

Lanarkshire NHS Board

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MEETING OF CLINICAL GOVERNANCE COMMITTEE HELD ON MONDAY 19TH APRIL 2010 AT 1.30PM IN THE BOARD ROOM OF THE NHS BOARD OFFICES, 14 BECKFORD STREET, HAMILTON

PRESENT: Mrs M Nelson, Non Executive Director (Chair)
Mrs N Mahal, Non Executive Director
Mr D Clark, Non Executive Director
Mrs A Armstrong, Non Executive Director

IN

ATTENDANCE: Mr P Wilson, OBE, Director for Nurses, Midwives, and The Allied Health Professions
Dr H S Kohli, Director of Public Health and Health Policy
Mr J A Anning, Non Executive Director
Mrs P Milliken, Head of Clinical Governance and Risk Management
Dr C Macintosh, Associate Medical Director, Primary Care and Community
Mr C Sloey, Director, North Lanarkshire Community Health Partnership (for item 1)
Mr N J Agnew, Board Secretary, Corporate Affairs Manager

APOLOGIES: Mr P K Corsar, NHS Board Chair
Dr A Graham, Medical Director
Mr K A Small, Director of Organisational Development
Mrs C McGhee, Corporate Risk Manager

1. **NHS QIS – TACKLING INDIFFERENCE – HEALTH CARE SERVICES FOR PEOPLE WITH LEARNING DISABILITY – NATIONAL OVERVIEW REPORT AND LOCAL REPORT** ACTION

The Committee considered a paper highlighting the principal issues for NHS Lanarkshire arising from the NHS QIS National Overview Report and local report.

Mr. Sloey highlighted the principal issues from the paper. He explained that the NHS QIS Review had focussed upon inclusion and partnership working across all tiers of healthcare, and that, in the main, the review had concentrated on acute hospital care, primary care and community services, the educational needs of healthcare staff, transport, health promotion and health improvement, assessment and care planning, care for older people with learning disabilities, palliative care and liaison with learning disability services. He highlighted the three phases of the review process, and explained that each aspect of the standards was measured against four criteria, viz: comprehensively developed, substantially developed; partially developed; scarcely developed.

Mr. Sloey explained that for the 17 Quality Indicator Statements relating to Promoting Health and Wellbeing and Meeting General Healthcare Needs, NHS Lanarkshire services had been assessed as substantially developed in 11 areas and partially developed in 6 areas. He explained, also, that the review process had highlighted a number of local initiatives and areas of good practice, viz: transport – dedicated discharge vehicle and process; hospital services – Acute Learning Disabilities Steering Group and resource packs and ‘going to hospital’ leaflets; and Older Peoples Services – Growing Old with Learning Disabilities (GOLD) Clinics. However, the National Overview Report had highlighted areas where significant improvement was required across all Health Boards, NHS Education for Scotland and Scottish Government. These were:

- Part 5 of the Adults with Incapacity (Scotland) Act (2000) should be fully applied.
- Robust arrangements should be in place to ensure that health services meet their responsibilities to children and adults with learning disabilities under the Disability Equality Duty (DED).
- NHS Scotland should ensure that Primary Care Services are best placed to meet the particular health needs of children and adults with learning disabilities by developing the benefits achieved through the Scottish Enhanced Services Programme for Primary and Community Care.

Mr. Sloey reported that action plans were completed for both the local report and the national overview, and confirmed that the Clinical Governance Committee would be provided with regular updates on progress in delivering the local Action Plan, with the baseline report, the Action Plan and a progress report being brought to the Committee in October 2010.

Mr. Sloey

Mrs. Milliken acknowledged the linkages with the actions for the system arising from the NHS QIS Review of Clinical Governance and Risk Management, and confirmed that the areas for action in relation to healthcare services for people with learning disabilities,

would be included within the overall quality endeavour in Lanarkshire.

