

GGNHSB(HCGC)(M)03/3
Minutes: 26-39

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, 29 July 2003 at 2.00 pm**

P R E S E N T

Professor M Farthing (in the Chair)

Mrs H Brooke Councillor D Collins
Mrs P Bryson Mr I J Irvine

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

Prof Sir John Arbuthnott .. Chairman, Greater Glasgow NHS Board
Dr B N Cowan .. Medical Director, South Glasgow University Hospitals NHS Trust
Mrs R Crocket .. Director of Nursing, Primary Care NHS Trust
Mr M P G Jamieson .. Medical Director, Yorkhill NHS Trust
Miss M Henderson .. Director of Nursing, South Glasgow University Hospitals 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
Miss B Townsend .. Director of Nursing, Yorkhill NHS Trust
Dr I W Wallace .. Medical Director, Primary Care NHS Trust

ACTION BY

26. APOLOGIES

Apologies for absence were intimated on behalf of Dr W G Anderson (Medical Director, North Glasgow University Hospitals NHS Trust), Dr H Burns (Director of Public Health), Mr T P Davison (Chief Executive, North Glasgow University Hospitals NHS Trust), Mr T A Divers (Chief Executive), Professor L Gunn, Mrs M Whitehead, Mr R Winter.

27. MINUTES

The Minutes of the meeting held on 6 May 2003 were approved as an accurate record.

28. CLINICAL GOVERNANCE STRATEGY

Further to Minute 16, a perspective on the issue of quality improvement had been sought from the Health Board's Public Involvement Network Management Committee. Once this was obtained, work could proceed on redrafting the Clinical Governance Strategy.

NOTED

29. RISK MANAGEMENT AND HANDLING OF SERIOUS CLINICAL INCIDENTS

Further to Minute 17, the recommendation that there should be a single policy document for the whole of Glasgow, with flexibility for operational policies to be adopted as appropriate to each Trust, had been submitted to the Health Board department responsible for reviewing the current Greater Glasgow NHS Board Risk Management Strategy. A response was awaited.

Councillor Collins considered that it was unsatisfactory that no response was yet available.

DECIDED:-

1. That it be ensured that a response was available for the next meeting.
2. That, as a matter of principle, responses to issues raised by the Committee at a meeting should be required for inclusion in the agenda of the following meeting.

SECRETARY

30. FATAL ACCIDENT INQUIRY: SUDDEN DEATH FROM EPILEPSY

Further to Minute 18, Dr Wallace reported that Health Board's Epilepsy Planning and Implementation Group had agreed to address the Primary and Secondary Care interface issues that had been highlighted in the sheriff's determination. Furthermore, through the introduction of the Chronic Disease Management Programme in Primary Care an audit of Epilepsy management would be carried out.

NOTED

31. SCOTTISH TRAUMA AUDIT GROUP (STAG)

Further to Minute 19, the Director of Information, Information Services Division, had approved the re-deployment of the two nurses from the discontinued STAG project in North and South Glasgow Trusts to the Hip Fracture Audit. The arrangement was initially for one year.

NOTED

32. WEST OF SCOTLAND MANAGED CLINICAL NETWORKS REPORTS FOR 2002

Further to Minute 20, a response had been received from Dr J A Davis, Lead Clinician, Managed Clinical Network (MCN) for Gynaecological Cancer, to the Committee's recommendation that participating clinicians should receive comparative information on figures relating to them. Dr Davis had explained that data currently submitted to the MCN was on the basis that it would be anonymised.

The MCN was willing to send to Trust Clinical Governance Committees details for all clinicians performing surgery on ovarian cancer within their hospitals, with the data labelled anonymously in order that the consultants' names were not identified. It would then be for the Lead Clinician in the hospitals, in conjunction with the Trust Chief Executive, to decide how the information was used. It was likely that individual consultants would recognise their work patterns from the data provided.

ACTION BY

A response was awaited from the Lead Clinician for Colorectal Cancer. This would be pursued.

