

Meeting of:
Lanarkshire NHS Board
27 January 2010

Lanarkshire NHS Board
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SUBJECT: CLINICAL GOVERNANCE

1. PURPOSE

This purpose of this paper is to provide a progress report to Lanarkshire NHS Board on quality assurance, with a focus on Clinical Effectiveness and Research and Development.

2. MONTHLY REPORT TO THE BOARD ON QUALITY ASSURANCE

A summary of the progress against the Strengthening Quality Work Programme is set out in *Appendix 1*.

Healthcare Quality Strategy

NHS Lanarkshire responded to the Scottish Government's draft Healthcare Quality strategy document in November 2009. It is understood that a further statement on the strategy will be issued at the end of January 2010 and this will be followed by a two month engagement process with Health Boards considering implementation.

NHS QIS Clinical Governance and Risk Management Standards

NHS Lanarkshire was reviewed by NHS QIS to identify progress against the NHS QIS Clinical Governance and Risk Management standards on 1 and 2 September 2009. The final report from this visit was published by NHS QIS on 21 December 2009. This identifies that NHS Lanarkshire had achieved a score of 9 which is in line with the Heat target. NHS Lanarkshire will continue work to improve our position against these standards in line with the continuous quality improvement cycle.

NHS QIS Food, Fluid and Nutritional Care in Hospitals

NHS Lanarkshire has also received a draft report from NHS QIS in relation to the Food, Fluid and Nutritional Care in Hospitals. The final report will be published in February 2010.

Healthcare Environment Inspectorate Visit to Monklands Hospital

The Healthcare Environment Inspectorate has published its report on the visit to Monklands Hospital, which took place on 18 November 2009. Many of the areas commended and areas for improvement are NHS Lanarkshire wide. These include:

Good practice:

- Commended NHS Lanarkshire Hand Hygiene - Zero Tolerance Non-Compliance Policy
- Commended NHS Lanarkshire's cleanliness champion programme for staff
- Noted national and local audit and surveillance was being undertaken

Areas for improvement:

- The launch of a refreshed campaign to ensure staff meet their responsibilities in relation to dress code and hand hygiene standards

- Implementation of improved communication systems between the infection control team and medical staff through the education programme for medical staff
- Implementation of improved collaborative working with the public to ensure their concerns are addressed
- Implementation of mandatory updates for training in prevention and control of prevention related issues
- The setting of specific staff objectives for continuing professional development in healthcare associated infection as set out in NHS Lanarkshire's existing HAI Learning Strategy Action Plan

An NHS Lanarkshire action plan has been agreed and this will be completed in advance of the next HEI inspection visit to NHS Lanarkshire which will take place at Hairmyres Hospital on Tuesday 25 May 2010 and Wednesday 26 May 2010.

3. CLINICAL GOVERNANCE COMMITTEE UPDATE

The following issues were highlighted (in addition to areas covered elsewhere in this report).

Medical Workforce

Pressures in medical workforce are ongoing, particularly within Emergency Medicine. A review of Emergency Medicine Departments is being taken forward, to inform discussion and decisions about the management of emergency activity in the future. The outcome of this work, including an Option Appraisal, would shortly be brought to the Corporate Management Team for consideration.

Risk Management

Members highlighted the need for additional information to be provided in explanation of the categorisation of risks. It was agreed that to further inform members' understanding of the categorisation of the purely clinical risks, the Clinical Risk Register would be brought to the Committee in February for consideration.

The Strategic Risk Register was being enhanced through the development of sections on Pandemic Influenza and the Financial Savings Plan.

