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Minutes: 84 – 100

MINUTE NOT YET APPROVED AS A CORRECT RECORD

GREATER GLASGOW AND CLYDE NHS BOARD

Minutes of a Meeting of the
Greater Glasgow and Clyde Clinical Governance Committee
held in the Conference Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ
on Tuesday 1 December 2009 at 1.30 pm

P R E S E N T

Mr A Robertson (in the Chair)

Dr C Benton
Mrs J Murray
Mr D Sime

I N A T T E N D A N C E

Ms L Allen	..	Nurse Consultant for Learning Disabilities (Minute 93)
Ms M Barr	..	Clinical Effectiveness ICP Co-ordinator. (Minute 93)
Dr C Chiang	..	Consultant in Public Health
Dr B N Cowan	..	Board Medical Director
Mr A Crawford	..	Head of Clinical Governance
Dr J Dickson	..	Associate Medical Director, Clyde
Mr D McLure	..	Senior Administrator
Ms J Metcalfe	..	Clinical Director for Children and Young People's Specialised Services (Minute 93)
Ms E Morrison	..	Senior Nurse (Audits), North Glasgow CHCP (Minute 94)
Dr N Pace	..	Lead Clinician, Surgery and Anaesthetics Directorate (Minute 95)
Dr S Rodger	..	Associate Medical Director, Regional Directorate (Minute 92)
Dr P Ryan	..	Chairman, CH(C)P Clinical Governance Forum (Minute 94)
Mr J Stuart	..	Head of Nursing, Regional Directorate (Minute 92)
Mr T Walsh	..	Infection Control Manager
Dr L J Watt	..	Medical Director, Mental Health Partnership (Minute 93)

ACTION BY

84. APOLOGIES

Apologies for absence were intimated on behalf of Prof D H Barlow, Mrs P Bryson, Mr R Cleland, Dr M Kapasi, Councillor A Stewart and Mr B Williamson.

85. MINUTES

The Minutes of the meeting held on 6 October 2009 were approved.

86. CLINICAL INCIDENTS AND FAI REVIEWS

Dr Dickson presented a written summary updating the Committee on Clinical Incidents and FAI Reviews. He commented on the situation regarding current cases. Determinations were awaited from a number of FAIs and one FAI was currently taking place. He also drew attention to two Significant Incidents where actions plans were being finalised. These would be reported to the Committee in due course.

Mr Crawford referred to the request at the last meeting that timescales for the production and completion of action plans be given in the reporting of cases. The current report had included notes on timescales and he sought confirmation from the Committee that these were in line with the request. Members confirmed that these were satisfactory.

NOTED

87. INFECTION CONTROL UPDATE

Mr Walsh submitted the December 2009 NHSGG&C Hospital Acquired Infection (HAI) Monitoring Report which outlined the Board's position and performance in relation to the following:-

S.aureus bacteraemias (HEAT Target)
Should current trends continue to be maintained, NHSGG&C was still on course to achieve the target of a 35% reduction by 2010.

C.difficile
The National Report published in September for April to June 2009 indicated that the rate of *C.difficile* infection in NHSGG&C in the over 65s was 0.43 per 1000 acute occupied bed days. This meant that the Board was very comfortably below the 2011 target of 0.9.

Surgical Site Infections
The rates for NHSGG&C in the last available quarter remained below the national average for all procedures except hip arthroplasty.

Hand Hygiene Compliance
The overall situation remained that NHSGG&C had demonstrated a steady rise in Hand Hygiene compliance during the national audit periods from a 62% baseline in February 2007 to the achievement of the 90% target in September 2008, rising to the current figure of 93%.

National Cleaning Services Monitoring
All areas within NHSGG&C had scored "green" (over 90%) in the most recent report on the National Cleaning Specification.

Further to Minute 68, Mr Walsh reported that he had approached Health Protection Scotland with the proposal that the focus of monitoring should shift from orthopaedic sites where the infection rates had been consistently very low, to other surgical specialities with higher rates. The proposal had been supported by other Health Boards.

DECIDED:-

That the report represented continued good progress within NHSGG&C.

88. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

Mr Crawford presented a paper updating the Committee on SPSP implementation within NHS Greater Glasgow and Clyde as at mid-November 2009. He drew attention to the following:-

Progress against SPSP Assessment Scale
NHSGG&C was currently assessed at level 2.5. Progress towards the next level was not likely to be secured until 2010 due to challenges around medicines reconciliation and limited data quality associated with outcome measures. These issues were being addressed. The national team and the national SPSP Steering Group had been advised of the situation.

Spread Plan
60 additional teams were now formally commencing work within the Acute Services Division. The process of agreeing with each Directorate the next wards for inclusion and how best to undertake the preparation and launch would now take place. A key issue was the capacity of ward staff to undertake further work given the demands of other initiatives. There was also the challenge of providing an adequate support structure and resources for expansion.

