

DRAFT

Lanarkshire NHS Board

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**MEETING OF HEALTH AND CLINICAL GOVERNANCE COMMITTEE
HELD ON TUESDAY 19 AUGUST 2008, AT 9.30 AM 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: Mr P K Corsar, NHS Board Chairman
Dr A Graham, Medical Director
Dr D C Moir CBE, Director of Public Health
Mr P Wilson OBE, Director for Nurses, Midwives and the
Allied Health Professions
Mr N J Agnew, Corporate Affairs Manager/Board Secretary
Mrs S Welton, Head of Patient Affairs (for Item 6)

APOLOGIES: Mr D H Clark, Non Executive Director
Dr D McCormick, Non Executive Director
Mrs C McGhee, Risk Manager

1. MINUTES

The Minute of the meeting held on 23 June 2008, was approved, subject to noting at Item 6 Healthcare Associated Infection that the reference at the end of the first paragraph to a report being presented to the NHS Board at its meeting on 25 June 2007, should read 25 June 2008.

2. MATTERS ARISING

i) **Health and Clinical Governance Strategy and Structures**

Dr Graham reported that interviews for the position of Head of Clinical Governance and Risk Management were ongoing. A further update on this issue would be presented to the Committee at its meeting in October.

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ii) **Board Effectiveness – National Engagement Event on 19 May 2008**

The Committee considered the report of the Engagement Event.

Mr Corsar advised that SGHD intended to issue, by the end of the calendar year, a self-assessment tool for use in measuring Board Effectiveness. When available, this would be considered by the Committee.

iii) **West of Scotland Ethics of Research Service**

Mr Agnew reported that discussions about the transfer arrangements were ongoing. It was agreed that this item could be discharged until there was material progress to report.

3. **NHS QIS REVIEWS**

a) **Clinical Governance and Risk Management Review Action Plan (including Business Continuity and Information Governance)**

3.1 Mr Wilson reported that a Project Group, under his leadership, had been established and that a paper outlining progress to date would be submitted to the Corporate Management Team for consideration on 21 August 2008. He advised that the Project Group's work had included establishing benchmarking with NHS Tayside and with the Scottish Ambulance Service. The self-assessment return to NHS QIS which preceded the review in 2009 would be completed during September/October 2008. Confirmation had been received from NHS QIS that the review in 2009 would be against the same standards used for the initial review in September 2006, although there was an issue around the formulation of the levels of attainment which remained to be clarified.

b) **NHS QIS Review Action Plans – Role of Committee**

3.2 Dr Graham explained that the Review process involved the submission of a self-assessment against the extant NHS QIS Standards, followed by a review visit, and the issuing of a local report, firstly for comment on factual accuracy and thereafter for local action. She advised that, currently, the Clinical Governance Steering Group had the responsibility for developing action plans and actively monitoring their implementation. She invited comment from members on the most appropriate role for the Health and Clinical Governance Committee in this process.

3.3 Members were agreed that the Committee should receive the Review report when issued for local action, followed by consideration of the Action Plan developed by the Steering

Group, with “by exception” progress reports on the actions, utilising a “traffic light” system, being submitted for the Committee’s consideration on an annual basis.

- 3.4 Dr Graham undertook to develop a framework reflecting this agreement. She also undertook to set out for the Committee a timetable of the rolling programme of NHS QIS review visits, including the availability of review reports and the timescale for the development of action plans by the Health and Clinical Governance Steering Group.
- 3.5 There followed a wider discussion about the Committee’s role in relation to the range of other relevant documents, such as SIGN Guidelines and Audit Scotland reports which included explicit questions that Non Executive Directors should ask of local systems. Discussion highlighted the recent publication by Audit Scotland of reports on the GMS Contract and on Palliative Care Services. It was noted, also, that Audit Scotland had recently undertaken a substantial review of Emergency Planning and Business Continuity Planning.
- 3.6 Mr Agnew explained that as part of the review of Performance Management and reporting arrangements, the Head of Performance Management was giving consideration to a “Legislative stocktake”, aimed at providing a level of assurance that all relevant national documents (Legislation; Regulations; Departmental circulars; NHS QIS reports; Audit Scotland reports; SIGN Guidelines, etc), were received, documented and timeously actioned. He suggested that the product of this exercise should assist the Committee and the Board and its other Governance Committees in clarifying their roles in these areas and providing assurance about the discharge of the Board and Committee responsibilities.
- 3.7 With particular regard to the Audit Scotland reports mentioned, he advised that the Executive lead responsibility for the report on the GMS Contract sat with the Director of the South Lanarkshire Community Health Partnership and that the Executive lead responsibility for the report on Palliative Care Services sat with the Director for Strategic Implementation, Planning and Performance, given his role in bringing forward an updated Palliative Care Strategy for consideration by the NHS Board later in the year. He reassured members that performance issues around the GMS contract, including the Quality and Outcomes Framework, were regularly considered in detail by the Board’s Audit Committee.
- 3.8 The Chairman acknowledged the arrangements outlined, and the legitimate role for the Audit Committee. She highlighted the role for the Health and Clinical Governance Committee in