Improving the Nutrition of Women of Childbearing Age, Pregnant Women and Children under 5 in Disadvantaged Areas

The Committee considered a paper providing information on Breastfeeding rates for the period ending March 2009; information on current actions to improve Breastfeeding rates; and information on current and future actions to improve the Nutrition of Women of Childbearing Age, Pregnant Women and Children under 5 Years of Age in Deprived Communities. The principal actions outlined were aimed at enhancing Breastfeeding performance, overseen by a Maternal and Infant Nutrition Programme Board, superseding the Breastfeeding Strategy Group. This Committee approved the revised Breastfeeding Policy, which had been amended to ensure its compliance with the revised UNICEF Baby Friendly Initiative criteria in relation to the community.

Patient Affairs Report

The Committee considered a report on: Reports issued by the Scottish Public Services Ombudsman; Sheriff's Determinations following Fatal Accident Inquiries; and Claims Settled for over £25,000.

4. UPDATE ON CLINICAL EFFECTIVENESS

Clinical Effectiveness Update

The mid-year review of the Clinical Effectiveness work programme took place in October 2009. Status updates from the Clinical Effectiveness and Governance teams indicated that 53% of the actions on the programme are ongoing, continuous pieces of work (e.g. support for national audits and NHS QIS reviews and inspections). 13% of the actions had been completed (details provided in Table 2 below). For 22% of the actions, work had commenced and was in progress with a planned end date. 6% of the actions had not yet commenced but plans were in place for the work to begin. For reasons detailed in Table 3 below, 7% of the actions had been deferred or removed from the work programme.

Table 1: Action Status as at October 2009

Action Status	Organisation-wide	Acute Division	Primary Care Division	Totals	%
Continuous	20	32	42	94	53
Completed	6	13	4	23	13
In Progress	9	17	13	39	22
Planned	0	8	2	10	6
Deferred / Removed	2	8	3	13	7
Totals	37	78	64	179	100

Chart 1: Action Status as at October 2009

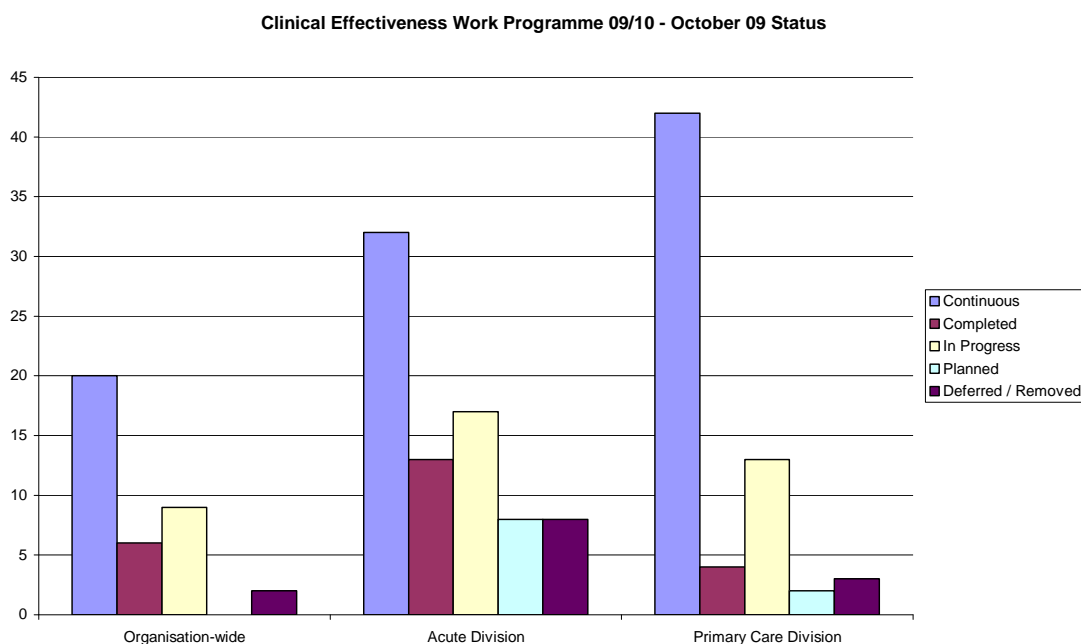


Table 2: Completed actions on Work Programme as at October 2009

<p>Establish a system to monitor dissemination and implementation of clinical guidance published by QIS / SIGN. Scope: Organisation-wide Requirement: Mandatory (organisational priority) <i>UPDATE: Proposed process agreed by CG Steering Group / Committee Sept 09. To be piloted in January.</i></p>	Sep-09
<p>Establish greater integration and whole system working between Primary and Acute Care Clinical Effectiveness staff through development of an integrated work programme.</p>	Jun-09

