(CGC)(M)08/3
Minutes: 30 – 44

MINUTES 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 Tuesday 3 June 2008 at 1.30 pm

P R E S E N T

Prof D H Barlow (in the Chair)

Dr C Benton	Dr M Kapasi
Mrs P Bryson	Mrs J Murray
Mr R Cleland	Mr A Robertson
Dr D Colville	Mrs Agnes 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
Mrs R Crocket	..	Board Nurse Director
Dr J Dickson	..	Associate Medical Director (Clyde)
Mr R Farrelly	..	Head of Nursing, Women & Children's Directorate (Minute 34)
Mr K Hill	..	Director of Oral Health (Minute 36)
Mr D J McLure	..	Senior Administrator
Ms M McLauchlan	..	Clinical Pathways Manager, Oral Health Directorate (Minute 36)
Ms S McNamee	..	Nurse Consultant, Infection Control
Ms J Paul	..	Audit Scotland
Dr I W Wallace	..	Associate Medical Director, Women & Children's Directorate (Minute 34)

ACTION BY

30. APOLOGIES

Apologies for absence were intimated on behalf of Dr L deCaestaker, Mr D Sime, Councillor A Stewart and Mr T Walsh.

31. MINUTES

The Minutes of the meeting held on 1 April 2008 were approved.

32. MATTERS ARISING FROM MINUTES

Cardiac Transplant Services, Glasgow Royal Infirmary

With reference to Minute 17, Dr Cowan advised that a written report had now been produced and would be submitted to the next meeting of the Committee. **Dr COWAN**

NOTED

Transfer of Cardio-Thoracic Services to Golden Jubilee Hospital

Further to Minute 26, Mr Cleland intimated that the next meeting of the Partnership Board would be held on 17 June 2008 when there would be discussion on the question of Clinical Governance responsibility for patients once cardio-thoracic services were transferred to the Golden Jubilee Hospital. He would report the outcome to the next meeting of the Committee. **Mr CLELAND**

NOTED

33. CLINICAL INCIDENTS AND FAI REVIEWS

Dr Cowan reported on the following incidents:

Beatson Radiation Incident (January 2006)

A decision was awaited whether an FAI would be held on the Radiation Incident which took place in January 2006, that previously had been extensively reported to the Committee.

Mistaken Drug Administration – Beatson

An FAI was due to commence on 17 October 2008.

Aortic Aneurysm Death – Victoria Infirmary

It was expected that an FAI would be held. Communication regarding the patient's condition between the hospital and Primary Care was the significant issue.

Leukaemia Death – Victoria Infirmary/Institute of Neurological Sciences

A decision was awaited whether an FAI would be held.

NOTED

34. CLINICAL GOVERNANCE IN WOMEN AND CHILDREN'S DIRECTORATE

Mr Farrelly gave a detailed presentation on Clinical Governance arrangements in the Women and Children's Directorate, copies of which had been circulated to members. The Directorate had a Clinical Governance Forum with a fully representative membership whose aims were to ensure (i) that effective clinical governance of all services in the Directorate could be demonstrated, (ii) that a prioritised quality improvement programme in line with the Board's clinical governance strategy was in place and (iii) that clinical teams were supported and developed to deliver.

The roles of the Forum were to:

- Manage the development of a clinical governance implementation plan.
- Provide leadership and support to operational units in the development of local responses to clinical governance.
- Ensure the prioritised development of systems and techniques that support clinical governance.
- Ensure the integration of clinical governance into the regular business of the Directorate.
- Ensure that there was a system of reporting to demonstrate the development of clinical governance, to support learning within the Directorate and to provide assurance on the standards of clinical quality.

Mr Farrelly reported in detail on the work carried out in 2007/8 under the following headings: (i) Patient Safety Improvements, (ii) Clinical Effectiveness, (iii) Clinical Supervision and Staff Support, (iv)Using Clinical Information and (v) Implementing and Delivering Care and Enabling Health (Nursing and Allied Health Professions Strategy). He then outlined the workplan for 2008/9, which covered (i) Actions to improve performance against QIS standards, (ii) Patient focused care, (iii) Maintaining systems for developing, disseminating and implementing guidelines, (iv) Control of Infection and Patient Safety and (v) Developing and Using Clinical Information and Making Best Use of Resources.

In reflecting on 2007/8, Mr Farrelly highlighted the following areas that had worked well: (i) Development of a Directorate Annual Workplan, (ii) Actions to address QIS Maternity Care Standards Review, (iii) Audit Prize Evening and (iv) Maintenance and development of Risk Management Arrangements. He identified the following challenges for the Directorate in 2008/9:-

- Prioritisation of Audit and Clinical Effectiveness Initiatives
- Implementation of QIS Standards for Children and Young People with Asthma
- Integration of Clyde
- Development of a Comprehensive Suite of Clinical Performance Measures.

In response to questions from members, Dr Wallace explained the Directorate's work in relation to the Tissue Bank and the interaction with the Diagnostics Directorate. He also reported on progress within the Directorate on Child Protection Training. Level 1 training was almost complete.

DECIDED:-

That Mr Farrelly's presentation represented satisfactory progress in Clinical Governance in Women and Children's' Directorate.

35. CLINICAL GOVERNANCE OUTLINE DEVELOPMENT PLAN

Mr Crawford submitted a Clinical Governance Outline Development Plan for 2008/9 which had been endorsed at the recent meeting of the Clinical Governance Implementation Group. The plan contained six goals, each of which had detailed objectives.

