

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 Tuesday 2 December 2008 at 2.00 pm**

P R E S E N T

Prof D H Barlow (in the Chair)

Dr C Benton Mr A Robertson
Mr R Cleland Mr D Sime

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

Ms J Brown	..	Head of Nursing, Emergency Care and Medical Services Directorate (Minute 81)
Dr C Chiang	..	Consultant in Public Health
Dr B N Cowan	..	Board Medical Director
Mr A Crawford	..	Head of Clinical Governance
Mrs R Crocket	..	Director of Nursing
Dr B Gusterson	..	Department of Pathology, University of Glasgow (Minute 85)
Mr D McLure	..	Senior Administrator
Ms J Paul	..	Audit Scotland
Dr D A Stewart	..	Associate Medical Director, Emergency Care and Medical Services Directorate (Minute 81)
Mr T Walsh	..	Infection Control Manager

ACTION BY

74. APOLOGIES

Apologies for absence were intimated on behalf of Mrs P Bryson, Dr L deCaestaker (deputy Dr Chiang), Dr J Dickson, Dr M Kapasi, Mrs J Murray, Mrs Agnes Stewart, Councillor Amanda Stewart.

75. COMMITTEE PAPERS

Professor Barlow referred to the late distribution to members of the papers for the meeting due to exceptional circumstances relating to their availability. There was discussion on a proposal that the agenda and papers for meetings should be routinely circulated electronically. It was recognised, however, that this could present difficulties for members who did not have access to substantial printing capacity.

DECIDED:-

1. That members of the Committee should have the option of receiving agenda and papers in either printed form by post, as at present, or electronically.
2. That the Secretary would ascertain each member's preference.

SECRETARY

SECRETARY

76. MINUTES

The Minutes of the meeting held on 8 October 2008 were approved.

77. MATTERS ARISING FROM MINUTES

Infection Control

Further to Minute 63, Mr Walsh confirmed that he had circulated members by e-mail with responses to the various issues raised at the last meeting.

NOTED

Clinical Governance in Mental Health Partnership

Further to Minute 66, Dr Watt had indicated that she would be providing members with an updated Governance Workplan, which was currently being prepared.

Dr WATT

NOTED

Clinical Governance Annual Report 2007/8

Further to Minute 67, Professor Barlow confirmed that he had prepared an introductory covering statement which had been included in the Report. The Report had been made widely available.

NOTED

78. CLINICAL INCIDENTS AND FAI REVIEWS

Dr Cowan submitted a written summary updating the Committee on Clinical Incidents and FAI Reviews. He commented on the current situation regarding each of the thirteen cases listed. In four cases the process had reached a satisfactory conclusion with no further action being requested.

DECIDED:-

1. That Dr Cowan's report and current actions being undertaken be noted.
2. That future reports should cover a twelve month period and include information on action instigated in each case following recommendations.

Dr COWAN

79. INFECTION CONTROL UPDATE

Mr Walsh submitted a detailed progress report on actions undertaken in respect of Infection Control issues within NHS Greater Glasgow and Clyde. This was a copy of a paper presented to the Scottish Government Health Directorates who had expressed satisfaction with the actions already completed and those underway.

Mr Walsh remarked on the issue raised at the last meeting regarding the need for Charge Nurses to be empowered to deal with non-compliance with Infection Control measures in their wards. This was being taken forward within the context of the current Senior Charge Nurse Review. Mrs Crocket advised that all Senior Charge Nurses within the Board's area would be participating in a development programme which would emphasise their responsibility, authority and accountability and would include ensuring compliance with infection control measures.

Mr Walsh also indicated that the national template for monitoring Key Performance Indicators (KPIs) should be available around mid-December and would be used to in respect of action taken locally.

NOTED

80. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

Dr Cowan presented a paper updating the Committee on SPSP which had also been presented to the Acute Services Strategic Management Group. The scope of SPSP currently covered Acute Services but there were plans to extend into Community and Paediatrics.

Dr Cowan reported on a recent visit from the Institute for Healthcare Improvement (IHI) to locations participating in the programme within NHS Greater Glasgow and Clyde. They had expressed satisfaction with progress made. Dr Cowan also reported that the local implementation group had met recently and the consensus was that the programme was progressing well. The number of areas participating was increasing regularly. There was a high level of enthusiasm among participants and a considerable amount of useful learning was emerging from the programme.

Dr Benton sought clarification as to how competencies of bank staff were being addressed. Mrs Crocket advised that a review of the working of the bank staff arrangements was being carried out.

Mrs CROCKET

NOTED

81. CLINICAL GOVERNANCE IN EMERGENCY CARE AND MEDICAL SERVICES DIRECTORATE UPDATE

Dr Stewart commenced the presentation updating the Committee on Clinical Governance within the Emergency Care and Medical Services Directorate by outlining the scope of the Directorate and the specialities involved. Since the initial presentation to the Committee, the Directorate's Clinical Governance Forum now had representation from Medicines Governance.

Dr Stewart highlighted the key strengths and achievements in the last year. The areas included: Integration of Clyde; Integration of Out of Ours Services; Complaints; Risk Management; Medicines Governance; Child Protection; Information Sharing. Detailed illustrations of achievements were given in respect of:-

Complaints

The Datix system was now operational within the Directorate for the collation of information on incidents and production of reports. A detailed complaints action plan had been drawn up. Dr Stewart selected three of the issues within it to illustrate progress:- (i) raising awareness of the need to improve complaints performance at all levels within the Directorate, (ii) producing information on complaints performance and (iii) raising awareness of significant or recurring complaints themes across the Directorate. He detailed the effectiveness of action taken from the example of a hospital department which formerly recorded significant levels of complaints. Following the implementation of the action plan the statistics revealed a dramatic reduction. There had also been an increase from 38% to 91% of complaints completed within twenty working days in the Directorate as a whole over a nine month period.