<p>Scope: Organisation-wide Requirement: Mandatory (organisational priority)</p>	
<p>Establishment of regular cross-division team meetings Scope: Organisation-wide Requirement: Desirable</p>	Sep-09
<p>Redevelopment of the Clinical Effectiveness website on FirstPort Scope: Organisation-wide Requirement: Desirable</p>	Oct-09
<p>Establishment of improved information flows between the Clinical Effectiveness department and the Clinical Governance Steering Group / Committee Scope: Organisation-wide Requirement: Mandatory (organisational priority) UPDATE: <i>Regular highlight reports provided to Clinical Governance Steering Group / Committee on Clinical Effectiveness</i></p>	Sep-09
<p>Implementation of the EASY programme throughout CE department. Scope: Organisation-wide Requirement: Mandatory (organisational priority)</p>	Mar-09
<p>Contribute to the pilot of the NHS QIS on-line self-assessment system (will enable Health Boards to create and manage self-assessments electronically and provide the ability to 'upload' evidence in to a library, which can then be retrieved for future reviews). Scope: Acute Division Requirement: Mandatory (National requirement) UPDATE: <i>QIS decided not to use during FFN review. On-line system used for HAI submission – June 09)</i></p>	Jun-09
<p>Investigation of the feasibility of development of a shared information system for cancer patient tracking and cancer audit. Scope: Acute Division Requirement: Desirable</p>	Sep-09
<p>Establish robust systems for provision of the following, in line with the new 2011 cancer targets:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Waiting times targets for 31 day diagnosis to treatment. <input type="checkbox"/> Waiting times targets for "other" currently unreported tumour types (approx. 14% of all diagnosed cancers) <input type="checkbox"/> Waiting times targets for screening referrals (will be included as "urgent referrals" from 2011). <p>Scope: Acute Division Requirement: Desirable UPDATE: <i>Responsibility transferred to Cancer Tracking Teams, though CE have been integral in developing systems and processes to facilitate delivery of the new cancer WT targets reporting.</i></p>	Sep-09
<p>Investigate feasibility of funding a dedicated HAI audit coordinator Scope: Acute Division Requirement: Desirable</p>	Nov-09
<p>Develop and embed ward level run charts reporting performance relating to Infant Feeding HEAT target (Acute Division). Scope: Acute Division Requirement: Desirable</p>	Aug-09
<p>In collaboration with the Stroke Managed Clinical Network, implement processes for capturing data on stroke patients who have been assessed for thrombolysis or have been thrombolysed within NHS Lanarkshire, in accordance with national guidance Scope: Acute Division Requirement: Desirable</p>	Jun-09

