

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 1 April 2008 at 1.30 pm**

P R E S E N T

Mr R Cleland (in the Chair)

Dr C Benton
Mrs P Bryson
Mrs J Murray
Mr A Robertson
Mr D Sime
Mrs Agnes Stewart

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

Mr A Crawford	..	Head of Clinical Governance
Mr R Davidson	..	Nurse Director, Mental Health Partnership (Minute 23)
Dr J Dickson	..	Associate Medical Director (Clyde)
Dr C E McKean	..	Head of Pharmacy and Prescribing Support Unit (Minute 24)
Mr D J McLure	..	Senior Administrator
Ms J Paul	..	Audit Scotland
Mrs P Spaven	..	Clinical Effectiveness Manager
Dr P Ryan	..	Clinical Director, North Glasgow CH(C)P (Minute 22)

ACTION BY

15. APOLOGIES

Apologies for absence were intimated on behalf of Prof D H Barlow, Dr D Colville, Dr B N Cowan, Mrs R Crocket, Dr L deCaestaker, Councillor A Stewart, and Mr T Walsh.

16. MINUTES

The Minutes of the meeting held on 5 February 2008 were approved.

17. MATTERS ARISING FROM MINUTES

Cardiac Transplant Services, Glasgow Royal Infirmary

With reference to Minute 7, Dr Dickson confirmed that a written report would be submitted to the Committee when the outcome of the investigation was completed into the suspension of cardiac transplant work at Glasgow Royal Infirmary in December 2007.

Dr COWAN

NOTED

Staff Communications with Patients and Relatives

With reference to Minute 8, Mr Crawford confirmed that the issue of staff communications with patients and relatives was being kept under review as an ongoing process.

Mr CRAWFORD

NOTED

18. CLINICAL INCIDENTS AND FAI REVIEWS

Fatal Accident Inquiries

Dr Dickson reported that two Fatal Accident Inquiries would commence soon in respect of the Beatson Radiation Incident in January 2006, which had been the subject of extensive reporting to the Committee, and a case of mistaken drug administration. He also understood that the Fiscal had intimated interest in three other cases regarding:- (i) a delay in CT Scan Diagnosis, (ii) an alleged missed Myocardial Infarction and (iii) communication failure between Acute and Primary Care services

The Committee would be kept informed of developments in respect of each case.

Dr COWAN

NOTED

"News of the World" Press Report – Glasgow Royal Infirmary

Further to Minute 7, Dr Dickson reported on the outcome of the internal investigation into the death of a patient which had been reported in the "News of the World". A post mortem had established that the cause of death was not linked to a swab having been left in the patient's mouth, as suggested by the Press report. The member of staff, originally suspended, had now returned to work under a mentoring process.

NOTED

Death of Elderly Patient – Stobhill Hospital

Mr Robertson advised that he understood that relatives of an elderly patient who had died in Stobhill Hospital were encouraging the Fiscal to investigate the circumstances of the death. Further clarification was awaited.

NOTED

19. FORWARD PLAN FOR REPORTS TO COMMITTEE

Mr Crawford submitted a forward plan setting out a provisional schedule for items to be submitted to the Committee over the next twelve months including update reports on Clinical Governance within the Services and Directorates, regular quarterly and annual reports and minutes of relevant committees.

DECIDED:-

That the forward plan should be approved.

Mr CRAWFORD

20. INFECTION CONTROL PROGRAMME 2008/9

Mr Walsh had submitted for consideration the proposed Infection Control Programme for NHS Greater Glasgow and Clyde for 2008/9. Copies of the report had been circulated to members some weeks earlier, inviting questions and comments to be sent to the Infection Control Manager in advance of the meeting.

DECIDED:-

That the Infection Control Programme for 2008/9 be approved.

Mr WALSH

21. SURGICAL PROFILE REPORT 2007

Mr Crawford presented a paper, compiled by Prof Tim Cooke, reviewing the 2007 Surgical Profile report for NHS Greater Glasgow and Clyde.

Prof Cooke had outlined the action taken following the 2006 report which had been to set up a Glasgow-wide prospective audit of surgical mortality using the Scottish Audit of Surgical Mortality (SASM) methodology which would be centrally reported. The audit had been initiated in General Surgery within Glasgow hospitals. It was intended to extend it to other surgical specialities and Clyde hospitals once the process was embedded within General Surgery. Significant progress had been made in improving coding and returns to ISD which had been highlighted in the 2006 report. The paper outlined action plans for internal audits that had been drawn up in response to outliers identified in the 2007 report in General Surgery and Orthopaedic Surgery.

Dr Benton raised a question regarding the impact of infections on Surgery. It was agreed that this should be referred to Mr Walsh, Infection Control Manager.

Mr WALSH

NOTED

22. CLINICAL GOVERNANCE IN CH(C)Ps UPDATE

Dr Ryan submitted a summary report on Clinical Governance in CH(C)Ps covering the period October-December 2007 together with the CH(C)Ps' Clinical Governance Forum Work Plan for 2008/9 and the Clinical Governance Arrangements and Support Action Plan for 2008. He also gave a presentation on the feedback from the Peer Review visit in respect of Asthma Services for Children and Young People and Clinical Governance and Risk Management.

The Peer Review had looked at the quality and depth of self assessment, the enthusiasm of staff in progressing standards and locally produced protocols. He outlined and discussed at length the strengths and challenges that had been identified in respect of each standard and the action being taken to meet the challenges. The NHS Greater Glasgow and Clyde local report would be available to the Board to check for factual accuracy at the beginning of May 2008 and would remain confidential until published on the NHSQIS website. Performance reviews would continue until May 2008 across all Health Boards in Scotland, with the National Overview being published in October 2008.

