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Lanarkshire NHS Board

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**MEETING OF HEALTH AND CLINICAL GOVERNANCE COMMITTEE
HELD ON MONDAY 20 OCTOBER 2008 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
Dr D McCormick, Non Executive Director

IN ATTENDANCE:

Mr P K Corsar, NHS Board Chairman
Dr D C Moir CBE, Director of Public Health
Dr H S Kohli, Director of Public Health (Designate)
Dr M Cerinus, Director, Practice Development Centre
Mrs A Armstrong, Divisional Nurse Director
(Community and Primary Care)
Mr K A Small, Director of Organisational Development
Mrs P Milliken, Head of Clinical Governance and Risk
Management
Mr N J Agnew, Corporate Affairs Manager/Board Secretary
Mrs S Welton, Head of Patient Affairs (for Items 5 b) and 6)

APOLOGIES

Mr D H Clark, Non Executive Director
Dr A Graham, Medical Director
Mr P Wilson OBE, Director for Nurses, Midwives and the
Allied Health Professions

1. WELCOME

Mrs Nelson welcomed colleagues to the meeting. She extended a particular welcome to Dr Kohli, Mrs Milliken, Dr Cerinus and Mrs Armstrong.

2. MINUTES

The Minute of the meeting held on 19 August 2008 was approved.

3. MATTERS ARISING

i) Health and Clinical Governance Strategy and Structures

It was noted that a key early task for the Head of Clinical Governance and Risk Management would be to take forward the finalisation of the Clinical Governance Strategy and Structures. This information would be brought to a future meeting of the Committee for consideration.

**Dr Graham
Mrs Milliken**

4. HEALTHCARE ASSOCIATED INFECTION

Consideration was given to a Healthcare Associated Infection Annual Report April 2007 – March 2008 and an Annual Work Programme April 2008 – March 2009.

Mrs Armstrong explained that the papers presented to the Committee aimed to provide an update on the organisation's position regarding Infection Control performance for the period April 2007 – March 2008 and to outline the wider Healthcare Associated Infection Work Programme for the current financial year. She outlined the background to the increased endeavour around HAI, and explained that the documents presented required to be endorsed by the Infection Control Committee, the NHS Board Chief Executive and the Clinical Governance Committee. She explained that the Annual Report covered a period of high activity and change, both locally and nationally, including a change of Lead Executive Director and Senior Management, with the Medical Director undertaking Executive Lead, and herself as the Divisional Nurse Director (Community and Primary Care), taking operational responsibility from 1 February 2008.

Mrs Armstrong highlighted progress on a number of fronts, including: improved performance against the national Hand Hygiene Campaign, with significantly increased compliance; significant further staff training and development for staff across a wide range of Healthcare Associated Infection topics; high numbers of personnel completing the Cleanliness Champions Programme, and 96% compliance with the cleaning compliance targets set by Health Facilities Scotland, closing the gap against the Scottish average of 96.1%.

Mrs Armstrong outlined the further actions required during the period April 2008 – March 2009 to further improve compliance, and explained that these actions would be progressed as part of the Healthcare Associated Infection Annual Work Programme for the period, and monitored on a 2 monthly basis through the Lanarkshire Infection Control Committee. She reassured members that, currently, the Work Programme was on track.

In discussion, Mrs Armstrong acknowledged the significant training component to the Programme, and the need to target resources to the priority areas. She advised that the Practice Development Unit was undertaking a critical review of training requirements across the system which would help to inform the way forward. She advised that a "Zero Tolerance" compliance

standard for hand hygiene would apply from January 2009, with a particular focus in the Acute setting.

Mrs Armstrong noted comment from members on some presentational aspects of the report and the timing of its availability, and undertook to ensure that the Annual Report for 2008/9 and the Work Programme for 2009/10 were available to the Committee earlier in the financial year.

5. NHS QUALITY IMPROVEMENT SCOTLAND

a) NHS QIS Clinical Governance and Risk Management Review – September 2009

Mr Agnew reported that Mr Wilson was taking the Executive Lead role in the preparations for the Clinical Governance and Risk Management Review by NHS QIS in September 2009. In the first instance, this involved assembling the necessary information to complete the self-assessment documentation which was to be submitted to NHS QIS in June 2009.

Mrs Milliken explained that the arrangements in the run-up to the completion of the self-assessment documentation included a series of meetings and workshops involving Executive Leads for particular elements of Clinical Governance and Risk Management.

