

Lanarkshire NHS Board

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**MEETING OF CLINICAL GOVERNANCE COMMITTEE HELD ON MONDAY  
21 JUNE 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  
Mrs A Armstrong, Chair, Area Clinical Forum, and  
Non Executive Director

**IN ATTENDANCE:** Mr P K Corsar, NHS Board Chair  
Dr A Graham, Medical Director  
Mr P Wilson OBE, Director for Nurses, Midwives and the  
Allied Health Professions  
Mrs P Milliken, Head of Clinical Governance and Risk  
Management  
Dr C Mackintosh, Associate Medical Director, Primary Care  
and Community  
Mr N J Agnew, Board Secretary/Corporate Affairs  
Manager

**APOLOGIES:** Mr D H Clark, Non Executive Director  
Dr H S Kohli, Director of Public Health and Health  
Policy  
Mrs C McGhee, Corporate Risk Manager

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**ACTION**

**1. MINUTES**

The Minute of the Meeting held on 19 April 2010, was approved, subject to correction of the spelling for Dr Mackintosh, in the listing of those In Attendance.

Mrs Nelson explained that the scheduled items on the Audit Scotland Reports on Orthopaedics and on Waiting Times, and on Did Not Attends and the resource implications, would be considered by the Committee at its meeting on 16 August 2010. She also reported that at Any Other Competent Business, Dr Graham would brief members on the Healthcare Environment Inspectorate Visit to Hairmyres Hospital on 25 and 26 May 2010.

## **2. MATTERS ARISING**

### **i) Scottish Public Services Ombudsman Report Reference 2958 (Clinical)**

Mr Wilson reported that a revised Policy/Procedure Document for Multiple Fasting, which included provision for decisions around the cancellation of operative procedures up to and beyond 4.30 pm, would issue that week, in order that staff across the system would be aware of the requirements. The completed Action Plan would be made available to the Committee at its next meeting in August.

**Mr Wilson**

### **ii) Reporting of other significant events**

Mrs Milliken explained that this issue was reflected within the draft Work Programme, which featured later in the Agenda. She reported that she had had initial discussions with Gregor Smith about the arrangements for reporting significant events occurring in Primary Care settings.

### **iii) The Development of Governance Arrangements**

Mrs Milliken confirmed that she had written to Jan Warner offering dates for a meeting, and a response was awaited.

### **iv) Emergency Medicine Clinical Quality Group**

Dr Graham highlighted the principal elements of the circulated Terms of Reference for the Emergency Medicine Clinical Quality Group, which had now held its Inaugural Meeting.

Discussion confirmed that there was Allied Health Profession input to the Group. It was also suggested that the Title for the Group should be amended to reflect the extent to which its remit encompassed Primary Care Out-of-Hours Services.

Dr Graham confirmed that the Group reported to the Emergency Access Group that she and the Director of Acute Services co-Chaired, which was charged with taking forward the output from the Emergency Services Meeting held on 10 June 2010. She advised that the Emergency Medicine Clinical Quality Group would operate during the period when the 5 Short Life Workstream Groups agreed at the 10 June event were operating, with the need for its continuation being reviewed in light of the conclusion to that work and agreement on sustainable solutions for Emergency Services.

## **3. NATIONAL HEALTHCARE QUALITY STRATEGY**

Consideration was given to correspondence of 10 June 2010 from Dr Graham to the Director of the Healthcare Policy and Strategy Directorate

at SGHD, setting out comments from NHS Lanarkshire on the provisional National Quality Scorecard. A response to the submission of the comments was awaited.

Dr Graham reminded members that the NHS Lanarkshire response to the launch of the National Healthcare Quality Strategy, including proposed arrangements for enhanced reporting on Quality to the NHS Board, would be the subject of a Seminar for Board Members on the afternoon of 23 June 2010. She advised that the Cabinet Secretary for Health and Wellbeing had, that day, launched the most recent Mortality data for Scotland.

Mrs Milliken explained that the further iteration of the NHS Lanarkshire Quality Dashboard, would include quality measures in Primary Care, and would be presented to the Committee in August.