Mr. Sloey explained that there were funding issues associated with implementation of the Action Plan, related largely to Wheelchair and Seating Services, due to the increasing numbers of surviving babies with a learning disability, who grew into adulthood and had ongoing equipment needs.

Mrs. Nelson thanked Mr. Sloey for his attendance at the Committee, and for the detailed information provided for members.

THE COMMITTEE:

1. Noted the report on the NHS Lanarkshire response to the NHS QIS National and Local Review Reports.
2. Agreed to receive, in October, an update report, comprising: the baseline report; the Action Plan; and a progress report on the delivery of actions.

2.

MINUTES

The minute of the meeting held on 22nd February 2010 was approved.

It was noted that ‘ Did Not Attends ‘ and the resource implications had been due for consideration at today’s meeting, but would now be considered by the Committee at its next scheduled meeting on Monday 21st June 2010.

3. **MATTERS ARISING**

i) **Improving the nutrition of women of childbearing age, pregnant women and children and under fives in disadvantaged areas**

Mr. Wilson explained that the paper before the Committee would be submitted to the NHS Board on 28th April 2010, and provided: information on breastfeeding rates for the period ending September 2009; information on current actions to improve breastfeeding rates; information on current and future actions to improve the nutrition of women of childbearing age, pregnant women and children less than five years of age in deprived communities.

He drew members' attention to the information within the paper showing performance against the HEAT target for the period ending September 2009. He explained that this showed that breastfeeding rates had remained fairly static between March 2009 and September 2009, and were still falling short of the arithmetic trajectory by 3.3%. This, however, should be viewed within the context that the data was a 12 month rolling average and, therefore, September 2009 covered the period from October 2008, which was 6 months before improvements, such as the introduction of support workers in the Maternity Unit, were introduced to support women to breastfeed. He reported that a number of actions were in place or planned, with the aim of improving breastfeeding performance, including enhanced advice and support in the antenatal period, with the aim of impacting positively on breastfeeding initiation rates.

Consideration was also given to a paper setting out the 2010/2011 Evaluation Timeline against the actions set out in Chief Executive Letter 36 of 2009 on the subject of Maternal Infant Nutrition.

Mrs. Milliken explained that the evaluation timeline showed performance for a number and range of workstreams, and demonstrated the extent of audit, in support of the breastfeeding endeavour.

THE COMMITTEE:

1. Noted the report and the evaluation timeline.
2. Asked to consider a further progress report at its meeting in October 2010

Mr. Wilson

ii) **Scottish Public Services Ombudsman Reports**

Mr. Agnew reported that the completed Action Plan in relation to Scottish Public Services Ombudsman Report Reference 2958 (Clinical), was not yet available for the Committee's consideration, because the completion of some of the final actions remained to be confirmed. He undertook to pursue this matter with Mrs. Welton, towards ensuring that the completed action plan would be available to the Committee at the earliest opportunity.

Mr. Wilson confirmed that an NHS Lanarkshire Procedure for Multiple Fasting had been produced, and he undertook to bring this to the next meeting of the Committee, in June, for consideration. Mr. Wilson

Discussion followed on the extent of information to be provided to the Clinical Governance Committee in relation to Scottish Public Services Ombudsman Investigation Reports, as this had been questioned following the request for sight of the Action Plan in the above case. It was agreed that since this had been a 'one off' request, arising from questions raised by the report, the Committee would revert to receiving a report in relation to each Scottish Public Services Ombudsman investigation, which provided: a synopsis of the circumstances of each case; the Ombudsman's findings, conclusions and recommendations; the actions for NHS Lanarkshire; and confirmation that an Action Plan had been produced, with an indication of the timescale for the completion of all of the actions. Progress in the delivery of Action Plans would be monitored by the Clinical Governance Steering Group.

