

**GOLDEN JUBILEE NATIONAL HOSPITAL
MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING (APPROVED)
MONDAY 3RD SEPTEMBER 2007 @ 2PM
BOARDROOM**

Present: Mairi Brown, Non Executive Board Member & Chair (MB)
Peter Ramsay, Non Executive Board Member (PR) (arrived 2:40pm)
Hilary Mounfield, Non Executive Board Member (HM)
Suzanne Clark, Lay Member (SuC)

In attendance: Jill Young, CEO (JY)
Mark Swatton, Clinical Governance Manager (MS)
Shona Chaib, Nurse Director (SC)
Maggie McCowan, Infection Control Senior Manager (MM)

Apologies: Lindsay Burley, Board Chair (LB)
Ken Ferguson, Deputy Chief Executive / Medical Director (KF)
Jim O'Neil, Non Executive Board Member (JO)

Minutes: Rachael Anderson, Clinical Governance Assistant (RA)

1. Chair's Remarks.

2. Minutes of the meeting of 6th June 2007

The minutes were approved subject to the following amendments:

- Page 1, on the attendance list, LB name should be spelled "Lindsay" not "Lindsey".
- Page 1, item 3a. Clarification around the last sentence was required.
- Page 4, item 5biii, should read "relevant staff" not "core staff".
- Page 6, item 5d, should read "report too large " not "report to large".

3. Matters Arising

a) WoS Regional Heart and Lung Centre (GJNH/CGC/0607/5d)

Previous Action: MS to take further updates through QMR.

O/A (See QMR item 5b)

Action closed.

b) Corporate Risk Register Update (Paper No: GJNH/CGC/0607/7)

Previous Action: Progress against register noted and agreement that updated version should be submitted to Board. (See item 3e)

Action closed.

c) Strategy Update (Paper No: GJNH/CGC/0607/9)

Previous Action: MS to ensure above changes are made and strategies placed on web.

Completed. Action closed.

d) Clinical Governance Annual Report (Paper No: GJNH/CGC/0607/10)

Previous Action: MS to ensure all the above changes are made to report and publish and produce an executive summary with help from Communication Department.

Completed. Action Closed.

e) Format of reporting progress with CGRM activity to Board.

(GJNH/CGC/0607/11) / (Paper No: GJNH/CGC/0907/3e)

Previous Action: MS to provide summary of QMR for subsequent Board meetings.

MS introduced this paper highlighting that at the Boards peer review for standards against Clinical Governance and Risk Management in November 2006 it was noted that although the Board received minutes from the Clinical Governance Committee (CGC) there was no formal 'documented' evidence of consistent review of activity.

MS asked Board members to comment on the format and content of this update paper so that refinements can be made for subsequent submissions and the following was discussed:

- SuC asked for definition of a minded letter and JY explained that there were 3 levels of enforcement applied by the CRE with a minded letter being the first stage. It was noted that a response had been sent to the CRE and feedback was awaited.
- SC advised that the Risk Register should include the current date along with the next review date.
- MB asked if this paper was going to the Board meeting on 6th September and MS confirmed that it would go to the October Board meeting.

Action: MS to provide update papers for Board. Await feedback from Board members regards suitability of format.

4. Matters arising not on the agenda:

5. Standing Items:

a) Infection Control

i. SSHAIP Surveillance Exception Report (Paper No: GJNH/CGC/0907/5ai)

MM tabled this paper clarifying the exception report and the following points were noted:

- MM noted the increased rate of infections across Orthopaedics (Total of 16). She noted that the Infection Control Team had conducted a root cause analyse to review potential causes. It was noted by MM that the RCA had highlighted a number of areas where refinements to practice would be made. Specifically she noted issues around management of air filters for orthopaedic theatres alongside introduction of more robust partial counts to assess levels of contamination.
- MB enquired as to whether there was any financial recourse to fund a research nurse. MM confirmed that this was awaiting confirmation from CSO.

Action: MM to provide further progress at next CGC meeting.

ii. Non-Validated SSHAIP Report (Paper No: GJNH/CGC/0907/5aai)

MM tabled this report and asked the committee members for comments. All members present were happy with this report but noted the committee should be informed if SSHAIP report deviates from SSI's.

Action: Report approved.

iii. Annual Report (Paper No: GJNH/CGC/0907/5aiii)

MM tabled this report and asked the committee members for comments. All members present were very happy with this report and MB noted that congratulations should go to the IC team.

Action: Report approved.

iv. ICP Apr – June 07 update (Paper No: GJNH/CGC/0907/5aiv)

MM tabled this update and asked the committee members for comments and the following points were discussed:

- MB noted that progress was heading in the right direction.
- Risk Registers – MM noted that the Infection Control Team had not yet been contacted by managers regarding support for their infection related risks. MS noted that work was ongoing to provide support regarding risk assessment.
- JY noted that item 70, which was currently highlighted as red has now been re-assessed and is no longer considered a high priority for the team. MM confirmed that she would complete this action.

