

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 June 2010 at 1.30 pm**

P R E S E N T

Mr R Cleland (in the Chair)

Dr C Benton
Mrs P Bryson
Mrs J Murray
Mr A O Robertson
Mrs E Smith

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

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|---------------|----|---|
| Mr A Crawford | .. | Head of Clinical Governance |
| Mrs R Crocket | .. | Board Director of Nursing |
| Dr J Dickson | .. | Associate Medical Director, Clyde |
| Dr J C Howie | .. | Associate Medical Director, Surgery & Anaesthetics Directorate (Minutes 40-41) |
| Mr D McLure | .. | Senior Administrator |
| Ms L Meikle | .. | Head of Nursing, Surgery & Anaesthetics Directorate (Minutes 40-41) |
| Dr P Ryan | .. | Clinical Director, North Glasgow CHCP (Minute 39) |
| Mr T Walsh | .. | Infection Control Manager |
| Dr L J Watt | .. | Medical Director, Mental Health Partnership (Minute 39) |

ACTION BY

32. APOLOGIES

Apologies for absence were intimated on behalf of Prof D H Barlow, Dr B N Cowan, Councillor Amanda Stewart, Mr D Sime and Mr B Williamson.

33. MINUTES

The Minutes of the meeting held on 6 April 2010 were approved.

34. MATTERS ARISING FROM MINUTES

Research Governance

Further to Minute 18, Mr Cleland intimated that Professor Hunter had received a response from Professor Wyper on the role of Scottish Health Innovations Limited (SHIL) within the governance framework. He had advised that there were no formal links between SHIL and the wider governance framework. However he had given examples of the expertise within SHIL being useful to the Board in various governance issues. This expertise was helpful to the NHSGG&C in operating effectively in the area of research commercialisation and technology transfer.

Prof HUNTER

DECIDED

That the full text of the response received from Professor Hunter would be circulated to members by e-mail.

SECRETARY

Informed Consent

Further to Minute 21, Mr Crawford advised that he had now obtained a fuller description of the term "proper informed consent" as used in a recent Ombudsman Report. He would circulate this to members by e-mail.

Mr CRAWFORD

With regard to the concern that had been raised by Mrs Murray relating to a case in the Department of Obstetrics and Gynaecology at the Southern General Hospital, Mr Crawford intimated that he was still in the process of investigating.

Mr CRAWFORD

NOTED

Infection Control Update Reports

Further to Minute 22, Mr Walsh advised that the new national requirements for the format of future reports had not yet been received. With regard to the inclusion of greater detail in future reports on the implementation of action plans in areas that had received a red score in the National Cleaning Monitoring section, Mr Walsh suggested that this information might be more appropriately part of a future Facilities Governance update presentation.

DECIDED:-

That the next Facilities Governance update presentation should include information on the implementation of action plans in areas receiving a red score. Mr Crawford would liaise with the Facilities Directorate on this matter.

Mr CRAWFORD

35. 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 six current cases. Of these, two were awaiting FAIs. Of the remaining four, FAIs had been completed, three of which had now reported with no issues emerging for the Board. A determination as still awaited regarding the fourth case but it was understood there would be no issues forthcoming.

Dr Dickson reported that the Board had received intimation from the Fiscal's Office of their intention to proceed with up to 17 new FAIs. He would submit details of these to the next meeting. Mr Crawford drew attention to the large volume of work required of Board staff when FAI's arose, and that this would be a significant factor with these new cases, including possible impact on front-line care.

Dr DICKSON

NOTED

36. OMBUDSMAN REPORT

Mr Crawford presented a paper on cases considered by the Scottish Public Services Ombudsman for the period January to March 2010 together with information on action taken. The recurrent themes of previous reports had continued to be highlighted by the Ombudsman. Mr Crawford confirmed that information from the reports was fed back to the services, including from cases that had arisen in other Health Boards and communications from Professional organisations, in order that procedures might be checked and any necessary action taken. However, there was not an established process for confirming that themes were being actioned.

