

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 17 DECEMBER 2007 AT 1.30 PM IN EXCELSIOR
STADIUM, AIRDRIE.**

PRESENT:

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

IN ATTENDANCE:

Dr A Graham, Medical Director
Dr D C Moir, CBE, Director of Public Health
Mr P Wilson OBE, Director for Allied Health Professions,
Nursing and Midwifery
Mr N J Agnew, Corporate Affairs Manager/
Board Secretary (Secretariat)

APOLOGIES

Mr P K Corsar, NHS Board Chairman
Mr K A Small, Director of Organisational Development
Mrs C McGhee, Risk Manager

1. MINUTES

The Minute of the Meeting of the Committee held on 22 October 2007 was approved.

2. MATTERS ARISING

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

The Committee considered the Food, Fluid and Nutritional Care in Hospital – Policy and Strategic Plan, approved by the Lanarkshire NHS Board on 28 November 2007.

Mr Wilson highlighted the principal elements of the Policy and Strategic Plan. He stressed that they were designed to address a fundamental issue for patients, viz: the essential relationship between nutrition, hydration and health. He explained that there was in place a group which considered the results of quarterly catering surveys. However, he had asked the Head of Patient Affairs to establish a new group, with a remit to set standards aimed at further enhancing Food,

Fluid and Nutritional Care as a rewarding experience for patients. In establishing the group, the Head of Patient Affairs would have discussions with the Chairs of the Public Partnership Forums. Mr Wilson advised that the action dates, relating to delivery by February 2008, had been reviewed, and there was a confidence that these would be met.

Mrs Nelson reminded members of discussion at the meeting of the NHS Board, when it was agreed that a progress report on implementation would be submitted to the NHS Board in April each year. She sought clarification on the timescale for reporting to the Health and Clinical Governance Committee. She also sought clarification on the time-limited nature of the £65,000 per year of funding for 2 years only, for further audit, training and monitoring.

Mr Wilson acknowledged the need to bring relevant reports to the Health and Clinical Governance Committee. He explained that, in the first instance, the draft 2008/2009 objectives, along with the results of the Audits to be undertaken, would be brought to the Health and Clinical Governance Committee on 18 February 2008. He explained that the non-recurring funding for further audit, training and monitoring, was because there was considered to be a need for an initial focus of investment in these areas, as part of the effort to ensure that the importance of nutritional care for patients in hospital became embedded within staffs' practice. He confirmed that the Food, Fluid and Nutritional Care Group, being established under the Chairmanship of the Professional Lead for Dietetics, would produce reports bi-annually which would be brought to the Health and Clinical Governance Committee for consideration.

Mr Wilson acknowledged the need to ensure that, in addition to Public Partnership Forum involvement, there would be wider representation of the public, including representatives of Carers and Equality Groups. He also acknowledged as a key issue, meeting the needs of older people in general wards who may have physical impairments to eating. He explained that whilst there was, perhaps, a resource issue in relation to the availability of staff to provide assistance to patients, the organisation on wards was an important contributory and enabling factor. He explained the contribution of volunteers in this regard, including through schoolchildren assisting in Learning Disabilities and at Wester Moffat Hospital, but acknowledged that volunteers required to be properly trained, managed and supported to ensure that their contribution was meaningful.

Mr Wilson acknowledged the publication that day of a national report, which reported high levels of dissatisfaction with hospital catering. He explained that the results of the catering surveys undertaken in Lanarkshire Hospitals demonstrated reasonably high levels of satisfaction (80%) with meals; however, there was reported dissatisfaction in areas such as choice, presentation, and meeting special

dietary requirements, and these areas would require to be the focus for attention.

Mr Wilson confirmed that issues in relation to the Assessment Tool to be used on admission, to assess patient's nutritional status/nutritional requirements, would be resolved by the New Year. He also acknowledged the importance of ensuring that the nutritional needs addressed in the hospital were followed through on discharge to the community.

The Committee endorsed the Food, Fluid and Nutritional Care in Hospital – Policy and Strategic Plan, and asked to receive bi-annual reports from the Food, Fluid and Nutritional Care Group.