The discussion also highlighted the need for clarity on which potential 'system failures' would be reported to the Clinical Governance Committee. Whilst all Ombudsman reports were being referred, other significant events, e.g. referrals to the Nursing and Midwifery Council, were not. Mrs. Milliken explained that the work she was undertaking in preparation for the launch of the National Quality Strategy and its implementation in NHS Lanarkshire, included the identification of processes for learning lessons from system failure across a range of issues. She would give this issue further consideration, with particular regard to the role for the Clinical Governance Committee in this area, and would bring further proposals to the Committee in June. Mrs. Milliken

iii) NHS QIS Review of Clinical Governance and Risk Management

The Committee considered the NHS QIS Clinical Governance and Risk Management Peer Review (September 2009) NHS Lanarkshire Action Plan.

Mrs. Milliken highlighted the principal elements of the Action Plan, which addressed the issues for NHS Lanarkshire arising from the review visit in September 2009. She confirmed that progress against the Action Plan was being monitored through a number of mechanisms, including the executive-level Risk Management Steering Group and the NHS Board.

Mr. Wilson reminded members that the proposals for Best Value in relation to NHS Board and Committee working, had been considered and approved by the NHS Board in March, and were now being progressed. He reported that the Director General, Health and Wellbeing and Chief Executive of the NHS in Scotland was taking a

keen personal interest in the development of Governance arrangements locally, as part of a national endeavour to enhance governance across the system. He advised that, as a result, Jan Warner, Director of Programmes at NHS QIS, would undertake a series of visits to local NHS systems. He would confirm the arrangements for the visit to Lanarkshire.

Mr. Wilson

THE COMMITTEE:

1. Noted the NHS QIS CGRM Peer Review Action Plan.
2. Asked to receive further progress reports.

Mrs. Milliken

iv) Medical Workforce

Members noted that an NHS Lanarkshire event on Accident and Emergency Services, to which all Board members had been invited, was scheduled for 10th June 2010. In addition, a Seminar for the NHS Board was scheduled for the afternoon of 23rd June 2010, at which members would give further consideration to the progress of work on Accident and Emergency staffing, including the Action Plan arising from the Postgraduate Medical Education and Training Board and Royal College of Emergency Medicine visits to the Accident and Emergency Department at Monklands Hospital.

Mrs. Milliken reported that a pan-Lanarkshire Clinical Governance Group for emergency services was being established. Further information about the Group's remit would be shared with members.

Mrs. Milliken

v) NHS QIS Food, Fluid and Nutritional Care Review

The Committee considered a report on responding to the NHS QIS

Review of Food, Fluid and Nutritional standards.

Mr. Wilson reminded members that the NHS QIS Review had been undertaken in October 2009, with the subsequent report being considered by the Committee at its meeting in February 2010. He drew members' attention to the Annex to the paper, which provided an Action Plan for 2010/11 against each of the NHS QIS standards. He stressed that the existing work programme for improving Food, Fluid and Nutrition, and further actions that needed to be considered in response to the six monthly reporting by Health Facilities Scotland of food and fluid provision in hospitals, would further inform the Action Plan. He confirmed that this would be subject to further annual revision, the arrangements for which were already well established, in preparation for the next round of assessment by NHS QIS.

The Committee considered a National Catering and Nutritional Services specification: Half Yearly Compliance Report.

Mr. Wilson explained that the paper had been prepared to brief the Committee on the recently published report, which received media exposure, and highlighted NHS Lanarkshire's assessment of 66.2% for therapeutic diet provision. He outlined the background to the issue, and advised that five cooking points (production or regeneration kitchens), were assessed within the NHS Lanarkshire audit. He highlighted the inclusion within the five cooking points of the Strathclyde Suite at Parksprings Nursing Home, which provided NHS residential care under contract to NHS Lanarkshire. He confirmed that as a result of the work undertaken for the NHS QIS Assessment, the need for more dietetic input on therapeutic diet provision was known, and that a dietitian had been employed to undertake this work, which was expected to be completed by September 2010. He advised that the appropriateness of the inclusion of the Strathclyde Suite at Parksprings required further consideration, given that other contracted Nursing Home places were not included in the NHS Lanarkshire audit. He explained that the Board's policy on specifying and monitoring the care provided under contract, relied upon assumptions made about other regulators, particularly the Care Commission, and he confirmed that discussions were being pursued with the Care Commission to clarify with them the requirements they placed upon Nursing Homes with regard to catering and nutrition.

