

Lanarkshire NHS Board

14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



**MEETING OF HEALTH AND CLINICAL GOVERNANCE COMMITTEE
HELD ON MONDAY 22 OCTOBER 2007 AT 1.30 PM IN THE COMMITTEE
ROOM, 14 BECKFORD STREET HAMILTON.**

PRESENT:

Mrs M Nelson, Non Executive Director (Chair)
Mrs N Mahal, Non Executive Director
Dr D McCormick, Non Executive Director

IN ATTENDANCE:

Mr P K Corsar, NHS Board Chairman
Dr A Graham, Medical Director
Dr D C Moir, CBE Director of Public Health
Mr K A Small, Director of Organisational Development
Dr M Cerinus, Associate Director, Practice Development
Mrs C McGhee, Risk Manager
Mrs S Welton, Head of Patient Affairs
Mr N J Agnew, Corporate Affairs Manager/
Board Secretary (Secretariat)

APOLOGIES

Mr D H Clark, Non Executive Director
Mr P Wilson OBE, Director for Allied Health Professions,
Nursing and Midwifery

1. WELCOME

Mrs Nelson welcomed members to the meeting. She extended a particular welcome to Dr Cerinus, who was attending on behalf of Mr Wilson, and to Mrs Welton, who was attending to speak to the Annual Reports on complaints for 2006/2007 and on the framework for the consideration of Ombudsman Reports, Fatal Accident Inquiry Determinations and High Value Claims Settlements.

2. MINUTES

The Minute of the Meeting of the Committee held on 18 September 2007 was approved.

3. MATTERS ARISING NOT INCLUDED ON THE AGENDA

i) Insulin Administration

Dr Cerinus reported the circumstances of 2 incidents involving insulin

administration. She highlighted the factors which had contributed to the incidents, and confirmed that, following investigations, action plans had been produced with the aim of avoiding a repetition. She assured members that the recently introduced revised procedures for insulin administration were appropriate, and would have prevented the 2 incidents had they been followed, since the failings in both cases were attributable to human error.

4. ANNUAL REPORTS ON COMPLAINTS 2006/2007

The Committee considered Annual Reports on Complaints for the Acute Division and the Community Health Partnerships for 2006/2007.

Mrs Welton stressed that complaints, both formal and informal, and learning from complaints, were taken seriously at an operational level. She highlighted the steady downward trend in recent years in the numbers of complaints, and the NHS Lanarkshire performance on response times which, against a Scottish average of 59% compliance, was 83% for the Community Health Partnerships and 99% for the Acute Division. She acknowledged that whereas the Annual Report for the Acute Division included comparative information on issues raised in complaints in previous years, this was not reflected within the Annual Report for the Community Health Partnerships. She confirmed that comparative information for the CHPs was available, and undertook to ensure that this was included in future Annual Reports.

Action: Mrs Welton

She also confirmed that the national pilot on equality monitoring for complaints was ongoing, with an intention to translate the outcome into Standard Operating Procedures which would be issued to the service in 2008. She outlined NHS Lanarkshire's participation in the pilot, and confirmed that letters of acknowledgement issued to complainants included an Equality Monitoring form which complainants were requested to complete and return directly to the Information and Statistics Division. She confirmed that future reporting to the Committee on complaints would encompass Equality Monitoring. She acknowledged the extent to which attitude and behaviour continued to feature in complaints, and confirmed that there were ongoing programmes of Customer Care training for staff, with training provided annually to several hundred staff members, including Consultant Medical Staff and other Clinicians. Customer Care Training was also embedded within the activities of the Practice Development Unit.

Dr Moir suggested that there may be a tension between adherence to protocols and the therapeutic relationship between Clinicians and patients.

Mr Small confirmed that Customer Care training would continue to feature in the Learning Plan, currently being rolled out across Lanarkshire, and also was a feature of the Knowledge and Skills Framework. Dr Graham confirmed that Customer Care training also was a feature of the Patient Safety Programme, currently being rolled out across the NHS in Scotland.

5. FRAMEWORK FOR REVIEW OF FATAL ACCIDENT INQUIRY DETERMINATIONS, OMBUDSMAN REPORTS AND HIGH VALUE CLAIMS SETTLEMENTS

The Committee considered a high level framework, in flow-chart form, for the Review of Fatal Accident Inquiry Determinations, Ombudsman Reports and High Value Claims Settlements.

