GGNHSB(HCGC)(M)06/4
Minutes: 51 - 66

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Greater Glasgow and Clyde Health and Clinical Governance Committee
held in the Meeting Room B, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Monday 4 September 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
Mrs S Kuenssberg	Mr D Sime
Ms G Leslie	Mrs A Stewart

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

Dr W G Anderson	..	Board Associate Medical Director
Mr A Crawford	..	Head of Clinical Governance
Dr L de Caestaker	..	Acting Director of Public Health
Ms C Harkins	..	Lead Midwife, Clyde (Minute 55)
Dr A Mathers	..	Clinical Director – Obstetrics & Gynaecology (Minute 55)
Mr D J McLure	..	Senior Administrator
Dr A Quinn	..	Clinical Director – Obstetrics & Gynaecology, Clyde (Minute 55)
Mrs E Stenhouse	..	Head of Midwifery – Women & Children's Directorate (Minute 55)
Dr I W Wallace	..	Associate Medical Director – Women & Children's Directorate (Minute 55)

ACTION BY

51. APOLOGIES

Apologies for absence were intimated on behalf of Mrs P Bryson, Dr B N Cowan, Mrs R Crocket and Dr L Jordan.

52. MINUTES

The Minutes of the meeting held on 3 July 2006 were approved.

53. MATTERS ARISING FROM THE MINUTES

(i) Regina v Southampton University Hospital

The Chairman advised that as Dr Cowan had been unable to attend due to an unavoidable commitment, a report on the implications for Greater Glasgow & Clyde arising from the judgment would be deferred to the next meeting.

NOTED

ACTION BY

(ii) Residents of State Mental Hospital, Carstairs

Professor Sir John Arbuthnott reported that the first round of tribunal hearings for patients at the State Hospital appealing about the level of care they required were commencing on 5 September 2006. Greater Glasgow & Clyde had the largest number of any Health Board. There were implications for patient tracking. This was being addressed.

NOTED

54. CLINICAL INCIDENTS

The Chairman advised that Dr Cowan would report on any new Clinical Incidents at the next meeting. With regard to obtaining a report on action taken following the maternal death at the Southern General Hospital, intimated at the last meeting, Dr Mathers would discuss this with Dr Cowan in advance of the next meeting.

Dr COWAN

Dr MATHERS
Dr COWAN

NOTED

55. CLINICAL GOVERNANCE ISSUES FOR MATERNITY SERVICES

Dr Wallace presented an overview of Maternity Services within Greater Glasgow, describing the facilities and range of service provision in each of the maternity units. He outlined the Directorate's management structure and detailed the local Clinical Governance Implementation Group's (CGIG) remit and aims. A copy of the Clinical Governance Workplan for 2006/7 had been provided for information, together with the minutes of a recent CGIG meeting. He also referred to the NHSQIS Maternity Services Peer Review visit to Greater Glasgow in May 2006 and the written report that had now been received.

Due to the fact that the Peer Review written report had been received so recently, the presentation by Mrs Stenhouse was based on summaries compiled at the feedback given by QIS at the close of the visitation. Greater Glasgow had been assessed against five standards, and she detailed for each the strengths highlighted and the areas where challenges had been identified. Regarding the latter, she advised of a number of developments that had been initiated. Once the QIS written report had been fully examined, a formal action plan would be drawn up.

Dr Mathers outlined Clinical Governance arrangements for Obstetrics and Gynaecology within Greater Glasgow. A Clinical Risk Management system, previously established, had been spread across all Obstetrics and Gynaecology units and was now accepted standard practice. He described (i) the process to be followed when a Clinical Incident arose (ii) the development and adoption of Clinical Effectiveness arrangements throughout the units in Greater Glasgow and (iii) the systems established for expert guideline reviews. With regard to current work in progress, Dr Mathers presented a written report on the implications for Greater Glasgow Maternity Services of the second annual report of the Scottish Confidential Audit of Severe Maternal Morbidity which related to the year 2004. The audit specifically looked at two groups in depth: Massive Obstetric Haemorrhage and Eclampsia, and issues for improvement within each had been identified. The report had also highlighted performance against a range of national guidelines and Dr Mathers had provided comments relating to the application of each within the Greater Glasgow Obstetric Units. A series of learning points and points for action planning had been identified from the report as a whole, to be addressed on a pan Glasgow basis. An action plan would be presented to the Clinical Governance Implementation Group of the Women and Children's Directorate in September 2006.

