

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 Tuesday 5 February 2008 at 1.30 pm**

P R E S E N T

Prof D H Barlow (in the Chair)

Dr C Benton
Mr R Cleland
Dr D Colville
Mrs J Murray
Mr A Robertson
Mr D Sime
Mrs Agnes Stewart
Councillor Amanda Stewart

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

Dr B N Cowan	..	Board Medical Director
Mr A Crawford	..	Head of Clinical Governance
Dr J Dickson	..	Associate Medical Director (Clyde)
Mr A McIntyre	..	Director, Facilities Directorate (Minute 6)
Mr D J McLure	..	Senior Administrator
Ms J Paul	..	Audit Scotland
Mr J Stuart	..	Head of Nursing, Regional Directorate (Minute 5)
Mr T Welsh	..	Infection Control Manager

ACTION BY

1. APOLOGIES

Apologies for absence were intimated on behalf of Mrs P Bryson and Mrs R Crocket.

2. MINUTES

The Minutes of the meeting held on 18 December 2007 were approved subject to the following amendment:-

Minute 89, fourth sentence to read: "The ex-Clinical Director (Acute) was the Clinical Governance Lead."

3. COMMITTEE PAPERS

Mrs Agnes Stewart referred to the lack of briefing papers for agenda items 5 and 6 which were presentations on Clinical Governance within the Regional and Facilities Directorate.

DECIDED:-

That, for the next round of presentations, each Directorate/Partnership would be asked to complete a template giving background briefing information which would be included in meeting papers.

Mr CRAWFORD

4. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP) UPDATE

Further to Minute 92, Mr Crawford reported on the progress of the implementation of the SPSP. Around 50 staff from NHS Greater Glasgow and Clyde had attended a national learning conference held from 14 to 16 January 2008.

There were nine wards and departments now part of a pilot whereby staff, having been provided with tools and learning materials, would be able to bring about an improvement in the reliability of processes relating to patient safety. Work Stream Teams at the Southern General Hospital, which was the third designated site in NHS Greater Glasgow and Clyde, had indicated their desire to commence work forthwith. It was anticipated that by mid 2009, the programme would be extended to all hospitals and to other services.

Part of the ongoing programme involved safety walk-rounds. Trials of Director-led walk-rounds had commenced.

DECIDED:-

That the Committee would receive a further SPSP update report from Mr Crawford in six months time.

Mr CRAWFORD

5. CLINICAL GOVERNANCE IN REGIONAL DIRECTORATE

Mr Stuart gave a detailed presentation on Clinical Governance within the Regional Directorate. The Clinical Governance structure was headed by the Regional Services Clinical Governance Board, with each of the five service areas (Cardiothoracic, Specialist Oncology, Plastic & Burns, Renal/Homoeopathic and Neurosurgery/Spinal) having their own Clinical Governance Committees. Clinical Governance was a standing item for meetings of the Directorate Management Group. Cardiothoracic would soon be transferring to the Golden Jubilee Hospital and discussions had taken place regarding the continuation of Clinical Governance arrangements in the new location.

The Clinical Governance Board had a wide membership including patient and staff representation. Meetings were held quarterly with standing items including Significant Incident Reports, Regional Services Workplan Update, Risk Register, Complaints Report, Safe Use of Medicines Update, Clinical Effectiveness/Audit Update and Local Clinical Governance Reports.

Mr Stuart outlined in detail the eight objectives of the Regional Workplan for 2007/8 and the objectives for the 2008/9 plan together with the various aspects of current Audit and Clinical Effectiveness work being carried out. He concluded with an overview of progress of the Clinical Governance agenda to date, within which was the Cleanliness Champions Programme (CCP). Mr Walsh reported on CCP developments following the establishment of an Infection Control Lead in recent months. There had been an issue, due to pressure of duties, in time being available for staff to be trained as Cleanliness Champions, but the programme was now on target and was progressing well.

DECIDED:-

That the presentation from Mr Stuart represented a satisfactory approach to Clinical Governance within the Regional Directorate.

