

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow and Clyde Health and Clinical Governance Committee
held in the Board Room B, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Monday 3 July 2006 at 2.00 pm**

P R E S E N T

Professor D H Barlow (in the Chair)

Professor Sir John Arbuthnott	Mrs J Murray
Mr R Cleland	Mrs P Bryson
Mrs S Kuenssberg	Mr D Sime
Mrs A Stewart	

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

Dr S Ahmed	..	Chairman, Control of Infection Committee (Minute 43)
Prof T G Cooke	..	Associate Medical Director, Surgery & Anaesthetics (Minutes 40 – 41)
Dr B N Cowan	..	Board Medical Director
Mrs R Crocket	..	Director of Nursing
Miss E Curran	..	Infection Control Nurse Adviser (Minute 42)
Mr D J McLure	..	Senior Administrator
Dr J Nugent	..	Clinical Director, West Glasgow CHCP (Minutes 44 - 45)
Dr K O'Neill	..	Clinical Director, South West Glasgow CHCP (Minute 44)
Dr P Ryan	..	Clinical Director, North Glasgow CHCP (Minute 44)
Mr N Zappia	..	Head of Primary Care Support (Minute 44 - 45)

ACTION BY

37. APOLOGIES

Apologies for absence were intimated on behalf of Dr W G Anderson, Mr J Bannon, Mr A Crawford, Dr L de Caestaker and Ms G Leslie.

38. MINUTES

The Minutes of the meeting held on 5 May 2006 were approved.

39. MATTERS ARISING FROM THE MINUTES

(i) NHSQIS National Overview Report on Learning Disability Services

Further to Minute 26, Mrs Stewart drew attention to the fact that the Board's response to the national report presented at the last meeting had dealt only with adult services. She enquired about the Board's response to the sections of the report dealing with services to children.

DECIDED:-

That Mrs Crocket would report back to the next meeting on a response regarding learning disability services for children.

Mrs CROCKET

(ii) Residents of State Mental Hospital, Carstairs

Further to Minute 27, Sir John Arbuthnott reported that a report had now been produced by the Scottish Executive's Committee on Forensic Mental Health which had identified the numbers of patients at the State Hospital, Carstairs who had a right of appeal regarding the level of care they required.

NOTED(iii) Regina v Southampton University Hospital

Further to Minute 35b, Sir John Arbuthnott reported that he had received a copy of the judgment in respect of the legal report into an incident in a Southampton hospital in which failure to supervise doctors featured prominently.

DECIDED:-

That Dr Cowan and his Associate Medical Director colleagues would examine the judgment and report back to the next meeting on any implications for Greater Glasgow & Clyde.

Dr COWAN**40. CLINICAL INCIDENTS**

Dr Cowan reported on the following clinical incidents:-

(a) Maternal Death at Southern General Hospital

The death occurred in January 2006. The investigation took place in February 2006 and the report had been discussed with the husband of the deceased and the Procurator Fiscal. Dr Alan Mathers, Clinical Director for Obstetrics & Gynaecology, had examined the report and had indicated that there did not appear to be issues arising from this specific case. However there may be aspects of relevance to Greater Glasgow as a whole.

Dr Cowan proposed that the Committee's ongoing interest in this specific death should be linked to consideration of the NHSQIS Report of the Scottish Audit of Severe Maternal Morbidity. Mrs Crocket advised that the report was currently being discussed within the Women and Children's Directorate. An action plan would be produced. Dr Cowan recommended that, at the next meeting, the Committee should receive a presentation from Dr Mathers on policy developments in the light of the specific case together with a presentation from Dr Mathers and Dr Iain Wallace, Associate Medical Director, Women and Children's Directorate, on the NHSQIS Report as it affected Greater Glasgow and Clyde.

DECIDED:-

1. That the next meeting should receive a report from Dr Mathers on policy developments arising from the investigation of the clinical incident.
2. That the next meeting should receive a report from Dr Mathers and Dr Wallace on the Report of the Scottish Audit of Severe Maternal Morbidity.

