MINUTE NOT YET ENDORSED AS A CORRECT RECORD

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 Thursday 13 October 2005 at 1.00 pm

P R E S E N T

Professor D H Barlow (in the Chair)

Mrs P Bryson
Ms R Dhir
Mrs J Murray
Miss A Paul

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

Dr W G Anderson	..	Medical Director, North Glasgow University Hospitals Division
Prof Sir J Arbuthnott	..	Chairman, Greater Glasgow NHS Board
Mr A Crawford	..	Head of Clinical Governance, Greater Glasgow NHS Board
Mrs S Gordon	..	Secretariat Manager (Minutes 24)
Miss M Henderson	..	Director of Nursing, South Glasgow University Hospitals Division
Mr M J G Jamieson	..	Medical Director, Yorkhill Division
Mr D J McLure	..	Senior Administrator, Area Clinical Effectiveness Office
Miss M C Smith	..	Director of Nursing, North Glasgow University Hospitals Division
Dr I W Wallace	..	Medical Director, Primary Care Division

ACTION BY

33. APOLOGIES

Apologies for absence were intimated on behalf of Mr J R Best (Chief Executive, Yorkhill Division), 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 (Acting Chief Executive, Primary Care Division), Ms J Grant (Acting Chief Executive, North Glasgow University Hospitals Division), Mr G McLaughlin and Mrs E Stenhouse (Acting Director of Nursing, Yorkhill Division).

34. MINUTES

The Minutes of the meeting held on 23 June 2005 were approved as an accurate record.

35. MEMBERSHIP

Further to Minute 18, the chairman reported that the Head of Board Administration had requested that the Board's Involving People Committee should make a nomination to fill the second lay-member position that had been vacant since the resignation of Professor Gunn.

ACTION BY

With regard to Board members of committees, Professor Sir John Arbuthnott reported that the process of matching the interests of Board members with the committees in the new structure was nearing completion. The Clinical Governance Committee had an important ongoing role. The new membership would be announced in the near future.

NOTED

36. NHS QUALITY IMPROVEMENT SCOTLAND – DIABETES LOCAL REPORT FOR NHS GREATER GLASGOW – MARCH 2004

Further to Minute 20, Dr Wallace reported that agreement had been reached with the national clinical grading committee that a staff grade ophthalmologist (level 3 grading) with one year's experience of work in retinal and laser clinics could adequately carry out the retinopathy service required to meet the current NHSQIS standards. A Consultant Ophthalmologist from Argyll and Clyde Health Board, who would be leaving shortly, was currently covering the work. The staff grade ophthalmologist post was in the process of being advertised. It was understood that there was at least one available candidate.

NOTED

37. IMPLEMENTATION OF NICE GUIDANCE (TECHNOLOGICAL APPRAISALS)

Further to Minute 21, the chairman reported on information received from Mr Divers on the ongoing discussions at national level with representatives of the Scottish Health Department and NHSQIS on the implementation requirements for Health Boards and consequent implications. Discussions had been relatively slow over the summer months, but it was understood that the Health Department was fully committed to chairing a national group, with support from NHSQIS, to take forward the next round of discussions with Board Chief Executives.

Professor Sir John Arbuthnott commented on the amount of high profile reporting in the press of NICE guidance. The question arose as to the extent of the public's awareness and perception of these issues in Scotland, for example variations in availability of some new drugs between England and Scotland. Dr Wallace drew attention to the work of the Scottish Medicines Consortium that carried out an appraisal of new drugs in Scotland. Out of 18 appraisals, the consortium's had concurred with the conclusions of the NICE guidance in England in all but one case.

At the last meeting it was decided (Minute 21) that Dr Burns' advice should be sought, in his capacity as the new Chief Medical Officer designate, on the proposal that Lord Patel (Chairman of NHSQIS) should be invited to speak to the committee on implementation issues. The chairman reported that Dr Burns had not felt this would be appropriate.

DECIDED:-

1. That the responses from Mr Divers and Dr Burns be noted.
2. That it be recommended that the Board's Involving People Committee consider the issue of the extent of the public's awareness and perception of NICE guidance as it affected Scotland. **SECRETARY**

ACTION BY

38. APPOINTMENT OF HOSPITAL CHAPLAINS

Further to Minute 26, information had been sought from Rev Blair Robertson, Head of the Department of Spiritual and Religious Care, South Glasgow Division, on the future role of the Church of Scotland in appointing hospital chaplains.