Medicines Governance

Dr Stewart detailed the membership of the recently established Medicines Governance Group, the issues currently being discussed and the new pharmacy structure. Taking an example of a particular critical incident, he outlined the action taken and the learning process that had been applied throughout the Directorate by the Group.

Child Protection

Ms Brown, who was the Directorate lead for Child Protection, detailed the structure that had been set up and the link staff system put in place covering Accident and Emergency and Out of Hours Services. She then described aspects of current work which included: (i) quarterly update of action plan; (ii) child protection cases (all escalated to the Head of Nursing) processed as for grade 4/5 clinical incidents; (iii) rolling out of information to school nurses from Accident and Emergency Departments and (iv) a recent HM Inspectorate of Education visit to the Accident and Emergency Department, Glasgow Royal Infirmary.

Information Sharing

Dr Stewart detailed the process carried out within the Directorate to improve information sharing. A monthly report was now provided to all General Managers covering Complaints, Ombudsman Cases, Critical Incidents, Infection Control and Medication Errors. General Managers reported monthly to the Directorate Management Group where wider learning points were identified.

DECIDED:-

1. That the presentation illustrated excellent progress and outcomes in Clinical Governance within the Emergency Care and Medical Services Directorate.
2. That the achievements within the Directorate should be shared with other Directorates.

**Dr STEWART
Mr CRAWFORD**

82. 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 Services Ombudsman, covering July to September 2008. An analysis of key statistics relating to NHS Greater Glasgow and Clyde from the publication of annual Scotland-wide complaints statistics for 2007/8 was also included.

There was discussion on a comment from the Ombudsman expressing her increasing concern at the frequency of poor nursing care featuring in cases. Mrs Crocket reported that the concerns had already been raised by the Chief Nursing Officer with Health Board Nurse Directors. She, in turn, had briefed Heads of Nursing within NHS Greater Glasgow and Clyde and she outlined the action initiated. There would also be a conference on 23 February 2009 on Good Practice within Nursing and Midwifery.

DECIDED:-

1. That the Ombudsman quarterly report be noted.
2. That future reports on complaints statistics should be broken down by Directorate.

Mr CRAWFORD

83. CONTROLLED DRUGS REPORT

Dr McKean had submitted a quarterly occurrence report in respect of Controlled Drugs covering the period July to September 2008. Mr Crawford referred to the request at the last meeting that future reports should include timescales for the managing and resolution of issues that had been identified and lists of actions that were ongoing or had been completed. Dr McKean had indicated that timescales would be included whenever possible, but that this would be difficult in respect of those cases that related to agencies outwith NHS Greater Glasgow and Clyde.

DECIDED:-

1. That the quarterly occurrence report be noted.
2. That Dr McKean be requested to detail timescales in a separate column rather than integral to the rest of the report.

**Mr CRAWFORD
Dr McKEAN**

84. NHSQIS CLINICAL GOVERNANCE AND RISK MANAGEMENT STANDARDS ASSESSMENT SCALE

Mr Crawford submitted a paper relating to the recently published Guidance for NHS Boards completing NHSQIS self-assessments. The effect of the new guidance on the assessment scales and processes was such that NHS Greater Glasgow and Clyde was now essentially at level 3 rather than level 4 as understood by the Board based on previous NHSQIS guidance. The Board's would now have to embark on the review process on the basis of level 3. The self assessment would have to be submitted in July 2009 in advance of the NHSQIS visitation in September 2009.

Mr CRAWFORD

NOTED

85. CONSENT POLICY

Mr Crawford submitted a revised NHS Greater Glasgow and Clyde Consent Policy on Healthcare Assessment, Care and Treatment that had been the subject of widespread consultation. Dr Gusterson submitted a paper entitled "Put Patient Consent at the Centre".

Dr Gusterson pointed out that section 9.5 of the proposed revised Consent Policy did not adequately meet the current situation on Scotland relating to consent for the use of surplus tissue from the living for use in teaching or medical research. He explained the difference between the Human Tissue Acts affecting Scotland and England and the current position affecting the Board. He recommended that a policy drawn up, but never implemented, within the former North Glasgow Trust some years previously should be used as a basis for a policy which should be adopted by the Board. He stressed the need for progress to be made in including generic consent within patient information leaflets and in establishing a consent mechanism for the use of surplus tissue throughout NHS Greater Glasgow and Clyde in order that valuable research material should be available.

DECIDED:-

1. That the Consent Policy document be approved subject to the wording of section 9.5 being altered following discussion between Professor Gusterson, Dr Robin Reid, Associate Medical Director (Diagnostics Directorate), and Mr Crawford.
2. That Dr Reid should be requested to prepare a paper for submission to the Acute Services Strategic Management Group setting out the implications of establishing a Board-wide consent mechanism for the use of surplus tissue from the living, and setting out the operational issues.

Mr CRAWFORD

Dr REID

86. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 10 November 2008 were received, together with a summary paper highlighting key issues.

NOTED

87. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

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

NOTED

88. MINUTES OF REFERENCE COMMITTEE

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

NOTED

89. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 3 February 2009 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.