**Mrs Milliken**

#### **4. TERMS OF REFERENCE**

Mrs Milliken highlighted the principal changes to the updated Committee Terms of Reference.

The requirement for the formal Minute of all Meetings to be made freely available to members of staff, was noted. Arrangements would be made to post the Minutes of Committee Meetings on the Clinical Governance Website. The need was highlighted to clarify the interaction between the Clinical Governance Committee and the Modernisation Board. This issue would be pursued with the Director of Planning, and would feature in discussion at the next meeting of the Committee, with an invitation being extended to the Director of Planning, or the Head of Modernisation, to attend. There was recognition of the need to take further action to publicise the Clinical Governance Committee activities, and it was agreed that this might be achieved through the inclusion of features in The Pulse, at least bi-annually.

**Mrs Milliken**

#### **5. CLINICAL GOVERNANCE COMMITTEE CHECKLIST**

Consideration was given to a draft Checklist for the Clinical Governance Committee, based on a modified version of the Scottish Government Audit Committee Checklist. The Checklist would be finalised, having regard to issues highlighted in discussion, and would be brought back to the next meeting of the Committee for final approval.

**Mrs Milliken**

#### **6. CHILD PROTECTION ANNUAL REPORT**

Consideration was given to the Child Protection Annual Report 2009/2010.

Mr Wilson highlighted the principal elements of the report, in particular, the Summary Report of Child Protection Activity for NHS Lanarkshire for the period 1 April 2009 – 31 March 2010, which included: Health

Professional referrals from the Acute Division; initial case conferences held; review case conferences held; case discussions held; pre-birth case discussions held; Child Protection training and additional training; central point of contact requests from other Agencies; telephone calls to the Child Protection Team for advice and telephone calls to the Child Protection Medical Helpline; and case supervision and case support sessions.

He highlighted the role of Public Health Nurses in relation to the overall health and wellbeing of children, of which Child Protection was one constituent element. He acknowledged issues raised in discussion about the Child Protection Medical Audit information included in the Annual Report, and undertook to pursue with the Lead Consultant the sufficiency of the level of contact between Medical Staff and children. He also acknowledged the potential for Information Governance issues to arise from the use of Child Protection Messaging which, demonstrably, had been successful, especially at the interface with Accident and Emergency, and sought to assure members that the necessary Information Governance checks and controls were in place.

Mr Wilson

## **7. CLINICAL GOVERNANCE COMMITTEE ANNUAL REPORT 2009/2010**

Members endorsed the Clinical Governance Committee Annual Report 2009/2010, which had been approved by the NHS Board on 26 May 2010.

Mr Agnew explained that the intention, for future years, would be to produce a draft Annual Report for consideration by the Clinical Governance Committee prior to its submission to the NHS Board.

## **8. STRENGTHENING QUALITY IN LANARKSHIRE – ANNUAL REPORT 2009/2010**

Consideration was given to the Strengthening Quality in Lanarkshire, Clinical Governance Strategy Annual Report 2009/2010.

Mrs Milliken highlighted the principal elements of the Annual Report, in the areas of: Clinical Effectiveness; Competence and Continuous Learning; Continuous Improvement; Fairness and Consistency; Governance and Leadership; Patient Focussed Services; Patient Safety; Research and Development; and Risk Management.

Mrs Nelson welcomed the focus of the Annual Report on outcomes, and expressed appreciation to the staff concerned for their contribution to the production of the Annual Report.

Members joined the chairman in endorsing the Annual Report, and asked that further consideration be given to differentiating completed activities and those that remained to be finalised.

Mrs Milliken

## **9. RISK MANAGEMENT ANNUAL REPORT 2009/2010**

Mrs Milliken highlighted the principal elements of the circulated Risk Management Annual Report 2009/2010, with regard to: the Risk Management Department; Performance for 2009/10 and the Workplan for 2010/11, including a Summary of Risk Management Workplan Outcomes for 2009/2010. She acknowledged issues raised by members in relation to some actions that remained to be finalised, and confirmed that these would be addressed in reprioritising the Risk Management Workplan 2010/11.

