

GREATER GLASGOW NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow Health and Clinical Governance Committee
held in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 0YZ
on Tuesday, 6 May 2003 at 2.00 pm**

P R E S E N T

Dr H Burns (in the Chair)

Mrs H Brooke Mrs A Stewart MBE
Mrs P Bryson Mr R Winter

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

Dr W G Anderson .. Medical Director, North Glasgow University Hospitals NHS Trust
Prof Sir John Arbuthnott .. Chairman, Greater Glasgow NHS Board
Dr B N Cowan .. Medical Director, South Glasgow University Hospitals NHS Trust
Mr M Jamieson .. Medical Director, Yorkhill NHS Trust
Mr D J McLure .. Senior Administrator, Area Clinical Effectiveness Office
Miss M C Smith .. Director of Nursing, North Glasgow University Hospitals NHS Trust
Dr I W Wallace .. Medical Director, Primary Care NHS Trust

ACTION BY

13. APOLOGIES

Apologies for absence were intimated on behalf of Mr R Calderwood (Chief Executive, South Glasgow University Hospitals NHS Trust), Mr T P Davison (Chief Executive, North Glasgow University Hospitals NHS Trust), Professor M Farthing, Professor L Gunn, Miss M Henderson (Director of Nursing, South Glasgow University Hospitals NHS Trust), Miss B Townsend (Director of Nursing, Yorkhill NHS Trust).

14. MINUTES

The Minutes of the meeting held on 28 January 2003 were approved as an accurate record.

15. CLINICAL GOVERNANCE IN THE PRIVATE SECTOR

A response had been received from the Care Commission to the report of the survey on clinical governance policy and practice in private institutions that the Committee had sent together with a number of concerns highlighted. The response outlined the Commission's perspective and action currently being taken.

NOTED

16. CLINICAL GOVERNANCE STRATEGY

Dr Burns sought clarification on the recommendation made at the last meeting that quality improvement linked to patient/public partnership should be highlighted in the priorities and action section of the Clinical Governance Strategy document.

The Committee's attention was drawn to the recent setting up by the Board of a Public Involvement Network Management Committee, whose chairman was Mr Peter Hamilton (Board Member). Dr Burns recommended that the issue of quality improvement be referred to that Committee for a patient/public partnership perspective, with a view to including this in the Clinical Governance Strategy.

DECIDED:-

That Mr Hamilton would be approached about seeking a perspective on the issue of quality improvement from the Public Involvement Network Management Committee.

SECRETARY

17. RISK MANAGEMENT AND HANDLING OF SERIOUS CLINICAL INCIDENTS

Dr Burns reported that the Greater Glasgow NHS Board Risk Management Strategy document was due for review. In the light of the recommendation at the last meeting of the Committee that there should be a single document for the whole of Glasgow, the opportunity existed for the concept of a pan-Glasgow strategy document to be considered.

DECIDED:-

That it be recommended to the Board that there should be a single policy document for the whole of Glasgow that would set out common strategic principles for risk management and the handling of serious clinical incidents, but with flexibility for operational policies to be adopted as appropriate to each Trust.

SECRETARY

18. FATAL ACCIDENT ENQUIRY: SUDDEN DEATH FROM EPILEPSY

The Scottish Executive Health Department had distributed widely a letter drawing attention to the recent findings of a sheriff following a Fatal Accident Inquiry into a sudden death due to epilepsy of a 17-year-old girl. The findings had implications for both primary and secondary care; the underlying issue concerned communication in the care of patients. The sheriff had concluded that each general practice should carry out an audit to ascertain if the level of care given to epilepsy sufferers was reasonable and whether it would be cost effective to establish an epilepsy clinic. He had also recommended the preparation of joint care or treatment plans for patients suffering from epilepsy, in line with the SIGN guidelines on epilepsy.

DECIDED:-

That Dr Wallace, Medical Director, Primary Care Trust, should convene a working group drawn from each Trust to address the issues in the sheriff's recommendations to ensure a co-ordinated approach involving both primary and secondary care sectors.

