

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 21ST APRIL 2008 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 Allied Health Professions,
Nursing and Midwifery
Mrs C McGhee, Risk Manager
Mr K A Small, Director of Organisational Development
Mrs N Reid, (for item 11), Patient Focus Public
Involvement
Mr A Robertson, Administrative Assistant (Secretariat)

APOLOGIES Mrs D McCormick, Non Executive Director
Mr D H Clark, Non Executive Director

1. **MINUTES**

The amended minute of the meeting of the Committee held on 18th February 2008 was approved.

2. **MATTERS ARISING**

The Chairman requested that item 3.1 and 3.2 from the minutes be carried forward to the next meeting of the Committee.

Secretariat

2.1 Clinical Network Governance

Mrs Nelson reported on the meeting which she had attended with Mrs Mahal, on the 21st February 2008. She explained that the meeting had differed from the normal format in that both Non Executive Directors and Clinical Governance/ Risk Managers had attended, which she found useful. She advised that a presentation had been given by Robert Black, Auditor General, on audit and risk. She indicated that Eileen Napier from Tayside had presented on patient safety in Primary Care, and had reported experiencing considerable problems with the IR1 (Incident Report) form.

Mrs McGhee explained that Lanarkshire was the only Board to use a single reporting system across both primary care and acute sites. She stated that the reporting system was web based and that details were entered electronically into the Datix system. She indicated that IR1 forms were now only used in a small number of cases relating to property and support services, where the Datix system was not available. Mr Small advised that the Incident Reports were regularly reviewed and analysed as was partnership reporting.

In response to a question from Mrs Mahal about Risk Registers on the Datix system Mrs McGhee explained that the system contained several modules and that claims and complaints and incidents modules were now complete, and that the Risk Register modules were being introduced, though CHP South was not yet on the Risk Register System. Mrs McGhee indicated that a report on the Datix system and the monitoring arrangements would be included in the Risk Management Annual Report.

There was to have been a presentation on the use of national data to support improvement locally but this had been curtailed due to time constraints.

Mrs Nelson said that one of the most interesting aspects of the meeting was the ability to meet with the Clinical Governance/Risk Managers, which provided an opportunity for shared learning. Mrs Mahal commented that many staff in clinical governance appeared to be unaware of the role of Non Executive Directors. She suggested that a meeting between the groups should be held in Lanarkshire.

Dr Graham said that in Highland, walk round meetings in clinical areas had included Non Executive Directors. She said some aspects were found to be helpful, but that in other cases the information provided was too detailed.

Mrs Nelson reported that David Price from NHS Ayrshire and Arran had raised concerns regarding the rejection of the centralisation of services, when the evidence supported the use of larger teams. Lesley

Holdsworth, Head of Health Services Research and Effectiveness, had replied that the evidence was not conclusive and that the 'jury was still out' on the benefits of centralisation. Mrs Nelson

Mrs Nelson undertook to forward a copy of the notes of meeting once they were received.

3. **HEALTH AND CLINICAL GOVERNANCE ANNUAL REPORT 2006/07**

Dr Graham had produced a report for 2006/07 and given a copy to Mrs Nelson but the rest of the Committee had not seen it. There was discussion about whether to make this a 2 year report given the timing of publication and this was agreed by the Committee. Mr Wilson explained that the report was for use alongside the Director of Public Health Annual Report and the Annual Report for NHS Lanarkshire in the preparation of a Health and Clinical Governance Work Programme for the following year. It was agreed that the report would cover the period 2006/2008 and that it should be published in July 2008. Mr Wilson said that increased emphasis should be placed on key issues to be addressed in the following year and should concentrate on initiatives leading to improvements in health care. Mrs Nelson commented that perhaps some of the appendices in the draft 06/07 report could have been included in the main body of the text.

Dr Graham/
Mrs Nelson

Mrs McGhee asked for clarification of the audit process if the 06/07 report was to be enshrined in a report covering 2006-2008. Mrs Nelson explained that the Statement of Internal Control required from the Health and Clinical Governance Committee had been completed by Dr Graham and submitted to the Audit Committee at the appropriate time.