Members noted the arrangements for the Clinical Governance and Risk Management Review in September 2009 and asked to receive further progress reports.

Mrs McGhee

b) NHS QIS Review of Learning Disability

Mrs Welton explained, in detail, the progress of arrangements for the Learning Disability Peer Review visit on 9 and 10 December 2008. She outlined the background, including the establishment of a Steering Group in June 2008 to oversee the implementation of the work required to support the forthcoming NHS QIS visit, and the focus of the visiting team on Quality Indicator 2 looking at Promoting Inclusion and Wellbeing, and Quality Indicator 3, looking specifically at the General Healthcare needs of people with a Learning Disability in both Primary and Acute Healthcare settings. She explained the Sub Groups that had been established to take forward work in particular areas, and the contribution of the Sub Groups to the completion of the self assessment documentation and evidence pack which had been submitted to NHS QIS. She also highlighted the work of the Sub Groups in raising awareness amongst service users and carers and appropriate service provider groups, including the Carers Network in South Lanarkshire, the Community Health Partnership Management Teams, the Clydesdale Partnership Group, and North and South Lanarkshire Councils.

Mrs Welton also emphasised the extent to which the work underway would encompass linkages with the arrangements for Child Protection and the Protection of Vulnerable Adults.

Members noted the progress of the arrangements for the NHS QIS visit and expressed appreciation to Mrs Welton for her comprehensive report.

Mrs Welton noted and undertook to raise with colleagues a need highlighted by Mrs McCormick to ensure that there was an appropriate level of focus on the arrangements for children with a Learning Disability.

6. PATIENT AFFAIRS' REPORT

Members considered a Patient Affairs' Report on Scottish Public Service Ombudsman Reports, Sheriffs' Determinations following Fatal Accident Inquiries and Claims settled for over £25,000. Mrs Welton highlighted the principal issues arising from the report.

She explained the arrangements for communication with complainants in response to Public Service Ombudsman reports, including the arrangements to offer apologies in appropriate circumstances. She also explained that in cases of failure to attend clinic appointments, arrangements were now in hand for individuals to be sent a further appointment.

7. INFORMATION GOVERNANCE

Members noted the revised Terms of Reference for the Information Governance Committee and Minutes of Meetings of the Committee held on 28 May 2008, 17 June 2008, 22 July 2008, 19 August 2008 and 15 September 2008.

Mr Agnew confirmed that the report of the NHS QIS Improvement Review of the closure of Strathmartine Hospital had been published earlier in October, and that the findings, conclusions and recommendations had been reviewed to assess their materiality against the report on the presence of Person Identifiable Data on the Law Hospital site, considered by the NHS Board in September. He reported on the receipt of the Form of Undertaking from the Office of the Information Commissioner, and confirmation from the Information Commissioner that the PID from the Law Hospital site could be safely disposed of.

Mr Agnew reported that following the publication of a national eHealth Mobile Data Protection Standard, arrangements were in hand to issue to all staff a new policy and guidance on information and Data Protection, around the use of mobile/portable storage devices, such as: Laptop computers; USB memory sticks; CDs; DVDs; MP3 players and mobile 'phones. He advised that the Information Governance Committee was preparing an Information Governance Improvement Plan, which would be brought to the Health and

Mr Agnew

Clinical Governance Committee for consideration and endorsement.

8. CONFIRMATION OF DEATH AND REMOVAL OF DECEASED PATIENTS FROM WARDS

Members considered updated guidance for Nursing and Midwifery staff in the event of unforeseen delays in the confirmation of death/removal of deceased patients from wards.

Dr Cerinus highlighted the principal elements of the Guidance, and confirmed that this reflected the outcome of a review of arrangements initiated at the request of the Director for Nurses, Midwives and the Allied Health Professions.

9. SUPERVISION OF MIDWIFERY

Members considered the Local Supervising Authority Annual Report 2007/2008. Dr Cerinus highlighted the principal elements of the report which, she confirmed, raised no material concerns in relation to practice in Lanarkshire.

She acknowledged issues raised in discussion about raising the profile of supervision and its benefits, and the role of Maternity Care Assistants. She explained that supervision did not encompass the role of Maternity Care Assistants, but stressed that good practice dictated that there should be standards in place to underpin that role. She explained that the arrangements for supervision should help to enhance individual's confidence in the service. She also explained that service users were closely involved in strategic developments and in audit activity.

Members noted that the Local Supervising Authority Annual Report would be submitted to the Lanarkshire NHS Board for consideration on 29 October 2008.

