

GREATER GLASGOW AND CLYDE NHS BOARD

**Minutes of a Meeting of the
Greater Glasgow and Clyde Clinical Governance Committee
held in the Board Room, J B Russell House,
Gartnavel Royal Hospital, Glasgow, G12 0XH
on Tuesday 5 April 2011 at 1.30 pm**

P R E S E N T

Mr A O Robertson (in the Chair)

Dr C Benton
Dr M Kapasi
Mrs J Murray
Mr D Sime
Councillor Amanda Stewart

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

Ms E Burt	..	Nurse Director, Rehabilitation & Assessment Directorate (Minute 20)
Dr B N Cowan	..	Medical Director, NHSGG&C
Mrs R Crocket	..	Nurse Director, NHSGG&C
Dr J Dickson	..	Associate Medical Director, Clyde
Mr R Farrelly	..	Nurse Director, Acute Services Division (Minute 18)
Ms A Harkness	..	Director, Rehabilitation & Assessment Directorate (Minute 20)
Mr D McLure	..	Senior Administrator
Dr L J Watt	..	Medical Director, Mental Health Partnership (Minute 17)

ACTION BY

14. APOLOGIES

Apologies for absence were intimated on behalf of Mrs P Bryson, Mr A Crawford, Mr B Gillespie, Mrs E Smith, Mr T Walsh and Mr B Williamson.

15. MINUTES

The Minutes of the meeting held on 1 February 2011 were approved.

16. MATTERS ARISING FROM MINUTES

Paediatric Neurological Service

Further to Minute 4, Dr Cowan reported that he and the Board's Chief Executive had met with the National Managed Service Network for Neurosurgery who had approved the action taken by the Board following the recommendations of the external review. To date, one Neurosurgical procedure had been carried out at the Royal Hospital for Sick Children. Ongoing discussions were taking place to identify necessary resources and to finalise plans to enable the entire Paediatric Neurosurgery service to be provided at RHSC.

NOTED

Mid Staffordshire Inquiries – Follow-up Exercise

Further to Minute 5, Dr Cowan reported that the compilation of responses received to the survey carried out by the Head of Clinical Governance to identify strengths and weaknesses within NHS GG&C systems was underway.

Mr CRAWFORD

NOTED

17. PATIENT SAFETY

Review of Fatal Accident Legislation – Lord Cullen's Report

Dr Watt presented papers relating to the recommendations from the review of FAI legislation that had been conducted by Lord Cullen. In her capacity as Vice Chairman of the Royal College of Psychiatrists in Scotland she had been leading a group responding to the report. A major concern surrounded the recommendation that a mandatory FAI should include the death of any person who was subject at the time of death to compulsory detention by a public authority, including natural causes. She explained that the number of patients this would cover would be of such a scale that there would be impossible demands on the Health Service, particularly in Mental Health.

Dr Watt's group had been discussing the implications of the recommendations with civil servants but it was proving difficult to convince them of the scale of the number of patients who would be subject to automatic FAI. The Scottish Government had not accepted Lord Cullen's recommendations but had decided there should be an independent investigation. Dr Watt's group was working with civil servants and others to determine how the independent investigation could become more robust. It was understood that there would be consultation with Health Boards on any recommendations resulting from the current ongoing discussions. She would continue to keep the Board alerted and informed of developments.

Dr WATT

NOTED

Clinical Incidents and FAI Reviews

Dr Dickson presented a written summary updating the Committee on Clinical Incidents and FAI Reviews. He highlighted four cases subject to FAIs. In one case the FAI had been completed. The Determination had raised a number of points. Dr Dickson explained the actions that had been carried out by the Board in the light of the case which it was felt should avert any possible recurrence of such a case. A full report of action taken would be submitted to the Acute Services Clinical Governance Committee. Of the remaining three cases on the written summary, one was ongoing and two were pending. Dr Dickson reported that there would now be two further FAIs, both affecting the Surgical Directorate. One was due to commence towards the end of April. A date for the other had still to be announced.

Dr Dickson outlined the situation relating to two Significant Clinical Incidents. The first involved the Royal Hospital for Sick Children, with links to Surgery at the Southern General Hospital. The internal investigation had now been completed and an action plan was being implemented. The second case involved the Institute of Neurological Sciences. The internal review was ongoing.