Further development of Stroke Audit In Lanarkshire (SAIL) web-based system to accommodate the thrombolysis dataset and provide standard reports. Scope: Acute Division Requirement: Desirable	Jun-09
Establishment of a criteria based system for approval of support for local audit projects. This will be built into the on-line project register. Scope: Acute Division Requirement: Desirable	Aug-09
Develop Sterilisation Service audit in collaboration with Women's Health Unit in Wishaw General including proforma, database and reporting. Scope: Acute Division Requirement: Desirable UPDATE: <i>Database developed, this is now a locally owned audit, with support provided from CE to report audit outcomes.</i>	Aug-09
Development of a robust system for registration of clinical audit IT systems including documentation and SOPs and a user access request system. Scope: Acute Division Requirement: Mandatory (organisational priority - Information Governance)	Aug-09
Development of existing IT infrastructure to help meet increasing demands of service, Support move to single system department, improve performance & availability of IT audit systems and better comply with overall IM&T strategy. Scope: Acute Division Requirement: Desirable	Apr-09
Key clinical effectiveness staff to attend Crystal reports training in February 2009. Those attending will cascade training to rest of team. Crystal to be established as the standardised reporting system for the Clinical Effectiveness team. Scope: Acute Division Requirement: Desirable	Mar-09
All cancer staff to attend Anatomy & Oncology training in 2009. Scope: Acute Division Requirement: Desirable	May-09
Establish a system for distribution of new guidelines / standards within Primary Care in line with existing system in Acute. Scope: Primary Care Division Requirement: Mandatory (organisational priority)	Jun-09
Complete and distribute LAADs Prescribing Policy to allow prescribers and allied professionals access to prescribing information relating to substance misuse, in line with best practice and evidence based guidelines. Scope: Primary Care Requirement: Desirable UPDATE: <i>Policy has been ratified and implemented. The policy will be posted on Firstport</i>	Nov-09
Protocol Development: Develop and implement HEP C Test and referral protocol. Data sharing Protocol for Addictions Services. Patient Journey guideline development to provide consistency around planned discharge, barriers to discharge, lapses/relapses, methods of contacting clients and care planning. Scope: Primary Care Requirement: Desirable UPDATE: <i>Policy ratified by Addictions CLG and will be circulated to team leaders and posted on Firstport</i>	Nov-09
Support roll out of Clinical Governance Framework for Mental Health & Addiction Services, which will provide the foundation for delivering the highest standards of care, supporting continuous improvement and achieving best use of resources	Oct-09

<p>Scope: Primary Care</p> <p>Requirement: Mandatory</p> <p>UPDATE: <i>Roll out completed</i></p>	
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Table 3: Actions deferred or removed from Work Programme as at October 2009

<p>Develop robust systems and processes to capture Patient Focus Public Involvement (PFPI) in clinical effectiveness activity. Additionally demonstrating year –on-year progress in this area.</p> <p>Scope: Organisation-wide</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>Review on publication of National Quality Strategy</i></p>	Deferred for review 2010/11	Review on publication of Quality Strategy
<p>Establish a process whereby adverse incidents are linked into clinical audit programmes. Audit activity in this area should be targeted at those areas classed (through existing risk-stratification criteria) as representing highest risk for patient safety.</p> <p>Scope: Organisation-wide</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>To be agreed and reviewed in 2010/11 with Corporate Risk Manager</i></p>	Deferred for review 2010/11	To be agreed with Corporate Risk Manager
<p>Provide support for audit of the “Programme for a National Co-ordinated Approach to Tissue Viability in Scotland” as led by NHS QIS</p> <p>Scope: Acute Division</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>No longer requirement for support</i></p>	Removed	Removed
<p>Develop new audit proforma for collection of audit data in line with national dataset and local requirements</p> <p>Scope: Acute Division</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>Will be incorporated as part of move to national system</i></p>	Removed	Removed
<p>Review current arrangements for 62 day wait breach reviews. These currently take place twice per quarter, taking the form of an interim and final review.</p> <p>Scope: Acute Division</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>Review no longer required as responsibilities for cancer WT reporting will pass to tracking teams in May 2010</i></p>	Removed	Removed
<p>Enhancement of HAI reports to include weekly Acute Occupied Bed Days to allow comprehensive and meaningful control charts to be produced, mean rates, hospital specialties and separate MRSA / MSSA figures</p> <p>Scope: Acute Division</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>No longer a requirement</i></p>	Removed	Removed
<p>Development of reporting mechanisms for surveillance of all other alert organisms besides C. Difficile / SABs</p> <p>Scope: Acute Division</p> <p>Requirement: Desirable</p> <p>UPDATE: <i>Pushed back due to delay in recruiting HAI resource</i></p>	Deferred (until 2010)	To be agreed with Infection Control Team
<p>Development of a robust system for recording, monitoring and reporting potential outbreaks of infection in NHS Lanarkshire</p> <p>Scope: Acute Division</p>	Deferred (until 2010/11)	To be agreed with