Mrs Nelson acknowledged that this was helpful, but suggested that it might usefully be expanded to clarify the roles of the various Committees and Groups, including the Health and Clinical Governance Committee, in relation to reports.

Dr Graham undertook to develop the Framework further with Mrs Welton and to bring a revised version to the next meeting of the Committee.

Action: Dr Graham

6. MATTERS ARISING FROM MEETING ON 18 SEPTEMBER 2007

6.1 Health and Clinical Governance Strategy and Structures

The Committee considered the report of the Workshop event held on 27 August 2007 to consider the Health and Clinical Governance Strategy and Structures.

Dr Graham advised that the further development of the Strategy and Structures was being overseen by a Steering Group comprising herself, Dr Moir, Mr Wilson and Mr Walker. Consideration was currently being given to the finalisation of a Job Description for the position of Associate Director for Health and Clinical Governance, which would be made available to the Committee in draft for consideration. Dr Graham advised also that an update on the development of the Health and Clinical Governance Strategy and Structures would feature in the programme for the Development Event scheduled for 1 and 2 November 2007 at the Beardmore Hotel and Conference Centre.

6.2 Clinical Governance Network

The Committee received and noted the Minute of the Network Meeting held on 21 August 2007.

Mrs Nelson highlighted from the Minute, the consideration given to the Patient Safety Programme and the Safer Patient Initiative component of the programme, the national Patient Satisfaction Survey, and access to child records in connection with the joint Social Work, Health and Education Inspection of Children's Services and Board self-assessment of Children's Asthma Services. Mrs Nelson confirmed that the next meeting of the Network was scheduled for 8 November 2007.

6.3 Business Continuity Planning

Dr Moir reported that the Business Continuity Planning Steering Group, which she chaired, continued to meet, to consider the further development of the Strategic Business Continuity Plan. She advised that the Steering Group was due to meet again during the course of the following week, when consideration would be given to progress in the completion of the departmental template which, she confirmed, included planning for loss of service. She reported, also, that the future executive leadership of Business Continuity Planning would be considered by the Corporate Management Team in light of discussions during a recent visit to Lanarkshire by the National Emergencies Planning Officer. Dr Moir confirmed that the draft Business Continuity Plan would be taken to a number of relevant Committees and Groups, including the Health and Clinical Governance Committee, for consideration.

Action: Dr Moir

6.4 Action Plan – NHS QIS Report on Clinical Governance and Risk Management

Dr Cerinus reported that a draft paper had been issued by Mr Wilson to a range of interested parties for comment. She advised that the paper would be revised in light of comments received, and would be submitted to the next meeting of the Health and Clinical Governance Committee for consideration. Mrs McGhee suggested that a fundamental consideration related to the actions necessary to improve the NHS Lanarkshire rating.

Action: Mr Wilson

Dr Graham advised that she was in discussion with the General Manager for IM&T about Information Governance and would report further on the outcome of discussions to the next meeting of the Committee.

Action: Dr Graham

6.5 Patient Safety Programme

Dr Graham reported that the Chief Medical Officer was due to visit Lanarkshire on 5 November 2007 to discuss with the Corporate Management Team the roll-out of the Patient Safety Programme to Lanarkshire. She acknowledged the need to include Primary Care in the programme, which currently covered only the Acute setting. She advised that this would be the subject of an update to participants at the Development Event in the Beardmore Hotel and Conference Centre on 1 and 2 November 2007. She advised that she would be submitting a recommendation to the Corporate Management Team on 25 October 2007 for the identification of Project Management support for the introduction of the Patient Safety Programme in Lanarkshire. This work would be prefaced by the completion of a baseline assessment of Patient Safety issues which was to be submitted to the Scottish Government Health Department by December 2007, and would be made available to the Committee.

Action: Dr Graham

6.6 Health and Clinical Governance Annual Report 2006/2007

Mrs Nelson reported on discussions with Dr Graham about the arrangements for the production of the Annual Report 2006/2007. Dr Graham would take this matter forward, including through inviting updates from across the system against the Annual Report 2005/2006. She would report further on progress to the next meeting of the Committee.