NOTED

Scottish Patient Safety Programme (SPSP)

Mr Crawford had submitted a paper detailing continued progress in SPSP implementation in NHS Greater Glasgow and Clyde. Dr Cowan commented on a number of issues. The Board believed that level 3.5 had been achieved on the assessment scale, but it was understood that this had not been accepted by the National SPSP team and IHI advisers. The reasons for this were unclear and IHI advisers were being approached to clarify the differences between them and the Board in interpreting the Board's data.

Mr CRAWFORD

Dr Cowan drew attention to a number of successes highlighted in the report. These included (i) Normothermia (ensuring patients did not become cold during surgery) and (ii) Medicines Reconciliation.

NOTED

Hospital Standardised Mortality Ratios (HSMR)

Further to Minute 5, Dr Dickson reported on the implementation of the action plan that had been constructed following the identification of a rising HSMR trend at the Royal Alexandra Hospital which made it an outlier hospital compared to the national average. All necessary steps were being taken to put in place systems that should reduce HSMR levels. There were various strands to the process which was expected to take several months.

NOTED

Infection Control Update

Mr Walsh submitted HAI Monitoring Reports for April 2011. He highlighted a number of points including:- (i) the Board had made good progress towards the additional 15% reduction required by the HEAT target by the end of March 2011 in respect of Staphylococcus Aureus Bacteraemias. More challenging targets would be implemented from April; (ii) the Board was well below the national mean in respect of *C.difficile* and was a leading Board for Scotland in this regard, (iii) Surgical Site Infection rates in NHSGG&C for the last quarter of 2010 remained below the national average for all categories, and (iv) NHSGG&C had now achieved 95% compliance in Hand Hygiene. A programme was being piloted allowing volunteers to carry out Glow box stands at hospital entrances. An initial trial was taking place at RHSC.

NOTED

18. HEALTHCARE ENVIRONMENT INSPECTORATE – SUMMARY OF ANNOUNCED AND UNANNOUNCED INSPECTIONS

Mr Farrelly presented a paper giving the background to the setting up of the Healthcare Environment Inspectorate (HEI) by the Cabinet Secretary in April 2009. The HEI's remit was to undertake both announced and unannounced inspections in each acute hospital in NHS Scotland at least once every three years. The inspections monitored governance, practice and compliance issues relating to the prevention and control of infection including antimicrobial prescribing, clinical risk assessment and patient management. There was also a significant focus on estates and facilities issues within clinical areas, particularly cleaning services.

To date, NHSGG&C had five announced and three unannounced inspections. Announced inspections had taken place at Inverclyde Royal Hospital, Southern General Hospital, Glasgow Royal Infirmary, Royal Alexandra Hospital and Victoria Infirmary. Unannounced inspections had taken place twice at Royal Hospital for Sick Children and once at Inverclyde Royal Hospital.

Mr Farrelly provided a detailed schedule listing the requirements and recommendations arising from each inspection, the Directorates responsible for addressing each issue and the action taken. There were a number of key themes, including:- (i) Ensuring that patient equipment was cleaned in accordance with national guidance to ensure a consistent approach, (ii) Ensuring that all staff were aware of and implemented the mattress auditing policy (NHSGG&C policy required all mattresses to be checked monthly; a third of the mattress stock had been replaced in the current year), (iii) Ensuring that staff were adhering to local policies where the PVC bundle was in place; (iv) Ensuring there was effective two-way communication between estates, domestic and ward staff to ensure awareness of planned and reactive cleaning and maintenance activities; (v) Ensuring that all staff groups observed the local and national dress code policies; (vi) Ensuring that cleaning standards in wards complies with national cleaning specifications, and (vii) Ensuring that all policies in the infection manual were up to date.

The Board had an HEI Steering Group which Mr Farrelly chaired. Its aim was to ensure that actions and learning points from each inspection were cascaded to all hospitals within NHSGG&C. The group also carried out reviews of the preparation for the planned inspections and monitored the composite action plan.

An NHSGG&C Multidisciplinary Corporate Inspection Team had been set up under Mr Farrelly's chairmanship, which carried out unannounced inspections using the same tools and methodology as the HEI. One acute site was visited each month. To date five visits had taken place. It was envisaged that, consequently, frontline staff and the clinical environment would be appropriately prepared for both announced and unannounced HEI visits. A further aim was to embed the key principles of the NHSQIS standards for HAI into everyday practice within the Board's healthcare facilities.

DECIDED:-

That Mr Farrelly would provide a six monthly update on key indicators arising from ongoing inspections.