With regard to the reference in the report to the submission of an audit by the Rehabilitation and Assessment Directorate that was regarded as being poor in certain aspects, Mr Crawford felt that this could have been a consequence of particularly short time limits being given for its submission. The Directorate had acknowledged that the audit had been deficient and had taken steps to ensure improvements and to monitor these through regular Directorate performance meetings.

NOTED

37. INFECTION CONTROL UPDATE

Mr Walsh presented the NHSGG&C Healthcare Associated Action Plan progress update for June 2010. The current figures relating to the Board's performance in respect of each of the five areas (*S.aureus* Bacteraemias, *C.difficile*, Surgical Site Infections, Hand Hygiene Compliance and Monitoring of Cleaning Services) continued to show satisfactory compliance with each of the national targets. He drew attention, in particular, to the following:-

The chart for Hospital Acquired *C.difficile* in Stobhill Hospital had reflected that two wards had breached their upper control limits and one had reached its trigger level. Local action was initiated prior to the situation being revealed by the chart and daily cleaning with a chlorine based detergent had been introduced to the whole hospital. The figure for the hospital had now returned to below the national mean.

NOTED

38. INFECTION CONTROL PROGRAMME

Mr Walsh had submitted, for consideration, a copy of the draft NHSGG&C Infection Control Programme for 2010/11.

NOTED

39. ANNUAL APPRAISAL FOR DOCTORS

Dr Ryan gave a detailed presentation on GP Appraisal. He outlined the background to the scheme and the core categories which were Audit, Communication, Prescribing, Referrals and Working with Colleagues and Significant Event Analysis. In the external quality assurance carried out by QIS for the GP Appraisal in 2009, NHSGG&C scored 71%, which was higher than most other Health Boards in Scotland, five good practice points had been identified (one of which had national significance) and three areas for improvement were notified. Of these, necessary action had now been completed in two areas and work was continuing in the third. There were currently a total of 1,220 individuals to be appraised annually.

GP appraisal was overseen in NHSGG&C by an Appraisal Steering Group which had a system of tracking the appraisal status of each doctor and also carried out a review of appraisers. An electronic data base had been set up with the aim that all appraisals should be carried out electronically.

With regard to the components of revalidation, the General Medical Council were shortly to issue consultative proposals. Currently revalidation domains were: - Knowledge and Skills Performance, Safety and Quality, Communication, Partnership and Teamwork and Maintaining Trust. A range of supporting evidence was required from each doctor to satisfy these domains. Dr Ryan advised of a number of concerns that were being expressed as part of the current revalidation consultation process that required to be resolved.

Dr Watt explained that the appraisal process was more developed in Primary Care than Secondary Care. However, as annual appraisal was now a contractual requirement for Consultant and Non-consultant career grade doctors, the Board had set up a process to oversee the implementation of the local appraisal process across NHSGG&C. The Board Medical Director had designated responsibility, while day-to-day responsibility had been delegated to Dr Watt who chaired the Consultant and Non-consultant Career Grade Appraisal and Job Planning Group.

Dr Watt explained the organisational arrangements for appraisal, together with details of (i) the quality assurance of appraisal, (ii) integration with other quality improvement systems, (iii) selection, training and monitoring of appraisers, (iv) the outcome of the 2009/10 round of appraisal, (v) ensuring that the appraisal process was fair and standardised, (vi) the systems supporting appraisal and (vii) the actions for the next appraisal cycle. She also provided supporting papers setting out in detail the policies, procedures and guidance relating to the process, together with the action plan arising from the QIS Peer Review visit in 2009.

Dr Watt drew attention to the figures of Consultant and Non Consultant Career Grade medical staff completing appraisal in 2009/10 which amounted to 73.9% and 35.7% respectively. There was a need for substantial improvement. Much time had been spent on assimilation following the new contract; it was necessary in the next year to catch up on the appraisal aspect. There was a need to ensure a robust system within Secondary Care in NHSGG&C and, once the national report was produced on Revalidation, local proposals would be drawn up. Thereafter she would hope to submit a paper to the Committee toward the end of 2010 setting out these proposals.