Dr Quinn gave a detailed presentation covering a range of issues relating to Clinical Governance for Maternity Services in Clyde. He explained (i) the role of the Clinical Incident Group at which all Clinical Incidents were reported, and discussed the identification of action points and the production and dissemination of Good Practice Statements, (ii) the Clinical Effectiveness processes covering audit, national standards and guideline implementation, (iii) the place of Women & Children's services within the Clinical Governance arrangements in Clyde. Dr Quinn also dealt with the report of the Scottish Confidential Audit of Severe Maternal Morbidity as it related to Clyde and outlined the action being undertaken in response to it. He then addressed the NHSQIS Maternity Services Peer Review in respect of Clyde and outlined the action that had been initiated in respect of the standards, following feedback from QIS.

Members commented on the impressive volume and quality of the work revealed by the presentations. It was recognised the challenge of addressing national standards and guidelines throughout the system was very considerable. Opportunities to facilitate this process, arising from single system working, should be encouraged. Mr Crawford indicated that it would be the aim to have an archive of standards and guidelines readily available on the Board-wide intranet.

Among other issues raised in discussion were:

- With the integration of Greater Glasgow and Clyde, the interface between Maternity Services in both areas would be a matter for ongoing consideration.
- Dr Mathers stressed the desirability of retaining the current Greater Glasgow-wide Obstetrics and Gynaecology Clinical Effectiveness work and resource.
- Mr Crawford remarked that the strengths and challenges identified in recently produced Maternity Services Peer Review reports were as anticipated.

NOTED

56. NHSQIS CLINICAL GOVERNANCE AND RISK MANAGEMENT STANDARDS SELF-ASSESSMENT AND REVIEW

Mr Crawford reported that the Board had recently received comments from QIS on the self-assessment submission in respect of the Clinical Governance and Risk Management Review and had responded to them. A further communication was expected from QIS on 12 August that would indicate the areas on which the reviewers would be concentrating during the visitation on 26/27 September.

The recent response from QIS revealed that QIS had concurred with the level of self-assessment identified by the Board in 8 out of the 11 areas. The 3 areas of disagreement were (i) Fitness to Practice, (ii) Emergency and Continuity Planning and (iii) Performance Management Scheme. The Board's levels of self-assessment were a reflection of the lack of time for single-system working to be developed. With regard to the scoring process, the Board was currently at 5 (out of a maximum score of 12). Should current targets be achieved, it was anticipated that this should increase to 6 by the time of the visitation, reaching 7 by the end of March 2007.

NOTED

57. GREATER GLASGOW AND CLYDE CLINICAL GOVERNANCE IMPROVEMENT PLAN

Mr Crawford reported that the Clinical Governance Implementation Group had provisionally approved the Clinical Governance Improvement Plan for 2006/7. The

implementation of the plan would require to await the outcome of the QIS visitation at the end of September.

Mr Crawford advised that the section of the plan on the development and implementation of the Board's Clinical Risk Management Strategy had been revised to include child protection. There was also discussion as to whether vulnerable adults should be added. Mrs Kuenssberg raised the need for the Board's Consent to Treatment Draft Policy document to be checked with regard to children. Mrs Stewart queried to the absence of reference in the plan to IT systems.

DECIDED:-

1. That Mrs Kuenssberg would examine the Board's Consent to Treatment Draft Policy document with regard to children. **Mrs KUENSSBERG**
2. That Mr Crawford would arrange for a section to be added to the Clinical Governance Improvement Plan on IT systems. **Mr CRAWFORD**

58. NHS HDL(2006)38 – A REVISED FRAMEWORK FOR NATIONAL SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN SCOTLAND

Dr Anderson reported on the implementation of HDL(2006)38 within Greater Glasgow and Clyde. The HDL had outlined various actions required, together with deadlines for their implementation. Dr Anderson confirmed that all the "Immediate" action had been taken and it was anticipated that all the future deadlines would be met.

