

**MINUTES OF A MEETING OF THE CLINICAL EXCELLENCE COMMITTEE
HELD IN THE BOARDROOM, 1 COLLEGE LAWN
ON FRIDAY 6 JUNE 2008**

**THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE OF THE TRUST AS
PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000**

PRESENT

Sally Pearson	SP	Director of Clinical Strategy (Chair)
Steve Peak	SPk	Director of Service Delivery
Sean Elyan	SE	Medical Director
Vivien Mortimore	VM	Divisional Nursing Director (Women and Children)
Bev Williams	BW	Trust Risk Manager
Catherine Boyce	CB	Clinical Strategy Manager/Trust Innovation Lead
Liz Dawes	LD	Clinical Audit Manager
Gill Parker	GP	Divisional Director of Service Delivery (Surgery)
Julie Hapeshi	JH	R&D Co-ordinator
Sue Manser	SM	Associate Director of Learning and Development
Phil Downing	PD	Programme Manager – Clinical Innovation
Ann McArley	AM	Director of Professional and Scientific Heads
Maggie Arnold	MA	Director of Nursing

APOLOGIES

None

IN ATTENDANCE

Cathie Stoker	CS	PA to Director of Clinical Strategy
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ITEM

DETAILS

ACTION

017/08 MINUTES OF THE MEETING HELD ON 7 March 2008

The minutes were agreed as an accurate record.

018/08 MATTERS ARISING

Minute 011/08 – Published Articles

Item now included on the CEC agenda providing list of publications which GHNHSFT staff member have put their name to.

Minute 015/07 – Children's Services Improvement Review

Action plan has been seen and training issues will be reported back to CEC.

019/08 NON-EXECUTIVE CHAIR FOR CLINICAL EXCELLENCE

SP reported that a Non-Executive Director had yet to be identified as Chair for the CEC. Graham Lloyd, Director of Corporate Governance & Facilities is addressing the issue through the Governance and Nomination process.

020/08 REPORT FROM THE PERFORMANCE PANEL

SP presented the third annual report from the Performance Panel along with the Terms of Reference. Three members from the CEC also sit on this Panel (SP, MA & SE).

The Panel was set up in November 2004 following a published DH paper entitled 'Maintaining High Professional Standards: a framework for the initial handling of

ITEM**DETAILS****ACTION**

concerns about doctors and dentists in the NHS'. The Panel meets quarterly.

Discussions took place around:

- The number of referrals reported, which has increased. It was felt that people feel more comfortable about reporting issues and this was reflected in the increase
- The overall figure relates to all professionals and does not apply to Doctors alone
- This should be reflected in the final document and as such the overall figure of 16 will be broken down into professionals

The CEC were asked for any amendments or comments and to **ENDORSE** the report. The Report and Terms of Reference will be presented at the Main Board in June under the confidential section of the meeting.

021/08**LEADING IN PATIENT SAFETY**

BW presented a summary report on Leading in Patient Safety.

The Trust has been accepted on the second wave of this programme run by the NHS Institute for Innovation and Improvement.

The purpose of the programme will be to:

- Reduce the hospital standardised mortality rate
- Implement early identification of key issues that may lead to patient harm

In order to achieve this it has been suggested that:

- A review of 50 case notes of patients death in the Trust (length of stay between 1 and 28 days) be undertaken
- The application of a 2x2 matrix to assist in the identification of issues for corporate and local review
- The use of the UK Global Trigger Tool (GHNHSFT is one of 5 Trusts piloting this tool) which helps to provide a focus for more immediate attention and action

The next steps for the programme will be to:

- Review the Hospital Standardised Mortality rate – in progress
- Identify and review the 50 patients using the 2x2 matrix – in progress
- Engage and train divisional teams in use of the UK Global Trigger for ongoing case note review
- Actions from these reviews will be fed to Board and Divisional level using existing reporting structures

The Committee also heard from SP who along with Frank Harsent, SE and MA attended the Executive Quality and Safety Academy. The Executive team will look at the framework for 7 points of leverage.

Discussions took place around:

- The importance of this piece of work and taking a few ideas forward and working with them
- Recruitment of a Director of Safety (currently being undertaken). Once

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appointed they will be a key individual in driving the programme forward

Cheryl Haswell, Trust Lead for Saving Lives, Bev Williams, Trust Risk Manager and Janet Ropner, Associate Medical Director have met with the Executive Directors to share work and progress to date.

A formalised framework will be presented at the next CEC in September 08.

BW**022/08****DEVELOPMENT OF A ROBUST FRAMEWORK FOR SECURING CLINICAL EXCELLENCE WITHIN THE TRUST (Item 9 on the Agenda, however, this item sat better under Clinical Leadership)**

PD presented his first report to the CEC.