Dr COWAN**Dr COWAN**

(b) Death of Patient at Institute for Neurological Sciences (INS)

Dr Cowan reported on a death in 2003 that had been the subject of a Fatal Accident Inquiry concerning a patient who had been admitted to Wishaw General Hospital and subsequently transferred as an emergency to the INS. A number of issues had emerged from the FAI. Dr Cowan outlined action that had been taken in the light of the incident.

NOTED

(c) Patient given overdoses of Radiation, Beatson Oncology Centre

Dr Cowan reported that the Health and Safety Executive had now completed their investigation. A report was awaited.

NOTED

Professor Cooke reported on the following clinical incident:

(d) Anaesthetic Death at Victoria Infirmary

Professor Cooke had carried out an investigation of an anaesthetic death that had taken place recently. He had submitted a report to the Chief Operating Officer of the Acute Division and the Fiscal, the conclusion of which was that it had been a preventable death. He had also met with the family of the deceased to explain the report and provide them with an anonymised version. The report's recommendations were currently being implemented. An external review would be initiated shortly.

NOTED

41. SCOTTISH AUDIT OF SURGICAL MORTALITY (SASM)

Professor Cooke presented a summary and analysis of the SASM reports for the years 2003 and 2004 in respect of deaths in surgical wards in the acute hospital sites in Glasgow. He also presented figures in respect of Clyde that he had received, but had not had the opportunity to analyse.

In respect of Greater Glasgow, the report had identified 32 cases in 2003 and 21 cases in 2004 where the external assessor considered that Areas of Concern (ACONs) had contributed to the death. However only 2 deaths each year were deemed to have been attributable to ACONs. It was difficult to assess whether there were real differences between acute sites as the total number of operative cases carried out per site was not easily available. This should be available for future reports. He highlighted two issues that would be addressed by the Surgery and Anaesthetics Division: (i) the variation between sites in the attendance of both consultant surgeon and consultant anaesthetist both for elective and emergency procedures for high risk cases (a more pro-active enquiry system would be introduced particularly for deaths of elective patients), (ii) critical care in ITU and HDU, which had been identified as the main resource deficiency and a significant ACON on all sites. It was noted that there was a national investigation taking place into HDU provision.

Professor Cooke advised that participation in SASM had been voluntary but that it was now considered that it should be part of consultants' annual appraisals. From 2005 each surgeon would receive an individual report from SASM on their cases.

Sir John Arbuthnott stressed the importance of the findings of the SASM report being vigorously followed up and the unacceptability of less than 100% participation in the audit by surgeons. Deaths after elective surgery were particularly concerning and it was important that the Committee should receive a report once the extent of risk in elective surgery had been addressed. This should be the subject of regular monitoring. Professor Cooke indicated that monthly mortality reports, to be peer reviewed, would be required from all surgical units.

Dr Cowan reported that the Clyde figures from the SASM report would be discussed with the Clyde Directorate.

DECIDED:-

That the Committee should be kept informed of developments arising from action being taken in the light of the SASM reports.

Prof COOKE

42. INFECTION CONTROL REPORT 2005/6

Miss Curran presented the NHS Greater Glasgow and Clyde Infection Control Report for 2005/6. She explained that it was a requirement of NHSQIS that Boards produced an Annual Infection Control Report and an Annual Infection Control Programme. The latter had been presented at the meeting of the Committee on 5 May 2006. The report for 2005/6 was a summary of the various individual reports of the Infection Control Teams from the former Divisional structure, who each had a distinct programme for 2005/6. Subsequent annual reports would be based on a single Board-wide annual programme. The programme for 2006/7 reflected actions identified from an analysis of the individual reports for 2005/6.

Sir John Arbuthnott sought clarification on the reported numerous outbreaks and ward closures in South Glasgow due to norovirus in 2005/6. Miss Curran explained that this referred largely to the Victoria Infirmary. Following major investigations an isolation ward had been opened and subsequently rates of infection had significantly reduced.

DECIDED:-

That the Infection Control Report for 2005/6 be received.

