

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 June 2009 at 1.30 pm**

P R E S E N T

Prof D H Barlow (in the Chair)

Mrs P Bryson Dr M Kapasi
Dr C Benton Mrs J Murray
Mr R Cleland Mr A Robertson
Councillor Amanda Stewart

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

Dr C Chiang	..	Consultant in Public Health
Mr A Crawford	..	Head of Clinical Governance
Mrs R Crocket	..	Director of Nursing
Mr D McLure	..	Senior Administrator
Dr M A Roberts	..	Associate Medical Director, Rehabilitation & Assessment Directorate (Minute 37)
Mr T Walsh	..	Infection Control Manager

ACTION BY

34. APOLOGIES

Apologies for absence were intimated on behalf of Dr B N Cowan, Dr J Dickson and Mrs E Smith.

35. MINUTES

The Minutes of the meeting held on 7 April 2009 were approved.

36. MATTERS ARISING FROM MINUTES

Infection Control Update

Further to Minute 24, Mr Walsh confirmed that the section of the Infection Control Plan for 2009/10 relating to Patient Focus and Public Involvement had been referred to the Board's Involving People Committee.

NOTED

37. CLINICAL GOVERNANCE IN REHABILITATION AND ASSESSMENT DIRECTORATE - UPDATE

Dr Roberts gave a detailed presentation updating the Committee on Clinical Governance within the Rehabilitation and Assessment Directorate, and submitted the Clinical Governance Workplan for 2009. She outlined the wide range of services within the Directorate and the major areas covered by the Clinical Governance agenda which were:- Patient Safety, Monitoring Acute Services Policies, Review of Clinical Incidents, Review of Complaints and Clinical Effectiveness.

She highlighted two major areas of policy implementation (Hospital Falls Policy and Hospital Acquired Infection) and showed the success of the clinical governance agenda in the impact on patients. With regard to the number of falls, most recently available statistics revealed a steady reduction over the period April to December 2008. In Hospital Acquired Infection, there had been monthly improvements in Hand Hygiene compliance, reduction in Clostridium Difficile rates and new MRSA cases.

In terms of Clinical Incidents, the most significant within the Directorate concerned medication (administration accounting for 45%; prescribing for 30%) and wandering patients. Information on Clinical Incidents was now being captured electronically on the Datix system, and action plans produced followed every significant clinical incident. Regular leadership walkabouts had proved advantageous in highlighting issues and bringing about resolutions.

Dr Roberts drew attention to three main areas featuring in complaints:- Communication/Attitudes, Content of the Patient's Day and the Westmarc Service. The high level of complaints relating to Westmarc had been addressed and, as a result of the introduction of new systems, the number of complaints had fallen very significantly. She then highlighted three aspects of the Clinical Effectiveness programme:- Monitoring of Standards (such as participation in the national audit of stroke), the Liverpool Care Pathway and the auditing of Antimicrobial Prescribing.

Challenges for the year ahead included the maintenance of standards achieved, taking forward a multiplicity of initiatives, targeting quality improvements and further development of work on medication errors. Collaboration continued with other Directorates in terms of reducing clinical risk in procedures for transferring patients. Interface with CH(C)Ps was well developed and there was ongoing work with Partnerships and the Private Sector to develop their reporting mechanisms.

DECIDED:-

That the presentation illustrated satisfactory progress in Clinical Governance within the Rehabilitation and Assessment Directorate.

38. CLINICAL INCIDENTS AND FAI REVIEWS

Mr Crawford presented a written summary updating the Committee on Clinical Incidents and FAI Reviews. He commented on the situation regarding current cases. He reported that two further FAIs had now been intimated, and outlined a recent significant clinical incident which would be reported on further at the next meeting.

NOTED

39. INFECTION CONTROL UPDATE

Mr Walsh presented the June 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.

Mr Walsh commented on two areas with figures below the national average. Hand Hygiene compliance had fallen to 88% against the national target of 90%. This had been the result of a very low score in one ward audited. Intervention had taken place and the ward subsequently re-audited which now put NHSGG&C's compliance back up above 90%. With regard to Surgical Site Infection, he had reason to believe that there was a problem with the level of completion of forms. Action to improve compliance in form filling by local teams was being addressed.

Mr WALSH

Dr Chiang raised concern at the rate of infection following Caesarean sections being higher in NHSGG&C than the Scottish average. Mrs Crocket felt that this was a reflection of the comparative complexities of the cases Greater Glasgow and Clyde were dealing with.

DECIDED:-

That the June 2009 HAI Monitoring Report be noted.

40. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

Mr Crawford presented a paper updating the Committee on SPSP implementation within NHS Greater Glasgow and Clyde as at mid-May 2009, giving progress and highlighting issues relating to Phase One Front Pilot Line Teams, Progress against the SPSP Assessment Scale, the Spread Plan, Measurement Strategy, Learning Collaborative and Feedback on NHSGG&C progress. Overall good progress was being made.

