

Lanarkshire NHS Board

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MEETING OF CLINICAL GOVERNANCE COMMITTEE HELD ON TUESDAY 22 FEBRUARY 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

IN ATTENDANCE:

Dr A Graham, Medical Director
Mr P Wilson OBE, Director for Nurses, Midwives and the Allied Health Professions
Dr H S Kohli, Director of Public Health and Health Policy
Mrs P Milliken, Head of Clinical Governance and Risk Management
Mrs C McGhee, Corporate Risk Manager
Dr C Mackintosh, Associate Medical Director, Primary Care and Community
Mrs A Armstrong, Chair, Area Clinical Forum
Mr N J Agnew, Board Secretary/Corporate Affairs Manager

APOLOGIES:

Mr D H Clark, Non Executive Director
Mr P K Corsar, NHS Board Chair
Mr K A Small, Director of Organisational Development

ACTION

1. WELCOME

Mrs Nelson welcomed members and attendees to the meeting.

2. MINUTES

The Minute of the Meeting held on 8 December 2009, was approved.

3. MATTERS ARISING

i) Improving the Nutrition of Women of Childbearing Age, Pregnant Women and Children and Under Fives in Disadvantaged Areas

Mrs Milliken reported that the Clinical Governance staff to support

the Board's response to the actions set out within Chief Executive Letter 36 of 2008 *Nutrition of Women of Childbearing Age, Pregnant Women and Children Under 5 in Disadvantaged Areas*, were now in post, and that the key task of undertaking an Audit, would now progress. The outcome of this work would be the subject of a report to a future meeting of the Committee.

ii) Scottish Public Services Ombudsman Report Reference 2958 (Clinical)

Mr Wilson explained that the progress report on delivery of the NHS QIS Food, Fluid and Nutritional Care Review Action Plan, which featured later in the Agenda, had a bearing on this issue, which was, essentially, around "Multiple Fasting", prior to operative procedures. He confirmed that this issue was actively being pursued, and that in situations where operative procedures were postponed, the patient's nutritional status would be assessed and, unless contraindicated, they would be fed.

Progress on this issue, including the completed Action Plan, would be brought to the Committee in April.

**Mr Wilson
Mr Agnew**

iii) NHS QIS Review of Clinical Governance and Risk Management

Mr Wilson tabled, and spoke to, a paper on Clinical Governance and Risk Management and Best Value, which set out the proposed way forward in relation to the NHS Board and its Committees. He stressed that this work would link closely with the Board Effectiveness Project, which currently was being concluded.

The Committee endorsed the approach set out within the paper, and asked to consider a further progress report in April.

Mr Wilson

iv) Medical Workforce

Dr Graham reported that the current recruitment round was progressing reasonably well. She explained that pressures remained within Emergency Medicine, Neonatology and Care of the Elderly, and confirmed the reassurances given to the NHS Board that these were the subject of an intense management focus aimed at ensuring the sustainability of services. She reported on the outcome of the Postgraduate Medical Education and Training Board Visit to Emergency Medicine at Monklands Hospital, and to the subsequent Deanery and Royal College Visits. She highlighted the principal areas for action arising from the visits, and confirmed that these were currently being progressed. She undertook to bring to the meeting of the Committee in April, a further report on the progress of the actions, which would also highlight any material Clinical Governance issues.

Dr Graham

Dr Graham also reported that the outcome of work led by Dr Mehrdad Malekian on the options for the future management of the Emergency workload, and the associated staffing, would be the subject of consideration by the Corporate Management Team on 18 March 2010, along with the NHS Lanarkshire response to Chief Executive Letter 28 of 2009 on Reshaping the Medical Workforce.

v) NHS QIS – Food, Fluid and Nutritional Care Review

Mr Wilson highlighted the principal issues from the circulated paper, which, amongst other issues, set out the NHS QIS Food, Fluid and Nutritional Care in Hospitals Review – Results by Board, against the NHS QIS Standards. He highlighted the Lanarkshire results, which stood comparison with other NHS Board areas. He undertook to bring to the Committee in April, a further update on progress in addressing the areas for action highlighted in the NHS QIS Review.

Mr Wilson

vi) National Healthcare Quality Strategy

Dr Graham reported on recent correspondence from the Scottish Government Health Department, setting out actions for NHS Boards on Implementing the NHS Scotland Quality Strategy – Stage 1. She confirmed that substantial work was underway in Lanarkshire, in preparation for the launch of the National Strategy, and that this involved input from the designated Quality Champions for Lanarkshire, viz: Anne Armstrong, Divisional Nurse Director for Primary Care and Community and Chair of the Area Clinical Forum; Gregor Smith, Divisional Medical Director for Primary Care and Community; and Senga Cree, Professional Head for Physiotherapy.

Dr Graham reported that the work underway, included the development of a Quality Dashboard, which would form the basis for enhanced monthly reporting on Quality to the NHS Board. A further update on the progress of the work, and the draft Quality Dashboard, would be brought to the Committee in April.