Learning Collaborative
The fifth national event for SPSP on 16/17 November 2009 had been attended by 70 NHSGG&C staff. It had been found to be helpful.

NHSGG&C had been visited recently the SPSP national team. The outcome was deemed positive by both visitors and staff, with encouraging feedback on the progress of the programme in NHSGG&C.

SPSP Faculty Review of NHSGG&C Data and Reports
Each month a member of the SPSP Faculty reviewed data and reports provided from NHSGG&C. This mechanism had generated a productive dialogue leading to a better understanding of the programme and how it could be developed. One of the issues raised was the number of Walkrounds. Dr Cowan confirmed the importance of regular visits by senior management to clinical areas.

NOTED

89. HEALTH CARE QUALITY STRATEGY (HCQS)

Mr Crawford referred to the Scottish Government Health Care Quality Strategy draft document which had been circulated to members and had been the subject of a recent Health Board seminar. Its significance for the Committee was whether it should impact on the NHSGG&C Clinical Governance Strategy that had been agreed earlier in the year but whose publication had been delayed pending the production of the HCQS document. It was anticipated that the final national strategy document should be published in January 2010.

There was discussion on action by the Board in response to the document. It was understood that discussions on Quality Strategy would take place in which the Board's Medical Director and Director of Nursing would be involved. Confirmation should be obtained that the Head of Clinical Governance would also be involved. **SECRETARY**

DECIDED:-

That a decision on the NHSGG&C Clinical Governance Strategy document should be deferred until the next meeting when Mr Crawford would report further. **Mr CRAWFORD**

90. OMBUDSMAN QUARTERLY REPORT

Mr Crawford had submitted a paper summarising reports on cases within NHSGG&C that had been considered by the Scottish Public Services Ombudsman covering July to September 2009, together with information on action taken. The Annual Complaints Statistics for April 2008 to March 2009 had also been submitted.

Mr Crawford advised that managers were now addressing the longer term tracking of action plans to establish whether actions were still being sustained beyond the immediate months following implementation. It was also understood that it was being proposed that the Acute Services Division should look at key issues arising in the Ombudsman's Monthly National Commentary and seek to address them strategically with initiatives across Directorates.

NOTED

91. CONTROLLED DRUGS QUARTERLY REPORT

Dr McKean, Head of Pharmacy and Prescribing Support Unit, had submitted a quarterly occurrence report in respect of Controlled Drugs covering the period from July to September 2009.

NOTED

92. CLINICAL GOVERNANCE IN REGIONAL DIRECTORATE UPDATE

Mr Stuart gave a detailed presentation on Clinical Governance within the Regional Directorate.

There was a Clinical Governance Board for Regional Services, chaired by the Associate Medical Director, and constituent clinical governance committees for Specialist Oncology, Plastic and Burns, Renal/Homoeopathic and Neurosurgery/Spinal. Membership was wide-ranging covering all specialties and professional and managerial groups within the Directorate. Meetings were held quarterly. Standing agenda items included Significant Incident Reports, Regional Services Workplan Update, Risk Register, Complaints Report, Safe Use of Medicines Update, Clinical Effectiveness/Audit Update and Local Clinical Governance Reports.

The Regional Workplan for 2009/2010, which had been circulated to members, had ten objectives covering the following:- Structure and Process; Risk Management; Patient Environment; Delivery and Evaluation of Care; Scottish Patient Safety Programme; Safer Use of Medicines; Complaints Management; External Reviews; Patient Experience Programme and New Interventional Procedures.

Mr Stuart highlighted progress to date in the following areas:-

- The Clinical Governance structure within the Directorate was now fully established and integrated into each service.
- The quarterly Risk Register process was firmly integrated into the Clinical Governance and local performance management arrangements.
- Progress had been maintained with the Cleanliness Champions Programme.
- A range of national and local Clinical Audits had been maintained.
- Continued improvements had taken place in Complaints Management with targeted training in response to themes such as Communication.
- A successful Chartermark review had been achieved.
- The audit of all areas involved in the administration of Chemotherapy had been completed.

Priorities for 2010/11 were:-

- To agree a Directorate reporting template for SPSP outputs and to monitor progress through a sub-Directorate Clinical Governance group.
- To establish processes for data capture and reporting of the four clinical quality indicators.

- To increase focus on action plan development in response to complaints and Ombudsman reports.
- To maintain a high profile for HAI and ensure Directorate engagement in the planning of the inspections from the Healthcare Environment Inspectorate.

Dr Rodger then gave a presentation on the findings of the analysis of figures for one year survival (after 90 days) for patients starting RRT in the light of the audit carried out in 2009 in respect of the years 2003-6. Previous audits had covered the years 2001-4 and 2002-5. These revealed that NHSGG&C was one of the 'outlier' centres for patient survival rates in the United Kingdom. Life expectancy and RRT one year survival were lower in Scotland than in England. Within NHSGG&C and Forth Valley (whose patients were covered by Greater Glasgow and Clyde) there were wide postcode variations in survival.