Mr FARRELLY

19. ONGOING REVIEW ARRANGEMENTS FOR CLINICAL GOVERNANCE COMMITTEE

Further to Minute 2, Mr Robertson reported that a further paper had been presented to the Board Seminar held earlier in the day on the proposed new Board governance arrangements and revised committee structures. Consensus had emerged, and the outline of the previous proposals had been accepted subject to the retention of the Staff Governance Committee and the setting up of a group to give approval to business cases for Capital Projects, only if required. A paper setting out the revised proposals would be submitted to the next meeting of the Board on 17 April 2011. Should these be approved it was anticipated that the new structures should be in operation by June.

NOTED

20. CLINICAL GOVERNANCE IN REHABILITATION AND ASSESSMENT DIRECTORATE

Ms Harkness and Ms Burt gave a presentation on Clinical Governance within the Facilities Directorate. They also submitted the Directorate's Clinical Governance workplan for 2010 which detailed the action being undertaken and the timescales for completion.

Ms Harkness commenced by outlining the wide range of services covered by the Directorate. She then focussed on a number of key themes, including:-

Clinical Incidents

These were reported to Directorate management meetings; action taking place was reviewed by the Directorate's Clinical Governance Forum. She presented statistics relating to the period April to September 2010. Over a third of cases related to medication errors. Treatment problems incidents had increased due to grade 3 and 4 pressure ulcer inclusion. While falls reporting had increased, there had been no consequent increase in the number of fractures which suggested there had been a reduction in the rate of fractures.

Service Improvement Following Clinical Audit

With regard to pain management, there had been a significant improvement in pain assessment following education and implementation of generic and behavioural pain assessment tools. Regarding falls prevention policy, there had been good compliance with the initial documentation of falls risk. In hand hygiene, over two years of monthly SPSP data had revealed an overall compliance rate of 95%.

Clinical Quality Indicators

Sustained improvement had been demonstrated in Falls and Pressure Area care.

Patient Focussed Care

Patient and career feedback was being obtained from patients' stories, surveys and the Better Together action plan. Complaints were reviewed under the themes of communication, attitudes and patient mix. Included in the review process were points of learning from Ombudsman reports, relatives' communication sheets and the Liverpool Care Pathway roll out.

Patient Safety

Patient safety initiatives included leadership walkabouts and the SPSP General Ward Work Stream.

Ms Harkness highlighted three key challenges facing the Directorate:- (i) management of the patient with dementia in the acute setting; (ii) prevention of hospital acquired pressure ulcers and (iii) falls prevention and management.

DECIDED:-

That the presentation reflected good progress relating to Clinical Governance within the Directorate.

21. OMBUDSMAN REPORT

Mr Crawford had submitted a paper on cases considered by the Scottish Public Services Ombudsman for the period from October to December 2010. Dr Cowan drew attention to the fact that this was the second consecutive period where there had been no reports relating to NHSGG&C.

NOTED

22. CONTROLLED DRUGS QUARTERLY REVIEW

Dr McKean, Head of Pharmacy and Prescribing Support Unit, had submitted a quarterly occurrence report in respect of Controlled Drugs covering the period from October to December 2010.

NOTED

23. MINUTES OF REFERENCE COMMITTEE

The minutes of the meetings of the Reference Committee held on 15 December 2010 and 9 February 2011 were received, together with summary papers highlighting key issues.

NOTED

24. MINUTES OF INFECTION CONTROL COMMITTEE

The minutes of the meeting of the Infection Control Committee held on 31 January 2011 were received, together with a summary paper highlighting key issues.

NOTED

25. MINUTES OF ORGAN DONATION COMMITTEE

The minutes of the meeting of the Organ Donation Committee held on 1 March 2011 were received, together with a summary paper highlighting key issues. Mr Robertson reported that Mr Cleland had agreed to continue to chair this Committee on behalf of the Board.

NOTED

26. MINUTES OF CLINICAL GOVERNANCE IMPLEMENTATION GROUP

The minutes of the meeting of the Clinical Governance Implementation Group held on 11 March 2011 were received, together with a summary paper highlighting key issues.

NOTED

27. CHAIRMAN'S REMARKS

Further to Minute 19, in the light of the expectation that this was the final meeting of the Clinical Governance Committee, Mr Robertson referred to the vital work that the Committee had carried out in the development of Clinical Governance within the Board. He paid tribute to the various Chairmen and all the members who had served on the Committee since its inception. Their thoughtful deliberations, guidance and decisions had been invaluable.