Action: Director for AHPs, Nursing and Midwifery

ii) Framework for Review of Fatal Accident Inquiry Determinations, Ombudsman Reports and High Value Claims Settlements

The Committee considered papers which further developed the Framework, along with a paper which provided information on Scottish Public Services Ombudsman Reports (Refs: 3547; 4567; 6298; 6878) Sheriff's Determinations following Fatal Accident Inquiries (Mr D McG; Miss HM; Mrs AH) and a claim settled for over £25,000.

Mrs Nelson noted the position of the Health and Clinical Governance Committee within the Framework, and suggested that the Committee's role should, primarily, be to note relevant reports and consider whether it took assurances from the processes through which reports were being considered.

Dr Graham explained that along with the Head of Patient Affairs, she would take forward further work to expand the remits and responsibilities of each of the groups identified in the Framework.

Action: Medical Director

iii) Health and Clinical Governance Strategy and Structures

Dr Graham reported that the Job Description for the position of Head of Clinical Governance and Risk Management was currently going through the grading process, with a view to moving forward to advert in the New Year. Allied to this, work would be taken forward on the development of objectives and a work programme for the appointee.

iv) Clinical Governance Network

Mrs Nelson reported that she and Mrs Mahal had attended the Network meeting held on 7 November 2007, when attendees had received a presentation on Modernising Medical Careers from the Dean of South

West Scotland, and had received a presentation on NHS24. Allied to the discussion on Modernising Medical Careers, Mrs Nelson noted the recent publication of the Tooke Report on the MTAS, which may have implications for future recruitment arrangements under MMC.

v) **Business Continuity Planning**

Dr Moir reported that further meetings with interests had been held to further develop the Strategic Business Continuity Plan developed earlier in the year. She advised that the further, significant programme of work to be taken forward, would be informed by the recently launched national and British Standards Institute Standards for Business Continuity Planning, which were currently under consideration locally.

vi) **Action Plan – NHS QIS Report on Clinical Governance and Risk Management**

The Committee considered the Clinical Governance and Risk Management National Overview, published by NHS QIS at the end of October 2007.

Dr Graham confirmed that work was progressing on the development of an Action Plan to address the issues raised by NHS QIS in their report, and advised that the Action Plan would be brought to the Committee for consideration at its meeting on 18 February 2008.

Action: Medical Director

The Committee considered a report on Information Governance.

Dr Graham highlighted the principal elements of the report, and the approach to Information Governance, including the role of an Information Governance Committee, which would provide direction to, and oversee the development and implementation of, NHS Lanarkshire Information Governance Policies, thereby ensuring the Governance of all data and information acquisition, storage, distribution and destruction within NHS Lanarkshire, and including relationships with external partner and supplier agencies.

The Committee noted the report on Information Governance and approved the Information Governance arrangements, including the accountability of the Information Governance Committee to the Health and Clinical Governance Committee, which would be discharged through the routine availability to the Health and Clinical Governance Committee of Minutes of IGC Meetings, on which the Medical Director would report.

The need was highlighted to ensure that the Information Governance arrangements took cognisance of the contribution of volunteers to the service, and encompassed the necessary controls around their access to information.

Action: Medical Director

vii) Health and Clinical Governance Annual Report 2006/2007

Dr Graham advised that the drafting of the Annual Report was underway, and should be available for consideration by the Committee at its meeting on 18 February 2008.

Action: Medical Director

viii) Patient Safety Programme

Dr Graham confirmed that arrangements for the roll-out of the Patient Safety Programme to Lanarkshire were progressing. She advised that National events to launch the various programme streams were scheduled for 14, 15 and 16 January 2008. She confirmed that funding was available, non-recurrently, to local systems for Project Management support to the roll-out of the programme. She advised, also, that local systems were required to submit baseline information by 10 January 2008, in order that this might be available for the national events on 14 – 16 January 2008. She confirmed that whilst the focus of the National Programme was the Acute setting, arrangements would be made to adapt the programme within Lanarkshire for the Primary Care setting.

Action: Medical Director

ix) Baseline Information from NHS QIS about Clinical Governance Committee Membership within other NHS systems

Mr Agnew reported that discussions with NHS QIS had confirmed that they did not hold, centrally, any baseline information about the membership of Health and/or Clinical Governance Committees, which would serve as a comparator with the approach in other parts of Scotland.

Mrs Nelson suggested that it might be appropriate to review the membership and Executive support to the Committee in light of the outcome of the work being taken forward by the Medical Director on the finalisation of the Health and Clinical Governance Strategy and Structures.

x) Research Governance

The Committee considered the Ethics of Research Annual Report 2006/2007.

