

Lanarkshire NHS Board

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**MEETING OF HEALTH AND CLINICAL GOVERNANCE COMMITTEE
HELD ON MONDAY 19 FEBRUARY 2007 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)
Mrs N Mahal, Non Executive Director
Mr D H Clark, Non Executive Director

IN ATTENDANCE: Mr P K Corsar, NHS Board Chairman
Mr P Wilson OBE, Director for Allied Health Professions,
Nurses and Midwives
Mr K A Small, Director of Organisational Development
Mrs R Lyness, General Manager, Surgery and Critical Care
Dr J Burns, Lead Clinician, Surgery and Critical Care
Mrs C McGhee, Risk Manager
Mr N J Agnew, Corporate Affairs Manager/Board
Secretary (Secretariat)

APOLOGIES Mrs D McCormick, Non Executive Director
Dr D C Moir CBE, Director of Public Health

1. WELCOME

Mrs Nelson welcomed members and attendees to the meeting. She extended a particular welcome to Ken Corsar, Rosemary Lyness, Jane Burns and Carol McGhee.

2. SURGICAL PROFILES

Mrs Nelson reminded members that the NHS National Services Scotland/NHS Quality Improvement Scotland report – *Surgical Profiles NHS Lanarkshire (November 2006)*, had been considered by the Committee at its previous meeting. She invited Mrs Lyness and Dr Burns to highlight from the report the principal issues for NHS Lanarkshire.

Mrs Lyness explained that the report was, essentially, a suite of indicators, drawn from a variety of sources, developed by NHS Quality Improvement Scotland and the Information Services Division, and served as a dataset to enable analyses of services by Managers and Clinicians. She explained that

the purpose of the Surgical Profiles was to: encourage local economies to routinely use indicators in their wider effort to improve Clinical Services; draw conclusions and develop plans; and develop a culture of continuous improvement, safety and effectiveness of Surgical Services. She advised that the NHS Lanarkshire approach to the use of the data saw the information disseminated widely to interests, to seek comment, and collation and review of the responses by the Divisional Clinical Director on behalf of NHS Lanarkshire.

Dr Burns outlined the extent to which the compilation of the Surgical Profiles was informed by collaboration between the Information Services Division and NHS Quality Improvement Scotland. She highlighted the key principles involving comparisons over a period of time (quarterly for 5 years) in the areas of Surgery in general, General Surgery and Vascular and Orthopaedics and Trauma, and benchmarking by Board/DGH, with Scottish average and Board areas. She also outlined the principal issues which the Surgical Profiles encompassed, in relation to Surgery in general, General Surgery and Vascular and Orthopaedics and Trauma.

Dr Burns explained that the Surgical Profiles had been disseminated throughout the Division to involve all Surgeons. This included the Clinical Divisional Management Team, Clinical Directors, Consultants and the Clinical Board. Consideration had also been given to the completeness and the quality of the data, with particular regard to coding, timeliness and trauma data. She highlighted the principal conclusions drawn from this exercise. These confirmed: high levels of participation in recognised national clinical audit; very little variation from national averages across all indices; and that variations may be influenced by other factors, such as demographics/ageing population, social deprivation/co-morbidity, and day case rates.

Dr Burns also outlined the priority investigations and actions arising from the consideration given to the Surgical Profiles. These involved: re-emphasising the value of clinical coding; recognising the input of the Trauma Audit Nurse; the need for additional trauma sessions at Hairmyres and Wishaw and improved evening/weekend theatre cover at Wishaw; the requirement for annual review at Divisional level; and the potential future use of the Surgical Profiles in Consultant appraisal/Job Plan Reviews/Revalidation.

In response to a question from Mrs Nelson about the extent to which Consultant staff embraced the Surgical Profiles, Dr Burns explained that there was amongst Consultants an acceptance of their use as a management and clinical tool. She explained that there was greater recognition by Consultant staff for the National Audit data, and she highlighted the extent to which Audit data had been successful in changing the face of surgery and surgical outcomes, both locally and across the NHS in Scotland. She also emphasised the role of audit of this nature in positively bringing quality into the system, as well as identifying poor performers.

Mrs Lyness stressed that clinical and managerial information of this nature was utilised on a regular basis. However, the Surgical Profiles presented the

information in a suite. She also explained that the reorganisation of the Medical Records function across NHS Lanarkshire should help with coding issues.

In response to a question from Mr Clark about adjustment for case mix, especially in smaller specialties, Dr Burns explained that this would be difficult using the Surgical Profiles on their own, but could be more achievable utilising the data along with data from the National Theatres Project, which included data about the patient and the associated risk factors. Mrs Lyness highlighted the extent to which the existence of a single theatre system in Lanarkshire facilitated the production of the necessary data.