Mr. Wilson acknowledged issues raised in discussion about the imperative of meeting the needs of patients incapable of feeding themselves. He assured members that whilst this specific issue was not included in the coverage of the audit, it was an important focus for consideration within the totality of the food, fluid and nutritional care endeavour, which included improving the volunteer contribution at mealtimes.

THE COMMITTEE:

1. Noted the progress report on responding to the NHS QIS Review of Food, Fluid and Nutrition Standards and the National Catering and Nutritional Services specification; Half Yearly Compliance Report.
2. Asked for further progress reports, including the arrangements through which NHS Lanarkshire would satisfy itself as to the standards of food, fluid and nutritional care for patients within contract beds.

vi) National Healthcare Quality Strategy

The Committee considered a draft Quality Dashboard.

Mrs. Milliken explained that the paper introduced a formative monthly quality dashboard for NHS Lanarkshire. She advised that, if the initial dashboard was agreed, it would be continually refined to provide assurance and reflect performance at a high level across NHS Lanarkshire, against key quality imperatives. She advised that the paper proposed some initial quality imperatives, which could be developed further, and would be influenced by the National Quality Strategy, due for publication imminently. She advised that the quality dashboard and the wider arrangements for the implementation of the National Quality Strategy in NHS Lanarkshire, would be the subject of consideration by the NHS Board at a Seminar on the afternoon of 23rd June 2010.

Discussion highlighted the need for the Board to focus on the priorities in the area of quality, enabling members to understand the principal performance issues across the range of quality measures. It was acknowledged that some measures of quality were complex, and there would be a need, therefore, for the performance measures to be accompanied by a clear narrative which explained the issues and the actions. It was felt that the draft quality dashboard was acute hospital focussed, and it was emphasised that the final dashboard should present a report on the range of quality measures across acute, community and primary care services, including benchmarking information with other NHS Boards, which identified the extent to which NHS Lanarkshire might be an outlier. It was suggested that it would be appropriate for the information, particularly in relation to acute hospital activity, to be adjusted for case-mix, and to reflect the impact of deprivation. It would also be important for the baseline information to be clear and accurate, and the rationale for the inclusion of quality measures should be clearly understood, both locally, and within the wider context of the national quality dashboard.

THE COMMITTEE:

1. Noted and commended the draft Quality Dashboard, and asked that this be developed further to reflect the issues raised in discussion, with the finalised Quality Dashboard being brought to the next meeting of the Committee in June for further consideration.

Mrs. Milliken

vii) Healthcare Environment Inspectorate Report

The Committee received and noted the Healthcare Environment Inspectorate (HEI) post-inspection progress report, lodged with the Healthcare Environment Inspectorate on 24th March 2010. It was noted that the progress of the actions would be taken forward and monitored through the Healthcare Associated Infection Communications Patient Information Sub Group, reporting to the Lanarkshire Control of Infection Committee.

viii) National Clinical Governance Conference

Mrs. Nelson reported that she and Mrs. Milliken had attended the Conference, the programme for which had included:

- Opening by Sir Graham Teasdale, who summarised the range of initiatives in which NHS Boards were involved.
- A keynote speech by the Cabinet Secretary which encompassed the issues of: Healthcare Associated Infection; the Healthcare Environment Inspectorate; the Scottish Patient Safety Programme and its spread to Primary Care and Mental Health; and the imminent launch of the National Quality Strategy.
- A presentation from Professor Phil Hanlon on changes affecting the NHS over the next decade.
- A presentation by Dr. Carol Fraser highlighting the difficulty in implementing change.
- A range of workshops on key issues.

