

Lanarkshire NHS Board

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**MEETING OF HEALTH AND CLINICAL GOVERNANCE COMMITTEE
HELD ON MONDAY 18 DECEMBER 2006 AT 1.30 PM IN THE BOARD
ROOM OF THE NHS BOARD OFFICES, 14 BECKFORD STREET
HAMILTON.**

PRESENT: Mrs M Nelson, Non Executive Director (Chair)
Mr D H Clark, Non Executive Director
Mrs N Mahal, Non Executive Director
Mrs D McCormick, Chair, Area Clinical Forum
and Non Executive Director

IN ATTENDANCE: Dr J D Browning, Medical Director
Dr D C Moir CBE, Director of Public Health
Mr P Wilson OBE, Director for Allied Health Professions,
Nurses and Midwives
Mrs H Borland, Head of Clinical Governance and Patient
Safety, NHS Quality Improvement Scotland
Mr N J Agnew, Corporate Affairs Manager/Board
Secretary (Secretariat)

APOLOGIES Mr K A Small, Director of Organisational Development

1. WELCOME

Mrs Nelson welcomed the members to the meeting. She extended a particular welcome to Hazel Borland, who was attending to speak to members on the role of the Clinical Governance and Patient Safety function within NHS QIS.

2. CLINICAL GOVERNANCE AND PATIENT SAFETY – NHS QUALITY IMPROVEMENT SCOTLAND

Hazel Borland reminded members of the origins of Clinical Governance. She highlighted the purpose of NHS QIS, viz: to improve the quality of healthcare in Scotland by setting standards and monitoring performance, and by providing advice, guidance and support on effective clinical practice and service improvements. She advised that the principal purpose of the Clinical Governance and Patient Support Unit was to support the implementation at, and further the development of Clinical Governance and Patient Safety across NHS Scotland. She outlined the principal elements of the Clinical Governance

and Patient Safety Support Unit Work Programme, which aimed to support NHS Boards in ensuring that: patients were as safe as possible; risks were managed; care was effective; there was continuous quality improvement; staff were competent and fit to practice; and experience informed learning. She outlined progress in a number of areas of support and development and networking and information sharing. She sought guidance from members on the application of the Unit's work to NHS Lanarkshire, including the relationship that the Unit should have with the Board's Clinical Governance Committees, and the way in which NHS Lanarkshire might influence the work of the Unit.

In response to a question from Dr Browning about the NHS QIS role in intervening in cases of significant failure, Hazel Borland explained that NHS QIS had processes in place to respond to indications from SEHD that the Unit should investigate serious service failure although, to date, the Unit had not been asked, either by a Board or by SEHD, to intervene. She also explained that there was, as yet, no formal agreement or definition of a serious service failure, which would serve as a 'trigger' for intervention.

In response to a question from Dr Moir about the completeness of incident reporting, Hazel Borland highlighted the position set out in *Safe Today, Safer Tomorrow*, which suggested that the position was comparable with that in other countries.

Mrs Nelson expressed appreciation to Hazel Borland for her attendance and for the information shared with the Committee about the NHS QIS role and the work of the Clinical Governance and Patient Safety Support Unit.

Members would reflect on the issues and questions raised by Hazel Borland and would consider them further at the next meeting of the Committee.

Action: Members

3. MINUTES

The Minute of the meeting held on 30 October 2006 (circulated), was approved.

4. MATTERS ARISING

i) Support and Development of Committee Members

Mr Agnew reported that the NHS Board Chairman was finalising his 1:1 interviews with Non Executive Directors. The output from these interviews would inform a training and development programme for Non Executive Directors. This would also be informed by utilising a structured questionnaire to confirm development needs. Further progress in this area would be reported to the Committee at its meeting in February 2007.

Action: Neil Agnew; Kenny Small

Mrs Nelson referred to previous discussion on the proposed Glasgow Caledonian University Programme, and restated Members' views that the content and time commitment involved were not considered relevant to the needs of Non Executive Directors.

Hazel Borland acknowledged this view. She advised that NHS QIS had on its website an on-line resource which was in the end stages of development, in collaboration with National Education Scotland. She also explained that the Glasgow Caledonian University Master classes were independent of the Modules and Certificate courses.

Mrs Nelson reported that she had attended the module on "Saying Sorry", which she had found helpful.

ii) Food, Fluid and Nutritional Care in Hospital

Mrs Nelson advised that this issue had been raised at a recent meeting of the Acute Operating Management Committee, within the context of the Audit Scotland report on Catering for Patients, which had been noted by the Board's Audit Committee at its meeting on 12 December 2006.

Mr Wilson explained that the work being taken forward in this area would take account of extant NHS QIS Standards and the findings of the Audit Scotland report on Catering for Patients. He tabled, for members, copies of the NHS Lanarkshire QIS Nutrition in Hospitals Work Programme: April 2006 – March 2007; a draft Food, Fluid and Nutritional Care Strategic Plan; and a consultation draft NHS Lanarkshire Food and Health Policy. He highlighted the requirement for Food and Catering Policies to reflect diversity. He explained that the Food and Health Policy and the Food, Fluid and Nutritional Care Strategic Plan would be presented to the NHS Board for consideration early in the New Year. He also confirmed that detailed consideration was being given to the conclusions and recommendations from the Audit Scotland report on Catering for Patients.