Action: MM to action item 70. Report approved.

v. Single Rooms (Paper No: GJNH/CGC/0907/5v)

MM tabled this paper and the following points were discussed:

- MM noted that the GJNH is largely a single bedded site, with some two and four bedded rooms. It is intended that these rooms will be converted to single rooms over a period of time.
- JY noted that discussions had taken place with John O'Connell (Estates Manager) with regards to the removal of the four bedded rooms and that he would ensure that these changes are carried out.
- MM noted that on page 2 of the policy 24hrs – 48hrs would replace 48hrs – 72hrs as an action from the RMSG meeting.

Action: Policy approved.

b) Quarterly Monitoring Report (Paper No: GJNH/CGC/0907/5b)

MS presented this report and acknowledged a special thanks to Les McQueen from GG&C health board for all his support with the recent equality and diversity sessions held for managers. MS outlined the following key points under key pillars of governance:

- **Involving People:** The Board received a minded letter from the Commission for Race Equality (CRE) with regards to our failure to meet obligations related to workforce monitoring. The HR team have produced a monitoring report, which has been presented to the Board. It should also be noted that the Disability Rights Commission (DRC) has highlighted the Boards Disability Equality Scheme (DES) as an example of best practice for public service organisations. Whilst there remains a good deal of activity across the involving people agenda it is noted that impact assessment work is behind schedule and delivery of a comprehensive work plan will remain a challenge.
- **Risk Management:** The corporate risk register has been updated and was presented to the Board in June 2007. Work is underway to fully establish Directorate registers and Datix training sessions have been offered to all managers. The Business Continuity Policy has been updated in line with

new standards and work is underway to plan business impact assessments with all departments and wards.

- **Clinical Effectiveness:** The Clinical Effectiveness work plan for 2007 – 2008 was approved at the June CGC and progress against the work plan continues to advance steadily. In this quarter the Clinical Effectiveness Facilitator has drafted a Clinical Audit Policy will be presented for approval at the August CGSG and once approved will be rolled out across the organisation. The registration of audit projects in line with the Board's formal audit process continues and this quarterly monitoring report includes the proposed new model for audit project reporting, this new template has been used in Appendix A.

Miscellaneous Issues: Directorate Clinical Governance Groups (DCGG) have not met as anticipated in established Directorates and this remains a barrier to ensuring the principles of clinical governance become embedded. As noted in the body of this report it is suggested that a corporate group is established to ensure staff are given support to embed quality principles as outlined in key governance related strategies.

The following points were noted:

- MS noted that he thought that the report should be capped at 30 pages or there might be a danger of it growing too big. It was agreed that this should be piloted.
- MS noted the suggestion that a quality group be convened to cover all corporate areas not under a directorate. JY noted that it appeared to make sense to have a single group as opposed to department heads holding stand alone groups. MS agreed he would establish a corporate services governance meeting prior to the next meeting of the committee.
- HM raised concerns as to why the DCGG had not yet met. SC confirmed that discussions had taken place between her and Directorate managers to ensure meetings would be arranged and it was confirmed the Surgical Directorate Group had met last week.
- MB raised concerns as to how the CGRMDU was functioning with the ongoing absence of the risk manager. MS and JY noted that the team had coped well. MS noted that Linda McCurry (Risk Management Facilitator) had delivered a large amount of work of a high quality and he would like thanks noted for this effort. JY noted that the CGRMDU had undergone a process of change to ensure similar problems did not re occur and that this process was almost complete with some small refinements. It was noted by SC that the old risk manager post had been absorbed by these changes.

Action: MS to establish a meeting and report back at next CGC meeting. Report approved.

2:40pm - PR arrived

c) Medical Advisory Committee (MAC) (GJNH/CGC/0907/5c)

In the absence of KF, MS advised that there was not a great deal of change to the activity of the MAC. A brief discussion took place as to whether this item should be removed from agenda and reported on as and when there was an update and it was agreed that it should remain on the agenda for one more meeting.

Action: KF to bring update to next CGC meeting.

6. Review of Risk Management Strategy (Paper No: GJNH/CGC/0907/7)

MS apologised for the strategy not being attached, noting this was due to an administration oversight. He introduced this paper highlighting that in line with other key governance strategies it is noted that the risk management strategy was considered robust at the NHS QIS peer review against Clinical Governance and Risk Management. This update has been limited with key changes to:

- Changes to text to reflect organisational changes.
- More explicit reference to links with the Business Continuity Cycle.
- Updated terms of reference to including updated membership list.
- Consultation with Board staff but no detailed lay review, or review from partner Boards.

MS noted that the Risk Management Strategy currently reflects the structure and process for delivery of risk across the Board. It is intended in 2008 to conduct an in depth review of the strategy to better assess its impact on front line staff. MS advised as part of this process of review, a detailed Equality Impact Assessment would also be conducted.

The following points were raised:

- PR enquired as to when in 2008 would conduct of an in depth review take place. MS confirmed this should be between Jan – March 08.
- PR looked for assurance that risks related to the Heart & Lung project were being properly managed and this assurance was given by JY.