Mrs Nelson expressed appreciation to Mrs Lyness and Dr Burns for their attendance and for the information shared with the Committee. She suggested that it would be appropriate to invite them back to a future meeting of the Committee to update members on progress.

Action: Mr Agnew

3. MINUTES

The Minute of the meeting held on 18 December 2006 (circulated), was approved.

4. MATTERS ARISING

i) Support and Development of Committee Members

Mrs Nelson tabled for members information about the NHS Education Scotland/NHS Quality Improvement Scotland Clinical Governance Web site. She reminded members of the questions posed by Hazel Borland at the conclusion to her presentation to the Committee at its previous meeting. She explained that Sir Graham Teasdale, Chairman of NHS QIS, had written to the NHS Board Chairman with an offer for him and David Steel, Chief Executive at NHS QIS, to visit Lanarkshire to meet with the Chairman and Chief Executive to discuss the NHS QIS role. Consideration was currently being given to extending the visit to encompass a wider meeting with Board Members, in Seminar mode, in order that the Board might better understand the breadth of the NHS QIS role. Mrs Nelson suggested that this might present a useful opportunity to have a discussion with NHS QIS about their approach to reviews. She suggested that it would also be appropriate to seek the views of Dr Alison Graham on this matter.

Mrs Nelson reported on recent discussions with Hazel Borland, during which Hazel Borland had commented on the size of the Health and Clinical Governance Committee relative to the size of Committees within other systems of which she had experience. It was agreed to ask NHS QIS if they would be prepared to draw together and make available to the Committee some comparative data to inform a 'baseline' for Committee membership.

Action: Mr Agnew

Mrs Nelson highlighted the arrangements for the construction of agendas for meetings, and suggested that consideration might be given to a more structured approach.

Mr Wilson reminded members that the Clinical Governance Strategy remained to be finalised. He also highlighted the need for the production of a Work Plan for the Health and Clinical Governance Steering Group, which would be informed by the Director of Public Health Annual Report; the Clinical Governance Annual Report; and the Risk Register. The combination of these documents should provide a basis for the identification of Governance issues for consideration by the Committee.

Mr Small reminded members that he had recently circulated to Executive and Non Executive Directors a paper which summarised the outcome of the 1:1 interviews which the Board Chairman had had with Non Executive Directors, and identified the key training and development issues that had arisen from those interviews. The paper had also set out a proposed way forward in addressing the training and development needs highlighted. Mr Small confirmed that the response to the proposals from Executive and Non Executive Directors had been positive.

Mr Small explained that he was hoping to build on the work being taken forward nationally by Steve Conway, Director of Planning with National Services Scotland, in the area of Non Executive Director development. It was also proposed to utilise local resource, where appropriate, to deliver training and development, bringing in external resource only as required to supplement in-house capacity and capability. Currently, Morag McDermid, within the Organisational Development Directorate, was seeking to create a 2 – 3 hour session to address each of the areas for training and development identified. It was agreed that the work undertaken in recent months, most particularly the Board Chairman's 1:1 interviews with Non Executive Directors, meant that the structured questionnaire had now been superseded.

In discussion, there was recognition of the potential benefits of pursuing a Regional approach to training and development for Non Executive Directors, bringing not only economies of scale, but also benefits of networking.

Action: Mr Small

ii) Food, Fluid and Nutritional Care in Hospital

The Committee considered a draft Food, Fluid and Nutritional Care in Hospital: Policy and Strategic Plan (circulated).

Mr Wilson explained that the draft Plan addressed the specific issue of clinical Food, Fluid and Nutritional Care in Hospital, addressing the 36 actions within the NHS QIS assessment, and the social and cultural aspects of Food, Fluid and Nutrition. He highlighted the distinction between the draft Plan and the draft Food and Health Policy which currently was out for consultation, which was a Public Health document focussed on visitors and staff. He explained that the draft Plan had already been considered by the Area Clinical Forum, and would be considered by a number of other relevant groups prior to formal presentation to the NHS Board for approval in April or May 2007. He confirmed that the Food, Fluid and Nutritional Care Group was now well established, and that a further clinical group was being established specifically to address the issue of patients with complex nutritional needs.

Mr Wilson acknowledged issues raised in discussion about the financial implications of implementation and the soon timescales for implementation. He explained that the financial implications would be assessed and confirmed that the timescales for implementation were in the main realistic, in terms of set-up, with coverage being longer term.