Dr WATT

DECIDED:-

1. That the presentations from Dr Ryan and Dr Watt be noted.
2. That a further paper on proposals relating to revalidation procedures in NHSGG&C be received from Dr Watt by the end of the year.

Dr WATT

40. CLINICAL GOVERNANCE IN SURGERY & ANAESTHETICS DIRECTORATE UPDATE

Ms Meikle gave a detailed presentation which covered (i) a review of the Directorate Clinical Governance Workplan for 2009 and (ii) local implementation of "Better Together" in 2010.

With regard to the Workplan for 2009, Ms Meikle focussed on aspects of the Scottish Patient Safety Programme (SPSP), Infection Control, Clinical Quality Indicators and Improvements following Clinical Incidents:-

SPSP

Hand Hygiene compliance at Royal Alexandra Hospital had now reached 95% and therefore no longer required to be monitored under SPSP. The peripheral venous cannula bundle had now been rolled out throughout the Directorate. The ventilator associated pneumonia (VAP) bundle was having very positive results. For example, over the last twelve months there had been no VAPs at Glasgow Royal Infirmary.

Infection Control

In 2009 a balanced scorecard had been introduced for infection control, to be completed by Senior Charge Nurses. There had been a Health Environment Inspectorate (HEI) visit to the Royal Alexandra Hospital and another was imminent at Glasgow Royal Infirmary. The Directorate was also on alert for HEI unannounced visits. Statistical Process Control Charts were produced, copies of the charts for *C.difficile* and MRSA covering each month over the years 2006 to 2009 had been provided which revealed significant drops and satisfactory trends.

Clinical Effectiveness

Miss Meikle described work being carried out regarding Clinical Quality Indicators with respect to Nutrition, Falls, Tissue Viability and harmonising the two early warning scoring systems (SEWS/MEWS). Improvements following clinical incidents had been carried out to develop tissue viability best practice and a peri-op pathway for people with a learning disability.

With regard to Better Together in 2010, Miss Meikle described the toolkit that had been developed within the Directorate for local implementation. From a list, Senior Charge Nurses selected appropriate questions determined by key issues. A questionnaire was generated and fifteen patients per month were asked to complete it, with carer input if desired. Data entry generated thermometer charts, which could then be displayed. Improvement action was driven by areas where scores were low.

DECIDED:-

That the presentation reflected ongoing satisfactory progress in Clinical Governance within the Surgery and Anaesthetics Directorate.

41. HOSPITAL STANDARDISED MORTALITY RATIOS

Dr Howie gave a detailed presentation on Hospital Standardised Mortality Ratios (HSMR). This was a statistical model that had been developed to enable a prediction to be made of the probability of a patient dying within thirty days of admission to hospital. This was being used in pursuit of the aim of the Scottish Patient Safety Programme (SPSP) to reduce hospital mortality by 15% by the end of the programme in December 2011. Information Services Division (ISD) had produced HSMR by quarter from October 2006 to June 2009 for hospitals participating in SPSP.

The provision of quarterly HSMR data to Health Boards allowed progress in reducing mortality to be assessed. A high value of the HSMR (greater than 1) was not sufficient evidence on which to conclude that a poor quality or unsafe service was being provided. It should be regarded as a trigger for further investigations which should include an assessment of the quality of recording and coding of key variables, in particular discharge diagnosis. Investigations had shown that inaccurate recording of diagnosis could lead to overestimation or underestimation of the HSMR. Should data trigger an alert, it was then considered by staff from NHSQIS, ISD and the NHS Board. If cause for concern emerged, the Medical Director of NHSQIS convened a multidisciplinary data review group to work with the Board to review the issues. A report had to be produced within eight weeks of the alert. Tripartite agreement (Scottish Government Health Department (SGHD), NHS Board and NHSQIS) on action required, if any, was then reached.