6. CLINICAL GOVERNANCE IN FACILITIES DIRECTORATE

Mr McIntyre commenced his presentation by setting out the range of services provided by the Facilities Directorate throughout NHS Greater Glasgow and Clyde. These included Decontamination, Procurement, Estates Management, Cleaning, Catering, Portering, Transport, Telecoms, Laundry and General Support Services. He then gave details of each of the services and current issues. He highlighted the developments relating to Decontamination. There were two central production units within the Board's area, at Cowlares and Inverclyde, both of which had required to be compliant with the requirements of the national Glennie Committee. An Endoscopy project was underway that would result in twelve central decontamination units throughout Greater Glasgow and Clyde. There was also a Primary Care Audit Tool which had been used to audit 77 locations, comprising 33 Health Centres and 44 Clinics. An option appraisal was now underway regarding retaining local decontamination and a feasibility study was taking place on central decontamination. The project would be completed by November 2009.

Mr McIntyre also outlined the initiatives being taken regarding waste disposal and recycling and the financial advantages to the Board arising from correct disposal of waste by staff.

The Facilities Directorate did not have its own Clinical Governance structure, but fed into all strands of Clinical Governance.

NOTED

7. CLINICAL INCIDENTS

Cardiac Transplant Services, Glasgow Royal Infirmary

Dr Cowan outlined the background to the suspension of cardiac transplant work at Glasgow Royal Infirmary in December 2007. A written report on the outcome of the investigation carried out was awaited.

NOTED

Radiology

Dr Cowan advised on two issues concerning the employment of Consultant Locums. The first related to concerns raised at the standard of results from CT Scanning carried out by one individual. The results had been checked and errors detected. It had been confirmed that there had been no adverse effects for patients. The second related to information received from a hospital outwith NHS Greater Glasgow and Clyde about the competency of a Locum Consultant about to be employed by the Board. Arrangements to employ the individual had been terminated before any clinical work was carried out.

NOTED

Vale of Leven Hospital

Dr Cowan reported on concerns that the current debate on the future of the Vale of Leven Hospital might affect staff levels. To date there was very little evidence of potential problems. However, regular meetings would be held between the Clyde Acute Director, Clyde Associate Medical Director, Board Medical and Nursing Directors to monitor the situation.

Dr Dickson advised that the policy for transferring patients to the Royal Alexandra Hospital had been reviewed and new guidance issued.

NOTED

Glasgow Royal Infirmary

Dr Cowan commented on a recent "News of the World" press report regarding the death of a patient at Glasgow Royal Infirmary. He would report back to the Committee when the internal investigation had been completed.

NOTED

8. OMBUDSMAN QUARTERLY REPORT

Mr Crawford submitted a paper summarising reports on cases within NHS Greater Glasgow and Clyde that had been considered by the Scottish Public Health Services Ombudsman covering the period October to December 2007.

Mr Cleland drew attention to a lack of consistency in the Appendices to the paper in detailing the outcome of cases and action taken. It was important that the outcomes and subsequent action were clearly highlighted for all cases.

Mrs Murray raised ongoing concerns at the frequency of communication issues being the cause of complaints and, in particular whether attention required to be focussed on ensuring that staff were fully aware of the perspectives and understanding of patients when communicating. Mr Crawford felt that problems were more significant between staff and patients' relatives. Dr Cowan referred to work being taking place on communications with Learning Disability Patients which was a major issue.

DECIDED:-

1. That Mr Crawford would arrange for consistency in the detailing of outcomes and actions in future reports to the Committee.
2. That the issue of staff communications with patients and relatives be kept under review.

Mr CRAWFORD

Mr CRAWFORD

9. SELF ASSESSMENT FOR ASTHMA STUDIES FOR CHILDREN AND YOUNG PEOPLE

Mr Crawford reported on the standards for Self Assessment for Asthma Studies for Children and Young People.

NOTED

10. CLINICAL GOVERNANCE REPORTING TEMPLATE

Mr Crawford presented the final version of the template for use throughout the Directorates and Partnerships for Clinical Governance reporting for the year 2007/8. The template had been consulted on widely and had been endorsed by the Clinical Governance Implementation Group.

DECIDED:-

That the Clinical Governance Reporting Template be approved.

Mr CRAWFORD

11. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 9 January 2008 were received, together with a summary paper highlighting key issues.

NOTED

12. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 17 December 2007 were received, together with a summary paper highlighting key issues.

NOTED

13. MINUTES OF REFERENCE COMMITTEE

The minutes of the meetings of the Reference Committee held on 27 November 2007 were received, together with summary papers highlighting key issues.

NOTED

14. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 1 April 2008 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.