Clinical Governance Board

Notes of Meeting – Monday 16th October 2006 - 00.00 pm
Medical Boardroom - Manchester Royal Infirmary

1. Present:

Mr Robert Pearson (Chair), Prof Bill Shaw, Mr Ged Terriere (on behalf of Mrs Jill Alexander), Mr Tony Armstrong, Dr Francis Ballardie, Mr Joe Coltman, Mrs Sarah Corcoran, Mr Oliver Radford (on behalf of Mrs Karen England), Dr Ben Glazner, Mr Martin Hodgson, Mrs Jane Law, Mr John Marquess, Mrs Yvonne Murray, Mrs Cheryl Shuttleworth, Mr Ken Wood, Mrs Ann Smith (meeting secretary)

Apologies were received from:

Mr Elliot Browne, Mr Keith Chantler, Mrs Irene Humphris, Dr Anna Kelsey, Mr Luke Readman, Prof Henry Kitchener

2. Previous Minutes Thursday 1st December 2005

These were agreed as a correct record.

Bob Pearson apologised to the CGB for the lateness of the distribution of the papers for this meeting but explained that this was due to a change in personnel. Bob Pearson welcomed Ann Smith to the group, and informed them that Ann Smith was now covering the post of PA to the Medical Director and would be attending these meetings as secretary.

3. Matters Arising

3.1 Clinical Governance Strategy

Sarah Corcoran reported that all comments had been received and the document was now ready to go before the Trust Board in November 2006.

3.2 Terms of Reference

The Terms of Reference had been amended and now incorporated the comments received. Sarah Corcoran informed the Board that she was to meet with Derek Welsh to discuss membership.
3.3 Clinical Governance Forward Plan

Sarah Corcoran reported to the Board that she had reviewed the plan and it was near completion for sending to the SHA. Sarah Corcoran had been in contact with the SHA and had been informed that the SHA did not currently have a plan and was not sure who the October plan should go to, due to staff changes within the SHA. Sarah Corcoran also reported to the group that Clinical Governance work plans may be managed by PCT’s.

Sarah Corcoran proposed that the October plan come back to the CGB for discussion/approval.

4. Trust Wide Risk Management Committee - report by John Marquess (with papers).

John Marquess reported to the CGB that one of the main areas in the self assessment had been around document control and a main issue was that currently policies were not in the Trust format. Sarah Corcoran reported to the group that she was working on a policy and she and John Marquess were working together on the content. This will be monitored through this group.

HR is using the standards to review their policies.

John Marquess reported that the Risk Register will be forwarded to the group, and that the Ratified Incident Investigation policy and the Risk Assessment policy were both on the CMMC Intranet site.

The question was asked as to whether there was any action required by this group and the group were requested to forward the summary to the Trust Board.

5. Trust Wide Clinical Audit Committee – report by Yvonne Murray (attached)

Yvonne Murray reported to the Board that the dates for 2007 were on the Trust website. Yvonne Murray also reported that there was a lot of work taking place in the divisions and that major cases would come back to this group.

Audit Registration – Yvonne Murray reported to the group that many people were unaware of the requirement to register but work was taking place in the divisions. The website is currently being reviewed and a new document will be produced. Yvonne Murray informed the group that she was in discussions with Pauline Campling and Cara Lally over the issues around Data Protection and Caldicott Principles.

Honorary Contracts – problems were noted in the report regarding non-CMMC staff accessing patient information/health records and Yvonne Murray informed that group that she was holding discussions with regard to the process.
The issue of emails was discussed by the Board e.g. security of data. The group were informed that this is covered by the Trust email policy but the Trust is currently looking at the problem of information being sent to staff without CMMC email addresses, e.g. medical students who have university email accounts. The problem of accessing CMMC email accounts from home was also raised, but the group were informed that this could be set-up by the Trust IT department. GP’s could have access through NHS Net.