Action: Dr Graham

6.7 Food, Fluid and Nutritional Care in Hospital – Policy and Strategic Plan

Mrs Nelson was pleased to report she had been advised by Mr. Wilson that the draft Policy and Strategic Plan was to be submitted to the NHS Board for consideration on 28 November 2007, along with the Healthy Eating Policy. Thereafter, the Policy and Strategic Plan would be considered by the Committee at its meeting on 17 December 2007. Unfortunately the timing of meetings and the availability of the Plan precluded the normal process of this Committee seeing the Plan before it went to the Board.

Action: Mr Wilson

6.8 Support and Development of Committee Members

Mr Small reminded members that the programme for the training and development of Board Members had, largely, been informed by the NHS Board Chairman's one to one discussions with Non Executive Board Members. This had resulted in the articulation of development needs which were to be met through a structured programme of Board Seminars. Whilst, in recent months, the Board Seminar programme had been dominated by the Review of Accident and Emergency Services, the intention was to return as soon as possible to Seminars which addressed members' defined development needs.

Mr Corsar reported that progress was being made nationally on the development of Board Member training, encompassing Executive and Non Executive Directors.

Mr Agnew confirmed that information on particularly relevant training courses and events continued to be made available to Board Members.

It was agreed that this item could be discharged, pending the availability of any further material reports.

6.9 Baseline information from NHS QIS about Clinical Governance Committee membership within other NHS systems

Mr Agnew undertook to pursue this matter to a conclusion with NHS QIS and to bring information to the Committee at its meeting on 17 December 2007.

Action: Mr Agnew

7. INFECTION CONTROL

Mrs Nelson referred to the recently published report of the Healthcare Commission on the Outbreak of Clostridium Difficile within the Maidstone and Tunbridge Wells NHS Trust.

Dr Graham acknowledged that the Healthcare Commission Report had raised awareness, nationally, about Clostridium Difficile. She advised that there was no compelling evidence that Clostridium Difficile was a material issue within NHS Lanarkshire, but confirmed that this continued to be monitored within the overall arrangements for HAI surveillance. She updated members on the outbreak of Norovirus at Hairmyres Hospital which, at its peak, had affected in excess of 100 staff and 100 patients. She acknowledged the combined efforts of staff within Hairmyres Hospital and in Public Health which had been a material factor in bringing the outbreak rapidly under control. She advised that she would Chair a debrief meeting on 29 October 2007, the output from which would be reported to the Corporate Management Team and, strategically, to the Health and Clinical Governance Committee.

Action: Dr Graham

Dr Moir highlighted the role of the Area Control of Communicable Disease Committee, which also would consider the debrief report on the Hairmyres Incident. It was agreed that the Minutes of Meetings of the ACCDC would routinely be made available to the Committee.

Action: Dr Moir

Mr Corsar highlighted for members the potential for Healthcare Acquired Infection to feature in the Board's Annual Review scheduled for 19 November 2007.

8. RESEARCH GOVERNANCE

Dr Graham confirmed that a report on this issue, with a focus on outlining system compliance, would be brought to a future meeting of the Committee. She advised that it was the intention to bring together the currently separate Acute and Primary Care research arrangements.

Action: Dr Graham

9. HEALTH AND CLINICAL GOVERNANCE STEERING GROUP

The Committee noted that the Steering Group had met on 1 October 2007. Dr Graham confirmed that the Minute would be available for consideration by the Committee at its next meeting.

Action: Dr. Graham

10. RISK MANAGEMENT

The Committee received and noted the Minutes of Meetings of the Risk Management Steering Group in June, July, September and October 2007.

Mrs Nelson highlighted from the Minute of the June meeting, the discussion on

the draft Statement on Internal Control and sought clarification on the Health and Clinical Governance component of the Statement. Dr Graham confirmed that she had provided a Statement in relation to Health and Clinical Governance, and undertook to share future statements, in draft, with the Committee.

From the Minute of the meeting in July 2007, Mrs Nelson highlighted discussion on the audit of the administration of insulin, and sought clarification on the reporting arrangements for adverse events. Mrs McGhee confirmed that adverse events were routinely considered by each of the Hospital Clinical Risk Groups, with an overview being taken by the Acute Clinical Board. She confirmed also that adverse events were reported within the Community Health Partnerships through the Joint CHP Risk Management and Clinical Governance Committee.