Dr Howie presented HSMR data in respect of the Western Infirmary and Royal Alexandra Hospital. He re-iterated the problems that there could be with data, and the difficulties in quickly identifying the reasons for outlier data. The figures for the two hospitals revealed the Western Infirmary as being consistently below 1, but the Royal Alexandra Hospital (RAH) had generally been above 1. Careful consideration would have to be given in developing a plan to address the RAH data.

Dr HOWIE

Mr Crawford advised that he understood that, as a result of a Freedom of Information request, all HSMR results for hospitals in Scotland would be in the public domain in the near future.

DECIDED:-

That Dr Howie's presentation had been a valuable learning session.

42. REPORT OF NHSQIS REVIEW OF FOOD, FLUID AND NUTRITIONAL CARE IN HOSPITAL

Mrs Crocket had circulated a paper outlining the position of NHSGG&C following the recently published NHSQIS review of Food, Fluid and Nutritional Care Standards (FFN) and reporting on the actions that had been identified to maintain improvement. She explained that the NHSQIS review had taken place in June 2009 with initial feedback to the Board being very positive, demonstrating progress in all standards. A subsequent review of the scoring, following completion of national reviews, had further improved the Board's scoring position over the six standards.

Members had received copies of the detailed action plan that been drawn up for maintaining the improvements made. The principle actions, which she detailed, were within the following standards:-

- Planning and Delivery of Food and Fluid
- Provision of Food and Fluid to Patients
- Patient Information and Communication
- Education and Training for Staff

DECIDED:-

That Mrs Crocket's report and the further action outlined should be commended.

43. SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

Mr Crawford explained that, given that SPSP update reports to recent meetings had been largely similar in substance, he had decided on this occasion to give a presentation exploring aspects of data with particular reference to (i) the theory and rules of run charts, (ii) the adverse event rate from the Global Trigger Tool (GTT), which was a key SPSP measure and (iii) a work-stream example.

Mr Crawford stressed that measurement was fundamental to understanding whether improvement was taking place. It was necessary to know what difference was being made. To this end key measures were required to assess progress on team or service aims. Reflection on specific measures could be used for learning and identifying change concepts during PDSA (Plan, Do, Study, Act) cycles. Data, including from patients and staff, could be used to focus improvement and refine changes.

There were variations in systems. These could be separated into two types, based on cause:- (i) common causes (chance) were inherent in the system over time, affecting everyone working in the system and all the outcomes and (ii) special causes (assignable) which were not part of the system all the time and did not affect everyone but arose because of special circumstances.

Mr Crawford then presented detailed information illustrating (i) non-random rules for Run Charts, (ii) adverse events 30% reduction as measured by GTT, (iii) Greater Glasgow and Clyde experience of GTT, (iv) peri-operative work-stream and (v) antibiotic prophylaxis on time.

Mr Crawford emphasised that the Clinical Governance Committee needed to maintain a challenging as well as an overseeing role, and to be assured that local processes were in place and that improvements for patients were being demonstrated. It was vital, however, that responsibility for action firmly rested at local level.

DECIDED:-

That Mr Crawford's presentation had been a valuable learning session.

44. 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 January to March 2010.

NOTED

45. MINUTES OF REFERENCE COMMITTEE

The minutes of the meeting of the Reference Committee held on 24 February 2010 were received, together with a summary paper highlighting key issues.

NOTED

46. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 29 March 2010 were received, together with a summary paper highlighting key issues.

NOTED

47. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 10 May 2010 were received, together with a summary paper highlighting key issues.

NOTED

48. ANNUAL CLINICAL GOVERNANCE REPORTS

Mr Crawford sought the perspective of members on the process for reviewing the 2009 annual Clinical Governance reports from Directorates and Partnerships.

DECIDED:-

That Mr Crawford would arrange for each member to be sent two reports for review and feedback.

Mr CRAWFORD

49. DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday 3 August 2010 at 1.30pm in the Conference Room, Dalian House, 350 St Vincent Street, Glasgow.