Mrs Nelson raised the issue of the lack of an appropriate screening tool for nutrition. Mr Wilson explained that although there were various screening tools available, there was no standard screening tool acknowledged for use within the service. He highlighted the use of assessment tools by dietitians, post-screening for individuals identified with particular nutritional needs. He explained that there was a requirement for current practice in relation to Food, Fluid and Nutrition to be codified to a greater extent than it was currently, including a fundamental review of the approach to mealtimes for patients.

Mr Wilson would continue to take forward the dialogue with interests about the draft Food, Fluid and Nutritional Care in Hospital, Policy and Strategic Plan, and would update members on progress at a future meeting.

Action: Mr Wilson

iii) A Picture of Health

Mr Wilson reported that the Corporate Management Team had agreed to further develop the high level risk assessment. The CMT had also recognised Risk Management capacity issues, and had agreed to enhance capacity through the permanent appointment of one additional whole time equivalent Risk Manager, and the use of a level of external Risk Management Consultancy for 12 months, in the first instance.

Mrs McGhee confirmed that tenders had been received from interested Risk Management Consultancies, and a date had been set for the selection panel to meet to consider submissions. A further update on this matter would be reported to the Committee at its next meeting.

Action: Mr Wilson, Mrs McGhee

iv) Risk Management

The Committee considered the NHS QIS *Governance and Risk Management Local Report* (circulated).

Mr Wilson explained that beyond the submission of the Local Report, there was a need to consider the further action which the system required to take to meet the NHS QIS Standards. He advised that he was due to attend a meeting later that afternoon at which consideration would be given to this issue, and he undertook to report back to the Committee at its next meeting.

Action: Mr Wilson

Members noted the principal findings of the NHS QIS visit and the assessment scores which, generally speaking, confirmed significant progress from the previous NHS QIS visit. Members also expressed some disappointment at the apparent failure to fully acknowledge the extent of progress in some areas, although it was recognised that this may reflect the fact that implementation was still in process at the time of the NHS QIS visit. As such, monitoring and review arrangements would not have been sufficiently developed to achieve recognition by NHS QIS. It was felt that there would be some merit in considering the extent to which the NHS QIS comments on monitoring and review were accurate.

Action: Mrs McGhee

Mrs Nelson suggested that there might be a legitimate question as to the value of reviews. Mr Wilson explained that this was more tangible for reviews of Clinical Services than it was for reviews of process.

The Local Report would be considered in further detail by the Risk Management Steering Group, in order that actions could be identified prioritised and programmed.

Action: Mrs McGhee

Members noted the Minutes of Meetings of the Risk Management Steering Group held on 8 January 2007 and 5 February 2007. Mrs McGhee explained that there was an approved Schedule of Reporting to the Risk Management Steering Group, and she undertook to make this available to members.

Action: Mrs McGhee; Mr Wilson

In relation to the reference in the Minute of the February Meeting to a meeting with Dr Alison Graham about Clinical Governance arrangements, Mr Agnew confirmed that this had now been arranged for Friday 16 March 2007. He advised that the purpose of the meeting was to discuss the allocation of Executive Lead roles for the clinically focussed elements of the Corporate Objectives, and associated organisational arrangements. This would include: Health and Clinical Governance; Risk Management; Health Protection; Infection Control; Patient Safety; Clinical Effectiveness; Education/Training/Practice Development; Child Protection, etc. The discussion would also involve consideration of the balance of responsibilities between the 3 Clinical Executive Directors, how “lead” and “supporting” roles would be taken forward, and whether the current organisational arrangements (structure, infrastructure capacity and capability), were designed in the best way.

Mrs Mahal highlighted the discussion at the February meeting about the vacancy for a Nurse Consultant in Child Protection. Mr Wilson explained that efforts to date, including following reconfiguration of the Job Description, had not brought success in recruitment. The approach to filling the position was therefore being reviewed, including in relation to ‘head hunting’ a suitable candidate, and whether it was necessary for the position to be filled by a Nurse. He confirmed that interim arrangements were in place, in order to ensure that there was appropriate coverage in the discharge of the Board’s Child Protection responsibilities.

v) Terms of Reference

a) Patient Representatives

Mr Wilson advised that Shona Welton, Head of Patient Affairs, had compiled a report on Patient and Public Involvement. This would help to inform discussions that he would have with the Chairs and Vice Chairs of the Public Partnership Forums about how best to utilise the PPF contribution to engagement, including in the area of Health and Clinical Governance.

Mrs Nelson suggested that NHS QIS may have a view on Patient and Public Involvement in the area of Health and Clinical Governance. Mr Wilson would pursue this issue with NHS QIS, including in relation to the extent of Patient and Public Involvement in Health and Clinical Governance within other NHS systems.