43. PROPOSED INFECTION CONTROL STRUCTURE IN NHS GREATER GLASGOW AND CLYDE

Dr Ahmed presented a proposed infection control structure for the Board in the light of the new single system and the integration of Clyde. The Area Control of Infection Committee had supported it.

DECIDED:-

That the proposed infection control structure be approved.

44. CLINICAL GOVERNANCE IN CHCPs

Dr Nugent outlined the clinical governance arrangements that had existed in Primary Care prior to single system working and then detailed the current clinical governance agenda in CHCPs. There were themes common to all CHCPs, but a degree of variation had been allowed at this stage. Future developments would include individual CHCP plans and priorities, links with related local authority and other partnership governance arrangements and the formation of a pan Glasgow Clinical Governance Group. Given the use of the term Care Governance within Local Authority structures, this may be adopted for CHCPs in the future. The information presented related to Greater Glasgow; details from Clyde were still being sought.

Dr Ryan presented a paper detailing the care governance arrangements that had been established within the North Glasgow CHCP. Dr O'Neill presented a paper on critical incident reviews that recommended that a CHCP Critical Incident Review Group be established to determine learning points arising from adverse incidents. This should include membership from the Care Partnerships. It was desirable that a uniform system of reporting for health and social care staff should be actively sought. The relationship between the proposed CHCP Critical Incident Review Group and NHS Greater Glasgow & Clyde and Social Work Centre structures would require to be clarified.

NOTED

45. REFERENCE COMMITTEE

Dr Nugent and Mr Zappia presented a paper detailing the remit and role of the Reference Committee. The committee operated under delegated authority from the Board with powers to make referrals to Family Health Services (FHS) Disciplinary Committees and the NHS Tribunal. In addition the committee could refer FHS Practitioners (Medical, Dental, Pharmaceutical and Optical) to Professional Regulatory Bodies and initiate other actions as considered appropriate against FHS Practitioners in respect of under performance or breaches of terms of service. Referrals to the Committee could come from a variety of sources including: independent contractors, routine premises inspections, the Scottish Dental Practice Board and financial monitoring reports.

The Reference Committee sought to address referrals in a supportive and educational manner with a view to encouraging compliance and resolution before disciplinary action was contemplated.

Given that the Reference Committee operated under delegated authority from the Board, Mr Sime raised the question whether it would be appropriate to include in the membership a non-Executive Board member.

DECIDED:-

1. That the presentation on the role and remit of the Reference Committee be noted.
2. That further consideration should be given to the inclusion of a non-Executive Board member in the membership.

Mr ZAPPIA

46. MINUTES OF REFERENCE COMMITTEE

The minutes of the meetings of the Reference Committee held on 21 March 2006 and 16 May 2006 were received together with summary papers highlighting key issues.

NOTED

47. MINUTES OF CONTROL OF INFECTION COMMITTEE

The minutes of the meeting of the Control of Infection Committee held on 20 March 2006 were received together with a summary paper highlighting key issues.

NOTED

48. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 8 June 2006 were received together with a summary paper highlighting key issues.

NOTED

49. NHSQIS CLINICAL GOVERNANCE AND RISK ASSESSMENT STANDARDS SELF ASSESSMENT AND REVIEW

Professor Barlow reported that Mr Crawford had suggested that it would be appropriate for the Chairman and/or Vice Chairman together with one or two Non-Executive Board members of the Committee to attend the NHSQIS visitation at Dalian House on the 27 September 2006 and to be part of the process that day.

Professor Barlow indicated that he might be available on the afternoon of 27 September and would be willing to attend. Mr Cleland, Mrs Murray and Mrs Stewart would be willing to attend morning and afternoon.

DECIDED:-

1. That Mr Crawford be advised of the members available to participate in the visitation on 27 September 2006.
2. That Mr Crawford be asked to clarify with the members the extent and nature of the commitment that day.

SECRETARY

Mr CRAWFORD

50. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Monday 4 September 2006 at 2.00pm in Dalian House, 350 St Vincent Street, Glasgow.