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 8 October at 1.30 pm

P R E S E N T

Prof D H Barlow (in the Chair)

Dr C Benton Dr D Colville
Mrs P Bryson Dr M Kapasi
Mr R Cleland Mrs J Murray
Mr A Robertson

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

Mr A Crawford	..	Head of Clinical Governance
Mr L Cummings	..	Peer Support Worker, Gartnavel Royal Hospital (Minute 66)
Mr P McAuley	..	Senior Nurse, Mental Health Partnership (Minute 66)
Mr D McLure	..	Senior Administrator
D P Ryan	..	Clinical Director, North Glasgow CH(C)P (Minute 65)
Dr L Watt	..	Medical Director, Mental Health Partnership (Minute 66)

ACTION BY

59. APOLOGIES

Apologies for absence were intimated on behalf of Dr B N Cowan, Dr C Chiang, Mrs R Crocket, Mr D Sime and Mr T Walsh.

60. MINUTES

The Minutes of the meeting held on 5 August 2008 were approved, subject to the inclusion of Mrs P Bryson in the list of apologies.

61. MATTERS ARISING FROM MINUTES

Transfer of Cardio-Thoracic Services to Golden Jubilee Hospital

Further to Minute 48, Mr Cleland advised that he had now received a letter confirming that the Golden Jubilee Hospital was taking full Clinical Governance responsibility for Cardio-Thoracic services recently transferred there.

NOTED

Review of Consent Policy

Further to Minute 51, Mr Crawford advised that it was anticipated that the review of the Consent Policy should be completed within the next two months. **Mr CRAWFORD**

NOTED

Controlled Drugs Report

Further to Minute 52, Mr Crawford confirmed that he had raised with Dr McKean the need for future Controlled Drugs Reports to include timescales for the managing and resolution of issues identified and lists of actions that were ongoing or had been completed.

NOTED

62. CLINICAL INCIDENTS AND FAI REVIEWS

Professor Barlow intimated that Dr Cowan had been called to a Scottish Government Health Department meeting and had been unable to make alternative arrangements for a report on Clinical Incidents and FAI Reviews to be given to the Clinical Governance Committee meeting.

There was discussion on the need to establish a mechanism for a report to be available to the Committee should a similar situation arise again. It was important that Clinical Incidents and FAI Reviews, as a standing item at all meetings of the Committee, should always be covered. Mr Cleland also proposed that, in advance of each meeting, Dr Cowan should provide members with a short updating written summary on the current position relating to ongoing issues with cases which had already been verbally reported to the Committee. **Dr COWAN**

DECIDED:-

That Mr Crawford would raise the above points with Dr Cowan. **Mr CRAWFORD**

63. INFECTION CONTROL UPDATE

Mr Walsh had submitted the NHS Greater Glasgow and Clyde Healthcare Associated Infection Action Plan update and list of proposed Key Performance Indicators. Professor Barlow intimated that Mr Walsh had also been called to the Scottish Government Health Department meeting, referred to in Minute 62, with other Infection Control staff. Consequently there was no one available to speak to the paper. However he proposed that members discuss the document and that any points arising should be submitted to Mr Walsh and a response obtained.

Members raised a number of issues, including:-

- The need to ascertain whether Charge Nurses were empowered to deal with non compliance with Infection Control measures in their wards.
- The need to ensure that actions identified by audits were carried through.
- The need to ensure inter-agency working.
- The need for the Committee to be kept informed of progress in the various aspects of the Action Plan and Key Performance Indicators (KPIs). Clarification would be sought whether the KPIs list had been generated nationally or locally.

DECIDED:-

That the above issues would be submitted to Mr Walsh for a response to be provided to the Committee. **Mr WALSH**

64. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

Mr Crawford submitted a paper updating the Committee on SPSP. He drew attention to key points on progress, including:-

- Both phase one hospitals (Royal Alexandra and Glasgow Royal) had reached level one on the SPSP assessment scale. While the SPSP expectation had been that level 1.5 should have been met throughout Scotland by July 2008, currently only one Board had achieved this. It was anticipated that NHS Greater Glasgow and Clyde would achieve this by the end of the year. A plan to have all measures in place by the end of the year for phase one sites had been endorsed at the recent meeting of the Acute Services Strategic Management Group (SMG).
- A new means to report progress and track work stream activity against SPSP milestones had been reviewed by the SMG and was now being implemented. Currently all phase one pilots had been assessed as being on track to achieve all of the second progress milestones. It was also notable that some of the phase two pilots had made significant progress by building on the design work of the phase one sites.
- At the end of September thirty one leadership walk-rounds had been completed and the declared aim of fifty should be achieved by the end of 2008. The themes arising had been reviewed and the main themes of Environment, Resources, Staffing, Communication, Patient Group, Medical Records, Infection Control and Clinical Risk/Incident reporting had been identified.
- Lessons from a range of learning opportunities were being applied, particularly the adoption of improvement methods. At the last national networking event three of the four clinical work stream workshops had been co-hosted by NHS Greater Glasgow and Clyde staff.
- There would be a SPSP Faculty visit on 18 November 2008. This was intended partly as a review and partly as an aid to local progress.