Requirement: Desirable UPDATE: <i>Pushed back due to delay in recruiting HAI resource</i>		Infection Control Team
Continue to support and develop the Community Pain Management Assessment tool system & audit, to ensure pain is optimally managed. Scope: Acute Division Requirement: Mandatory (specific project funding) UPDATE: <i>Deferred by MCN Lead Clinician due to reprioritisation</i>	Deferred	To be agreed with MCN Lead Clinician
Embed collection of audit data in revised CHD audit proforma Scope: Acute Division Requirement: Desirable UPDATE: <i>Will be incorporated as part of move to national system</i>	Removed	Removed
Continue to support audit of GP with Special Interest activity in quantitative terms (number of sessions, prescriptions etc) in order to provide a benchmark across the service. Audit of alcohol and domestic abuse. Scope: Primary Care Requirement: Desirable UPDATE: <i>Delayed until further notice</i>	Deferred	
Continue to support audit of proposal of uptake of cervical screening in women with severe and enduring mental health problems in order to scope population of vulnerable people & support development of improved health. Scope: Primary Care Requirement: Mandatory UPDATE: <i>Remitted to NHSL Board – Public Health Department</i>	Removed	
Continue to support ongoing analysis of patient admissions to Wards 1 and 2, Wishaw General Hospital. Scope: Primary Care Requirement: Desirable UPDATE: <i>Baseline data collected, but no further action taken</i>	Removed	

5. UPDATE ON RESEARCH AND DEVELOPMENT

The new Research and Development (R&D) Committee will have its inaugural meeting on 22 January 2010. The R&D Committee will be a governance group and the proposal is to have allied to it a R&D Reference Group, the membership of which would include research active clinicians, which would report to the R&D Committee and would inform R&D Strategy for NHS Lanarkshire.

A new Chief Scientist Office (CSO) Research Strategy "Investing in Research, Improving Health" was issued in December 2009. This document sets out the agenda for CSO activity over the next five years, centred around four key aims: Securing Benefit, Improving Population Health, Valuing and Investing in NHS Research, and Building and Sustaining Skills.

The strategy set out an ambition to place Scotland at the international forefront of clinical translational research and the development of systems medicine. To achieve this it identifies the need to:

- Build on past successes, focus on excellence and continue to build capacity and capability in key skills and disciplines
- Ensure strong and productive partnerships amongst funders and those funded
- Look at the best in the world

- Improve systems to ensure smooth and efficient NHS approval processes
- Draw more effectively on the excellent science base and improve the time taken for research findings to affect practice.

6. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:

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Laura Drummond (for update on Clinical Effectiveness), Corporate Clinical Effectiveness Manager, 01236 713314

Pam Milliken (for update on Clinical Governance Work Programme), Head of Clinical Governance and Risk Management, 01698 245034