Mr Crawford sought members' perspectives on future reporting on SPSP data to the Committee. A wide-ranging discussion took place. Mr Cleland commented that the discussion on this item suggested that the Committee, at all times, should consider the balance between its governance role as set out in its remit and the tendency to become involved in detail driven by interest rather than governance..

MEMBERS

DECIDED:-

1. That the SPSP implementation update report as at mid-May 2009 be noted.
2. That the Committee should keep under review, and discuss at six-monthly intervals, the approach that should be taken to the level of SPSP data being reported and the extent of consideration of the detail.

MEMBERS

41. CLINICAL GOVERNANCE ANNUAL REPORTS

Mr Crawford submitted a draft Clinical Governance Annual Report for 2008/9. He explained that not all Directorates had met the deadline for submission of individual reports. He indicated that corporate reports had been based on the financial year while local reports had been based on the calendar year as agreed.

He sought agreement that any comments from members should be submitted to him by Friday 12 June 2009, after which he would produce the final version.

Mr CRAWFORD

DECIDED:-

1. That members should submit comments to Mr Crawford on the draft report by Friday 12 June 2009.
2. That members give conditional approval to the draft report.
3. That the concern of members should be expressed about the non-compliance by some Directorates with the deadlines for submission of their reports.

MEMBERS

Mr CRAWFORD
Mr CRAWFORD

42. CLINICAL GOVERNANCE STRATEGY AND FRAMEWORK

Mr Crawford submitted a Clinical Governance Strategy and Framework document which had been produced following a review and consultation exercise that had been carried out recently. He pointed out the areas of the document that had been strengthened as a result of the consultation process. However, since the document had been completed there had been intimation that the Cabinet Secretary would be announcing the National Quality Improvement Strategy for NHS Scotland. It was appropriate that this was awaited to ascertain whether there were issues to be taken into account that should also be addressed in the Board's document.

DECIDED:-

1. That the document should include reference to the Infection Control, Organ Donation and Reference Committees as reporting to the Clinical Governance Committee.
2. That a decision on the document should be deferred until Mr Crawford reported back further.

Mr CRAWFORD

Mr CRAWFORD

43. CLINICAL GOVERNANCE DEVELOPMENT PLAN

Mr Crawford submitted a Clinical Governance Development Plan for 2009/10 for consideration. The intention to provide the Committee with six-monthly progress reports was re-confirmed.

DECIDED:-

That the document be approved, subject to (i) the inclusion of a glossary of terms abbreviated throughout the text and (ii) a larger print size.

Mr CRAWFORD

44. CLINICAL GOVERNANCE COMMITTEE AGENDA FORWARD PLAN

Mr Crawford submitted a proposed agenda forward plan to the end of 2010 for consideration. Subsequent to its preparation it had been agreed that a report covering Clinical Governance in Research would be given at the meeting on 1 December 2009.

DECIDED:-

That the forward plan be approved, subject to the inclusion of the submission of Hospital Acquired Infection bi-monthly reports.

Mr CRAWFORD

45. NHSQIS CLINICAL GOVERNANCE AND RISK MANAGEMENT STANDARDS

Mr Crawford advised that internal self assessment work was currently taking place against the NHSQIS Clinical Governance and Risk Management Standards. There were ongoing concerns regarding the way NHSQIS was now applying the assessment scale. This had been highlighted by informal feedback regarding the outcome of the recent Self Assessment and Peer Review exercise in NHS Borders. This had potential implications for NHSGG&C's score.

NOTED

46. STATEMENT OF ASSURANCE ON CLINICAL GOVERNANCE ARRANGEMENTS

Mr Crawford submitted a proposed Statement of Assurance on Clinical Governance Arrangements for Clinical Services within NHS Greater Glasgow and Clyde 2008/9 which was required for the Board's Audit Committee.

DECIDED:-

That the Statement of Assurance be approved and signed by Professor Barlow and Dr Cowan.

**Prof BARLOW
Dr COWAN
Mr CRAWFORD**

47. 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 January to March 2009, together with information on action taken. He drew attention to the identification of consent as one of the key issues identified in the report as being at the root of complaints. He referred to reports on audits of Consent that had been submitted to the Clinical Governance Implementation Group at its meeting on 12 May 2009 that had revealed that consent mechanisms were working well within Greater Glasgow and Clyde.

DECIDED:-

That the Ombudsman quarterly report be noted.

48. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 11 May 2009 were received, together with a summary paper highlighting key issues.

NOTED

49. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 12 May 2009 were received, together with a summary paper highlighting key issues.

NOTED

50. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 25 February 2009 were received, together with a summary paper highlighting key issues.

NOTED

51. CLINICAL GOVERNANCE SUPPORT UNIT

Mr Crawford advised that the Clinical Governance Support Unit was being required to identify savings of 15% by the end of next year due to Board financial stringencies. This came at a time when the Patient Safety agenda was increasing. It was therefore necessary for a re-assessment of all aspects of work being carried out by the Unit. He would report back to the Committee on proposals as to the service that could continue to be provided in the light of Clinical Governance requirements but taking into account the financial savings being imposed.

Mr CRAWFORD

NOTED

52. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 4 August 2009 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.