Dr Rodger highlighted the following problems with the Glasgow Renal service:- outdated dialysis facilities and overcapacity; outdated inpatient beds and over capacity; an insufficient vascular access surgery service; infection control issues; a low transplant rate and an outdated IT system. He referred to a range of actions that had been taken since the first audit had taken place in 2007. New Dialysis facilities and a new IT system had been scheduled for 2009. Reviews of the vascular access service and inpatient facilities/utilisation and an expansion of transplantation were ongoing. New inpatient beds were scheduled for 2013.

DECIDED:-

1. That the presentation illustrated satisfactory progress in Clinical Governance within the Regional Directorate.
2. That the figures arising from the audit of 1 year survival of patients starting RRT and the action being taken in respect of the NHSGG&C renal service be noted.

93. CLINICAL GOVERNANCE IN MENTAL HEALTH DIRECTORATE UPDATE

Dr Watt explained that three specific areas had been selected for the update on Clinical Governance in the Mental Health Directorate:- (i) Integrated Care Pathways (ICP), (ii) the NHSQIS Inspection of Learning Disability Indicators and (iii) an FAI Determination into the death of a former patient of the Adolescent Mental Health Services.

Integrated Care Pathways

Dr Watt presented a detailed paper on progress within NHSGG&C in the development of a generic pathway of care for mental health services and standardised pathways of care relating to five diagnoses as directed by "Delivering for Mental Health" namely:- Bipolar Disorder; Borderline Personality Disorder; Depression; Dementia and Schizophrenia. The paper also highlighted progress achieved in the associated national accreditation system overseen by NHSQIS. Dr Watt gave details of the Generic Pathway and explained the ICP structures within the Mental Health Partnership. There was an ICP Steering Group which was a subgroup of the Partnership's Care Governance Group.

In September 2009 the Board achieved Foundation Level accreditation status from NHSQIS. It was understood that the next stage would involve accreditation of each diagnostic ICP, with Dementia possibly being the first. Dr Watt then described the steps now required. The generic mental health pathway had been approved by the ICP Steering Group in April 2009 but work required to be completed in agreeing the performance management, monitoring and improvement processes around the ICP programme. Subgroups were currently working on proposals which would be submitted to the Steering Group later in December 2009. After ratification, an information sharing event for a wide range of stakeholders would take place. She also outlined the detailed steps required in preparing for and then implementing ICPs.

Dr Watt felt that work was progressing well across NHSGG&C in implementing the Standards for ICPs in Mental Health This had been reflected in the attainment of Foundation Level accreditation. There was a challenge in finalising the development and securing the implementation of the ongoing programme of work so that pathways were embedded within the day to day business of services. It was anticipated that an implementation plan would be progressed early in 2010.

DECIDED:-

1. That progress in the development of a generic pathway of care for Mental Health Services be noted.
2. That the proposed ongoing work be endorsed. **Dr WATT**

NHSQIS Inspection of Learning Disability Indicators 2 and 3

Ms Allen presented a paper setting out the outcome of the NHSQIS Inspection of Learning Disability Quality Indicators 2 and 3 that had taken place in NHSGG&C over two days in April 2009. She also presented details of the draft action plan subsequently drawn up which would be submitted to the Health Reference Group on 4 December 2009.

The outcome of the inspection had been very favourable to NHSGG&C which was in the top quartile for Boards in Scotland. Out of 17 indicators which Ms Allen detailed, the Board had been scored in only two cases as partially or scarcely developed. The draft action plan focussed on these two indicators but also addressed other areas where the need for improvements had been identified.

In response to a question from Dr Benton, Ms Allen confirmed that there were a wide range of initiatives on Learning Disability awareness for nursing staff.

NOTED

FAI Report

Ms Metcalfe presented the outcome of a determination of an FAI into the death of a former patient of the Board's Adolescent Mental Health Services. The Sheriff had been complimentary about the care given to the patient and the report had been very favourable to the Board.

Ms Metcalfe explained that the case had been reviewed as part of the established Critical Incident Process following the patient's death and prior to the FAI. Immediate lessons had been identified and dealt with at that time. However, further reflection on the case had highlighted an issue that had been prominent in a number of other cases. This was persistent aggressive complaining by parents that took up a great deal of clinical and managerial time, was intimidating to clinical staff and could possibly lead to child protection issues not being addressed as vigorously as the service would wish. In such situations, parents often involved local elected representatives and, at times, legal representatives.

Dr Watt confirmed the seriousness of the issue which Ms Metcalfe had raised and supported the need for a framework to be devised for both general and clinical mangers to deal effectively with such cases. The current complaints process was not sufficiently robust to contain the excessive demands and strains that such complainants put on the system.