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Director**

considering and seeking assurance about relevant service issues arising from reports, such as any issues around the quality of services provided to patients under the GMS contract. The Medical Director acknowledged this view and undertook to clarify with the Director of the South Lanarkshire CHP the intended response to the Audit Scotland report on the GMS contract.

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4. SCOTTISH PATIENT SAFETY PROGRAMME

4.1 The Committee considered a paper on the Scottish Patient Safety Programme.

4.2 Dr Graham explained that the paper was intended to: provide programme background information; identify links with other NHS Lanarkshire priorities; describe the principal workstreams and their leads; provide an update on progress with the implementation of the programme; provide information on national and local programme events; provide information on risk identification and identify further actions. She advised, also, that the Institute for Health Improvement had reported positively following its visit to Lanarkshire on 10 June 2008. She suggested that it might be appropriate for the Committee to receive, at its meeting in December, a presentation on the implementation of the Programme, including relevant data. This was agreed.

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5. HEALTHCARE ASSOCIATED INFECTION

5.1 The Committee considered a Healthcare Associated Infection draft action plan which dealt explicitly with the system response to Clostridium Difficile and a schedule setting out the key issues for NHS Lanarkshire in relation to extant national guidance on HAI Roles and Responsibilities.

5.2 Dr Graham explained that she chaired an Executive Action Group which had been established in recent months to oversee a review of Infection Control arrangements in Lanarkshire and to drive forward agreed actions to enhance Infection Control and the management of HAI across the system. She explained that the Executive Action Group met fortnightly and had taken forward the development of the documents before the Committee.

5.3 She highlighted the principal issues arising from the papers, particularly with regard to the timeous availability of core surveillance data from Laboratory systems and data analysis reporting and utilisation and the development and implementation of an antibiotic prescribing protocol. She reported on the intention that the actions would become firmly embedded within the role of the reconfigured Lanarkshire Infection Control Committee which, she envisaged, would in September subsume the role currently filled by the Executive Action Group. Executive

oversight of Infection Control arrangements and Healthcare Associated Infection would, however, continue through monthly reporting to the Corporate Management Team and to the NHS Board.

- 5.4 Dr Graham reported on data submitted to Health Protection Scotland where Clostridium Difficile was recorded either as the underlying cause of death or a contributing factor to death during the period from December 2007 – May 2008. She also explained the action taken to verify the information prior to its submission to Health Protection Scotland, and outlined the action being taken in Lanarkshire towards ensuring that future recording of Clostridium Difficile on death certificates, either as the underlying cause of death or a contributing factor, was accurate.
- 5.5 Members sought assurances on the means of ensuring that there was a sufficient understanding across the system of the principal issues around HAI and about staffs' responsibilities in this regard, whether in relation to clinical or facilities issues.
- 5.6 Mr Wilson stressed that the responsibility to ensure a clean and safe clinical environment sat firmly with nursing staff.
- 5.7 Dr Graham outlined some of the key actions completed and planned towards ensuring that there was clarity in these areas. She also highlighted some of the key actions being taken to ensure that relevant messages were communicated to patients and the public. She acknowledged the issues raised by members, particularly in relation to an increasingly proactive management approach, and undertook to consider these matters further through the Executive Action Group. She also undertook to bring to future meetings of the Committee progress reports against the Action Plan and to bring to the meeting of the Committee in October the schedules of recommendations from Health Protection Scotland and arising from the Vale of Leven Hospital investigation report.

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6. **HEALTH AND CLINICAL GOVERNANCE REPORT 2006 – 2008**

- 6.1 The Committee considered a draft Health and Clinical Governance Report 2006 – 2008.
- 6.2 Dr Graham explained that it was her intention to take a finalised draft of the report, accompanied by a Health and Clinical Governance Strategy and workplan, to the NHS Board in September 2008. She acknowledged members' views about the need for further clarity in some aspects of the content and presentation of the report. She would also liaise with Dr Moir specifically in relation to the inclusion of relevant Public Health governance issues.