With regard to the section of the HDL encouraging Boards to comply with the NHSQIS standard for surveillance within the HAI Infection Control Standards, Dr Anderson indicated that a debate was required within Clinical Directorates on the areas of greatest benefit from surveillance.

NOTED

59. NHSQIS NATIONAL OVERVIEW REPORT ON LEARNING DISABILITY SERVICES

The Chairman reported that as Mrs Crocket had been unable to attend due to unforeseen circumstances, her verbal report on learning disability services for children would be deferred to the next meeting.

NOTED

60. MINUTES OF REFERENCE COMMITTEE

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

Ms Leslie expressed concern at the length of time taken for feedback to be received on disciplinary hearings recorded in the minutes. There were cases of practitioners having to wait for years on the outcome of their cases. Concern was also expressed that the full names of contractors appeared in the minutes received by the Clinical Governance Committee. This was considered to be unnecessary and intrusive.

DECIDED:-

1. That the Reference Committee be asked to supply the Clinical Governance Committee with minutes in which the contractors could not be identified. **SECRETARY**
2. That a list of outstanding cases affecting contractors, and timescales of their progress, be obtained from the Reference Committee. **SECRETARY**

61. MINUTES OF CONTROL OF INFECTION COMMITTEE

The minutes of the meeting of the Control of Infection Committee held on 19 June 2006 were received together with a paper highlighting key issues.

NOTED

62. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

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

The Chairman drew attention to a proposal from the CGIG that, in view of the extremely large volume of work associated with the forthcoming QIS visitation and the complexity of the recent transition to single system clinical governance arrangements, the Clinical Governance Committee should waive the requirement for a clinical governance report in the current year.

DECIDED:-

1. That a Clinical Governance Report should be produced in the current year. **Mr CRAWFORD**
2. That, in view of the volume of work associated with the QIS visitation and the effects of the transition to the single system, the report should be based on information gathered for the visitation and the final statements that had been provided by the four former Divisional Clinical Governance Committees.
3. That the report should be compiled once all work associated with the QIS visit had been completed.

63. NHS SCOTLAND NATIONAL CLEANING SERVICES SPECIFICATION

Dr Anderson referred to the publication of the National Cleaning Services Specification: Quarterly Compliance Report for April-June 2006. Greater Glasgow and Clyde had come very close to the Scottish average, with only one hospital (the Royal Alexandra Hospital, Paisley) within the Board's area being highlighted as failing the green compliance rating. Additional resources for cleaning services had been allocated for hospital cleaning at the RAH in response to the findings.It was understood that improvements had been made, but the situation would require to be monitored.

The Chairman referred to a recent national television programme on hospital cleanliness that had made disturbing viewing.

DECIDED

1. That the Committee should monitor the issue of hospital cleanliness as part of Clinical Governance.
2. That the Board should be asked to obtain a DVD of the television programme on hospital cleanliness. **SECRETARY**

64. HUMAN TISSUE (SCOTLAND) ACT 2006

There was discussion on the implications for the Board of the Human Tissue (Scotland) Act and the HDL that was expected at the end of September. It was understood that the Act included the requirement that records be kept in respect of all tissues retained for research or clinical practice and be subject to auditing processes. The Diagnostic Directorate was already exploring tracking mechanisms. With regard to issues surrounding consent, Mr Crawford indicated that these were covered in the Board's Draft document on consent policy that was currently under consultation.

DECIDED:-

1. That the Committee should receive a quarterly report on progress in complying with the terms of the Human Tissue (Scotland) Act 2006. — **Mr A CRAWFORD**
2. That the Diagnostic Directorate be asked for a presentation on the requirements of the Act and Board compliance to be given at a meeting of the Committee early in 2007. — **Mr J CROMBIE**
3. That the annual report on Research and Development should include a section on compliance with the Act.