From the report received from Mr Robertson, it was understood that in May 2005 the Church of Scotland agreed to the principle of chaplains transferring from their employment to NHS employment. Subsequently a report was produced, based on discussions between the Human Resources Forum of the Scottish Health Department, the union representing chaplains and the Church of Scotland, making proposals for the transfer of chaplains. No further progress had been made on a national basis although it was understood that some Boards were proceeding to arrange for the transfer of their chaplains regardless. The situation in Greater Glasgow had still to be resolved.

DECIDED:-

That the issue of the transfer to Board employment of chaplains in Greater Glasgow, currently employed by the Church of Scotland, should be referred to the Spiritual Care Committee. **SECRETARY**

39. FATAL ACCIDENT INQUIRY

As decided at the meeting on 21 March 2005, a progress report had been obtained on the implementation of the action plan for Greater Glasgow arising from the recommendations of an FAI following the death of a patient with learning difficulties in an acute unit in Tayside. Dr Wallace referred to aspects of the significant progress that had been made in implementation, including the production of a generic nurse training pack, the development of a "Hospital Passport" and the significant impact of the named senior nurse link within acute care.

Professor Sir John Arbuthnott drew attention to the lack of detail in the report on the implementation of the action plan among doctors.

DECIDED:-

1. That the progress in implementing the action plan among nurses be welcomed.
2. That a report on the implementation of the action plan among doctors be obtained for the next meeting. **Dr WALLACE**

40. QUARTERLY REPORTS ON COMPLAINTS

Mrs Gordon presented the reports that had been submitted to the Board on complaints covering the periods January to March 2005 and April to June 2005. She drew attention to the new format adopted in the second report that laid greater emphasis on the lessons learned, service improvements and trends across Divisions. With regard to the new NHS Complaints Procedure, negotiations were continuing with the Citizens Advice Bureaux across Glasgow about the provision of independent support and advice to patients should they so wish. The Board had agreed to a proposal by Lanarkshire Health Board that they should share Greater Glasgow's pool of conciliators given the infrequent request for conciliation in both areas.

ACTION BY

There was discussion on the significant variations between the four Divisions in the percentages of complaints not upheld and on the complaint categories being used in the reports.

DECIDED:-

1. That the issue of the variations between Divisions in the percentages of complaints not upheld be referred to the Complaints Officers Group. **Mrs GORDON**
2. That consideration should be given to breaking down complaint categories into more meaningful smaller groupings. **Mrs GORDON**

41. NHS GREATER GLASGOW DIVISIONS' CLINICAL GOVERNANCE ANNUAL REPORTS 2004/5

Annual reports on clinical governance activity for 2004/5 received from the four Divisions were considered. It was noted that the reports from the North Glasgow and Primary Care Divisions were in draft form. There was discussion on the form of the Greater Glasgow reports for 2004/5 and 2005/6, the latter covering a year of transition to the new structure.

DECIDED;-

1. That the individual reports from the Divisions be approved.
2. That the 2004/5 Greater Glasgow report should consist of an introductory overview, prepared by Mr Crawford, followed by the reports from the four Divisions. **Mr CRAWFORD SECRETARY**
3. That the 2005/6 Greater Glasgow report should be similar to 2004/5.
4. That beyond 2005/6, report formats should reflect the new unified Board structure that, by then, would be fully operational.

42. NHSQIS CLINICAL GOVERNANCE AND PATIENT SAFETY WORK PROGRAMME

The Committee considered a letter from NHSQIS enclosing their Clinical Governance and Patient Safety Work Programme for 2005 – 2007. The Head of the Clinical Governance and Patient Safety Unit at NHSQIS, Ms H Borland, had offered to speak to the committee on the programme.

It was noted that the report referred to the support that would be offered to Clinical Governance Managers and staff, but there was a lack of reference to the support needs of General, Medical and Nursing Managers and staff in implementing the policies locally.

DECIDED:-

That Ms Borland should be invited to speak to the next meeting and discuss issues raised by members. **SECRETARY**

43. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The minutes of the meeting of Area Clinical Effectiveness Committee held on 17 August 2005 were received.