19 January 2010

PROGRESS ON THE STRENGTHENING QUALITY IN LANARKSHIRE CLINICAL GOVERNANCE STRATEGY WORK PROGRAMME 2009/10

Actions for 2009/10	Status as at January 2010
1. Patient Safety, including SPSP	
1.1 Develop and commence a spread plan for maternity services. Scope feasibility of introducing SPSP into child protection	<p>Maternity services have joined with the general ward work stream to test and implement relevant elements such as hand hygiene, SBAR and PVC bundle and are making excellent progress. The next steps are to disaggregate the maternity services data from the general ward data to promote ownership and drive improvement.</p> <p>Following on from meeting with relevant representatives to discuss the feasibility of using SPSP methodology to improve processes in child protection a proposal has now been prepared and will be presented to the Child Protection Steering Committee for a decision to be taken regarding the testing of SPSP methodology in relation to Child Protection.</p> <p>Work is underway within the paediatric community to extend on the programme to paediatrics following a national SPSP meeting at Hampden and inclusion at the National Learning session in November 2009.</p>
1.2 Continued implementation of SPSP (including HAI actions)	Very good progress noted with improved outcomes and corresponding increase in self assessment score to 2.5 achieved. This score puts us on par with the other best performing NHS Boards.
1.3 Undertake test for change in one GP practice of the medicine management component of SPSP, to include insulin management and identification of high risk processes	Insulin FMEA meeting, which identified top 6 risk factors undertaken with Primary Care colleagues with a view to testing in one GP practice. This is due to be progressed further with plans to be developed to reduce risks and score will be recalculated following improvement interventions. As part of the SPSP scholarship, it is also intended that two of the fellows will focus on insulin reconciliation processes between primary and secondary care (admission and discharge).
1.4 Develop a standard audit for documentation and a reporting tool and commence audit programme in primary care	Work progressing with current documentation audit tools being collated for consideration. A mapping of processes for filing has commenced.
2. Patient focussed services	
2.1 Consider PPF membership on Clinical Governance Committee	Clinical Governance Committee has considered patient and public involvement on the Committee and will consider this further in the context of representation at levels within the clinical governance system and having regard to the outcome of work to enhance linkages between the Modernisation Board and clinical governance arrangements.
2.2 Carry out an inpatient experience survey during 2009	NHSL awarded the mini-tender for the inpatient experience survey in line with Scottish Government guidance. The survey sample has been compiled and will be checked by the National Coordination Centre. The contractor's staff have completed research passports and these are being reviewed by human resources. It is planned to commence sending out the questionnaire on 14 January and it is understood that the results should be available at the end of June / beginning of July 2010.
3. Clinical effectiveness and research	
3.1 Move to integrated clinical	Integrated clinical effectiveness structure in place and an

Actions for 2009/10	Status as at January 2010
effectiveness structure and agree and scope a core audit programme across NHSL	activity survey will be undertaken across acute clinical effectiveness and primary care clinical governance staff to assist informing the work programme for 2010/11.
3.2 Support the monitoring of clinical performance against NHS QIS standards (in 2009/10 CG&RM– improving performance against, Food, Fluid and Nutrition, pre JAG) and Healthcare Environment Inspectorate	<p>CG&RM review took place on 1 and 2 September 2009. The final report was published on 21 December 2009 on the NHS QIS website. NHSL achieved a score of 9 which is in line with the Heat target.</p> <p>The Food, Fluid and Nutrition review took place on 27 and 28 October and the draft report has been received. QIS undertaking a retrospective review of the outcomes of reports across Scotland using the revised performance assessment scale. NHSL is expecting to receive its final report in February 2010.</p> <p>The rescheduled QIS phase 1 JAG assessment visit for NHSL has been scheduled to take place at Hairmyres Hospital on 9 November 2010 and Monklands Hospital on 10 November 2010.</p> <p>Monklands Hospital was visited by the Healthcare Environment Inspectorate (HEI) on 18 November 2009 and a report of the visit has been published on the HEI website along with NHSL's action plan. Work is ongoing to prepare Wishaw and Hairmyres Hospitals.</p>
3.3 Scope a process of follow up for HAI Self Assessment, CGRM Self Assessment and HMIE Self Assessment with a view to implementation from April 2010	Progressing this area of work is being reassessed in light of resources available for 2010.
3.4 Develop Research and Development function to enable increased focus on participation in large, non commercial and commercial trials	The R&D Department has initiated the development of a comprehensive suite of Standard Operating Procedures (SOPs). The intention is to develop clear and systematic SOPs covering all processes related to the processing of R&D applications. The aim is to clarify, standardise, and make more efficient, our R&D approval processes. The main outcome of this work will be improved research governance. An additional benefit will be that clear processes will enhance our ability to engage with external organisations undertaking large trials. NHSL has been informed that a Good Clinical Practice (GCP) inspection audit will be taking place by the Medicines and Healthcare Products Regulatory Agency (MHRA) between April and September 2010.
3.5 Improve the Research and Development organisational arrangements to enable a mechanism to influence research topics in line with NHSL priorities	<p>The new R&D Committee will have its inaugural meeting on 22 January 2010. The R&D Committee will be a governance groups and the proposal is to have allied to it a R&D Reference Group, the membership of which would include research active clinicians, which would report to the R&D Committee and would inform R&D Strategy for NHS Lanarkshire.</p> <p>A new CSO Research Strategy "Investing in Research, Improving Health" was issued in December 2009. The document sets out the agenda for CSO activity over the next 5 years, centred around 4 key aims: Securing Benefit, Improving Population Health, Valuing and Investing in NHS Research, and Building and Sustaining Skills.</p>
4. Continuous improvement	
4.1 To scope in conjunction with the	The project group is scoping the resources required to