Bob Pearson reminded the CGB that the main concern is patient interests/patient data.

**ACTION** – Sarah Corcoran to discuss IT training with Luke Readman i.e. does it cover the Trust Email policy?

6. **Winning Ways Team** – report from Cheryl Shuttleworth (attached)

Cheryl Shuttleworth reported to the Board that the Trust was looking at implementing ICNet – a software programme – and this would be partly funded by the SHA.

Infection Control – Cheryl Shuttleworth reported to the Board that Gill Heaton had received verbal reports from the divisions.

MRSA Recovery Plan – Cheryl Shuttleworth reported to the group that there is to be a Department of Health visit on 7th November. The DOH is sending an Improvement Review Team, which will involve several interviews with members of Trust staff. A huge amount of work on Infection Control will be done in preparation for the visit.

Cheryl Shuttleworth informed the CGB that there is a strong performance framework in place. Four cases had been reported in September 2006, but the outcome will be different when all the work is done.

Ben Glaizner reported to the CGB that there was research being done into staff perceptions i.e. how to avoid spreading infection.

**ACTION** – Ben Glaizner to feedback to Bob Pearson/Cheryl Shuttleworth

The Board discussed several issues around Infection Control. Bob Pearson asked if Medicines Management would be involved and the group were informed that they would not be specifically involved.

The issue of the use of fans on wards was discussed and Cheryl Shuttleworth reported to the group that from summer 2006 fans had been banned from wards.

The issue of ward cleanliness was discussed by the CGB and Cheryl Shuttleworth reported that earlier this year the Trust had invested £400,000 into Domestic Services. This had made a difference in some areas, but others still needed investment/improvement.
The CGB discussed the Antibiotic Policy. Francis Ballardie raised the issue that this policy was difficult to police. Some 1\textsuperscript{st} line antibiotics were being used, when 2\textsuperscript{nd} or 3\textsuperscript{rd} line should. Bob Pearson reported that an audit had taken place recently and this was being looked at regularly and would be fed back to divisions. Cheryl Shuttleworth reported that this had been audited recently in Medicine and the pharmacists were helping.

Francis Ballardie reported that a new prescribing sheet would soon be in its final draft. He informed the CGB that on the new form, prescribers had to record why they were prescribing this specific medication.

7. Standards for Better Health – report from Sarah Corcoran (attached)

Sarah Corcoran reported that the SfBH Project Group had met in early October 2006. The previous group has been disbanded and the new group is smaller. The new group is focussing on what evidence is needed and the development of core standards.

A special Team Brief including Core Standards is to be circulated.

Sarah Corcoran reported to the group that the key risk is document control and this is stopping the Trust from moving on. An action plan is being produced which will enable the Trust to move forward.

8. Child Protection Forum – report from Martin Hodgson (attached)

Martin Hodgson reported to the Board that the main issue was that the Manchester Local Safeguarding Children’s Board (LSCB) had to look at all child deaths. There were concerns that the actions plans were not tangible and there were issues over how they were managed. Martin Hodgson reported to the Board that all partner organisations had been asked to look at this issue. Martin Hodgson reported that the Trust had already identified where actions over the last two years were still outstanding. Martin Hodgson reported to the group that this was being managed through the Divisional Review process and that CMMC were good in comparison to other Trusts in the Manchester area.

The group discussed the key risk of Training i.e. Mandatory and Annual Training. And the group were informed that Hilary Smith will be meeting with the Trust’s Clinical Directors.

Martin Hodgson informed the CGB that results are produced in the Child Protection Annual Report.

Martin Hodgson also reported that this issue is linked to SfBH and work was taking place on producing an action plan in training needs, including consultants.
The Board discussed the Trust policy around children who miss hospital appointments. This issue is now partly addressed by the Choose and Book system, but the group were informed that the Trust contacts GP’s in such cases. Martin Hodgson pointed out to the group that some information on children needs to be shared, but isn’t always, but this is being rectified.

