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 23 June 2005 at 2.00 pm

P R E S E N T

Professor D H Barlow (in the Chair)

Ms R Dhir
Mrs J Murray
Miss A Paul

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

Prof Sir J Arbuthnott	..	Chairman, Greater Glasgow NHS Board
Mr T A Divers	..	Chief Executive, 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

ACTION BY

16. APOLOGIES

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

17. MINUTES

The Minutes of the meeting held on 21 March 2005 were approved as an accurate record.

18. MEMBERSHIP

Further to Minute 2, the chairman reported that three potential names of individuals had emerged from the approach to the Head of Board Administration for advice on possible sources from which to obtain a replacement for Professor Gunn who had resigned.

Mr Divers advised that currently Board members were being asked to indicate their particular areas of interest. He suggested that once this information was obtained it would then be appropriate to identify the individual most suitable to replace Professor Gunn.

DECIDED:-

That the outcome of the survey of Board members' special interests be awaited before identifying a replacement for Professor Gunn.

19. DISCHARGE LETTERS

Further to Minute 4, Dr Cowan had reported that he had contacted Medical Directors in Scotland enquiring of their experiences, if any, in implementing a system whereby clinic and discharge letters were sent to the patient as well as the General Practitioner. Most of the responses had been negative. He was now in the process of preparing a paper summarising these responses and including information from England on the costs of such a project, which appeared to be considerable.

Mr Jamieson reported that Yorkhill Division had agreed in principle to implement a system locally. A pilot group had been set up. Initial estimates of costs were in the region of £30,000 to £40,000.

DECIDED:-

That the paper from Dr Cowan be awaited. **Dr COWAN**

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

SCOTTISH CARE INFORMATION – DIABETES COLLABORATION (SCI-DC)

Further to Minute 5, Professor Sir John Arbuthnott reported on the current situation regarding the implementation of Scottish Care Information - Diabetes Collaboration (SCI-DC) in Greater Glasgow acute hospitals. The aim was to provide a single diabetes register for all patients treated for diabetes.

Gartnavel General Hospital

SCI-DC has been operating successfully since mid January 2005.

Victoria Infirmary

SCI-DC has been operational since 7 June 2005, being used by the four diabetes consultants and their secretaries. The next stage would involve the training of nursing and allied health professions staff over the summer months. The diabetes clinical database used for the past 15 years had been converted to SCI-DC.

Southern General Hospital

SCI-DC had been operational since 8 June 2005, being introduced on a phased basis, initially involving four consultant clinics and a podiatry clinic. A manual paper system previously existed, thus requiring the SCI-DC database to be set up from basics.

ACTION BY

Stobhill Hospital

Staff training had commenced for a two-week period. A first pass data conversion had been made available and it was anticipated that SCI-DC would begin operation early in July.

Glasgow Royal Infirmary

Data mapping and specification of the existing diabetes database to SCI-DC had been completed and the database conversion program was now being developed. Clinic staff training would start early in July for implementation to take place around the beginning of August.

A number of on-going issues remained:

1. The current version of the SCI-DC program was much improved following protracted efforts to resolve issues. However it could not be claimed that all problems had been eradicated or that all of the clinical and business requirements of the diabetes service had been met. A further release, addressing some of these concerns, would be made available to departments from the national team in August.
2. After August 2005, the national team would commence the development of a new SCI-DC clinical system using the generic clinical system toolkit that was currently the subject of a national procurement. The implementation of the new system was not within the scope or funding of the current project. Additional funding would be required.
3. There was still an ongoing IT support cost to be met. No funding was available specifically for the support of the acute based system which, when fully functioning, would require ongoing staffing support amounting to approximately £20,000 per annum.

DIABETIC RETINOPATHY SERVICE

Further to Minute 5, a report had been received from Dr Cowan on a meeting he had held with Dr I W Wallace and Dr W Wykes who was heading up the diabetic retinopathy service. Dr Wykes had been asked to consult with the local advisory group on proposals to address the problem of the inability to attract sufficient consultant ophthalmologists to provide the retinopathy service required to meet the current NHSQIS standards. A report of the outcome of these discussions would be prepared for the next meeting of the committee. **Dr COWAN**

NOTED

21. IMPLEMENTATION OF NICE GUIDANCE (TECHNOLOGICAL APPRAISALS)

Further to Minute 12, the chairman resumed discussion on the implications of NICE Guidance (TA) reports requiring to be implemented within a three-month period. While these reports were produced in England, they were applicable in Scotland. There were significant resource issues for the Board should the three-month implementation rule also apply in Scotland.

ACTION BY

Mr Divers reported that he was involved in ongoing discussions at a national level with representatives of the Health Department and NHSQIS regarding the implementation requirements for Scottish Health Boards and the consequent implications. There were a number of factors, including the current lack of advance information prior to the publication of NICE and QIS recommendations for Boards to be aware of the resource consequences and the implications of these being significant in both manpower and finance. A draft paper had been prepared that was circulating at national level prior to top-level meetings at the Health Department at which a range of crucial issues relating to implementation would be debated.

Mr Divers would keep the committee informed of the progress and outcome of the national discussions. **Mr DIVERS**

Professor Sir John Arbuthnott proposed that Lord Patel, Chairman of NHSQIS Board, should be invited to a future meeting of the committee to enable members to gain a clearer perspective on implementation issues.