65. COMPLAINTS

Mrs Stewart enquired as to when the Committee would receive reports on the recently announced decisions of the Ombudsman in respect of two cases affecting the Board. Mr Crawford responded that he understood that discussions were still taking place regarding the new system of reporting complaints to the Board.

NOTED

66. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Wednesday 1 November 2006 at 2.00pm in Dalian House, 350 St Vincent Street, Glasgow.

 Minute not yet approved as a correct record

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow and Clyde Clinical Governance Committee
held in the Conference Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Wednesday 1 November 2006 at 2.00 pm**

P R E S E N T

Professor D H Barlow (in the Chair)

Professor Sir John Arbuthnott
Mrs S Kuenssberg
Mrs P Bryson
Mr D Sime
Mrs A Stewart

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

Dr W G Anderson	..	Board Associate Medical Director
Mr G Barclay	..	Head of Administration, Acute Services (Minutes 51 – 75)
Mrs R Crocket	..	Director of Nursing
Mr A Crawford	..	Head of Clinical Governance
Dr L de Caestaker	..	Acting Director of Public Health
Mr T A Divers	..	Chief Executive (Minute 69)
Mr D J McLure	..	Senior Administrator
Dr L Jordan	..	Associate Medical Director - Clyde

ACTION BY

67. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Cleland, Dr B N Cowan, Ms G Leslie and Mrs J Murray.

68. MINUTES

The Minutes of the meeting held on 4 September 2006 were approved.

69. REPORT ON BEATSON INCIDENT

Mr Divers presented a paper that set out the Board's response to the report of the Warranted Inspector, Dr Arthur Johnston, appointed by Scottish Ministers to investigate the unintended overexposure of a patient during radiotherapy treatment at the Beatson Oncology Centre in January 2006. A copy of the report was also provided. Mr Divers drew attention to the key issues arising from the report which included a range of actions required that were linked to the terms of the Improvement Notice served by the Inspector that detailed eight action points. The date given for addressing the specific areas of deficiency identified in the report was 15 December 2006. The Board Chairman had received a letter from the Minister requesting monthly progress reports. Mr Divers' paper also highlighted actions that had already been taken and reported to the Inspector following discovery of the incident, and the next key steps required in implementing the report.

ACTION BY

Professor Alan Rodger and Professor Alex Elliott had undertaken a preliminary assessment of the likely timescale for dealing with the eight action points in the Improvement Notice and had concluded that all but two could be fully addressed by 15 December 2006. It was understood that an extension to the timescale could be obtained. Consequently the two Professors were currently seeking to establish the time required to achieve compliance with the requirements for the remaining two action points that related to Clinical, Physics and Radiographic protocols.

With regard to the request by the Minister for a monthly progress report, Mr Divers had proposed that a first report should be submitted by 30 November 2006, with monthly reports thereafter for the three or four months which might be required in order to complete the recommendations in the report. He suggested that it would be appropriate for the Clinical Governance Committee, or an ad hoc subgroup of the Committee, to be responsible for the review of the monthly reports.

Mr Divers drew attention to three specific issues raised by the Inspector, outwith the Improvement Notice: (i) blame levelled at individual members of staff within the Beatson Oncology Centre (ii) concern at lack of clarity in line management reporting arrangements within the Beatson and (iii) the call for a comprehensive review of the adequacy of staffing. In respect of the first issue, he proposed that this be dealt with as with other medication incidents, and that the investigating officers be the Director of Diagnostic Services and Dr Robin Reid, Associate Medical Director. Regarding the second issue, he suggested that the Committee remit responsibility to him and Mr Robert Calderwood for an option appraisal of two potential organisational models. In response to issue three, Mr Divers proposed that Mr Robert Calderwood take forward a staffing review with senior colleagues, and submit a report to the Committee for discussion and agreement.

In terms of overall Board responsibility for co-ordinating the work to be carried out, Mr Divers proposed that this should continue to lie with the Board's Medical Director, supported by the Head of Clinical Governance, with reports being submitted to the Committee for consideration. Responsibility for carrying out the various aspects of detailed work identified would lie with the relevant parts of the Acute Operating Division.