Mrs Nelson referred to consideration within the Acute Division of under-nutrition and ensuring nutritional balance, and highlighted information from the Associate Director of Nursing at Monklands Hospital that there was, currently, no screening tool to measure nutritional status.

Mr Wilson advised that this issue was currently being considered by Dietetic staff. He also confirmed that a professional lead for Dietetics had now been appointed, whose role would encompass this issue across the system.

Mr Wilson emphasised that the draft NHS Lanarkshire Food and Health Policy was intended for the resident population, rather than exclusively for patients in hospital. Mrs McCormick confirmed that the draft policy was being considered by the Area Clinical Forum. She would arrange for the Area Clinical Forum to also consider the NHS Lanarkshire QIS Nutrition in Hospitals Work Programme and the draft Food, Fluid and Nutritional Care Strategic Plan .

Action: Mrs McCormick

These issues would be the subject of a further report to the Committee at its meeting in February.

Action: Mr Wilson

Mrs McCormick highlighted the specialist needs of children in educational establishments, and suggested that there was a requirement for policies and procedures for professionals to underpin the tabled documents.

Mr Wilson confirmed that there was a range of procedures in place currently, and acknowledged that there would be a requirement to review these in the context of the documents before the Committee, to inform decisions on the need for further procedures documents for professionals.

Action: Mr Wilson

Mr Wilson also confirmed that issues such as procedures for missed meals would be addressed through the development and implementation of action plans for the policies.

Action: Mr Wilson

iii) A Picture of Health

Dr Browning reported that the outcome of a high level Risk Assessment by Tribal had been considered in detail by the Risk Management Steering Group. Executive Leads for each area of risk had been identified, and they were charged with reviewing the risk and producing action plans around the risks. The further consideration of these issues would be taken forward through the individual A Picture of Health Programme Boards.

Dr Browning highlighted a risk in relation to capacity within the system to take forward the necessary planning for implementation, and advised that this currently was being given consideration, including in relation to the need for external consultancy, expansion of the Risk Management Department or a combination of both.

It was agreed that, when in post, the new Medical Director would be asked to bring quarterly reports to the Committee on progress in the key areas of risk.

Action: Medical Director

In the meantime, Minutes of Meetings of the Risk Management Steering Group would routinely be made available to the Committee for consideration.

Action: Mr Agnew

iv) Risk Management

The Committee considered correspondence of 18 October 2006 from the Director of Performance Assessment and Practice Development at NHS QIS, in relation to *NHS QIS and Audit Scotland approach to Streamlining Governance and Risk Management visits* (circulated).

Dr Browning advised that, typically, relevant NHS QIS and Audit Scotland reports were considered by each of the Governance Committees, given the inevitable areas of overlap, in order that the respective Committees could form a view on assurance, and confirm assurance to the Audit Committee, as an essential element of the Annual Accounts process. Further consideration would be given to whether a meeting with the Director of Performance Assessment and Practice Development at QIS would be worthwhile. In the event that a meeting was considered appropriate, representatives from each of the Governance Committees would be invited to participate. This issue linked also to the agenda item relating to correspondence of 10 November 2006 from NHS QIS re Multi-agency Collaborative Working Project.

v) Draft Report on NHS QIS Healthcare Governance and Risk Management Visit

The Committee considered the draft report of the 7 September 2006 NHS QIS Healthcare Governance and Risk Management visit (circulated).

Dr Browning confirmed that the final report on the visit had now been issued. This would be made available to the Committee. He advised that, in time, there would also be a national overview report produced, which would be helpful in terms of assessing the NHS Lanarkshire position in relation to other NHS systems across Scotland.

Members noted the draft report, and agreed to give further, detailed consideration to the final report at the next meeting of the Committee.

Action: Mr Agnew

vi) Terms of Reference

In relation to the issue of a Patient Representative, Mr Wilson reported that the A Picture of Health Stakeholder Engagement Group, which he led, was producing a framework for engaging with the public. This would be made available to the Committee at its next meeting in February 2007.

Action: Mr Wilson

The issue of Term of Office for members of Governance Committees would feature in the report to the NHS Board early in the New Year on the Review of Committee Arrangements.

Action: Mr Agnew

Dr Browning advised that the position of Associate Medical Director of Clinical Governance had been discussed initially with Dr Alison Graham, Medical Director Designate, and she had undertaken to give further consideration to this issue.

The issue of attendance by the NHS Board Chairman and Chief Executive at meetings of the Committee would be confirmed.

Action: Mr Agnew

The proposed change of the name of the Committee to "Clinical Governance Committee", would require to be formally approved by the NHS Board. It would, therefore, be reflected in the report to the NHS Board on the Review of Committee Arrangements. Prior to this, Dr Moir would take views on this issue from colleague Directors of Public Health.