NOTED

65. CLINICAL GOVERNANCE IN CH(C)PS UPDATE

Dr Ryan gave a detailed presentation updating the Committee on Clinical Governance within CH(C)Ps. He outlined the current workplan and focused on the following areas:-

- Initial results from an audit of laboratory requests were now available and a feedback meeting arranged.
- A cold chain audit had been carried out with Public Health which has resulted in bids being made for funding for technicians and fridge loggers.
- Following work on medication and discharge errors, Dr Ryan had arranged to meet with NES.
- Work on Adverse Events included Significant Clinical Events, Suicide, Self Harm and Medication Errors.

Dr Ryan illustrated the process of dealing with adverse events from two recent cases. He outlined the backgrounds to the cases, the details of the investigations, the learning points arising, the follow up being pursued plus recommendations regarding the handling of adverse events in general. He also provided the Committee with a copy of a draft report on learning from adverse events arising from the NHS Greater Glasgow and Clyde Internal Audit Report 2007/8.

Future Developments would cover CH(C)P Annual Clinical Governance Reports development, Primary Care Antibiotic Policy, Her Majesty's Inspectorate of Education (Child Protection) and External Quality Assurance GP Appraisal.

NHSQIS visits for 2009 would cover Out of Hours Emergency Dental Care, Learning Disability, Food, Fluid and Nutritional Care and a second round visit for Clinical Governance and Risk Management Standards.

DECIDED:-

That Dr Ryan's presentation illustrated satisfactory progress in Clinical Governance arrangements within CH(C)P.

66. CLINICAL GOVERNANCE IN MENTAL HEALTH PARTNERSHIP UPDATE

Dr Watt submitted the current version of the Mental Health Partnership Care Governance Workplan for 2007-2010. She acknowledged that there were gaps in the information, often relating to progress being achieved within the various categories. Given the wide range and scope of the issues and the size of the Partnership, logistical difficulties had arisen in obtaining information from some areas. The document would be comprehensively updated prior to the Internal Audit of Mental Health Clinical Governance commencing in January 2009. Notwithstanding the difficulties outlined by Dr Watt, there was concern among members of the Committee at the significant lack of information regarding the detail and progress of a range of categories within the Action Plan and the incompleteness of written evidence as to the achievements of targets.

Dr Watt tabled, for the Committee's information, copies of a recent issue of the Partnership's Patient Safety Bulletin. The aims of the bulletins were to (i) raise awareness of adverse events, (ii) enable lessons to be shared and (iii) raise awareness of clinical risk/patient safety issues or alerts. The Partnership also held Patient Safety training and learning events.

Dr Watt introduced Mr Peter McAuley, Senior Nurse, and Mr Lee Cummings, Peer Support Worker, Gartnavel Royal Hospital, to speak about the Peer Support project as an example of developments taking place within the Mental Health Partnership. Mr Cummings, who was one of four Peer Support workers at the hospital employed on a part-time basis, gave a detailed account of the training involved, the nature of the work and the response from those to whom he was proving peer support. Anecdotally, the project appeared to be highly successful and popular. Dr Watt acknowledged that the question of evaluating the project locally required to be addressed, and that due to the nature of the work this would be a challenging exercise. The project was also taking place outwith NHS Greater Glasgow and Clyde and she understood there would be a national evaluation.

DECIDED:-

1. That the Committee should receive an updated Governance Workplan for the Mental Health Partnership, in the light of members' expressed concerns. **Dr WATT**
2. That the Committee would seek a perspective from Dr Watt of the place of the Peer Support Worker project within the Action Plan, and ongoing information regarding the evaluation of the project. **Dr WATT**

67. CLINICAL GOVERNANCE ANNUAL REPORT 2007/8

Further to Minute 53, Mr Crawford submitted the final version of the Annual Clinical Governance Report for 2007/8.

DECIDED:-

1. That the Annual Clinical Governance Report for 2007/8 be approved.
2. That there should be an introductory covering statement from Professor Barlow to accompany the report. **Prof BARLOW** **Mr CRAWFORD**
3. That the Report be made widely available and accessible electronically. **Mr CRAWFORD**

68. CLINICAL GOVERNANCE OUTLINE DEVELOPMENT PLAN

Mr Crawford submitted a paper setting out progress in meeting the objectives of the Clinical Governance Outline Development Plan for 2008/9.

NOTED

69. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 15 September 2008 were received, together with a summary paper highlighting key issues.

NOTED

69. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 10 September 2008 were received, together with a summary paper highlighting key issues.

NOTED

70. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 23 July 2008 were received, together with a summary paper highlighting key issues.

NOTED

71. CLINICAL GOVERNANCE STRATEGY AND FRAMEWORK DOCUMENT

Mr Crawford advised that the current Clinical Governance Strategy and Framework document was due for renewal in January 2009. A consultation process was about to be launched. He invited members to contact him with views or if they had specific wishes regarding involvement in the consultation process. **MEMBERS**

NOTED

72. MEETING DATES 2009

DECIDED:-

That meetings for 2009 should be arranged for the first Tuesday of the month, bi-monthly, commencing in February, at 1.30pm. **SECRETARY**

73. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 2 December 2008 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.