DECIDED:-

1. That further information arising from national discussions would be awaited from Mr Divers. **Mr DIVERS**
2. That the question of inviting Lord Patel to a future meeting be raised with Dr Burns in his capacity as the new Chief Medical Officer designate. **SECRETARY**

22. CLINICAL GOVERNANCE FOR NEW WAYS OF WORKING

Further to Minute 9, Dr Cowan had reported that he had written to Dr Andrew Marsden, Consultant Medical Director, Scottish Ambulance Service, proposing a meeting to explore any clinical governance issues of common relevance arising from the discussion paper "Clinical Governance for New Ways of Working". He was awaiting a reply from Dr Marsden.

NOTED

23. NHS GREATER GLASGOW CLINICAL GOVERNANCE ANNUAL REPORT 2003/4

Further to Minute 8, as requested, Divisions had submitted overviews of their 2003/4 clinical governance annual reports setting out the clinical governance objectives for that year and highlighting key points of activity from the reports.

DECIDED:-

1. That the responses received from the Divisions should, together with the full reports received at the last meeting and an introductory preamble, constitute the Greater Glasgow Clinical Governance Report for 2003/4.
2. That the preamble should include reference to the fact that the enclosed reports were each in a distinctive form, reflecting their compilation during a time of transition to single system working, but should mainly concentrate on outlining the future pattern of clinical governance arrangements and focus. **Dr COWAN**

ACTION BY

24. QUARTERLY REPORT ON COMPLAINTS

Mrs Gordon presented the most recent report that had been submitted to the Board on complaints, covering the period October to December 2004. She confirmed that the new complaints procedure had been in operation since 1 April 2005 involving two stages: local resolution and, if unsatisfied with the outcome, the Ombudsman. She drew attention to current discussions that were taking place with Divisional complaints officers with a view to agreeing a unified format for the reporting of complaints throughout Greater Glasgow. It was also anticipated that future reports would have a sharper clinical governance focus and may include sections that highlighted particular issues.

Mr Jamieson and Miss Smith both stressed that while monitoring of and learning from complaints was a vital pan-Glasgow role, it was important that there should not be duplication of effort when dealing with clinical issues arising. It was appropriate that these continued to be handled at Divisional level.

In response to an enquiry from Ms Dhir, it was confirmed that the Ombudsman regularly sent information to Greater Glasgow on issues arising from complaints elsewhere to enable staff to be aware of potential local action required.

Professor Sir John Arbuthnott reported that the new Scottish Health Council was still at an early stage and had yet to appoint a local Glasgow advisory committee. While it would not operate like the former Local Health Council, it would have an interest in complaints.

NOTED

25. CLINICAL GOVERNANCE AND RISK MANAGEMENT – CONSULTATION ON DRAFT NATIONAL STANDARDS

Dr Cowan had submitted to the committee a consultation document on draft national standards from NHSQIS. It was understood that NHSQIS were inviting comments Health Boards by mid-July.

Divisional representatives indicated that the document had been discussed in each Division and responses sent to NHSQIS. It appeared that no major issues had been raised relating to the draft national standards, although some aspects of the proposed monitoring and assessment tools had been questioned.

DECIDED;-

1. That, as the document had been discussed and responded to by each of the Divisions without major issues being raised, the committee would not embark on a separate discussion.
2. That Dr Cowan be requested to take into account the Divisions' responses to NHSQIS in the preparation of the Board's comments. **Dr COWAN**

26. ANNUAL REPORT OF NHS GREATER GLASGOW SPIRITUAL CARE COMMITTEE 2004/5

There was submitted from the Greater Glasgow Spiritual Care Committee the first annual report, for the year 2004/5.

ACTION BY

In response to an enquiry from Mrs Murray, Miss Henderson confirmed that secular interests and small religious faiths were readily contacted as required by hospitals where they were not represented among the chaplaincy staff.

Professor Sir John Arbuthnott raised the question of the future role of the Church of Scotland regarding the appointment of chaplains in the light of changes affecting its board of national mission.

DECIDED:-

1. That the report of the Greater Glasgow Spiritual Care Committee for 2004/5 be approved.
2. That the future role of the Church of Scotland in appointing chaplains would be ascertained. **SECRETARY**

27. MINUTES OF MEETINGS OF NHS GREATER GLASGOW SPIRITUAL CARE COMMITTEE

The minutes of the meetings of the NHS Greater Glasgow Spiritual Care Committee held on 28 February and 31 May 2005 were received.

NOTED

28. MINUTES OF MEETING OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The minutes of the meeting of the Area Clinical Effectiveness Committee held on 16 March 2005 were received.

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NOTED

29. 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 14 March 2005 were received.

NOTED

30. MINUTES OF MEETING OF DIVISIONAL CLINICAL GOVERNANCE COMMITTEES

The Minutes of the meetings of the Yorkhill and South Glasgow Divisional Clinical Governance Committees held on 9 March and 22 April 2005 respectively were received.

NOTED

ACTION BY

31. CLINICAL GOVERNANCE WITHIN THE SINGLE SYSTEM STRUCTURE

Mr Divers gave a short verbal report on the progress of the deliberations within the Board on Clinical Governance arrangements within the single system structure.

NOTED

32. DATE OF NEXT MEETING

The next meeting will be held on Monday 12 September 2005 at 2.00pm in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.20pm