4. **CHILD PROTECTION**

Mr Wilson advised that the HMIE Inspection of Child Protection Services had now been completed and that a verbal report would be going this week to the multiagency North and South Lanarkshire Chief Officer's Group. He stated that a verbal report would be given to the Board next week, and that the final written report would not be produced until September 2008.

He reported that feedback from staff had been positive and that the feedback from the inspectors at the conclusion to the inspection, was generally positive, with particular praise for the level of enthusiasm shown by the staff.

He explained that the Board's Corporate Objectives included six objectives which related to child protection, including an improved and coherent system for continuous improvement, improved case

management including proper assessments, the identification of safe adults and the production of accurate notes. He emphasised the importance of ensuring that identified objectives were matched with the funding and resources, including staff, to enable the objectives to be delivered in a multi-agency environment.

He said that he felt that looked after and accommodated children including those who were being fostered were the groups most likely to be overlooked. He advised that these tended to be in the older age group, but still had serious issues of adolescent behaviour and that there was a need to address their basic healthcare needs to ensure that they had access to a General Practitioner, Family Planning Services etc. He indicated that a National Review had taken place, but that no clear solutions had emerged. He confirmed that Social Work had the primary responsibility in this area.

5. **LEARNING LESSONS FROM NHS COMPLAINTS PROCEDURES**

The Committee considered the letter dated 3rd April 2008 from NHS Lanarkshire, Chief Executive to Kevin Woods, Chief Executive of NHS Scotland and the accompanying paper. Dr Graham explained that the letter was in response to one sent by Kevin Woods in 2007 which had been considered by the Steering Group. Mr Wilson, in response to a question from Mrs Nelson regarding staff access to and use of complaints procedures on the internet website, explained that the use of the internet was variable though there had been a considerable increase in access to computers recently. He indicated that in the wards the normal process for imparting information was team briefings which were reinforced by lectures.

Mr Small advised that 70% of staff now had access to e-mail, accounts and the web and that the General Manager for IM & T had been asked to carry out an analysis of the use of internet based training materials. Mrs McGhee confirmed that there were regular and ongoing audits of computer based education.

Mr Wilson emphasised the importance which was given to handling and learning from complaints. He said that he would shortly be writing to all nurse clinical leaders to ensure that all new patients were asked how they would wish to be addressed, and to ensure that there was appropriate communication with, and briefing of patients and relatives. He highlighted some concerns regarding the concentration on e-health, which meant that nursing staff were spending longer inputting information into computers, which was detracting from the time available for direct patient contact.

6. **PATIENT AFFAIRS REPORT**

The Committee considered a paper on reports issued by the Scottish

Public Services Ombudsman; Sheriff's Determinations following Fatal Accident Inquiries; and claims settled for over £25,000. Dr Graham advised that she had nothing to add to the paper, but would be happy to take questions. She said that if specific recommendations had not been undertaken she would highlight these areas to the Committee.

Dr Graham

Mrs Mahal noted the recommendations on training and completion of death certificates. Dr Graham stated that this was now included in the induction training of medical staff. She said that junior doctors were being discouraged from completing death certificates in the middle of the night, and were encouraged to seek advice from their Consultant and if necessary the Procurator Fiscal where there were any concerns.

7. NHS QUALITY IMPROVEMENT SCOTLAND

7.1 NHS QIS Report on Clinical Governance and Risk Management

Mrs Nelson explained that Mr Wilson was currently leading the development and implementation of the Action Plan. Mr Wilson stated that the Board had now identified all individuals with a defined role in relation to Clinical Governance and Risk Management. He said that it was important to maintain those areas where the Board had scored well and to improve those areas where the scores had been less satisfactory, through a process of familiarisation, implementation, monitoring and review. He said that the process was not difficult in principle, but required time and resources. He undertook to report back in October regarding the report and action plan.

