports. A draft template had been produced, with the recommendation that a support group be set up to ensure consistency in reporting from the Divisions. However, there was concern on the part of the South Glasgow Division that the format in which information was reported in that Division could not readily be adapted entirely to the proposed template.

DECIDED:

1. That, in view of the possibility that NHSQIS standards for healthcare governance could be established in the near future which would cover the reporting of clinical governance activity, the proposed template should be use in Greater Glasgow only as an interim measure.
2. That, in view of its temporary status, the template should be used by Divisions as far as possible in compiling their annual reports.
3. That, also in view of the temporary status of the template, a formal support group was not required.
4. That Divisions be asked to submit completed templates to the secretary by 30 September 2004 for consideration at the meeting on 26 October 2004.

SECRETARY

20. QUARTERLY REPORTS ON COMPLAINTS TO GGNHSB

Mr Hamilton presented the most recent report, covering October to December 2003, on complaints received by NHS Greater Glasgow Operating Divisions. He drew attention to the main themes commonly recurring: clinical treatment, waiting times and communications, and also to the section dealing with the lessons learned for patient care.

Mrs Whitehead referred to the discussion at the least meeting (minute 10) about the ongoing need to explore solutions to communications issues, including the concept that patients should generally receive copies of discharge letters (with any necessary adaptation) or even that the discharge letter be sent to the patients with a copy (with any necessary adaptation) to General Practitioners.

Mr Hamilton reported on the state of progress regarding the introduction of the new complaints procedure. He understood that the Scottish Executive was now in the process of writing the new guidance, and there had been indications that it was intended to introduce it in August 2004. This would have major implications for staff in training for the new procedures. Mr Hamilton had expressed serious concerns to the Scottish Executive at such a possible short timescale.

DECIDED:-

1. That the quarterly report on complaints to GGNHSB for October to December 2003 be noted.
2. That the need to further consider the issues raised with regard to communications in Minute 10 be taken forward.
3. That the possibility that the new complaints procedure would require to be introduced at short notice, given the major staff training implications, be noted with concern.

Mr HAMILTON

21. DRAFT STANDARDS FOR HEALTHCARE GOVERNANCE – NHS QUALITY IMPROVEMENT SCOTLAND

Due to an isolated communication problem between NHSQIS and GGNHSB, the consultative document on draft standards for healthcare governance had only become available for consideration at Board level shortly before the deadline for responses which had been 19 April. A short extension to the deadline had been obtained and the Board had forwarded the views of the Risk Management Forum which had expressed concern about the scale of the assessment process if the NHS Board and Divisions were to be assessed jointly.

It had been ascertained that the document had been communicated to the former Trusts within the original time frame, and that extensive discussions had taken place at that level. Detailed responses had been made expressing a range of concerns. It was understood that NHSQIS were well aware of the level of concern, and consequently were reconsidering their proposals in the light of them.

Given that the Committee had not had the opportunity to comment on the document prior to the official deadline for responses, NHSQIS had allowed an extension for late responses to 28 April. Any comments from the Committee would require to be e-mailed to NHSQIS within 24 hours of the meeting.

DECIDED:-

That, as it was understood that NHSQIS were well aware of the widespread concerns at the draft document, the Committee would not submit further comments.

22. SAFER FOR PATIENTS, SUPPORTIVE FOR PROFESSIONALS: A FRAMEWORK FOR MANAGING POOR PERFORMANCE OF HEALTH PROFESSIONALS AND TEAMS IN NHS SCOTLAND – A CONSULTATION

The Scottish Executive had produced a consultation document setting out a framework for managing poor performance of health professionals and teams in NHS Scotland. Written responses had been invited up to 4 June 2004.

DECIDED:-

That, as it was understood that extensive consultation exercises were taking place within Divisions and professionals bodies whose outcome would be submitted to the Scottish Executive, the Committee would not initiate a separate consultation process.

23. HDL (2004) 04 – CLINICIANS PLANNING TO UNDERTAKE NEW INTERVENTIONAL PROCEDURES

The HDL (2004) 04 advising that clinicians planning to undertake new interventional procedures should seek approval from their organisation's Clinical Governance Committee before doing so had been considered at a recent meeting of Medical Directors and the Director of Public Health. There had been concern at the ambiguity of the definition in the letter regarding new procedures. This had been acknowledged by the Scottish Executive who consequently were in the process of redrafting the HDL.

DECIDED:-

That the Committee should defer discussion until the redrafted HDL was available.

24. MINUTES OF TRUST (NOW OPERATING DIVISION) 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.

NOTED

25. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meeting of the Area Clinical Effectiveness Committee held on 17 February 2004 were received.

NOTED

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

The Minutes of the NHS Greater Glasgow Control of Infection Committee held on 8 March 2004 were received.

NOTED

27. DATE OF NEXT MEETING

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

The meeting ended at 3.55pm