Dr Graham acknowledged that there was a material risk in relation to a loss of manpower, and confirmed that this was being intensively managed to minimise any impact on service sustainability.

Discussion highlighted the need to include a Risk Management focus on the areas of: Emergency Planning; Information Governance; loss of utilities; and the impact of adverse weather, given experience over the last year.

**Mrs Milliken**

#### **10. PATIENT FOCUS PUBLIC INVOLVEMENT ANNUAL REPORT 2009/10**

Dr Graham introduced the Patient Focus Public Involvement Annual Report 2009/11, which had recently been considered by the Modernisation Board on 14 June 2010.

Members noted that the draft report had been prepared in accordance with mandatory processes, set out by the Scottish Health Council, and had been circulated to stakeholders from patient and community representative groups for comment. It was noted, also, that the final draft had been approved by the Scottish Health Council on 21 May 2010, and would be posted on the NHS Lanarkshire Website. The requirement for NHS Boards to demonstrate progress against the new Participation Standard, was highlighted, and it was noted that this would be the subject of reports by the Head of Modernisation to the Modernisation Board.

#### **11. CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2010/11**

Dr Graham highlighted the principal elements of the circulated draft Committee Workplan for 2010/11, comprising: the Strengthening Quality in Lanarkshire Work Programme 2010/11; and a schedule of reporting to the Committee. She explained that the Workplan had been formulated to assist the Committee in maintaining a focus in the delivery of the key elements of its remit. Mrs Milliken spoke to the principal elements of the schedule of reporting.

Members endorsed the draft Clinical Governance Workplan 2010/11, but asked that further consideration be given to the means of bringing to the Committee's attention, reports across the range of key reviews and inspections, including those undertaken by such bodies as the Mental Welfare Commission and Her Majesty's Inspectorate of Education.

**Mrs Milliken**

## **12. PATIENT AFFAIRS REPORT**

The Committee received and noted a Patient Affairs Report on: Investigations by the Scottish Public Services Ombudsman; Sheriffs' Determinations in Fatal Accident Inquiries; and Claims for over £25,000.

## **13. CLAIMS – SYNOPSES AND ACTION PLANS**

Members received and noted Synopses and Action Plans in relation to: Claim Reference LB2/309/61; Claim Reference LT5/208/129; and Claim Reference LT5/405/69. Dr Graham highlighted the potential for the issues in Claim Reference LB2/309/61 to be the subject of a Fatal Accident Inquiry.

## **14. MINUTES**

The Committee considered Minutes of Meetings, as follows:

### **a) Clinical Governance Steering Group – 24 May 2010**

Dr Graham highlighted the principal issues considered by the Committee, with particular regard to the endorsement of the paper on Child Protection Supervision.

### **b) Risk Management Steering Group – 10 May 2010**

### **c) Information Governance Committee – 25 May 2010**

Mr Agnew highlighted the principal issues considered by the Committee, including the next review of the Information Governance Toolkit Quarterly Return at the end of June, the outcome of which would be reported to the Clinical Governance Committee in August. He also highlighted the consideration given to a Training Update, and the actions being taken to improve uptake of training.

Mr Wilson explained that training placed considerable demands on the organisation, and impacted materially on the availability of staff. He highlighted the need to prioritise training around mandatory requirements, and to evaluate the benefits of training. He explained that the Director of Organisational Development was working with relevant colleagues on the identification of training priorities, with a view to ensuring the participation of key staff in required training, and improving efficiency across the totality of the training endeavour.

## **15. ANY OTHER COMPETENT BUSINESS**

### **a) Healthcare Environment Inspection – Hairmyres Hospital**

Dr Graham advised that the report of the Healthcare Environment Inspection of Hairmyres Hospital on 25 and 26 May 2010 had been

issued to the Board to check for factual accuracy. She highlighted the principal elements of the HEI Findings and Recommendations, and explained the way in which the Board intended to respond.

**16. DATE OF NEXT MEETING: Monday 16 August 2010 at 1.30 pm**

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NJA/OD  
20 July 2010