Action: Mr Wilson

b) Associate Medical Director for Clinical Governance

Mr Wilson reported that a decision on the appointment of an Associate Medical Director for Clinical Governance would be informed by discussions that he would have with Dr Moir and Dr Graham, and by the discussion at the wider meeting with Dr Graham on 16 March 2007. He would report further on this issue at the next meeting of the Committee.

Action: Mr Wilson

c) Term of Office and Name of Committee

Mr Agnew confirmed that these issues would feature in the report to the Board on the Review of Committee Arrangements.

Action: Mr Agnew

vi) Progressing Outcomes in Quality Assurance in Services provided by Allied Health Professions, Nurses and Midwives

Mr Wilson reported that the arrangements around a Project Plan/Work Plan were now being put in place. This included the establishment of a Practice Development Board which would consider issues in relation to the process of care delivered. He advised that NHS Lanarkshire was one of the designated centres of responsibility for taking this work forward. As such, one off funding had been allocated by the Chief Nursing Officer to resource work on the development of Outcome Indicators for nursing care. Funding had also been allocated to NHS Lanarkshire for work in relation to developing the roles of Senior Charge Nurses, with a focus on developing them to be principal individuals responsible for the quality of care delivered either in Wards or in the Community.

Mr Wilson reported also that a national exercise was being taken forward involving obtaining feedback from patients on their actual experiences of the service. He reported on agreement with Dr Anne Hendry on a programme of joint work between the Practice Development Centre and the newly established Care Network for Older People, in relation to developing standards and assessing practice against those standards.

Mr Wilson advised that all of the foregoing initiatives would be linked to the setting of objectives for Charge Nurses and Team Leaders for Performance Year 2007/2008.

Mr Wilson would update members on the progress of these issues at the next meeting of the Committee.

Action: Mr Wilson

vii) Insulin Audit

Mr Wilson reported that during the “week of action” new Insulin administration prescribing and recording sheets had been introduced across the system and all relevant staff had been briefed. A follow-up review towards the end of January confirmed that material progress had been made in these areas. He stressed that further consideration remained to be given to the means of providing a sustainable safe standard of care, and he highlighted the contribution of the Ward Sister role, Junior Doctor Education, Training and Development, and the progress in the introduction of the National Computerised Drug Administration System to this end.

5. HEALTH AND CLINICAL GOVERNANCE STEERING GROUP

Members received and noted the Minute of the Meeting of the Health and Clinical Governance Steering Group held on 1 December 2006 (circulated). It was noted also that the meeting of the Steering Group scheduled for 15 January 2007 had been cancelled.

6. ITEMS FOR CONSIDERATION AT NEXT MEETING

i) Research Governance - Dr Moir

7. ANY OTHER COMPETENT BUSINESS

i) NHS QIS Networking Event

Mrs Nelson reported that she and Mr Clark had attended the latest NHS QIS Networking Event during the course of the previous week, and found this to be helpful.

She highlighted a presentation from NHS Fife on the subject of Independent Care Provider Arrangements, where NHS Fife had suggested that it might be appropriate for other systems to make use of the arrangements they had put in place. Mrs Nelson would make available to Mr Wilson the Independent Sector Provider Pre-contract Checklist used in NHS Fife.

Action: Mrs Nelson

Mrs Nelson highlighted also a presentation by the Principal Inspector with the Health and Safety Executive about the prosecution of healthcare

organisations for failures in the area of patient safety. This included the potential for HSE to become involved in cases of Healthcare Associated Infection.

Discussion at the Network had raised the issue of Non Executive Directors accompanying Clinicians on Ward Visits and reporting on particular issues, a practice which had been adopted successfully within other NHS systems. It was agreed that this matter would be discussed further with Dr Alison Graham.

Action: Mr Wilson

Mrs Nelson reported that the next Clinical Governance Networking Meeting was scheduled for 24 May 2007, with an intention to hold further meetings during week commencing 20 August 2007 and week commencing 3 November 2007.

Mrs Nelson reported on information from Hazel Borland at NHS QIS about a GP led initiative being taken forward in NHS Tayside and in NHS Forth Valley in relation to Patient Safety in Primary Care. Hazel Borland had also highlighted the need to identify Non Executive Directors to join the Clinical Governance Reference Forum.

ii) Master Class

Mrs Nelson reported on a Master Class being run on 7 March 2007 by Glasgow Caledonian University/The Medical and Dental Defence Union of Scotland on the subject of Implementing Clinical Governance – The Board's Involvement in Managing Risk.

8. DATE OF NEXT MEETING

Monday 16 April 2007 at 1.30 pm.

NJA/OD
20 February 2007