DECIDED:

1. That Mr Divers' paper on the response to the Warranted Inspector's report on the Beatson Incident be received.
2. That the detailed, corrective action plan detailed in the paper be approved.
3. That an additional meeting of the Committee should receive and approve the first monitoring report before its submission to the Minister for Health.

70. MATTERS ARISING FROM MINUTES

(i) Consent Policy on Healthcare Assessment, Care and Treatment – Draft

Further to Minute 57, Mrs Kuenssberg advised that she had reviewed the section of the draft Consent Policy document relating to children. A small group had been set up at Yorkhill to respond appropriately. Mr Crawford indicated that a working group had been formed to examine all the issues raised in the consultation exercise on the policy.

The Chairman intimated that Ms Leslie had asked that the Committee be made aware of concerns expressed at the Area Clinical Forum regarding the need for the resolution of a sensible and consistent approach in the adoption of a consent policy throughout Greater Glasgow and Clyde that did not compromise patient care. Mr Crawford confirmed that the points raised by the Area Clinical Forum were being addressed.

NOTED

(ii) Residents of State Mental Hospital, Carstairs

Professor Sir John Arbuthnott reported that the tribunal hearings for patients at the State Hospital appealing about the level of care they required had commenced. A large proportion of the 38 cases were from the Greater Glasgow and Clyde area. Given the volume of work associated with each hearing, the time deadline for completing each case could not be guaranteed.

NOTED

(iii) Hospital Cleanliness

Further to Minute 63, the Chairman reported that the Board's Communications Department was seeking to obtain a DVD of the television programme on hospital cleanliness. Once obtained, it would be circulated among members for viewing. Dr Anderson reported that the Royal Alexandra Hospital cleanliness ratings had continued to improve.

NOTED

(iv) Human Tissue (Scotland) Act 2006

Further to Minute 64, Mr Crawford confirmed that representatives of the Diagnostic Directorate would give a presentation to the Committee at the first meeting in 2007.

NOTED

71. CLINICAL INCIDENTS

In the absence of Dr Cowan, Dr Anderson advised of two new clinical incidents since the last meeting: (i) death following dialysis procedure and (ii) death following a drug administration error. Currently both incidents were under investigation.

NOTED

72. POLICY ON MANAGEMENT OF SIGNIFICANT CLINICAL INCIDENTS

Mr Crawford presented a paper setting out a proposed policy for NHS Greater Glasgow and Clyde on the management of significant clinical incidents. The document had drawn together existing good practice, and had been the subject of consultation across the Board's area.

In considering the document, a number of comments were made: (i) the word "arrangements" should be deleted from the section requiring line managers to ensure senior management staff were informed of incidents as part of immediate action; (ii) the wording of the section on aggravated incident reports should indicate a more pro-active approach; (iii) that there should be added a statement to the effect that the Committee would attempt to create mechanisms for sharing the reports it received throughout the Board's organisation, as appropriate. Mrs Stewart expressed the view that patients and relatives should have the automatic right to receive Executive Summaries, rather than only on request. It was recognised, however, that all patients and relatives would not necessarily desire this.

DECIDED:-

That the policy document be endorsed, subject to the comments (i – iii) detailed above. **Mr CRAWFORD**

73. NHSQIS CLINICAL GOVERNANCE AND RISK MANAGEMENT STANDARDS SELF-ASSESSMENT AND REVIEW

Mr Crawford submitted a paper reflecting on the NHSQIS visit to NHS Greater Glasgow and Clyde on 27 September 2006 in connection with the Clinical Governance and Risk Management Standards Self-assessment and Review. The strengths and challenges for each of the three standards were listed. The local report was expected from NHSQIS during the week commencing 20 November 2006. Members' perspectives on the visit were discussed.

NOTED

74. CLINICAL GOVERNANCE STRATEGY AND FRAMEWORK

Mr Crawford submitted a document setting out a Clinical Governance Strategy and Framework for NHS Greater Glasgow and Clyde. Previously, the Committee had received an earlier draft version which had been followed by wide consultation throughout the Board's area. Responses to the draft document had been extremely supportive, and the Committee's endorsement was now sought. A request to provide a map of the key Board Assurance Groups and Headquarters Policy Groups had been agreed and would be developed and integrated into section 4 of the document.

