

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 7 April 2009 at 1.30 pm**

P R E S E N T

Prof D H Barlow (in the Chair)

Dr C Benton Mr A Robertson
Dr M Kapasi Mr D Sime
Mrs J Murray Mrs E Smith

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	..	Director of Nursing
Dr J Dickson	..	Associate Medical Director
Dr C Howie	..	Associate Medical Director, Surgery & Anaesthetics Directorate (Minutes 21- 22)
Mr D McLure	..	Senior Administrator
Ms L Meikle	..	Head of Nursing, Surgery & Anaesthetics Directorate (Minutes 21 - 22)
Ms J Paul	..	Audit Scotland
Dr P Ryan	..	Clinical Director, North Glasgow CHCP (Minute 26)
Mr T Walsh	..	Infection Control Manager

ACTION BY

18. APOLOGIES

Apologies for absence were intimated on behalf of Mrs P Bryson, Dr C Chiang, Mr R Cleland and Councillor Amanda Stewart.

19. MINUTES

The Minutes of the meeting held on 3 February 2009 were approved, subject to the addition of Dr M Kapasi to the list of apologies.

20. MATTERS ARISING FROM MINUTES

Arrangements for Review of Annual Reports

Further to Minute 11, Mr Crawford advised that annual reports for 2008 were now being received by his office. Once they were all available, the process of distributing two reports to each member for review would commence.

Mr CRAWFORD

NOTED

21. SURGICAL PROFILE

Dr Howie gave a detailed presentation on the Surgical Profile. He explained that NHS QIS and the Information Services Division had developed the Profile and presented a suite of clinical indicators derived from various national data sources. The purpose was to help each NHS Board to continuously improve the quality, safety and effectiveness of surgical care. The first profile had been produced in 2006 which had been presented to the Committee by Professor Tim Cooke together with the Board's response to it. The current profile related to 2008. Each NHS Board had been asked by NHSQIS for a written response to its profile and an explanation as to how it was used locally as part of wider clinical governance activities.

On receipt of the 2008 profile, all relevant Clinical Directors within the Surgery and Anaesthetics Directorate had been asked to review the content. Associate Medical Directors from other Directorates with responsibilities for specialties such as Paediatrics and Gynaecology were also asked for comments which were fed back directly from the relevant clinical directors. The comments had then been consolidated into a draft Board-wide response, which had been submitted to the Committee for consideration.

Dr Howie outlined the main points of the proposed response from the Board to the 2008 Surgical Profile Report. It incorporated amendments made as a consequence of the process and provided an assessment of the utility of the profile document as a clinical tool. In discussing data, issues had been identified relating to variation in practice or quality of care and, in particular, where there was a need for ongoing actions in response to the analysis that had been carried out within the Board.

Dr Howie drew attention to a major concern that had been raised by the 2006 profile relating to the apparent excess mortality noted for elective general surgical patients in Glasgow Royal Infirmary. At the time Professor Cooke had questioned the adequacy of the case mix adjustment, given the nature of the surgery being undertaken and the population being served. It was gratifying to note that the 2008 profile had substantially allayed the Board's concerns around this issue. An appendix had been compiled to the Board's draft response setting out in detail how the current case mix adjustment had improved and the response that had been made to outliers identified by it.

In responding to NHSQIS, it would be confirmed that the Board would use the current profile, wherever possible, to drive improvements in quality of care. A number of issues had been highlighted to which resources would be committed to discover the reasons for these concerns and put in place changes to rectify them, where necessary.

DECIDED:-

1. That the actions outlined by Dr Howie in response to the 2008 Surgical Profile be approved.
2. That the proposed response to NHSQIS from NHS Greater Glasgow and Clyde, presented by Dr Howie, be approved.

Dr HOWIE

22. CLINICAL GOVERNANCE IN SURGERY AND ANAESTHETICS DIRECTORATE - UPDATE

Dr Howie gave a comprehensive presentation updating the Committee on Clinical Governance within the Surgery and Anaesthetics Directorate and submitted the Clinical Governance Workplan for 2009. He detailed the issues covered by the Directorate's Clinical Governance meetings which included reports from sub-directorates on Guidelines, Audit, Hazard Notification, Infection Control, Scottish

Patient Safety Programme, Child Protection, Complaints, Equality and Diversity, Patient Information, New Procedures and Drugs, Mortality and Morbidity, Clinical Incidents and Clinical Risk. Multidisciplinary engagement covered Clinical Risk, Clinical Effectiveness, Pharmacy and Infection Control. An Away Day had been held at which a range of issues had been explored, including the development of the sub-directorate Clinical Governance structure, approaches to the future setting of clinical governance agenda, possible engagement with Managed Clinical Networks and greater effectiveness in the utilisation of clinical audit projects.