Mr Wilson

Dr Moir

Dr Moir advised that following discussions Mr Ross would be leading on business continuity for NHS Lanarkshire. She said that a further Business Continuity Steering Group meeting was planned for 7th May 2008.

Mrs Nelson said that QIS had identified Business Continuity training as a key issue and they intended organising training for each Board. Dr Moir had not yet received details of this from QIS. Mrs Nelson raised the question as to the reporting arrangements and whether Mr. Ross would attend the meeting of the Health and Clinical Governance Committee. Mrs McGhee advised that business continuity arrangements were currently reported to the Risk Management Steering Group. Mr Wilson undertook to review the matter and report back to the Chairman.

Mr Wilson

7.2 Standards for Healthcare Associated Infection

The Committee considered the NHS QIS Standards for Healthcare Associated Infection (HAI) March 2008. Dr. Graham advised that the Board was undertaking a pilot programme which would fit in with the workplan. She said that a full HAI Report would be submitted to the Board in June 2008. She said that the standards were thorough and

challenging. Mr Wilson stated that Lanarkshire was now one of the top two Boards in terms of staff who completed the Cleanliness Champion Courses, but acknowledged that further improvements could still be made. He advised that all University nursing students now undertook cleanliness champion training as part of their course, which meant that an additional 120 champions were being introduced each year, from this source alone. Mr Wilson cautioned that the evidence of positive outcomes from the introduction of Cleanliness Champions was not as conclusive as might have been expected. He said that it could be argued that a greater effort in promoting handwashing would have been more effective as this showed a clear causal relationship. He indicated that handwashing audit was an ongoing process in Lanarkshire, as it was for all of the NHS in Scotland.

Dr Graham advised that the second Health Protection Audit Report on hand hygiene compliance, which was published in April 2008, showed that NHS Lanarkshire was one of the poorer performers. She stressed however that more recent local audits had demonstrated good performance. She said that Lanarkshire's audits were robust and that NHS Lanarkshire was attempting to audit the whole organisation, rather than concentrating on and repeatedly auditing the same areas and staff groups.

Mr Wilson said that he was confident that the gradually improving trend in handwashing would continue within Lanarkshire.

He reported that Lanarkshire had not appointed a designated lead for HAI/handwashing since it was felt that the established arrangements were effective in providing leadership in these key areas.

7.3 Standards for Sexual Health Services (March 2008)

The Committee considered the NHS QIS Standards for Healthcare Services. Dr. Moir reported that the QIS visit had taken place during the previous week. She said that the standards and components had been considerably simplified from the previous version. She said that she felt that the current standards were reasonable, and that the document was a positive development. She indicated that the recently appointed GUM and Sexual Health Consultants had carried out a lot of work in improving this service and hoped that this would be recognised in the audit.

Dr Moir proposed that a further local audit should be carried out, using the centrally provided funding. She undertook to provide a report for the next meeting of the Committee. She said that she would raise the issue with sexual health staff.

Dr Moir

8. **ACTION POINTS FOR HEALTH AND CLINICAL GOVERNANCE ARISING FROM 2007 ANNUAL REVIEW**

Dr Graham advised that Mr Wilson and herself were taking the issues forward, though Mr Wilson had the overall lead. She explained that she reported to Mr Wilson regarding the issues which she was working on.

9. **PATIENT SAFETY PROGRAMME**

The Committee considered the questionnaire and accompanying documentation regarding patient safety programmes. Dr Graham stated that the Executive Directors had signed up to participate in the programme to walk around acute hospital areas. She explained that she and Mrs McGhee had carried out two pilot walk rounds. She said that areas where harm could be caused to patients had been identified in consultation with the local teams. She indicated that each visit would take between thirty minutes and an hour, and were intended to produce one or two key actions. She advised that the General Managers were involved in the process. She indicated that she was aware of the potential for Executive Director walkrounds to raise unrealistic expectations, due to financial constraints and competing demands. She reported that she planned to visit Dumfries and Galloway and Ayrshire and Arran Health Boards to review the progress they had made. She indicated that the staff initially had been worried about the walk round, but felt that they had been reassured that they were intended to be supportive rather than adversarial. In response to a suggestion, Dr Graham said that she felt that it was not yet appropriate to include the Non Executive Directors in the walk round, but that this may be possible once a few more visits had been undertaken. She intimated that it was planned to cover all areas including wards, pharmacy, radiography etc. It had been originally planned to complete the programme in a year, but experience with the pilots showed that this time period would have to be extended. She said that reports would feature at the Clinical Governance Steering Group and might also have to be taken to the Risk Management Steering Group.