Dr WALLACE

19. SCOTTISH TRAUMA AUDIT GROUP (STAG) – REPORT 2002

A report was received from the Area Clinical Effectiveness Committee (ACEC) on the 2002 findings of the STAG national audit. Dr Burns explained that this audit had been running since 1991, in which Glasgow had fully participated. From Glasgow

Audit funds, two nurses had been employed full-time (in North and South Glasgow Trusts) in carrying out the data collection for the audit. ACEC had considered the figures for Glasgow each year and had taken up issues arising from these reports with local clinicians, as appropriate. Subsequent reports had revealed that Glasgow's figures had moved towards the national norms. CRAG had decided to discontinue the audit. The Health Board had been requested by ISD to retain the two audit nurses pending a decision on the next audit.

Co-incidentally, ACEC had been concerned that Glasgow currently was not participating in the national hip fracture audit, due to the lack of available resources in the North and South Trusts. This was a particularly important area, with figures showing that hip fracture had the highest mortality rate in Orthopaedics. Revised submissions had recently been received from the Trusts indicating that the cost of participation would be around £22,000 a year per Trust for three years, involving the employment of E grade nurses. As it was understood that a role had not yet been found for the two STAG audit nurses in Glasgow, and that the funding for them was similar to the cost of the proposed hip fracture audit, Dr Burns proposed that the possibility of them being allocated to the hip fracture audit should be explored.

DECIDED:-

1. That the proposal to re-deploy the STAG audit nurses to allow the hip fracture audit to commence in Glasgow should be pursued.
2. That Health Board should be alerted to the ongoing problem of the lack of available monies to fund important new audit projects, and the need for this to be addressed.
3. That it be recommended that the data from the STAG audit should be used in the future against which the performance of the new the new two Accident and Emergency Department could be measured.

**Dr BURNS
SECRETARY**

Dr BURNS

Dr BURNS

20. WEST OF SCOTLAND MANAGED CLINICAL NETWORKS REPORTS FOR 2002 – COLORECTAL AND GYNAECOLOGICAL CANCERS

Dr Burns commented on the reports for 2002 of the newly set-up West of Scotland Managed Clinical Networks (MCN) for Colorectal and Gynaecology Cancers.

With regard to Colorectal Cancer, there was data in the 2002 report indicating variation in outcomes within the West of Scotland hospitals. However, it would only be when the second year's figures were available that any statistical conclusions could be reached and action taken should a Trust have consistently poorer figures. Action would firstly involve discussions with the MCN Lead Clinician, and then with the clinicians concerned. Only, thereafter, would it be considered appropriate for managers to be involved.

With regard to Gynaecology Cancer, the 2002 report did not appear to indicate any matter for concern. This could be a reflection of the fact that the numbers of cancers were much lower than for colorectal, and that the clinicians involved had been participating in discussions prior to the setting up of the MCN.

Several members expressed concern that clinicians involved in the MCNs were not receiving comparative information on the figures relating to them.

DECIDED:-

1. That the reports of the Managed Clinical Networks for Colorectal and Gynaecology Cancers for 2002 be noted.
2. That it be recommended that participating clinicians should receive comparative information on figures relating to them.

Dr BURNS

21. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

Minutes of meetings of the Primary Care, North Glasgow, South Glasgow and Yorkhill Trust Clinical Governance Committees, submitted since the last meeting, were received.

NOTED

22. MINUTES OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meeting of the Area Clinical Effectiveness Committee held on 17 February 2003 were received.

NOTED

23. MINUTES OF AREA CONTROL OF INFECTION COMMITTEE

The Minutes of the Area Control of Infection Committee held on 24 March 2003 were received.

In response to an enquiry regarding Severe Acute Respiratory Syndrome (SARS), Dr Burns confirmed that no cases had been confirmed in Scotland. Glasgow had protocols in place and all doctors in Glasgow had been informed of them.

NOTED

24. APPRAISALS OF GREATER GLASGOW NHS BOARD CONSULTANTS IN PUBLIC HEALTH

Dr Burns reported that the process of appraising all Consultants in Public Health employed by Greater Glasgow NHS Board was almost complete. The completed appraisal forms would now be passed to the Chief Executive.

Dr BURNS

NOTED

25. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 29 July 2003 at 2pm in Greater Glasgow NHS Board, Dailan House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.50pm