Mr Agnew explained that the Annual Report was presented to the Committee for approval, and reflected a substantial level of research activity which had been the subject of ethical review during the course of the year.

In discussion, members noted a reference within the report which suggested that there may be an issue to be addressed in relation to the availability of funding for training. The Secretary would clarify this issue and update the Committee accordingly.

Action: Board Secretary

Dr Graham reported that the membership of Ethics of Research Committees throughout the NHS in Scotland was currently the subject of review. She confirmed that discussions were ongoing locally towards integrating Ethics of Research with Research and Development across Primary Care and Secondary Care. She explained that whilst NHS Lanarkshire did not have the authority to direct research studies, further consideration might be given to the means by which to influence the focus of research.

Dr Moir explained that, in all probability, a substantial proportion of research would be funded by Pharmaceutical Companies.

The Committee approved the Ethics of Research Annual Report 2006/2007.

xi) Norovirus Outbreak – Hairmyres Hospital

Dr Graham reported that a range of interests had been involved in a debrief meeting, the output from which, including lessons learned and actions, would be considered by the Corporate Management Team on 20 December 2007, and brought to the Health and Clinical Governance Committee for consideration on 18 February 2008.

Action: Medical Director

xii) Area Control of Communicable Disease Committee

Dr Moir undertook to arrange for Minutes of Meetings of the Area Control of Communicable Disease Committee, routinely, to be made available to the Committee.

Action: Director of Public Health

xiii) NHS 24

Mrs Nelson reported on discussions with the Chair of the Clinical Governance Committee at NHS 24, when it was agreed that there was not currently a requirement for NHS 24 Clinical Governance Committee representatives to attend a meeting of the Health and Clinical Governance Committee, although this might be revisited at a point in the future, if considered appropriate.

3. REVIEW OF ACCIDENT AND EMERGENCY SERVICES

The Committee reflected on the progress of the Review, particularly with regard to Clinical Governance issues arising from: the submission to the Independent Scrutiny Panel; the Independent Scrutiny Panel Interim Report; and the Risk Event held on 17 December 2007.

Mrs Nelson highlighted the importance of clarity about risks in the areas of recruitment and retention and costs.

Dr Graham explained that amongst the medical workforce issues, the percentage of the Consultant workforce nearing retirement was a challenge which the Board would require to manage. She explained that retention would be a significant challenge and a risk to the system if it was not possible to make posts in Lanarkshire more attractive and she advised that critical factors in this regard included less onerous on-call rotas and increasing opportunities to sub-specialise. She acknowledged the emerging thinking about addressing the risks around costs through the pursuit of a capital light solution, but expressed a concern about the timescale over which such an approach would be implemented. She explained that there would be a requirement for a Business Continuity Plan to underpin this approach.

In discussion, members challenged the emerging assumption that Scenario B, as the preferred option from the Option Appraisal, would be unlikely to be publicly acceptable, since this supposition had not been tested. It was noted that Scenario B, although close to the A Picture of Health position, was fundamentally different from the A Picture of Health option, because it included a Consultant-led Accident and Emergency Service.

Discussion also raised a question about whether the Health and Clinical Governance Committee should make a formal submission to the NHS Board to help inform its deliberations on the recommendation for Accident and Emergency Services, when it met on 30 January 2008. This issue would be clarified.

Action: Board Secretary

4. NHS QUALITY IMPROVEMENT SCOTLAND HEALTHCARE ASSOCIATED INFECTION PILOT

Dr Moir reported on the progress of the pilot of the Standards in Lanarkshire. She advised that the outcome would be the subject of feedback, and would be shared with the Committee.

Action: Director of Public Health

5. AUDIT SCOTLAND REPORTS

The Committee considered a self-assessment for NHS Boards in relation to the Audit Scotland report on Primary Care Out-of-Hours Services, and the NHS Lanarkshire response to the Audit Scotland report on Long-Term Conditions.

Dr Graham outlined, for members, the principal issues relating to both documents. She confirmed that the documents before the Committee would be followed up by the availability of specific action plans, which would reflect Community Health Partnerships locus. The action plans would be brought to the Committee for consideration.