Mrs Mahal asked what the feedback arrangements were for the issues identified during the visits. Dr Graham advised that she was currently considering appropriate mechanisms for reporting risks identified to the Corporate Management Team and to the Board. She indicated that a protocol would be completed shortly and undertook to report back to the Committee at its next meeting.

Dr Graham

10. **WEST OF SCOTLAND ETHICS OF RESEARCH SERVICE**

The Committee considered a paper on the new West of Scotland Ethics of Research Service. Mrs Nelson advised that the paper had been to the Corporate Management Team and said that Mr Agnew would be reviewing the Governance Arrangements and would report back to the Committee.

11. **PATIENT FOCUS PUBLIC INVOLVEMENT**

The Committee considered a report of the Scottish Health Council on PFPI. Mrs Reid joined the meeting and spoke to the paper. She explained that in addition to the existing quarterly progress reports relating to the PFPI agenda the Scottish Health Council had requested that an annual self assessment should be submitted by the 16th May 2008, and that the Board should also submit graded actions for 2008/09. She indicated that the documents were essentially complete, although some comments were awaited from stakeholders and there would be a meeting with stakeholders in May 2008. The Committee approved the Annual Assessment and proposed agreed actions for 2008/09.

12. **MINUTES OF MEETING**

12.1 **Risk Management Steering Group – 3rd March 2008 and 7th April 2008**

The Committee considered the minutes of the above meetings.

12.2 **Hospital Transfusion Committee – 18th December 2007**

The Committee considered the minutes of the Hospital Transfusion Committee held on 18th December 2007.

It was suggested that the formatting of the minutes should be reviewed to make them more informative to the Committee.

Mr Agnew

It was noted that it was a QIS requirement for the Health and Clinical Governance Committee to have sight of the minutes.

13. **ANY OTHER COMPETENT BUSINESS**

13.1 **Health Checks for the over 40s**

Mrs Nelson advised that there was no further information available as to whether these would apply in Scotland. If they did, considerable resource would be required.

13.2 **National Engagement Event**

Mrs Nelson advised that in her capacity as Chair of the Health and Clinical Governance Committee she had been asked to attend a National Engagement Event on the 19th May at the Beardmore Hotel in Glasgow on 'Board Effectiveness'. She said that the event would be attended by Chairs of Health and Clinical Governance, Staff Governance and Audit Committees, Employee Directors and Executive Directors from throughout the NHS in Scotland, and was intended to inform the development of national training programmes for Executive and Non Executive Directors.

13.3 Fuel Issues

Dr Graham advised that the proposed industrial action at Grangemouth Oil Refinery had been discussed at the Corporate Management Team. She said this could have a serious impact on the Health Service, as over 95% of Scottish transport and heating fuel came through the refinery. She said that Mr Ross had been appointed Lead Executive Director for the issue and was overseeing the development of contingency planning aimed at mitigating the impact of the action on continuity in the delivery of services.

13.4 Incident

Dr Graham reported on the circumstances of a potential terrorist incident, involving a member of staff which, in the event, had turned out to be a false alarm. The circumstances around Executive Director input were being reviewed to identify any learning issues.

14. **NEW BUSINESS FOR NEXT MEETING**

14.1 Surgical Profiles.

Dr Graham undertook to arrange this.

15. **DATE OF NEXT MEETING**

It was agreed that the next meeting of the Committee would be held at 1.30pm on Monday 23rd June 2008.

ASR
HCG 5th May 2008.