MB asked if the committee were happy to approve the Strategy on the assurance that the outlined changes were made and all present agreed.

Action: Strategy approved subject to outlined changes being made.

7. Scottish Health Council Portfolio update (Paper No: GJNH/CGC/0907/7)

MS tabled this paper highlighting the following:

- The SHC has a responsibility for ensuring that all NHS Boards make year on year improvements in their delivery of the underlying principles of PFPI.
- For 2007 – 2008 the SHC have adopted a portfolio approach to assessment of progress.
- The Boards portfolio was approved in March 2007.
- Although quarterly reporting will normally be expected on progress due to delays in development the SHC have requested that the reporting cycle commences from September 2007.
- Progress with the development of the portfolio should be linked to governance arrangements therefore it has been submitted to the CGC for consideration.

MS asked committee members for comments and the following was discussed:

- The committee approved the content of the portfolios.
- There was a prolonged and robust debate regards to the duplication of material collected for this portfolio with regards to other agencies who collected the same

/ similar information. It was noted this was a source of frustration across the NHS although given the current drive toward greater stakeholder involvement it was felt that the situation would remain unchanged for the foreseeable future.

Action: MS to forward portfolio to SHC for review.

8. Review of Specialist Committees (Paper No: GJNH/CGC/0907/8)

MS introduced this report highlighting that specialist groups and committees play a vital role in supporting the delivery of safe and effective care. MS noted that as part of the broader review of clinical governance across the Board the Clinical Governance Committee commissioned a small exercise to assess the function of these groups with regards their remits and relationship with the committee. MS advised that assurance can be given that the specialist groups and committees are working hard to deliver expanding remits and although issues have been raised by some groups with regards to their effective running, steps are in place to make required refinements to process and practice. MS asked member to consider the following recommendations:

- a) All specialist groups and committees will provide an annual report to the CGC highlighting progress made across year and outlining key areas of work for coming year.
- b) There should be improved links between specialist committees and Boards key steering groups and Directorate Clinical Governance Groups.
- c) Consideration should be given by the Boards SMT to provision of / utilisation of existing resource to ensure support of groups and committees that do not have administrative support.

The following points were raised:

- MS enquired as to whether it would be a good idea to have an extraordinary committee meeting for Chairs of Special committees to present their annual reports. The committee supported this recommendation and asked MS if he could arrange a suitable date for in the New Year.
- SC noted the importance of ensuring that the CGSG was linked to this process. It was agreed that all work plans from specialist groups and committees should be submitted to the CGSG for approval and progress with these would be exception reported to the CGC. MS noted he would produce a short summary for each CGC meeting to provide this assurance.

Action: MS to arrange a suitable date for an extraordinary committee meeting.

Action: MS to produce quarterly exception report for CGC.

9. NHS QIS Surgical Indicators outcome report (Paper No: GJNH/CGC/0907/9)

In the absence of KF, MS noted the following:

- In June 2007 the Board received a response from NHS QIS, who reviewed all Surgical Indicator reports. The Boards response was judged to be satisfactory.
- NHS QIS advised the Board that to have received a highly satisfactory response more 'subtle' analysis was required of data within the profile. Specifically NHS QIS drew attention to the review of data linked to mortality rates within 365 days of Knee Arthroplasty, which was noted to be the highest in Scotland (although still within acceptable limits).

- MS noted that in future years the report would be passed to DCGG for review and analysis.
- MB advised that a seminar was being held in September 2007 to discuss the first round of Surgical Indicator reports and to highlight ways to take the process forward. MS confirmed that Liane Kelly (Clinical Effectiveness Facilitator) would be attending on behalf of the CGRMDU.

Action: No action required.

10. Business Continuity Policy and action plan (Paper No: GJNH/CGC/0907/10)

MS introduced this paper and noted an internal audit of BCP arrangements and advised he would provide feedback at next meeting. MS noted that changes were required as discussed at the RSMG & CGSG meetings. Committee could not approve the report as a final draft as development was ongoing, however support was noted.

Action: MS to provide update at next CGC meeting.

11. NHS QIS – Interim Report on Clinical Governance and Risk Management Standards across NHS Scotland (Paper No: GJNH/CGC/0907/11)

MS tabled this paper reporting that during the last few years, progress in developing an approach to delivery of safe and effective care has progressed greatly, as is evident in reports from internal audit and the Boards performance at its peer review for clinical governance and risk management. MS noted it is essential that this momentum be maintained in the coming years in order to build on the already high standards reached. MS proposed that the following recommendations should support this aim:

- a) Establish a multi professional steering group to oversee activity and delivery of actions related to standards for Clinical Governance and Risk Management.
- b) Refine structure of Clinical Governance and Risk Management Development Unit.
- c) Review relationships between clinical governance and performance management arrangements.

The committee supported the above recommendations.

MB congratulated MS and his team on all their hard work and being the only Board to achieve its target. MS noted that the overview report was due out in October 2007.

Action: No action required.

12. AOB

Date & Time of next meeting: Tuesday 4th December 2007 @ 2pm, Boardroom.