(CGC)(M)09/4
Minutes: 53 – 66

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 4 August 2009 at 1.30 pm

P R E S E N T

Prof D H Barlow (in the Chair)

Mrs P Bryson
Dr C Benton
Mr R Cleland
Mr B Williamson

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

Dr S Ahmed	..	Consultant in Public Health (Minute 57)
Dr B N Cowan	..	Medical Director
Dr J Dickson	..	Associate Medical Director, Clyde
Mrs R Crocket	..	Director of Nursing
Ms J Grant	..	Chief Operating Officer, Acute Services Division
Mr D McLure	..	Senior Administrator
Ms M Patterson	..	Audit Scotland
Mr T Walsh	..	Infection Control Manager

ACTION BY

53. APOLOGIES

Apologies for absence were intimated on behalf of Dr C Chiang, Mr A Crawford, Dr M Kapasi, Mrs J Murray, Mr A Robertson, Mr D Sime, Mrs E Smith and Councillor Amanda Stewart.

54. MINUTES

The Minutes of the meeting held on 2 June 2009 were approved.

55. MATTERS ARISING FROM MINUTES

Infection Control Update

Further to Minute 39, Professor Barlow intimated that Dr Chiang had expressed concerns at the 4% rate of new mothers with infection of caesarean section wounds which was a considerably higher infection rate than any of the other surgical procedures within the report. Given the impact of wound infection on the ability of new mothers to cope with caring for their infants, she was anxious that action be taken within NHSGG&C to reduce this infection rate.

DECIDED:-

That Dr Chiang's comments be referred to Mrs Crocket, Board Nurse Director. **Mrs CROCKET**

Clinical Governance Annual Reports

Further to Minute 41, Mr Crawford advised that all Directorate Clinical Governance reports had been received and a final corporate version produced.

NOTED

Clinical Governance Strategy and Framework

Further to Minute 42, Mr Crawford advised that the publication of the National Quality Improvement Strategy for NHS Scotland was still awaited.

NOTED

Clinical Governance Development Plan

Further to minute 43, Mr Crawford reported that the Clinical Governance Development Plan had now been published.

NOTED

56. CLINICAL INCIDENTS AND FAI REVIEWS

Dr Dickson presented a written summary updating the Committee on Clinical Incidents and FAI Reviews. He commented on the situation regarding current cases, several of which now had dates for FAIs. He reported that intention to hold a further FAI had now been intimated. He also outlined a recent significant clinical incident which would be reported on further at the next meeting.

Mr Cleland felt that there was a need for timescales to be included in the "further action required" column of the summary document.

DECIDED:-

1. That Dr Dickson's report be noted.
2. That timescales should be added to the "further action required" column of future summary documents. **Dr DICKSON**

57. FLU PANDEMIC UPDATE

Dr Ahmed referred to the presentation on the current global and local epidemiology regarding the H1N1 virus which he had given earlier in the day to the Board members' seminar which had been attended by most members of the Committee. With written copies of the presentation also being circulated to members of the Committee, he suggested that it was unnecessary to repeat the presentation but invited any further comments or questions.

In discussion, the following points arose:-

- As the progress of the H1N1 virus was unpredictable, the approach being followed in NHSGG&C was to plan for the possibility of a major outbreak. This was in line with all advice being received.
- Decisions at Board level relating to the H1N1 virus were subject to discussion with the Scottish Government and their agreement.
- The Acute Services Division had developed detailed plans for critical care in the event of a pandemic.

- Decisions would have to be taken when elective work should be run down and ITU training expanded for staff and ITU capacity increased.
- The Board's H1N1 vaccination plan would have to be delivered to the Scottish Government by 20 August 2009. The vaccination programme would have a major impact on Primary Care.

NOTED

58. INFECTION CONTROL UPDATE

Dr Cowan submitted the August 2009 Hospital Acquired Infection (HAI) Monitoring Report which would be part of the agenda of the NHSGG&C Board meeting on 18 August 2009. He drew particular attention to the following points from the report:-

- The incidence of C.diff in NHSGG&C was substantially less than the Scottish average. Given that NHSGG&C represented such a substantial proportion of the Scottish population, our good performance was reducing the national average.
- The significant improvement in Hand Hygiene rates for doctors in NHSGG&C was continuing and was now virtually at the current national rate.
- The implementation of the Antimicrobial policy was proving successful, with high compliance and a major impact on C.diff infection rates.

In considering progress in surgical site infection rates it was noted that the Health Directorate's recommendation to Health Boards was to monitor four sites, three of which related to orthopaedic procedures with very low infection rates around one percent. Since many of the other surgical specialties had infection rates well above this, for example five to ten percent in GI Surgery, it was suggested that a change in the sites to be monitored was appropriate and in the patients' best interests. Dr Cowan felt that the usefulness of current monitoring of infection rates had now run its course and that the focus should now be on other surgical specialities. Mr Walsh indicated that he would approach Health Protection Scotland with this proposal. He would also explore the carrying out of a local survey within the Surgical and Anaesthetics Directorate by the Infection Control surveillance team.