Actions for 2009/10	Status as at January 2010
implementation of Clinical Quality Indicators the development a clinical dashboard approach to support the SCN review	support this, however agreement has been reached to develop a web based system which will enable inputting of ward based data and reporting for SPSP and CQIs. This will commence development in 2009/10 and continue into 2010/11.
5. Fairness and consistency	
5.1 Scope the opportunity to introduce the Quality Goals as part of mainstream staff training and development with a view to implementation from April 2010	Clinical Governance Steering Group agreed on 21 September 2009 to postpone this action in light of the draft national Strategy on Quality.
5.2 Complete equality and diversity impact assessment for quality of care and clinical governance initiatives	Impact assessment completed on Strengthening Quality in Lanarkshire Strategy.
6. Competence and Continuous Learning	
6.1 Scope the development of a standard audit and reporting tool for compliance with professional registration and mandatory training pan Lanarkshire	To commence.
7. Risk Management	
7.1 Monitor emergence of education/development needs following the launch of the specific RM Guidance, identify with OD suitable programme of learning.	Presentation undertaken at Staff and Organisational Development Group on 22 July 2009 where it was agreed to monitor any emerging training needs (through eKSF and by survey) and to present a follow up paper to the Staff and Organisational Development Group in January 2010.
7.2 Review use of existing guidance and further develop guidance to include impact assessment.	Preparatory work underpinned by the Draft National Quality Strategy has commenced – to take to the Risk Management Steering Group in March 2010.
7.3 Following launch of the RM Guidance, review and continuously collate the findings from CIR reports, to inform the RMSG of top 3 breaches of systems, risk assess and discuss solutions and/or actions.	There is an interdependence between operational embedding of processes for grading of incidents through to commissioning and writing of CIR prior to analysis. A retrospective review of all high graded incidents is taking place to gain assurance on compliance. The KPI in relation to meetings of risk management groups is also taking place.
8. Governance and Leadership	
8.1 Develop a reporting mechanism for quality of care for the Lanarkshire NHS Board (including tool for early alert of service deterioration)	An action plan in response to the review of Mid Staffordshire has been developed. Actions are being progressed. National guidance on the information required to provide an early alert is pending.
8.2 Develop with the Modernisation structure, a means to share information, best practice and coordinate initiatives and programmes which promote quality of care	Discussions have taken place in relation to work by the Modernisation Board considering service improvement and how to enhance links to clinical governance.
8.3 Continue the review and strengthening of clinical governance structures pan Lanarkshire, ensuring shared learning	An annual schedule of reporting for the Clinical Governance Steering Group was agreed at its meeting in September and a paper on strengthening clinical governance arrangement has been considered at the November 2009 meeting of the Steering Group. Consideration of a proposed process for MCN quality assurance took place at the Modernisation Board and at the Clinical Governance Steering Group in November 2009.