DECIDED:-

1. That the outcome of the FAI be noted,
2. That a support framework should be devised within the Children and Young People's Specialised Services to be used when dealing with persistent and aggressive parental complaining. **Ms METCALFE**

94. CLINICAL GOVERNANCE IN CH(C)Ps UPDATE

Dr Ryan advised that the update report on Clinical Governance in CH(C)Ps would focus mainly on the implementation of the national action plan for palliative and end of life care that had been published in 2008 under the title "Living and Dying Well". However, additionally, he had circulated to members a copy of the CH(C)P Clinical Governance Forum Workplan for 2009/10 and also wished to refer to the GP Annual Appraisal Report for 2008/9.

GP Appraisal Annual Report 2008/9

Dr Ryan gave an overview of the GP Appraisal Annual Report for 2008/9 covering NHSGG&C. GP appraisal was under the auspices of a GP Appraisal Steering Group which had identified the following challenges in the light of the 2008/9 report :-

- Continue to improve the skills of the GP Appraisal workforce and ensure quality assurance of the GP appraisal process.
- Continue to liaise with other agencies to maintain awareness of and contribute to any future changes to the appraisal/revalidation process. In addition, continue to be involved in communicating these changes to grassroots GPs to allow them to prepare adequately for appraisal and revalidation.
- Continue to improve the IT support to allow the tracking of sessional GPs or those with career changes or time out from GP practice.
- Continue to be involved with NES in developing tools to deliver the appraisal process in support of revalidation.

NOTED

Living and Dying Well

Ms Morrison explained that the aim of Living and Dying Well was to ensure that care plans were developed and implemented for all patients and carers with palliative and end of life care needs. It was the outcome of a patient centred planning process which took account of their needs, wishes and preferences at every stage of the patient journey. A Palliative Care Direct Enhanced Service Specification (DES) had been introduced. This supported GP Practices in taking a systematic approach to palliative and end of life care to ensure that they identified appropriate patients for the palliative care register for whom care plans and a summary of their needs in the out of hours period should be in place.

Ms Morrison outlined the concept and detail of the Liverpool Care Pathway (LCP) which was a model that replaced all other nursing and medical documentation for end of life care where all possible reversible causes for the patient's current condition had been considered. It was applicable in hospital, hospice, care home and community settings. LCP was now fully developed in the North CHCP and was currently being developed in seven others.

DECIDED:-

That the presentations and reports reflected ongoing satisfactory progress in Clinical Governance within CH(C)Ps.

95. SURGICAL PROFILES ACTION PLAN

Dr Pace presented the Surgical Profiles Action Plan Update that had been prepared by Dr J C Howie for consideration and ongoing submission to NHSQIS. This had been drawn up further to the previous response from the Board to NHSQIS regarding the 2008 Surgical Profile that Dr Howie had presented to the Committee at the meeting on 7 April 2009 and had been approved. The current document, which was in response to a request for further information from the NHSQIS Surgical Profiles Review Panel, set out the action and proposals developed since the initial response to the profile.

Dr Dickson commented on a question relating to Surgery at the Royal Alexandra Hospital. It was suggested that current delays might be usefully addressed by exploring a redesign of surgical work systems at the hospital. Dr Pace agreed to discuss this with Dr Howie. **Dr PACE**

DECIDED:-

That the Surgical Profiles Action Plan Update represented a strong local process and should be fully endorsed. **Dr HOWIE**

96. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 9 November 2009 were received, together with a summary paper highlighting key issues.

Mr Walsh drew attention to the work of the Healthcare Environment Inspectorate (HEI) whose purpose was stated as providing public assurance about infection prevention, hygiene and cleanliness by undertaking rigorous inspections of hospitals throughout Scotland. Three Scottish Health Boards had recently been visited and the reports indicated the nature and stringency of these visits. There were implications for Greater Glasgow and Clyde given the age of some of hospital buildings and the fact that appearance of surroundings was included in factors determining the nature of the report issued. There appeared to be an environmental health element to the approach taken in the visits which was different to the Clinical Risk emphasis of other inspections. Four hospitals in NHSGG&C were due to be visited over a twelve month period.

Mr Walsh agreed to circulate members with background information on the HEI process for the management of inspection reports and the Healthcare Associated Infection Inspection Audit Tool used in the visits. **Mr WALSH**

NOTED

97. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 17 September 2009 were received, together with summary papers highlighting key issues.

NOTED

98. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 9 November 2009 were received, together with a summary paper highlighting key issues.

NOTED

99. MINUTES OF ORGAN DONATION COMMITTEE

The minutes of the meeting of the Organ Donation Committee held on 24 September 2009 were received, together with a summary paper highlighting key issues.

NOTED

100. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 2 February 2010 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.