SECRETARY

NOTED

33. ANNUAL REPORT OF AREA CLINICAL EFFECTIVENESS OFFICE

The report of the Area Clinical Effectiveness Office for the year 2002/3 was discussed. The Area Clinical Effectiveness Committee had highlighted the issue of falling post-mortem rates which was being addressed by one of the audits outlined in the report. It was understood that post-mortem rates had been falling generally, and there were issues surrounding a significant decline in public confidence in post-mortems. This was a national problem. Consequently, clinical staff were finding difficulties in raising the subject of post mortem examinations with bereaved parents. These problems required to be addressed with staff, as did the need to raise public confidence. It was understood that NHS Quality Improvement Scotland had now produced standards with accompanying new post mortem forms.

While it was acknowledged that the report was well presented and represented a wide range of work, there were a number of points raised by members, including the absence of timescales for the duration of projects and their projected completion dates, and the lack of any indication how the projects related to current Health Board strategies and policies. It was felt that the work of the Area Clinical Effectiveness Office should be better co-ordinated with work being directed by Planning and Implementation Groups and that there required to be a rolling programme of audit and re-audit decided by the Area Clinical Effectiveness Committee.

DECIDED:-

1. That at the next meeting the Committee should receive information on the background to the Area Clinical Effectiveness Office and its role, the resources involved and the process whereby the work of the Office was currently decided.
2. That at the next meeting there be discussion with the chairman of the Area Clinical Effectiveness Committee on the drawing up of a strategic plan of audit work and the resource implications involved.

**Dr BURNS
SECRETARY**

Dr BURNS

34. ANNUAL REPORT OF GREATER GLASGOW HEALTH AND CLINICAL GOVERNANCE COMMITTEE

The Health Board's Audit Committee had requested, at the end of June, that an annual report be prepared for submission to the July Board meeting on behalf of the Health and Clinical Governance Committee. A report had been prepared at short notice, and viewed by Professor Farthing and Dr Burns, before submission.

There was discussion on the format and content of future annual reports. It was felt that these should reflect work being carried out at both pan-Glasgow and Trust levels and should be presented in terms of main themes, eg risk management, linked to the Health Board's clinical governance strategy. In order to ensure that future reports comprehensively reflected the range of activity throughout Glasgow, it was proposed that discussions should take place with Trust Clinical Governance Committees about constructing a template which would be the framework for the reporting of activity out of which the annual report would be compiled.

DECIDED:-

That a draft template be drawn up, in consultation with Trust Clinical Governance Committees, the content of which would be for discussion at the next meeting.

**PROF FARTHING
SECRETARY**

35. MINUTES OF MEETINGS OF TRUST CLINICAL GOVERNANCE COMMITTEES

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

NOTED

36. MINUTES OF MEETINGS OF AREA CLINICAL EFFECTIVENESS COMMITTEE

The Minutes of the meetings of the Area Clinical Effectiveness Committee (ACEC) held on 29 April and 16 July 2003 were received.

It was noted that a significant part of the current agenda of ACEC was discussing new SIGN Guidelines and their implementation within Glasgow. There were also guideline implementation processes in the Trusts, which included considering whether individual guidelines were appropriate for local implementation. The Health Board's Planning Implementation Groups were a further forum for SIGN Guidelines discussion.

Professor Farthing raised questions as to the existence of mechanisms for ensuring the initial implementation of guidelines and the subsequent auditing of the implementation. It was recognised that to fully carry out this process throughout Glasgow, there were major resource implications which would have to be addressed by the Health Board.

DECIDED:-

That the Area Clinical Effectiveness Committee be asked to provide perspectives on the current SIGN Guidelines implementation process throughout Glasgow, the auditing of their implementation and the resource implications of ensuring the adequate achievement of these processes.

SECRETARY

37. MINUTES OF MEETING OF AREA CONTROL OF INFECTION COMMITTEE

The Minutes of the meeting of the Area Control of Infection Committee held on 16 June 2003 were received.

38. PROFESSOR FARTHING

As this would be the last meeting before Professor Farthing took up post as Principal of St George's Hospital Medical School, London, Professor Sir John Arbuthnott thanked him, on behalf of the Committee, for his work as chairman and wished him well in his new sphere of activity.

39. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 28 October 2003 at 2pm in Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow.

The meeting ended at 3.10pm