Mr WALSH
Mr WALSH

NOTED

59. 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-July 2009. Overall, good progress continued to be made. He drew particular attention to the following:-

- Regarding progress against the SPSP assessment scale, the underlying position for Phase 1 had been agreed with SPSP appointed advisors to have reached level 2. The Board was still seeking to demonstrate data confirming sustained improvement in reliability in the peri-oprative workstream which would allow NHSGG&C to progress to the next point in the scale.
- With regard to the spread plan, 60 further teams had been identified. Once training of team members had been completed the teams would be working as part of the third three of implementation.
- A further site visit by SPSP national staff had been requested. Provisional arrangements were being made for this to take place early in November 2009.

- The Cabinet Secretary would be visiting the ITU at Glasgow Royal Infirmary on 15 September 2009 with regard to the SPSP programme.

NOTED

60. NHSQIS CLINICAL GOVERNANCE AND RISK MANAGEMENT STANDARDS – PEER REVIEW UPDATE

Dr Cowan submitted a paper summarising the key messages arising from the NHSQIS analysts' report on NHSGG&C's self assessment exercise and the ongoing work in responding in advance of the peer review which would take place over 15 and 16 September 2009. The paper detailed the Board's self assessed scores for each section of the three standards with those of the analysts.

Dr Cowan re-iterated the concerns, previously intimated to the Committee and the Board, that changes made by NHSQIS to the self-assessment framework represented a fundamental shift in the process. This was a widely shared view among Health Board's in Scotland, but had been denied by NHSQIS. The analysts' scoring of performance confirmed the Board's perception and, should this be repeated in the peer review, would result is the Board attaining a score of 6. This would be similar to that obtained at the last review in 2006 and would indicate that no progress had been made since then.

The Board was required to respond to the analysts' report within seven days. Thereafter the outcome of the peer review meetings in September would be awaited.

NOTED

61. REPORT ON APPRAISALS FOR DOCTORS

Dr Cowan presented a comprehensive briefing on the requirements surrounding the assessment and appraisal for doctors and the method of carrying out appraisals. The Board had only recently received the Scottish Government Health Directorates' National Overview for 2008 of the Scotland-wide assessment and appraisal for doctors. Copies of the Overview, together with NHSGG&C's report, the Scottish Government analysis of Health Board reports and the Chief Medical Officers response, had been provided to members of the Committee.

Dr Cowan drew attention to the overall performance of NHSGG&C for 2008 which, for Consultants, was 84%. Only one other Health Board in Scotland had a higher score, with others being significantly lower. It was noted that only 8 of the 14 Health Boards in Scotland had submitted reports to the Scottish Government. In assessing the overall state of appraisal in Scotland, with particular reference to individual Board's performance in 2008, the Scottish Government Health Directorates had stated that NHSGG&C was among a small group of Boards with the most mature and well-managed systems.

The Chief Medical Officer had now written to Health Boards seeking submission of annual appraisal reports for 2009 which was now being prepared for NHSGG&C. It was noted that discussions were taking place nationally with NHSQIS regarding appropriate external quality assurance of appraisal schemes.

Dr Cowan advised that he had written out to all Consultants within NHSGG&C making it clear that participation on annual appraisal was essential and that failure to do so would jeopardise their GMC license to practice. Currently appraisal was form-based, but it was hoped by 2010 to be operating an "on-line" system.

NOTED

62. CONTROLLED DRUGS REPORT

Dr McKean had submitted a quarterly occurrence report to the Committee in respect of Controlled Drugs covering the period April to June 2009.

NOTED

63. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 13 July 2009 were received, together with a summary paper highlighting key issues.

Mr Walsh understood that a Hospital Associated Infection (HAI) Inspectorate visit to NHSGG&C would take place at the end of September 2009. Details were awaited. It was understood that each Acute Hospital would receive a planned visit every three years. Planned visits were subject to 7 days' formal notice. Unplanned visits were subject to only one hours' notice.

NOTED

64. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 29 April 2009 were received, together with a summary paper highlighting key issues.

NOTED

65. MINUTES OF ORGAN DONATION COMMITTEE

The minutes of the meeting of the Organ Donation Committee held on 16 June 2009 were received, together with a summary paper highlighting key issues.

NOTED

66. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 6 October 2009 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.

ADDENDUM TO MINUTES

At the meeting of the Committee on 2 June 2009, quarterly occurrence reports in respect of Controlled Drugs covering the periods October to December 2008 and January to March 2009 were submitted by Dr McKean. These were noted. This item was inadvertently omitted from the minutes of the meeting of 2 June 2009.