Dr Graham

vii) Healthcare Environment Inspectorate

Dr Graham reported that addressing the few areas for action, identified by the Healthcare Environment Inspectorate from their visit to Monklands Hospital on 18 November 2009, was being vigorously pursued. She confirmed that lessons learned from the Monklands Visit, some of which were relevant across NHS Lanarkshire, would contribute to informing the preparations for the scheduled HEI Visits to Hairmyres Hospital and to Wishaw General Hospital later in 2010.

A further progress report on the implementation of the actions would be brought to the Committee in April.

Dr Graham

4. CLINICAL GOVERNANCE AND RISK MANAGEMENT

Dr Graham highlighted, for members, the principal issues from a progress report on Clinical Governance and Risk Management, which would be considered by the NHS Board on 24 February 2010. She emphasised the focus of the paper on Patient Safety, and confirmed substantial progress in the implementation of actions.

Dr Graham acknowledged members' questions about the roll-out of the Patient Safety Programme to Primary Care. She stressed that Dr Smith was particularly keen to see progress in this area, and on roll-out to Paediatrics. She reported that, at national level, there was a group working to identify appropriate measures of patient safety for Primary Care. Further information in this regard would be brought to the Committee.

Dr Graham

Dr Graham

Mrs Armstrong supported the roll-out of the Patient Safety endeavour across Primary Care. She reported that Clostridium Difficile and Hand Hygiene care bundles were already in place within Primary Care and Community settings. Dr Graham reported that some Executive walkrounds had taken place within Community Hospitals and in Mental Health.

5. LOCAL SUPERVISING AUTHORITY ANNUAL REPORT 2008/2009

The Committee considered the West of Scotland Local Supervising Authority Annual Report 2008/2009.

Mr Wilson explained that the West of Scotland Annual Report encompassed the NHS Lanarkshire Local Supervising Authority Annual Report, previously considered by the Committee, in detail, on 17 August 2009, and was, therefore, for information.

The Committee noted the West of Scotland LSA Annual Report 2008/2009.

6. NATIONAL SURGICAL PROFILES

The Committee considered a report from NHS QIS "Using Data to Improve Surgical Care", and the Summary Report of the Surgical Profiles Project Evaluation.

Dr Graham highlighted the principal issues from the reports which, she emphasised, was based on 2006/2007 data. She confirmed that the Lanarkshire Action Plan in response to the reports had mostly been delivered, and undertook to share this with members.

Dr Graham

7. INFORMATION GOVERNANCE

The Committee received and noted a progress report on Information Governance, which set out, in detail: Workplan Progress; Issues

Reported and Actions Taken; Additional Resources in the Information Governance Department; Staff Training; Communication; IT Security Initiatives; Policy Development; Information Governance “Walkrounds”; and Review of Safe Haven Fax Facilities. Members noted, also, that the Information Governance Update would be presented to the NHS Board on 24 March 2010. Minutes of Meetings of the Information Governance Committee on 27 October 2009, 8 December 2009 and 19 January 2010 were noted.

8. PATIENT AFFAIRS REPORT

The Committee received and noted a Patient Affairs Report on: Reports issued by the Scottish Public Services Ombudsman; Sheriffs’ Determinations following Fatal Accident Inquiries; and Claims Settled for over £25,000.

9. OMBUDSMAN REPORT REFERENCE 3981

The Committee received and noted a synopsis of a report by the Scottish Public Services Ombudsman into a complaint about Wishaw General Hospital, and an Action Plan.

Mr Wilson reported that the circumstances in this case and the Action Plan had been considered at Supervisors of Midwives Meetings.

10. NHS QUALITY IMPROVEMENT SCOTLAND – ORGANISATIONAL INDEPENDENCE

The Committee received and noted a paper from NHS Quality Improvement Scotland – *NHS Quality Improvement Scotland and Healthcare Improvement Scotland: Organisational Qualities and Independence*.

11. MINUTES

The Committee considered Minutes of Meetings as follows:

- a) Clinical Governance Steering Group – 23 November 2009
- b) Risk Management Steering Group – 14 December 2009

Members noted, in particular, the discussion about the accreditation of training within the Accident and Emergency Department at Monklands Hospital, reported by Dr Graham earlier in the meeting in her update on Medical Workforce.

12. NATIONAL CLINICAL GOVERNANCE CONFERENCE

The Committee noted information about the National Clinical Governance Conference to be held on 2 March 2010 in Glasgow.

13. ANY OTHER COMPETENT BUSINESS

a) MRSA Screening

Dr Graham confirmed that the Screening Programme had been launched on 26 January 2010. She highlighted issues around the sustainability of the programme, with particular regard to the prescribing and administering of treatments for patients who tested positive.

Dr MacKintosh highlighted the particular importance of Screening for the benefit of Orthopaedic and Ophthalmic patients, as opposed to other specialties, where screening was, largely, for the protection of other patients.

14. DATE OF NEXT MEETING: MONDAY 19 APRIL 2010

15. ITEMS FOR CONSIDERATION AT NEXT MEETING

a) NHS QIS – Tackling Indifference – Healthcare Services for People with Learning Disability – National Overview Report and local report. Colin Sloey, Director, North Lanarkshire Community Health Partnership, will be in attendance to speak to this item.

b) Did Not Attend, and the resource implications

NJA/OD
15 March 2010