Action: Medical Director

The Chairman noted the potential for the outcome of the Review of Accident and Emergency Services to put at risk elements of the Long-Term Conditions Programme. She also highlighted, from the response to the Audit Scotland report on Long-Term Conditions, the recognition that a Strategy for transferring resources to support the shift from Secondary Care to Primary Care was in place, but required to be further improved.

6. MEDICINES MANAGEMENT

The Committee considered a report from the Chief Pharmacist on the NHS Lanarkshire Review of Medicines Management which was the subject of an Internal Audit report during 2006/2007.

Dr Graham highlighted the principal issues from the report. She explained that in the period since the report was issued by Internal Audit, several initiatives had been launched, at both a local and a national level, which supported moving the agenda forward. She drew members' attention to the Audit findings, the specific actions and the status of the actions, and undertook to obtain further information about dates for the completion of the actions.

Action: Medical Director

7. CLINICAL INDICATORS REPORT 2007

The Committee considered the Clinical Indicators Report 2007 from NHS Quality Improvement Scotland.

Dr Moir, who Chaired the National Clinical Outcomes Group, highlighted the principal elements of the report. She explained that Long-Term Conditions featured substantially, and highlighted the issues of Depression and Indicators for Mental Health. She explained that a material change, reflected in the current report, related to a shift from measuring outcomes to measuring inputs. She also advised that, generally, deprived communities fared less well than other, more affluent communities.

Dr Graham confirmed that she had issued the Clinical Indicators report to Clinical Directors for information.

Dr Moir acknowledged a suggestion that a commentary on the key lessons for NHS Lanarkshire from the Report would be helpful.

Action: Director of Public Health

8. PFPI QUARTERLY TEMPLATE

The Committee considered the Scottish Health Council Patient Focus Public Involvement (PFPI) portfolio assessment template.

Members noted that the Committee's particular interest related to the Patient Focus element. It was suggested that future completed Assessment Templates submitted to the Committee might usefully include a summary highlighting the key issues. Dr Graham would take this issue forward with the Head of Performance Management, and would discuss with her the alignment of the timetable for the submission of completed templates to the Scottish Health Council with the programme of Health and Clinical Governance Committee Meetings during 2008.

Action: Medical Director

The Committee: approved the second draft PFPI Assessment Template for 2007/2008; noted that it would be submitted to the Scottish Health Council by 18 December 2007; and agreed to receive a copy of the draft of the next Quarterly Return for approval in March 2008.

9. LANARKSHIRE HOSPITAL TRANSFUSION COMMITTEE

The Committee received, for information, the Terms of Reference of the Lanarkshire Hospital Transfusion Committee, along with the Agenda for the Committee Meeting on 18 December 2007 and the Minute of the Committee Meeting on 9 October 2007.

Dr Graham highlighted, from the papers, the principal elements of the Transfusion Committee's Terms of Reference. She explained that an NHS Quality Improvement Scotland Review of local Blood Transfusion Services would be undertaken in February 2008, with the outcome, in due course, being reported to the Hospital Transfusion Committee and to the Health and Clinical Governance Committee. She confirmed the intention that the Health and Clinical Governance Committee would, routinely, receive Minutes of Meetings of the Hospital Transfusion Committee.

Action: Medical Director

In discussion, Dr Graham explained that there was not a significant number of transfusion incidents, and that those that did occur related to issues such as labelling. She assured members that the process for checking and administering blood was tightly regulated.

10. CLAIM – LT2/301/160

The Committee received and noted the Synopsis and Action Plan.

11. HEALTH AND CLINICAL GOVERNANCE STEERING GROUP

The Committee received and noted the Minute of the Meeting of the Health and Clinical Governance Steering Group held on 1 October 2007.

12. ANY OTHER COMPETENT BUSINESS

i) Ratification of Policies and Procedures

Dr Graham acknowledged the need for further clarity about the processes for the ratification of Clinical Policies and Procedures. She advised that this should flow from the further work to clarify the roles of the various Committees and Groups, including the Health and Clinical Governance Committee, in relation to the Framework for the Review of Fatal Accident Inquiry Determinations, Ombudsman Reports and High Value Claims Settlements, and other relevant reports.

Action: Medical Director

13. DATE OF NEXT MEETING

Monday 18 February 2008 at 1.30 pm in the Committee Room, Lanarkshire NHS Board, 14 Beckford Street, Hamilton.

NJA/OD
14 January 2008