In response to a number of issues raised by Dr Benton, Dr Ryan indicated:-

1. That there was a great interest in Primary Care in the work of the CRASH multidisciplinary team set up to prevent suicides. It was in the early stages and it was premature to judge the effects.
2. That work was developing in improving relationships between CH(C)Ps and the Learning Disability Service.
3. That the problem of breakdowns in transportation of diagnostic reports to General Practitioners from the acute sector was being tracked.

In response to Mrs Stewart, Dr Ryan confirmed that all new staff were made aware of the procedure surrounding Significant Incidents and he outlined the learning process. He agreed to include a section on this in the next CH(C)P update presentation to the Committee.

Dr RYAN

In response to Mrs Murray, Dr Ryan reported on the increasing input from CH(C)Ps that was to take place in respect of a joint policy with schools in respect of asthma. Action would take place with clusters of schools on a local basis. Mrs Bryson drew attention to the need to address asthma at nursery school level.

DECIDED:-

That Dr Ryan's presentation represented satisfactory progress in Clinical Governance in CH(C)Ps

23. CLINICAL GOVERNANCE IN MENTAL HEALTH PARTNERSHIP UPDATE

Mr Davidson gave a comprehensive presentation on Developing Recovery Focused Practice as an update to the presentation given to the Committee in August 2007 by Dr Linda Watt on Clinical Governance in the Mental Health Partnership. He explained that Recovery Focused Practice was foundational to the approach being followed within the partnership.

Mr Davidson explained the various issues and pressures that had led to the development of changing practice and listed the guiding values and principles of mental health care in the future. He set out the definition of recovery that was being used and discussed the key advantages and aims of a recovery approach. There were various components of the recovery model and the key messages were the importance of listening intently to the person's story, identifying the unique aspects of each person, working in partnership 'with' rather than 'for' a person and demonstrating understanding of the situation from the person's perspective.

Service user feedback had been extremely positive and an analysis across the range of incident categories had demonstrated very significant reductions since the introduction of the new approach. A process was in place of auditing quality of practice to identify strengths and weaknesses and there was an ongoing staff training programme.

As part of a national pilot, five peer support workers were to be employed at Gartnavel Royal Hospital for a period of one year.

DECIDED:-

That Mr Davidson's presentation had outlined positive development within the Mental Health Partnership.

24. CONTROLLED DRUGS REPORT

Dr McKean, as the Board's Accountable Officer, submitted the first quarterly occurrence report in respect of Controlled Drugs covering the period October to December 2007. She explained that following the Shipman Inquiry, legislation was passed requiring each Health Board to appoint an Accountable Officer for the management and use of controlled drugs. Quarterly reports were required by the Scottish Government on work undertaken, the concerns that had arisen and the action taken. NHS Greater Glasgow and Clyde had developed systems ahead of other Boards and was in demand from them for advice and guidance.

DECIDED:-

1. That the quarterly report be approved for submission to the Scottish Government.
2. That future reports should include a completed action column.

Dr McKEAN

Dr McKEAN

25. INTERNAL AUDIT REPORT 2007/8

Mr Crawford had submitted, for consideration, a copy of the Internal Audit Report for 2007/8 on the Board's Clinical Governance Committee Reporting Arrangements. He drew attention to the list of findings and recommendations together with the management responses. The report had been released before it had been "signed-off" and he had raised concerns with the auditors surrounding their comments on the section on the Scottish Public Services Ombudsman. It was understood that they were undertaking some revision.

With regard to the section on the element of verbal reporting at Committee meetings, which also had been raised at the last meeting, Mr Crawford advised that he had discussed this aspect of the Committee's working with the auditors and demonstrated that there was a robust audit trail in respect of sensitive issues that had originally been the subject of verbal presentations. However, given that two years had now elapsed since the Committee was established in its present form following Board restructuring, it seemed appropriate that there should be a reconsideration of the balance of verbal and pre-written agenda items.

An extensive discussion took place, with members expressing a range of perspectives on the working of the Committee and the issue of verbal reporting, particularly in relation to sensitive Clinical Incident matters.

DECIDED:-

1. That Mr Cleland, Dr Cowan and Mr Crawford would discuss the future form of presentation of Clinical Incident issues to the Committee and the submission of anonymised reports of outcomes of incidents and actions taken.
2. That the texts of all power point presentations given to the Committee to date on Clinical Governance within Acute Services Directorates, Mental Health Partnerships and CH(C)Ps be e-mailed to members.
3. That a specific session be organised for Committee members to look at clinical governance challenges and issues. Thereafter Mr Crawford would explore the requirement for further events.

Mr CLELAND

Dr COWAN

Mr CRAWFORD

SECRETARY

Mr CRAWFORD

26. TRANSFER OF CARDIO-THORACIC SERVICES TO GOLDEN JUBILEE HOSPITAL

Mr Cleland reported that the question of Clinical Governance responsibility for patients once cardio-thoracic services were transferred to the Golden Jubilee Hospital was being addressed by the Partnership Board. He would report back to the Committee on the outcome of these discussions.

Mr CLELAND

NOTED

27. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 12 March 2008 were received, together with a summary paper highlighting key issues.

NOTED

28. MINUTES OF REFERENCE COMMITTEE

The minutes of the meetings of the Reference Committee held on 18 December 2007 were received, together with summary papers highlighting key issues.

NOTED

29. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 3 June 2008 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.