It was agreed by the CGB that the Trust policy needs reviewing, but that the Vulnerable Adult Policy would also need reviewing. The group also agreed that it should say that every child should have a named consultant and a Laming consultant.

The group discussed the need for a Fabricated and Induced Illness Policy (Munchausen’s illness), and also a policy for the management of sex offenders on wards. Martin Hodgson informed the group that a draft policy would be developed and it would come to this group.

Martin Hodgson reported to the group that he sat on the LSCB as an Acute Hospital representative, but the Lead Organisation is Social Services.

Martin Hodgson also reported that through the NSF group a work programme has been developed for the divisions.

9. Networking

9.1 Divisional Feedback

Medicine – Ged Terriere reported to the group that a new Clinical Governance Manager had successfully been appointed.

SMH - Nothing to report

CSS – Oliver Radford reported to the group that directorate reviews were using Sarah Corcoran’s templates and would be merged to produce the Divisional Report.

Adult Surgery – there had been major issues over the Correct Site Surgery/Wrong Site Surgery policy. An extra Clinical Governance meeting had been held and it was decided that this policy may need amending for Surgery. This group was asked for guidance regarding the next stage. The group discussed this issue and it was reported that each division used a modified approach, but were not aware that they were not being compliant. Bob Pearson pointed out to the group that the final check has to be made in the anaesthetic room and from then on the surgeon is responsible.

It was agreed that using 2 policies would be acceptable, as long as they had all the sections required. The group agreed that it would need reviewing again and if it wasn’t working it would need amending.

ACTION – Sarah Corcoran to review policy by the end of December 2006.
Cheryl Shuttleworth pointed out that this was a corporate issue as well e.g. bank staff moving in between divisions.

Sarah Corcoran said she would be able to produce a draft policy by late December 2006.

**ACTION** – Oliver Radford to forward his draft policy to Sarah Corcoran.

Children’s – Martin Hodgson reported to the group that a number of staff had left or changed roles. The structure and systems are being revamped.

SMH – Liz Pease reported to the group that the amount of work going through the CGB was increasing and asked if this was happening across the divisions. Oliver Radford reported that Surgery only has meetings every quarter, but these were taking longer due to the amount of work. Sarah Corcoran reported that this was mirrored at corporate level. The group agreed that divisions would have to prioritise work from now on.

9.2 **Corporate Feedback**

Bob Pearson informed the CGB that there was nothing specific to report back from the TMB.

10. **NICE Regional Representative**

Bob Pearson reported to the Board that the new NICE Regional Representative was Jenny Lewis, who had already met Bob Pearson and Sarah Corcoran. Jenny Lewis had given them a series of tools to use, which would be sent to Yvonne Murray. However, it was noted that there was no reliable process for feedback to NICE. The group were informed that if anyone had anything to bring to NICE, to contact Sarah Corcoran for Jenny Lewis’s details.

CS asked the group how to set up a working group on Nutrition Guidelines from NICE. Bob Pearson advised the group that Lisa Edwards had a group but it was pointed out that Lisa Edwards had restructured this group and wanted to know who it reported to. Cheryl Shuttleworth reported that she had already had discussions with Sarah Corcoran on this matter. It was agreed that this needs to be “owned” and the group should nominate a division, which could then feedback to this group. Sarah Corcoran pointed out that this process had been used with policies to some extent and Bob Pearson said that the Trust board would agree. It was also agreed that it would go through EDT and then reported to the CGB.
11. Approval of Clinical Governance policy/procedure documents – Reports from Sarah Corcoran (attached)

11.1 Document Control Policy Notification

Sarah Corcoran reported that a lot of responses and comments had been received and it was now at a stage where this group could give their approval.

11.2 Jehovah's Witness Guidelines Notification

Sarah Corcoran reported to the group that this had been to the Clinical Practice Committee, where it had been rejected. Bob Pearson reported that Bronwyn Kerr was to have a look at it with Mary Metcalf as there was a lot of duplication. This group agreed they were not happy to approve it if the CPC had rejected it.