Dr Howie then detailed patient safety improvements arising from the implementation of the Scottish Patient Safety Programme (SPSP). Perioperative and Critical Care Work Streams had been established together with leadership walk rounds relating to hand hygiene and environmental audits, clinical incidents and staff engagement. He outlined the SPSP Spread Plan and advised of those participating within the SPSP Fellowship Programme. A Balanced Scorecard had been produced for use at individual ward level that covered Environmental Audit, Hand Hygiene, Statistical Process Charts for MRSA/CDiff and Outbreaks and Increased Incidence of Infection. He also presented information regarding Hand Hygiene Compliance among Surgeons and Physicians, Surgical Site Infection, Antimicrobial Prescribing and Infection Control, New Interventions and Evaluation of Benefit of Gastric Pacemaker Procedures.

DECIDED:-

That the presentation illustrated satisfactory progress in Clinical Governance within the Surgery and Anaesthetics Directorate.

23. 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 cases listed. Dr Dickson advised of an FAI that had been notified recently, and highlighted several cases that were still under consideration by the Fiscal.

NOTED

24. INFECTION CONTROL UPDATE

Mr Walsh presented the April 2009 Hospital Acquired Infection (HAI) Monitoring Report 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.

With regard to the paper 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, Mr Walsh advised that the Scottish Government had expressed satisfaction that all necessary action had been taken.

Mr Walsh also submitted a copy of the Board's Annual Infection Control Programme for 2009/10 for approval. Mrs Murray felt that it would be appropriate for the section listing objectives and actions relating to Patient Focus and Public Involvement to be referred to the Board's Involving People Committee.

DECIDED:-

1. That the April 2009 HAI Monitoring Report be noted.
2. That the Annual Infection Control Plan for 2009/10 be approved.
3. That the section of the Control Plan relating to Patient Focus and Public Involvement be referred to the Board's Involving People Committee.

Mr WALSH
Mr WALSH

25. 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-March 2009, giving progress and highlighting issues relating to Phase One Front Line Teams, the SPSP Assessment Scale, the Spread Plan, Measurement Strategy, Learning Collaborative and Feedback and Measurement of Global Trigger Tool Case Note Reviews. Overall good progress was being made. However there were some challenging issues, particularly around Phase One Medicine Management Pilots and the use of the Global Trigger Tool for case note reviews.

NOTED

26. CLINICAL GOVERNANCE IN CHCPS - UPDATE

Dr Ryan gave a presentation on the GP Appraisal External Quality Assurance (EQA) Assessment Programme. He outlined the background to GP Appraisal which had been introduced in 2003. It was managed by NHS Education for Scotland (NES) who had established a national steering group to develop a framework and methodology to externally quality assure how NHS Boards undertook and managed the GP appraisal process. An EQA programme to assess implementation and management of the GP appraisal process had been constructed and had been carried out in all Scottish Health Boards between May to June 2008. Copies of the report highlighting the outcome of the findings in NHS Greater Glasgow and Clyde had been circulated to members of the Committee.

Dr Ryan outlined the various aspects of GP Appraisal which were Core Category, Audit, Communication, Prescribing, Referrals and Working with Colleagues and Significant Event Analysis. He gave the percentages of the various categories of GPs that had been appraised. There were fifteen criteria against which the appraisal process was assessed. NHSQIS had given the Board a 71% rating, with five good practice points and one area of good practice with national significance identified. There were three criteria which had been highlighted as requiring local development, which required to be addressed:-

- To formalise links from Clinical Support Group and Occupational Health.
- To establish arrangements for Local Appraisal Advisors to undergo annual performance assessment.
- To review the eligibility of sessional GPs to be hosted by NHS Greater Glasgow and Clyde.

New procedures were being identified for GP Appraisal involving relicence and recertification leading to revalidation over a five year period. He detailed the various aspects of proposals that had been made by the Royal College of General Practitioners.

DECIDED:-

That the report of the GP Appraisal External Quality Assurance Assessment Programme for NHS Greater Glasgow and Clyde, and action proceeding, be noted.

27. 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 October to December 2008, together with information on action taken.

DECIDED:-

That the Ombudsman quarterly report be noted.

28. REVISED CLINICAL GOVERNANCE COMMITTEE REMIT

Further to Minute 9, there was submitted for information a copy of the final version of the Committee's revised remit which would be submitted to the Board meeting on 21 April 2009 for approval.

NOTED

29. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 9 March 2009 were received, together with a summary paper highlighting key issues.

NOTED

30. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 13 March 2009 were received, together with a summary paper highlighting key issues.

NOTED

31. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 21 January 2009 were received, together with a summary paper highlighting key issues.

NOTED

32. ORGAN DONATION COMMITTEE

The minutes of the meeting of the Organ Donation Committee held on 17 March 2009 were received, together with a summary paper highlighting key issues.

NOTED

33. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 2 June 2009 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.