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7. COMPLAINTS ANNUAL REPORTS

7.1 The Committee considered Complaints Annual Reports 2007/08 for the Acute Services Division and for the North and South Lanarkshire Community Health Partnerships.

7.2 Mrs Welton highlighted a number of key issues in relation to the Annual Reports and Complaints Management, as follows:

- A reduction in the number of formal complaints within the Acute Services Division and in the North and South Lanarkshire Community Health Partnerships.
- The principal issues featuring in complaints remained: clinical treatment; staff attitude; behaviour; communications and waiting times.
- An increase in the complexity of complaints with many spanning more than one clinical specialty.
- Continuing good performance in relation to responding to complaints within 20 working days.
- 65% of complaints in the Acute Services Division and 55% of complaints within the Community Health Partnerships fully or partially upheld.
- Complaints submitted to the Public Services Ombudsman.
- The independent advice and support service commissioned by the Board through the Citizen's Advice Bureaux and the publicising of the service to patients the public and to staff.
- The development of Customer Care Standards and Plain English Standards for written communication with patients and the public, specifically in response to the Scottish Consumer Council 2007 report on the public's experience in contacting their NHS Board.
- Emphasis on the therapeutic relationship within Senior Charge Nurses' Objectives, and an event in September to explore with Senior Charge Nurses their role and experience in relation to dealing with complaints and concerns.

7.3 In discussion, Mrs Welton explained the issues in relation to the reported reduction in the number of complaints in Surgical and Orthopaedics at Wishaw General Hospital. She also provided further clarification in support of the statement within the Acute Services Division Annual Report to the effect that recent experience had shown that patient and relative expectations of the service continued to rise.

7.4 She acknowledged a view expressed about the importance of ensuring that the Board was receiving value for money in relation to investment in the independent advice and support service through Citizen's Advice Bureaux. She advised that Citizen's Advice Scotland had embarked on consideration of how they might further support the service, but this work had been placed on hold pending the outcome of an Independent Advocacy Service review of the independent advice and support service

provided by the Citizen's Advice Bureaux.

- 7.5 Mrs Welton also acknowledged the importance of follow-up to ensure the implementation of improvement actions arising from complaints, and confirmed that this, currently, was the responsibility of the Complaints Managers working with relevant ward and departmental managers.

8. **PATIENT FOCUSED PUBLIC INVOLVEMENT**

- 8.1 The Committee considered a PFPI assessment template return to the Scottish Health Council for the period July – September 2008.

- 8.2 In the course of discussion, Members sought clarification on the level of feedback on the template from the Scottish Health Council and on the level of Public Partnership Forum input to the PFPI assessment template return to the Scottish Health Council. These issues would be clarified further.

Mr Agnew

- 8.3 The Committee: approved the draft PFPI assessment template for the period to September 2008; noted that it would be submitted to MSEG on 9 September 2008, and to the Scottish Health Council by 15 September 2008; and agreed to receive a copy of the next draft third quarter return at a subsequent meeting.

9. **PATIENT AFFAIRS REPORT**

- 9.1 The Committee received and noted a Patient Affairs' report on Scottish Public Services Ombudsman Reports, Sheriff's Determinations following Fatal Accident Inquiries and Claims settled for over £25,000.

10. **MINUTES**

a) **Risk Management Steering Group**

The Committee received and noted the Minute of the Meeting of the Risk Management Steering Group held on 7 July 2008.

11. **ANY OTHER COMPETENT BUSINESS**

a) **Removal of the Deceased from Ward areas**

In response to a question from the Chairman, the Director for Nurses, Midwives and the Allied Health Professions advised that he had instigated a review of practice across the system, with a view to confirming a coherent and standardised approach to dealing with this sensitive issue. He would confirm the position to the Committee at its meeting in October.

**Director for
Nurses,
Midwives and
the Allied
Health
Professions**

12. **ITEMS FOR CONSIDERATION AT NEXT MEETING**

a) **Presentation on Information Governance**

b) **Supervision of Midwifery Annual Report 2007/2008**

13. **DATE OF NEXT MEETING**

Monday 20 October 2008 at 1.30 pm.

NJA/OD
20 August 2008.