10. TEENAGE SEXUAL HEALTH AND PREGNANCY

Mrs Armstrong outlined the background to the issue, including the fact that under Scottish Law, sexual activity under the age of 16 was considered illegal, whereas, on average, 30% of young people had their first heterosexual experience before they were aged 16. She explained that under the Children's (Scotland) Act 1995, all Healthcare workers had a statutory responsibility to protect children and to inform relevant authorities, such as Social Work, if a young person was being harmed or was at risk of harm from sexual, physical or emotional abuse. She explained that, in addition, the organisation had a responsibility to provide services to children and young people who were sexually active, aimed at reducing teenage pregnancy in 13 – 15 year olds. She highlighted the dichotomy which these responsibilities presented in aligning the legal requirement with the organisation's duty to care. She explained that this was an area of practice which had proved challenging with both the Scottish Government and the West of Scotland

Child Protection Managed Clinical Network having attempted to develop guidance. However, due to the legal implications, agreement across agencies had not been able to be progressed. She stressed the requirement for NHS Lanarkshire to have clear guidance on this matter, to aid clinicians and managers in this difficult area of practice.

Mrs Armstrong explained that as part of the preparation process for the recent HMIE Child Protection Inspections, a Working Group had been established specifically to address this issue. Arising from the Group's deliberations, a Risk Assessment had been undertaken, highlighting a range of critical actions which required to be implemented. In support of this, draft guidance for the management of Sexually Active Young People Under the Age of 16 had been developed, with the aim of providing clarity and consistency of practice across the organisation. This guidance was supported by clear documentation, which enabled frontline clinicians to assess the risks to the young person and to take the action necessary to treat and support the individual. In discussion, Mrs Armstrong explained that there was consistency across the Health sector, with other NHS systems in Scotland encountering the same issues as the NHS in Lanarkshire.

Dr Moir explained that, historically, the teenage pregnancy rate in Lanarkshire had been low. However, the rate was now increasing, and there was substantial work underway in this area, with the Board's endeavour being led by the Consultant for Reproductive Health.

Mrs Armstrong explained that, currently, Social Work and Education routinely reported to the Police, and through the Child Protection arrangements, all cases of known sexual activity in young people under the age of 16, whereas NHS Lanarkshire reported to the Police and Child Protection arrangements only in cases of sexual activity involving young people under the age of 13, with cases involving young people between the ages of 13 and 16 being managed on an individual basis.

Mrs McCormick undertook to raise this issue, and the dilemma it created for NHS systems, at the National Area Clinical Forum Chairs' Group. **Dr McCormick**

The papers which were the basis for the report from Mrs Armstrong would be circulated to members for comment directly to Mrs Armstrong. **Mr Agnew**

11. MINUTES

Members received and noted Minutes of Meetings of the Risk Management Steering Group held on 6 October 2008 and the Hospitals Transfusion Committee held on 1 July 2008.

Members requested further information contextualising the role of the Hospitals Transfusion Committee, to enable them to better understand its role and its relationship to the Health and Clinical Governance Committee. **Mrs Nelson**
Mr Agnew

12. AUDIT SCOTLAND

Members noted the publication of reports from Audit Scotland, as follows:

- a) Health and Community Care bulletin – July 2008
- b) Review of the new General Medical Services Contract – July 2008.
- c) Review of Palliative Care Services in Scotland – August 2008.
- d) Day Surgery in Scotland – September 2008.

Dr McCormick highlighted the exclusion of children from the Review of Palliative Care Services in Scotland.

Mr Agnew reported that the recently published National Palliative Care Strategy and Action Plan had been forwarded to the Director for Strategic Implementation, Planning and Performance, and would inform the finalisation of the Board's Palliative Care Strategy. He undertook to ensure that Mrs McCormick's concerns were made known to the Director for Strategic Implementation, Planning and Performance, in order that the needs of children could be addressed in the development of the local Strategy.

Mr Agnew

13. ANY OTHER COMPETENT BUSINESS

i) Dorothy Moir

Mrs Nelson explained that this marked Dr Moir's final meeting of the Health and Clinical Governance Committee, prior to her departure at the end of October to pursue a new role. She acknowledged Dr Moir's contribution to the work of the Committee over the years and extended to her sincere good wishes for the future.

14. ITEMS FOR CONSIDERATION AT NEXT MEETING

a) Hospitals' Transfusion Committee

15. DATE OF NEXT MEETING

Monday 15 December 2008 at 1.30 pm.

NJA/OD

18 November 2008.