11.3 Over Anti-coagulation Policy Notification

See attached report.

12. Any Other Business

Bob Pearson reported to the group that Leroy Edozien had elected to resign as Associate director of Clinical Risk and leaves office in December. Bob Pearson will report to this group after he has given it more thought. Bob noted thanks for all Leroy's achievements.

Francis Ballardie raised concerns about a sponsored clinic within the hospital. This clinic is sponsored by pharmaceutical company and specialises in the treatment of Bladder instability. A problem has arisen over the past twelve months as the drug being prescribed is not approved by NICE. A committee have looked extensively at the use of this: it is banned in Scotland and patients would not suffer if they used any of two alternative medicines. It is produced by the sponsors, who find the nursing times. Withdrawal of this funding could result in closure of the clinic. Francis Ballardie said the committee hoped to solve this problem through the Medicines Management Committee (MMC), but felt the CGB should be aware of it. The group discussed this issue further and it was agreed that the MMC should come to a conclusion. It was noted that however that this group did not approved of making this matter an exception to Trust policy.

13. Date and time of next meeting

Date: Thursday 7th December 2006
Time: 13:00 pm
Venue: Main Board Room, Manchester Royal Infirmary
### Agenda Item 9.2

**Distribution:**

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<tr>
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<tr>
<td>Mr Robert Pearson</td>
<td>Medical Director [Chair]</td>
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<tr>
<td>Mrs Jill Alexander</td>
<td>Divisional Director (Medicine)</td>
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<td>Mr Tony Armstrong</td>
<td>Associate Director of Patient Services</td>
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<td>Dr Francis Ballardie</td>
<td>Medicines Management Committee</td>
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<td>Mr Elliot Browne</td>
<td>Divisional Director (CSS)</td>
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<td>Mrs Sarah Corcoran</td>
<td>Associate Director of Clinical Governance</td>
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<td>Dr Leroy Edozien</td>
<td>Director of Clinical Audit and Risk</td>
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<td>Mrs Karen England</td>
<td>Divisional Director (Surgery)</td>
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<td>Dr Ben Glaizner</td>
<td>Patient Representative</td>
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<td>Mrs Gill Heaton</td>
<td>Exec. Director of Patient Services/Chief Nurse</td>
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<td>Mr Martin Hodgson</td>
<td>Exec. Director of Children’s Services</td>
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<td>Mr Alwyn Hughes</td>
<td>Divisional Director (SMH)</td>
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<td>Mrs Irene Humphris</td>
<td>Director of Nursing (Children’s)</td>
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<td>Professor Henry Kitchener</td>
<td>Director of Research and Development</td>
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<td>Dr Anna Kelsey</td>
<td>Associate Medical Director (Childrens)</td>
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<td>Dr Bronwyn Kerr</td>
<td>Clinical Practice Committee</td>
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<td>Mr John Marquess</td>
<td>Head of Risk Management</td>
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<td>Mrs Yvonne Murray</td>
<td>Head of Clinical Audit</td>
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<tr>
<td>Dr Liz Pease</td>
<td>Deputy Clinical Head of Division (SMH)</td>
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<td>Mrs Helen Pidd</td>
<td>Wellcome Trust CRF</td>
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<td>Mr Luke Readman</td>
<td>Director of IM&amp;T</td>
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<td>Mr Phil Rule</td>
<td>Head of Internal Audit</td>
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<td>Professor Bill Shaw</td>
<td>Non Executive Director</td>
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<tr>
<td>Mrs Cheryl Shuttleworth</td>
<td>Director of Nursing (Adults)</td>
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<td>Mr Derek Welsh</td>
<td>Exec. Director of Human Resources</td>
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<td>Mrs Bethan Weston</td>
<td>Divisional Director (REH / Dental)</td>
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