In considering the document, some concern was expressed by members at the complexity of the wording, although the difficulty of avoiding technical language was recognised.

DECIDED:-

1. That the document be endorsed, subject to the Board being referred throughout as "NHS Greater Glasgow and Clyde". **Mr CRAWFORD**
2. That the production of a "plain English" synopsis of the document be considered. **Mr CRAWFORD**

75. SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS

Mr Crawford submitted a paper outlining the role of the Scottish Public Services Ombudsman in the NHS Complaints Procedure and the responsibility of the Committee to ensure that any recommendations made were implemented. This was accompanied by summaries of the 16 final reports received from the Ombudsman in respect of cases relating to NHS Greater Glasgow and Clyde for the period April to September 2006, together with the recommendations and actions required. There was also submitted a letter sent by the Chief Executive of the NHS in Scotland to Board Chief Executives highlighting a number of themes raised by the Ombudsman. These included record keeping, complaints handling, care of the elderly, the potential need to review guidance on the diagnosis of breast cancer in women, the intention of NHSQIS to carry out a stocktaking exercise of all the initiatives aimed at preventing and managing DVT and the apparent lack of progress by Health Boards in funding Citizens Advice Bureaux in their areas to establish an Independent Advice and Support Service. Dr Anderson commented on the significant challenges that the Board had to address in meeting the points raised in the Chief Executive's letter.

In respect of the summaries of the Ombudsman's reports, Mr Crawford invited the Committee to comment on the format and detail felt desirable for future reports and their frequency. A system would be set up to track the progress of actions required to address the recommendations made by the Ombudsman in each case, and the timescale to be followed.

Mr Barclay advised that only two percent of all complaints raised were referred to the Ombudsman. It was understood that guidelines were to be issued to Boards regarding communicating apologies to complainants. He also informed the Committee that procedures to improve the Board's response times for handling complaints were under discussion.

The Chairman intimated that Ms Leslie had raised specific queries regarding details given in two of the cases within the summary reports.

DECIDED:-

1. That the paper on the Ombudsman's reports was satisfactory in format and level of detail as the model for future papers which should be submitted to the Committee on a quarterly basis. **Mr CRAWFORD**
2. That the points raised by Ms Leslie on specific aspects of two of the cases reported be referred to Mr Barclay. **Mr BARCLAY**

76. NHSQIS NATIONAL OVERVIEW REPORT ON LEARNING DISABILITY SERVICES

Further to the report received at the meeting on 3 July 2006 on the Board's response to the NHSQIS National Overview Report on Learning Disability Services which dealt with adults, Mrs Crocket outlined the issues around services for children. The report's quality indicators in respect of children had been examined and more strengths than challenges had been identified within NHS Greater Glasgow and Clyde. The challenges had been addressed by the Clinical Governance structure within the Women and Children's Directorate, with Dr Iain Wallace taking matters forward with the Clinicians in Learning Disability at Yorkhill. Mrs Crocket referred to work that had taken place on advocacy services in relation to the Mental Health Act in order that children's' services should be as robust as adult services.

NOTED

77. THE REGULATION OF THE NON-MEDICAL HEALTHCARE PROFESSIONS – A REVIEW BY THE DEPARMENT OF HEALTH (FOSTER REPORT)

Mrs Crocket gave a presentation on the Foster Report and the consultation process now taking place. The report was parallel to the Donaldson Report which related to medical staff. Both had been prompted by the publication of the Shipman Inquiry that had been highly critical of the General Medical Council. The aim of the Foster Report was to provide consistency of approach in the regulation of non-medical healthcare professions, while recognising the blurring of traditional job roles in healthcare. A number of options had been set out for the adjudication of concerns about impaired fitness to practice and the future balance of Councils between professional and lay members. The report had a range of recommendations, which included the requirement for revalidation for all professionals.

While the principles behind the report were laudable, there was a need for clarification around the full implications of the proposals, the practicalities of implementation for Health Boards and the associated costs. Mrs Crocket was co-ordinating a response to the consultation exercise on behalf of NHS Greater Glasgow and Clyde.

