

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 3 February 2009 at 1.30 pm**

**P R E S E N T**

Prof D H Barlow (in the Chair)

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

**I N   A T T E N D A N C E**

Dr C Chiang	..	Consultant in Public Health
Dr B N Cowan	..	Board Medical Director
Mr A Crawford	..	Head of Clinical Governance
Dr J Dickson	..	Associate Medical Director
Dr C E McKean	..	Head of Pharmacy and Prescribing Support Unit (Minute 7)
Mr A Maclaren	..	Lead Pharmacist for Clinical Governance (Minute 7)
Mr D McLure	..	Senior Administrator
Ms S McNamee	..	Nurse Consultant, Infection Control
Dr R Reid	..	Associate Medical Director, Diagnostics Directorate (Minute 15 )

**ACTION BY**

**1.    APOLOGIES**

Apologies for absence were intimated on behalf of Dr L deCaestaker (deputy Dr Chiang), Mr A Robertson and Mr T Walsh (deputy Ms McNamee).

**2.    MINUTES**

The Minutes of the meeting held on 2 December 2008 were approved.

**3.    MATTERS ARISING FROM MINUTES**

Clinical Governance in Emergency Care and Medical Services (ECMS) Directorate Update

Further to Minute 81, Mr Crawford confirmed that other Directorates were aware of the work that had been carried out in the ECMS Directorate that the Committee had recommended should be widely shared.

**NOTED**

## Consent Policy

Further to Minute 85, Mr Crawford confirmed that the Consent Policy document had been revised in collaboration with Prof Gusterson. It had subsequently emerged that it required to be impact assessed by the Board's Corporate Inequalities Team and this was underway. The document had been submitted to the recent meeting of the Clinical Governance Implementation Group where it had been approved subject to equalities impact assessment approval.

### **NOTED**

## **4. CLINICAL INCIDENTS AND FAI REVIEWS**

Dr Dickson presented 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. Dr Dickson advised of another two FAIs that had been notified recently, and also reported on action currently being taken regarding some further significant incidents.

### **NOTED**

## **5. INFECTION CONTROL UPDATE**

Dr Cowan presented the first of the two-monthly Hospital Acquired Infection (HAI) Monitoring Reports for submission to the NHS Board as required by the National HAI Action Plan. He outlined the various sections of the report and highlighted NHS Greater Glasgow and Clyde's performance in the various categories compared to the Scottish average. He also advised of action being taken in certain areas and the processes for monitoring trends.

Members raised a range of questions on the detail of the report and made proposals regarding its presentation to NHS Board meetings.

**Dr COWAN**

The Committee also received a copy of the paper from Mr Walsh that had been presented to the Scottish Government Health Directorates detailing progress on actions undertaken in respect of Infection Control issues within NHS Greater Glasgow and Clyde.

### **NOTED**

## **6. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)**

Dr Cowan presented a paper updating the Committee on SPSP implementation within NHS Greater Glasgow and Clyde as at mid-December 2008. At that time the Board had achieved a score of level 1.5 on the Assessment Scale. It was believed that, as of the end of January 2009, level 2 had been reached. Confirmation was awaited. Discussions were now taking place on rolling-out reliable designs from existing thirty pilot sites to sixty new wards.

Dr Cowan advised that reports on SPSP would now also be submitted to Board meetings. He invited members to send any comments or views on the nature of these reports to Mr Crawford.

**MEMBERS**

### **NOTED**

## **7. CLINICAL GOVERNANCE IN PHARMACY AND PRESCRIBING SUPPORT UNIT(PPSU) AND MEDICINES ADVISORY COMMITTEES**

Dr McKean gave a detailed presentation on Medicines Governance covering the year 2008/9 in respect of the PPSU and Medicines Advisory Committees. She also submitted a "work in progress" draft action plan and explained the background to it. It was anticipated that it would be finalised in the near future.

In her presentation, Dr McKean outlined the key issues that had emerged in 2008/9 which were:

- Audit Scotland: using medicines in hospital
- Safe and Secure Handling of Medicines: acute care
- Scottish Patient Safety Programme
- Datix Implementation
- Creation of action plan for Medicines Governance.

The themes in the Action Plan related to:

- The guidelines, implementation, audit and monitoring in relation to high risk medicines
- Incident reporting and management
- Tools (formulary, handbook and guidelines) to assist good practice
- Education and training of professional groups
- Provision of an infrastructure of pharmacy expertise to co-ordinate the governance of medicines.

She particularly highlighted and illustrated three examples of work being carried out which had an impact on patient safety and care. These were in Antimicrobial Management, Controlled Drug Governance and High Risk Medicine Management. Dr McKean then detailed plans for further development in 2009/10 which included (i) the rolling out of a range of lessons learned within the single system working and (ii) various initiatives as part of the redesign of pharmacy provision in acute care.

The presentation concluded with an outline of the collaboration carried out across professions and systems, and engagement taking place at all levels from policy into practice to ensure the quality of the overall care experience of the patient.

Dr Colville raised concerns about continuing major problems surrounding communications about patients' medicines between secondary and primary care and the need for an electronic system to be established. Dr McKean advised of a nationally driven joint Health Board collaboration currently taking place which was looking at the management of patient information in patient care. Medicines would be part of the tendering process for the purchase of a national system.

### **DECIDED:-**

That the presentation illustrated satisfactory progress in Clinical Governance within the PPSU and Medicines Advisory Committees.