DECIDED:-

That the Plan should be endorsed, subject to the addition of a section on the Management of Emerging Risks. **Mr CRAWFORD**

36. CLINICAL GOVERNANCE IN ORAL HEALTH DIRECTORATE

Mr Hill commenced the presentation, copies of which had been circulated to members, on Clinical Governance in the Oral Health Directorate by outlining the geographic extent of the Directorate's responsibilities which covered both primary and secondary care sectors. Within the Primary Care sector there were currently 655 Independent and 53 Community and Salaried Dental Practitioners. There was a Directorate Clinical Governance Committee with a wide membership to which three groups related, covering the Community Dental Service, General Dental Practitioners and the Glasgow Dental Hospital.

Ms McLauchlan set out in detail the range of key activities that had been carried out under the following broad headings:- Clinical Governance Structure and Process, Risk Management, Patient Environment, Delivery and Evaluation of Care, Complaints Management, External Reviews, PFPI and New Procedures/Techniques.

The Directorate had identified key challenges for 2008/9, which included:-

- Agreeing the audit priorities and developing an audit programme including the audit of Clinical Pathways and SIGN 83 which dealt with the prevention of caries in pre-school children.
- Supporting ICNs in undertaking Hospital Acquired Infection associated audits.
- Implementing the changes in BNF 55.
- Ongoing review of the application and implementation of the Consent Policy.
- Health and Safety Control Books to be introduced throughout the Community and Salaried Dental Service with an appropriate training and implementation plan.
- Focussing on ensuring compliance with NHS Greater Glasgow and Clyde Infection Control Policies.
- Continuing to ensure that the values of Patient Focus Public Involvement were fully integrated into Oral Health Services, involving patients/carers in reviews and service redesign; in particular engaging with relevant individuals in preparation for moves to the Ambulatory Care Hospitals.

There was also submitted, for information, copies of the draft Oral Health Directorate Clinical Governance Annual Report for 2007/8. In response to Mr Cleland, Mr Hill agreed that Directorate Clinical Governance Annual Reports should include an action plan with timescales for progress and completion of the various items. **Mr HILL**

DECIDED:-

That Mr Hill and Ms MacLauchlan's presentation represented satisfactory progress in Clinical Governance in the Oral Health Directorate.

37. 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 for the period January to March 2008.

It was noted that the Ombudsman had again highlighted the same key issues as in previous quarters as being at the root of complaints upheld, namely complaint handling, record keeping, clinical treatment, poor communication and staff attitude. She had drawn particular attention to (i) poor nursing care having featured in several reports, (ii) the expectation of complainants that if an investigation showed that a different clinical decision could have been made the complaint should be upheld, and (iii) the importance of formal letters of apologies being made to complainants. With regard to point (ii), the Ombudsman had explained that the fact that another doctor might have done something differently did not necessarily mean that the first doctor was wrong or that one action was better than the other. Both actions might be considered to fall within the range of reasonable practice.

Mr Crawford outlined key issues that had been identified from the report and the action taking place in response. Mr Cleland stressed the importance of statements of assurance being provided that issues highlighted in reports had been fully addressed. **Mr CRAWFORD**

NOTED

38. INFECTION CONTROL REPORT 2007/8

Ms McNamee submitted the NHS Greater Glasgow and Clyde Annual Infection Control Report for 2007/8. The report summarised progress against the objectives set out in the NHS Greater Glasgow and Clyde Annual Work Programme for 2007/8 that had been approved by the Committee in April 2007.

Mr Cleland raised the question of ensuring adherence to infection control measures. Ms McNamee advised that evidence showed that progress had taken place generally across NHS Greater Glasgow and Clyde. However, it was acknowledged that there was much work still required among staff, with further initiatives needing to be developed and pursued. There should be a positive effect from the Scottish Patient Safety Programme (SPSP) on Infection Control practice and compliance as SPSP was developed within hospitals. **Mr WALSH**

DECIDED:-

That the Infection Control Report for 2007/8 be approved.

39. REPORT ON MEMBERS' SESSION ON ROLE OF COMMITTEE

Mr Crawford submitted a report on the session that had been held with members reviewing the working of the Committee over the last three years. The following points had emerged from the discussion at the session which would be pursued:-

- The continuous focus on forms and quality of reporting to members of the Committee should be sustained.
- The Committee should explore scheduling opportunities in the agenda for leads from other areas, such as Information Governance and Performance, in order to understand their roles in improving the quality of healthcare.
- The Committee should consider requesting that service presentations explicitly considered key issues such as how to collaborate to improve quality with other parts of NHS Greater Glasgow and Clyde and other agencies.

There was further discussion on the presentations which the Committee was receiving from Directorates and Partnerships. It was proposed that there should be a form of words compiled for use in Committee Minutes to state whether or not the Committee was satisfied with the action outlined in the presentations and that it had taken place. This information should be transmitted back to the presenters. It was also proposed that presentations should deal very specifically with clinical governance challenges identified, and the action that had been taken or was in progress on each issue. It was also important that links across Directorates and Partnerships in addressing common issues were highlighted.

DECIDED:-

1. That the report of the session on the role of the Committee be received.
2. That Mr Crawford would progress the points that had emerged from the session and the subsequent Committee discussion. **Mr CRAWFORD**

40. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 17 March 2008 were received, together with a summary paper highlighting key issues.

NOTED

41. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 14 May 2008 were received, together with a summary paper highlighting key issues.

NOTED

42. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 27 February 2008 were received, together with summary papers highlighting key issues.

NOTED

43. ANNUAL REPORTS 2007/8

Mr Crawford proposed that a similar system for reviewing Annual Reports of Directorates and Partnerships for 2007/8 be adopted as in 2006/7, whereby each Non-Excutive Committee member received two reports to review.

DECIDED:-

1. That each Non-Executive Committee member should review two 2007/8 reports.
2. That Mr Crawford would circulate a list of all reports to members who would be invited to indicate their preferences. **Mr CRAWFORD**

44. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 5 August 2008 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.