From the Minute of the Meeting held in September 2007, Mrs Nelson highlighted the discussion on the National Patient Survey. Mr Corsar confirmed his understanding that the commencement of the survey was imminent.

From the Minute of the most recent meeting of the Risk Management Steering Group in October 2007, Mrs McGhee reported on progress in the development of the Acute and Community Health Partnership Operational Risk Registers. She confirmed the intention to have the Risk Registers available in electronic format, which would enhance integration, monitoring and management responses. She confirmed that funding for an additional risk management post had been identified, and outlined the arrangements in hand for appointing to the position. She advised also that the Risk Management Workplan was on schedule.

11. OMBUDSMAN REPORTS AND FATAL ACCIDENT INQUIRY DETERMINATIONS

The Committee considered and noted Synopses and Action Plans for Ombudsman Reports and Fatal Accident Inquiry Determinations, as follows:

- a) Ombudsman Report Ref: 6143
- b) Ombudsman Report Ref: 6298
- c) Ombudsman Report Ref: 6878
- d) Fatal Accident Inquiry – Mrs AH
- e) Fatal Accident Inquiry – Miss HM

It was agreed that the Committee would review the reporting arrangements in light of the revised framework (flowchart) for the review of Ombudsman Reports, Fatal Accident Inquiry Determinations, and High Value Claims Settlements, as discussed at item 5.

Dr Graham confirmed that benchmarking information, around the incidence of Ombudsman reports, was available to the system, principally through newsletters produced by the Ombudsman's Office.

12. ANY OTHER COMPETENT BUSINESS

i) **NHS Quality Improvement Scotland Healthcare Associated Infection Pilot**

Mrs Nelson reported that as part of the Pilot of new standards being developed, NHS QIS was due to visit Lanarkshire on 2 November 2007. Dr Moir stressed that the visit was an introductory stage of the Pilot rather than an Inspection, and she confirmed that arrangements were in hand.

ii) **Visit of NHS 24 Clinical Governance Committee Chairman and Head of Clinical Governance**

Mrs Nelson reported on a request from NHS 24 for their Clinical Governance Chair and the Head of Clinical Governance to attend a meeting of the Committee as observers. She advised that it was proposed that the visit take place at the December meeting, and requested that clarity on the aim and desired outcomes from the meeting was provided for members in advance.

Action: Mr Agnew

iii) **National Clinical Governance Conference**

Mrs Nelson distributed for members information about the National Clinical Governance Conference to be held on 22 and 23 January 2008, under the heading *Facing Challenges – Sharing Solutions – Delivering Quality Improvement in NHS Scotland*.

iv) **Audit Scotland Reports**

Mrs Nelson highlighted recently published Audit Scotland Reports on Long Term Conditions and Primary Care Out-of-Hours Services.

Mr Agnew reported on discussion about the reports at a recent meeting of the Board's Audit Committee within the context of attendance at the Audit Committee by representatives of Audit Scotland to discuss the further development of the relationship between Audit Scotland and Audit Committees. He advised that the Director of the South Lanarkshire Community Health Partnership, as Executive Lead for Long Term Conditions and Primary Care Out-of-Hours Services, would bring progress reports on the actions identified by Audit Scotland to the next meeting of the Audit Committee in December. These progress reports would also be brought to the Health and Clinical Governance Committee at its meeting on 17 December 2007. Mrs Nelson questioned whether such duplication was necessary and suggested that the Clinical Governance Committee was the relevant forum to receive this report.

Action: Mr Agnew

13. DATES OF MEETINGS DURING 2008

The dates of meetings of the Committee during 2008 were confirmed as follows:

Monday 18 February 2008 at 1.30 pm
Monday 21 April 2008 at 1.30 pm
Monday 23 June 2008 at 1.30 pm
Monday 18 August 2008 at 1.30 pm
Monday 20 October 2008 at 1.30 pm
Monday 15 December 2008 at 1.30 pm

14. DATE OF NEXT MEETING

Monday 17 December 2007 at 1.30 pm.

NJA/OD
24 October 2007