Action: Mr Agnew; Dr Moir

5. MEMORANDUM OF UNDERSTANDING BETWEEN THE CARE COMMISSION AND NHS LANARKSHIRE

The Committee considered a Memorandum of Understanding between the Care Commission and NHS Lanarkshire.

Mr Wilson explained that the Memorandum of Understanding reflected policies and procedures for the Board's relationship with the Care Commission as the regulator of non-NHS providers of care. He advised that the Care Commission regulatory powers did not extend to establishments where the NHS provided the medical staff and controlled the administration and discharge of residents. This should be regulated by the Board through the contractual relationship.

6. INTERNAL AND EXTERNAL AUDIT

The Committee considered the Internal Audit Annual Operational Plan 2006/07 and the Pricewaterhouse Coopers Audit Approach 2006/07 (circulated).

Mrs Nelson sought clarification on the process for developing the Audit Plan and the Committee role in that process.

Dr Browning advised that Executive Leads should bring relevant Audit Reports to the Committee, along with an indication of management actions to address Audit recommendations. Whilst acknowledging the legitimate interest of the Committee in the Audit Plan, he highlighted the need to differentiate between Internal Audit and Clinical Audit.

Members asked to receive relevant Internal and External Audit reports.

Action: Medical Director; Mr Agnew

7. HEALTH AND CLINICAL GOVERNANCE STEERING GROUP MINUTES

The Minutes of Meetings of the Health and Clinical Governance Steering Group Minutes held on 17 July 2006 and 18 September 2006 (circulated), were noted.

8. SURGICAL PROFILE

The Committee considered a Surgical Profile for NHS Lanarkshire (November 2006), from NHS National Services Scotland and NHS Quality Improvement Scotland (circulated).

Dr Browning explained that the document was, essentially, for Members' information. He confirmed that Rosemary Lyness and the Surgery and Critical Care Division had been charged with considering the best use of the information contained within the profile. He suggested that it might be appropriate for Rosemary Lyness and relevant colleagues to attend a future meeting of the Committee to present on this issue.

Members noted the Surgical Profile for NHS Lanarkshire and agreed to invite Rosemary Lyness and relevant colleagues to a future meeting of the Committee.

Action: Dr Browning

9. NHS QIS MULTI-AGENCY COLLABORATIVE WORKING PROJECT

The Committee received and noted correspondence of 10 November 2006 from NHS QIS re Multi-Agency Collaborative Working Project (circulated).

10. PROGRESSING OUTCOMES AND QUALITY ASSURANCE IN SERVICES PROVIDED BY ALLIED HEALTH PROFESSIONS, NURSES AND MIDWIVES

The Committee considered a paper from Mr Wilson on progressing outcomes and Quality Assurance in Services Provided by Allied Health Professions,

Nursing and Midwives (circulated).

Mr Wilson explained that the focus for the work was an increasing recognition of the need to refocus aspects of services on the fundamentals of care. He reported on discussions with Dr Anne Hendry, with particular regard to the development of a Managed Clinical Network for Older People. He also highlighted the role of the Practice Development Centre in relation to Allied Health Professions, Nurses and Midwives. He highlighted, as priorities, the importance of therapeutic relationships, ensuring that medication was safe and to time, and Healthcare Associated Infection. He advised that the product of these discussions and considerations would inform a Project Plan/Work Plan, which would be brought to a future meeting of the Committee.

Action: Mr Wilson

He advised also that the process indicators from the work should help to inform the development of objectives for Ward Sisters and Team Leaders.

Mr Wilson also confirmed that the following week would be a “week of action” on Insulin administration. He would report on the outcome of this initiative to the next meeting of the Committee in February.

Action: Mr Wilson

11. SYNOPSES AND ACTION PLANS

The Committee considered Synopses and Action Plans, as follows:

- a) Ombudsman Report Reference: 5992
- b) Ombudsman Report Reference: 5814
- c) Ombudsman Report Reference: 5050
- d) Claim Reference: WP301-144
- e) Claim Reference: WP12/02/3
- f) Claim Reference: MP01/3/4
- g) FAI Determination – Mr J McL

Dr Browning confirmed that the Synopses and Action Plans had already been the subject of detailed consideration through the Divisional mechanisms, and by the Health and Clinical Governance Steering Group.

Members noted the principal issues arising from the various reports, and the actions being taken in response to findings.

12. AGENDA ITEMS FOR CONSIDERATION AT NEXT MEETING

- i) Surgical Profiles – report from Rosemary Lyness and colleagues.
- ii) Research Governance – Dr Moir to confirm.

13. ANY OTHER COMPETENT BUSINESS

i) Dr John Browning

Mrs Nelson reminded members that this represented the last meeting of the Health and Clinical Governance Committee which Dr Browning would attend prior to his retriial at the end of December 2006. She expressed her, and members' appreciation to Dr Browning for the guidance and leadership that he had provided to the Committee in the discharge of its Governance responsibilities, and for his diligent attendance at and support for meetings of the Committee. She extended to Dr Browning sincere best wishes for his retirement.

14. DATE OF NEXT MEETING

Monday 19 February 2007 at 1.30 pm.

NJA/OD
11 January 2007