ACTION BY

It was noted, in respect of the implementation of SIGN Guideline 78 "Management of Patients with Stroke", that the Area Clinical Effectiveness Committee had invited Dr Christine McAlpine to draft an action/investment plan for the implementation of the guideline within Glasgow.

DECIDED:-

That it should be confirmed with Dr McAlpine that, in the preparation of the plan, account would be taken of the Board's nutrition policy and its resource requirements as it affected the management of patients with Stroke. **SECRETARY**

44. MINUTES OF MEETINGS OF NHS GREATER GLASGOW CONTROL OF INFECTION COMMITTEE

The minutes of the meeting of the NHS Greater Glasgow Control of Infection Committee held on 13 June 2005 were received.

NOTED

45. MINUTES OF MEETING OF DIVISIONAL CLINICAL GOVERNANCE COMMITTEES

The minutes of the following meetings of Divisional Clinical Governance Committees were received:-

North Glasgow - 2 August 2005
South Glasgow - 22 July 2005
Yorkhill - 8 June 2005
Primary Care - 9 June 2005

Dr Wallace drew attention to the report in the minutes of the Primary Care Divisional Committee on the development of a standards framework for counsellors and counselling services. It provided a structured, consistent and quality assured framework, whereby counselling services were now on a firm clinical governance footing.

NOTED

46. DISCHARGE LETTERS

Further to Minute 19, Dr Cowan had provided a paper summarising the responses received from Medical Directors in Scotland on their experiences, if any, in implementing a system whereby clinic and discharge letters were sent to the patient as well as the General Practitioner. Of the Boards that had responded, none were carrying out the system as standard practice, and a number had highlighted problems that they perceived would be associated with such a system. However, there were individual consultants who followed this practice and the feedback suggested that it was considered to be successful by both doctors and patients, with few doctors feeling the need to modify the content of the copy of the letter sent to patients for the purposes of comprehension. It was felt that patients could readily seek clarification on the content, if required, from their General Practitioner.

ACTION BY

Dr Cowan had also submitted papers outlining an implementation plan from Yorkhill for the introduction of a system, in November 2005, of copying correspondence to patients/families in the Division. Mr Jamieson advised that the scheme had the support of the vast majority of Consultants, and it was not the intention as a rule to modify the content of the patient's/family's copy of the letter. Consultants would first confirm with the patient/family that a letter was desired. Particular to Yorkhill Division was the issue of whether patients who were young adults or their parents should receive the letter. This would require to be addressed. It was estimated that the resource costs to Yorkhill would be around £46,000 per annum. By extrapolation, the cost for a Greater Glasgow-wide scheme would be around £350,000 to £400,000 per annum. However, with the development and implementation of electronically produced discharge letters, these costs could be reduced.

Miss Smith referred to an audit recently carried out in Emergency Receiving at Glasgow Royal Infirmary that had revealed that 60% of patients had literacy levels below the age of 12. There were implications to consider should a Glasgow-wide system of copying discharge letters to patients be introduced.

DECIDED:-

1. That the principle of patients routinely receiving copies of discharge letters be supported.
2. That Dr Cowan be asked to produce proposals for the introduction of a system throughout Greater Glasgow. **Dr COWAN**

47. CLINICAL GOVERNANCE FOR NEW WAYS OF WORKING

Further to Minute 22, Dr Cowan had reported that he had received no further response from Dr Andrew Marsden, Consultant Medical Director, Scottish Ambulance Service, to his proposal that they meet to explore any clinical governance issues of common relevance arising from the discussion paper sent by Dr Marsden to NHS Greater Glasgow entitled "Clinical Governance for new Ways of Working". In the absence of a response, Dr Cowan had proposed that no further action be taken.

DECIDED:-

That Dr Cowan should take no further action.

48. DATE OF NEXT MEETING

The Chairman proposed, in view of the fact that the meeting scheduled for 12 September 2005 had been postponed for a month, that the next scheduled meeting (28 November 2005) should not take place due to its proximity in time to the current meeting.

DECIDED:-

1. That the meeting scheduled for 28 November 2005 be cancelled.
2. That a schedule of quarterly meetings for 2006 be arranged. **SECRETARY**
3. That the Head of Board Administration be approached to provide an appropriate list of members to be invited to the next meeting in the light of the ongoing transitional arrangements within the Board. **SECRETARY**
SECRETARY

The meeting ended at 2.20pm

ACTION BY