Mrs. Nelson highlighted the fact that the delegate list had included 51 delegates from Lanarkshire. She questioned how many of those delegates had attended, and suggested that it would be appropriate for feedback from delegates to be drawn together to maximise the lessons from the event.

Mrs. Milliken acknowledged the need to ensure that the Quality Dashboard reflected the patient experience, and she confirmed that key information in this regard would be drawn from the implementation of Better Together – The Patient Experience Programme.

4. **PATIENT SAFETY**

Mrs. Milliken reported on the national roll-out of the Heart Failure Workstream, and the local roll-out of the Paediatric Workstream, for which Colin Sloey was the Lead Executive Director and Donna Corrigan was the Lead Clinician.

5. **STRATEGIC CLINICAL RISK REGISTER**

The Committee considered a paper on the review of the Strategic Clinical Risk Register, and the updated Strategic Clinical Risk Register.

Mrs. Milliken highlighted the principal changes to the Risk Register. She also outlined the key risks and the controls in place.

The Clinical Governance Committee: noted the updated Strategic Clinical Risk Register; noted the application of the Risk Register process; noted that the risks were related to the Corporate Objectives, and noted that the risks were overseen by the Executive – level Risk Management Steering Group.

6. **HEALTHCARE ASSOCIATED INFECTION – ACHIEVING THE STAPHYLOCOCCUS AUREUS BACTERAEMIAS HEAT TARGET**

The Committee considered the NHS Lanarkshire SAB Action Plan, submitted on 31st March 2010 to the Scottish Government Health Department.

Members noted the comprehensive nature of the Action Plan, progress against which would be included in the monthly updates on healthcare associated infection considered by the NHS Board.

7. **CLINICAL EFFECTIVENESS**

The Committee considered a Clinical Effectiveness update.

Mrs. Milliken explained that the report was provided to update the Committee on the Clinical Effectiveness function, with a particular focus on the development of the new Clinical Quality function. She explained that the Clinical Governance Committee would receive information setting out achievements during 2009/10 for clinical effectiveness against the clinical effectiveness work programme, as part of the Clinical Governance Annual Report, which would be brought to the next meeting of the Committee. She outlined the principal elements of the development of the clinical quality function, including the proposed workstreams, which would be person-centred.

Discussion highlighted the need to ensure that the prioritisation of work was correct, and was achieving a spread of assurance that high quality care was being delivered across the system.

THE COMMITTEE:

1. Noted the Clinical Effectiveness update, and asked to receive further updates.

8. **HIGHLIGHT REPORTS**

The Committee received and noted Highlight Reports from: the Radiation Safety Committee; the Blood Transfusion Committee; the Pan – Divisional Resuscitation Committee.

9. **MINUTES**

The Committee received and noted minutes of meetings, as follows:

- a) Clinical Governance Steering Group – 2nd February 2010.
- b) Information Governance Committee – 2nd March 2010
- c) Risk Management Steering Group – 8th March 2010 and 12th April 2010.

Members noted the discussion at the 12th April meeting about the new risks identified in relation to Medical Workforce and Vascular Services.

9. **ANY OTHER COMPETENT BUSINESS**

i) **Clinical Governance Committee Workplan**

Mr. Wilson would arrange to meet with Dr. Graham and Dr. Kohli to consider a workplan for the Committee for 2010/2011. The outcome of these discussions would be reported to the Committee at its next meeting in June. Mr. Wilson

10. **DATE OF NEXT MEETING**

Monday 21st June 2010.

11. **ITEMS FOR CONSIDERATION ON MONDAY 21ST JUNE 2010**

- a) Did Not Attend and the resource implications.
- b) Audit Scotland Report on Orthopaedics
- c) Audit Scotland Report on Waiting Times
- d) Mid-Staffordshire NHS Trust – to consider the NHS Lanarkshire response to the issues raised in correspondence of 26th March 2010 from the Director General, Health and Wellbeing, and Chief Executive of the NHS in Scotland.