## **8. CLINICAL GOVERNANCE STRATEGY AND FRAMEWORK**

Mr Crawford submitted a revised Clinical Governance Strategy and Framework document and invited members' views on the changes made from the previous document and also whether there should be a separate Patient Safety Strategy.

In discussion:-

Mr Cleland drew attention to the setting up of a Board Organ Donation Committee, which was now a national requirement. The new committee had to report to the Clinical Governance Committee.

There was consensus that Patient Safety should continue to be part of the current document.

A 'plain English' summary of the revised document should be produced and promoted as a tool to inform staff, similar to that produced for the original version.

**DECIDED:**

That members would submit further comments to Mr Crawford on the revised strategy, after which a further version would be produced for approval.

**MEMBERS**  
**Mr CRAWFORD**

**9. REVIEW OF CLINICAL GOVERNANCE COMMITTEE REMIT**

Mr John Hamilton, Head of Board Administration, had requested that the Committee should review its current remit and membership as part of the Board's annual review of governance arrangements.

It was noted that the existing membership had two places designated for members from Clyde. It was felt that this was now inappropriate given that Clyde was now fully integrated. There was also discussion on whether it was still appropriate to designate that one of the Non-Executive Board members should be the Employee Director. Mr Crawford would clarify whether there was a Scottish Government requirement surrounding this. The establishment of a Board Organ Donation Committee (Minute 8) reporting to the Clinical Governance Committee would also have to be drawn to Mr Hamilton's attention.

**DECIDED:-**

1. That all references to distinct members from Clyde should be removed.
2. That Mr Crawford would clarify the requirement to designate that one of the Non-executives be the Employee Director.
3. That Dr Cowan would provide suitable wording regarding the Board Organ Donation Committee.

**Mr CRAWFORD**

**Dr COWAN**

**10. ARRANGEMENTS FOR REVIEW OF ANNUAL REPORTS**

Mr Crawford sought the Committee's views on the review of Clinical Governance annual reports. He proposed that the arrangements followed for last year's process should be continued whereby each member would receive two reports to review. The guidelines to assist the reviewing process would be re-issued to members.

**DECIDED:-**

1. That each member should receive two reports to review.
2. That the guidelines to assist in the carrying out of reviews would be re-issued to members.

**Mr CRAWFORD**  
**Mr CRAWFORD**

**11. MENTAL HEALTH PARTNERSHIP CARE GOVERNANCE WORKPLAN**

Dr Watt, Medical Director, Mental Health Partnership, had provided members with the updated Mental Health Partnership Care Governance Workplan.

## **DECIDED:-**

That the updated Governance Workplan represented a satisfactory approach within the Mental Health Partnership.

### **12. MINUTES OF INFECTION CONTROL COMMITTEE**

The minutes of the meeting of the Infection Control Committee held on 12 January 2009 were received, together with a summary paper highlighting key issues.

#### **NOTED**

### **13. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP**

The minutes of the meeting of the Clinical Governance Implementation Group held on 16 January 2009 were received, together with a summary paper highlighting key issues.

#### **NOTED**

### **14. MINUTES OF REFERENCE COMMITTEE**

The minutes of the meetings of the Reference Committee held on 29 October and 17 December 2008 were received, together with a summary paper highlighting key issues.

#### **NOTED**

### **15. CLINICAL GOVERNANCE IN DIAGNOSTICS DIRECTORATE**

Dr Reid gave a detailed presentation updating the Committee on Clinical Governance within the Diagnostics Directorate. He also provided the Directorate's Clinical Governance Action Plan for 2008/9. He referred to the scope of the Directorate and the services and specialities covered. He then highlighted a range of issues relating to Diagnostics. Until January 2009 these had included Control of Infection but this was now the responsibility of the Board Medical Director.

Dr Reid explained the importance of the Keele University benchmarking of performance carried out across Laboratories. This was a Scottish-wide involvement. Another aspect of benchmarking related to Audit Scotland. NHS Greater Glasgow and Clyde laboratories were compared with other Health Board teaching hospitals.

Dr Reid detailed a wide range of issues relating to Laboratories, including:

- Out of hours provision
- On-call versus shift systems
- Full versus restricted repertoire
- Prolonged negotiations with staff side partners
- Critical non-compliances with CPA accreditation
- New build laboratories at Southern General Hospital site, with financial savings required
- Interim reconfigurations, eg Microbiology
- Assimilation of Clyde services
- Relationship to Argyll component of NHS Highland
- Relationship with Golden Jubilee National Hospital.

There were also issues within other Diagnostics services including Physics, Radiology, Radiation Safety, Anticoagulation, and On-line requesting of tests. Dr Reid reported on work completed and ongoing in relation to these.

Members raised a number of questions including the risk of viruses being stolen for terrorist purposes. Mr Sime confirmed that Strathclyde Police regularly inspected Microbiology Laboratories. There was also discussion on the hours that scanning equipment was available and the consequent staffing implications of any extension that might be considered.

**DECIDED:-**

That the presentation illustrated satisfactory progress in Clinical Governance within the Diagnostics Directorate.

**16. MRS AGNES STEWART**

Prof Barlow intimated that Mrs Agnes Stewart would be retiring as a Board member on 31 March 2009 and therefore this was the last meeting of the Committee she would be attending. On behalf of the Committee, he thanked her for her valuable contribution over the years and wished her well for the future.

**17. DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Tuesday 7 April 2009 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.