DECIDED:

1. That Mrs Crocket's presentation be noted.
2. That the Committee should receive a copy of the response to the consultation exercise sent on behalf of NHS Greater Glasgow and Clyde. **Mrs CROCKET**

78. GOOD DOCTORS: SAFER PATIENTS (DONALDSON REPORT)

Dr Anderson outlined the terms of the Donaldson Report that addressed the issue of the regulation of the medical profession. He explained that the recommendations had followed the examination of effective performance management systems in other high-powered professions. Among the issues covered were revision of the appraisal system, greater use of the National Clinical Assessment Service where there was concern about individuals, and the creation of a position of "GMC Affiliate" who would have links to a number of relevant mechanisms such as Clinical Governance and Complaints. It was unclear, however, as to the extent of the responsibilities envisaged for Health Boards, and there was considerable concern at the recommendations as a whole. Consultation was currently taking place, with responses from Health Boards required by mid-November. The response of NHS Greater Glasgow and Clyde's was being co-ordinated by Miss C Renfrew.

DECIDED:-

1. That Dr Anderson's presentation be noted.
2. That the Committee should receive a copy of the response to the consultation exercise sent on behalf of NHS Greater Glasgow and Clyde. **Dr COWAN**

79. SURGICAL PROFILES

Mr Crawford advised that the Board would be receiving notification on Surgical Profiles being produced for all Health Boards in Scotland that would be derived from information already available across a range of sources such as the Scottish Audit of Surgical Mortality. The Board would be required to demonstrate to NHSQIS the use being made of the indicators provided to improve performance. The Board's response would first be submitted to the Committee for approval.

DECIDED:-

That the Clinical Director for Surgery be invited to give a presentation to the next meeting of the Committee on the Surgical Profiles for Greater Glasgow and Clyde. **Mr CRAWFORD**

80. COPYING DISCHARGE LETTERS TO PATIENTS

Dr Anderson reported on the pilot that had been carried out at Yorkhill of discharge letters being copied to patients. This had been a small exercise involving around 100 patients attending the Cystic Fibrosis clinic. The Women and Children's Directorate were now proceeding to extend the scheme to other areas within Yorkhill

DECIDED:-

That a report be sought from the Women and Children's Directorate when the results of the extension of the scheme were available. **Dr COWAN**

81. MINUTES OF REFERENCE COMMITTEE

The minutes (anonymised) of the meeting of the Reference Committee held on 15 August 2006 were received together with a summary paper highlighting key issues. The Chairman intimated that Ms Leslie had highlighted the lack of a representation from Optometry on the Reference Committee.

DECIDED:-

1. That the minutes be noted.
2. That the Reference Committee be asked to comment on the question of Optometry representation. **SECRETARY**

82. MINUTES OF CONTROL OF INFECTION COMMITTEE

The minutes of the meeting of the Control of Infection Committee held on 18 September 2006 were received together with a summary paper highlighting key issues. The Chairman intimated that Ms Leslie had drawn attention to concerns raised at the Area Clinical Forum about the results of an audit carried out under the auspices of the Primary Care Audit Tool (PCAT) which revealed a non-compliance rate of 20-25% regarding disposal of clinical waste among independent dental practitioners in Greater Glasgow and Clyde. Dr Anderson outlined the background to the audit and the ongoing programme.

NOTED

83. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 11 October 2006 were received together with a summary paper highlighting key issues.

NOTED

84. DEPUTY FOR CHAIRMAN

The Chairman referred to the continuing secondment of the Committee's Vice Chairman, Mr Cleland, to the Western Isles Health Board. Until that secondment ended, there was the need to identify another member who could chair meetings in the event of the Chairman being unable to attend.

DECIDED:-

That Mrs Stewart would deputise for the Chairman until Mr Cleland's secondment to the Western Isles was completed.

85 DATES OF MEETINGS 2007

DECIDED:-

That the meetings for 2007 be held at 1.30pm on the afternoons of Board meetings, or of Board Seminar dates should any Board meeting date be unsuitable to most members. **SECRETARY**