The report informed the Committee of the aims of his role which were:

- To identify barriers to clinical excellence and make recommendations on how they can be overcome – deadline September 08
- To agree and implement an action plan – deadline December 08
- To develop a framework for securing clinical excellence – deadline March 09

The first stage of the work has taken place which has looked at:

- A review of existing systems within the Trust which affect or interface with clinical excellence
- The examination of processes within other organisations which aim to deliver clinical excellence

The report outlined recommendations for the next stage of this piece of work. These were to:

- Provide an information system which will have the capability for capturing the data required to demonstrate quality of service delivered
- Develop clinical excellence standards for each aspect of the organisation
- Develop a database of clinical excellence activity
- Develop clear and visible leads for clinical excellence with the organisation
- Utilise the Intranet and Internet as a showcase for clinical excellence
- Understand further the impact of the changes in education funding and how these may relate to imbedding clinical excellence into practice
- Review the options for promoting and rewarding clinical excellence amongst staff
- Ensure all clinical staff understand the importance of participating in assessing the quality of services provided through clinical audit and other means
- Develop clear, consistent and visual plan for robust communication between the Executive team to frontline staff
- Reassess the clinical and public environments within the Trust
- Work on agreeing staffing establishments
- Improve recruitment processes
- Work to further reduce dependency on agency and locum staff.
- Develop a means of strengthening the links between staff development activity and the Trust Mission, Vision and Values
- Develop a system of collating and making accessible clinical excellence activities

ITEM**DETAILS****ACTION**

The Committee discussed:

- Clinical Excellence being the responsibility of all staff
- Issues around improving shared understanding
- How staff saw themselves when approached regarding excellence
- Questioning staff as to whether they knew what standard they should be working to and how they could achieve this
- Understandable frameworks that staff could work towards
- Implementation of a 'blank' webpage to start bringing all strands of Clinical Excellence together
- Difficulties of nursing staff accessing computers in their working shift due to clinical workload

The Committee agreed to move forward with prioritising the recommendations for the work and to explore these in greater detail. Work will commence on setting up the website and looking at information requirements. Progress on this will be reported to the next meeting.

The Committee **NOTED** the report

023/08**R&D QUARTERLY REPORT**

JH presented the R&D Quarterly Report.

Key issues were:

- RDSU contract ends on 30th September. Gloucestershire's bid to run the contract for the new Research Design Service (RDS) for the South West Strategic Health Authority was approved subject to certain conditions. The bid has been updated taking into account these conditions and the final decision is awaited
- Hosting arrangements for the 3 Counties Cancer Research Network (3CCRN) continue to be held by GHNHSFT following the 3 Counties Cancer Network move to the PCT. The 3CCRN managers will be line managed by JH
- Under the Flexibility and Sustainability Funding Gloucestershire R&D Consortium has been allocated £121,092 for 2008/09. This will be in addition to the £201,618 transitional funding and £106,802 infrastructure funding previously reported and includes funding for hosting 3CCRN
- Gloucestershire RDSU are in the process of preparing a paper in order that negotiations can begin around the service that the Gloucestershire Research Community would need to replace the services that would no longer be provided by the new RDS from October 2008.

Discussions took place around:

- Identifying £40K shortfall to cover services currently provided by the RDSU and services that would not be provided by the new RDS
- Approved Project and Divisional reporting, as this had recently changed. Divisions agreed that the reports were useful and Divisional Leads on the CEC will now receive these reports. The report will still come to the CEC
- Difficulty in obtaining reports from doctors once trials are completed. RDSU are clear that no further funding will be made available to the individual until a previously unreported trial has been completed. Discussions took place around identifying a lead within each Division to ensure reports are returned and line managers should be made aware of

outstanding reports

- A column has been taken off from the Approved Projects list which showed the organisation undertaking the research – this is to be included in subsequent reports

The Committee **NOTED** the report

024/08 DOWN'S SYNDROME SCREENING

VM presented the report on Down's Syndrome Antenatal Screening which highlighted:

- The core standard for Down's Syndrome Screening must meet a target detection rate of >75% for a false positive rate (FPR) of <3% by April 2007
- Most recent data from Down's Syndrome Screening Quality Assurance Support Service (DQASS) audit was that from April to October 2007 GHNHSFT demonstrated a detection rate of 82% and a FPR of 4.7% for the serum integrated test
- Whilst our FPR did not meet the standard set by DQASS we have been instructed that they have 'no immediate concerns for (our) screening service'
- FPRs are likely to change by 2010 and using serum integrated test the standard FPR of <3% is likely to be unachievable
- The Combined test (Nuchal Translucency plus serum biochemical markers) will be the preferred choice for Down's Syndrome Screening
- There will be financial/human resource and training issues around the new screening service
- The Maternity Services Antenatal and Newborn Screening Governance Group will meet to discuss these issues and complete a Gap Analysis to show how the Trust can best achieve this

Discussions took place around:

- Finances being placed with the PCT through the Commissioning route or whether a Business Plan needed to be put in place
- Paper will go through to the NICE Group and then to the NICE Commissioning Group. It is at this group the financial implications can be worked through with the PCT
- The consequence of a FPR means that further invasive testing has to take place, which is not always necessary
- The demographics and age of our population means that the Nuchal test is a more accurate test

The Committee **AGREED** that the Women's and Children's Division should start to look at how to adopt the Nuchal Screening Test

025/08 NCEPOD – TRAUMA – WHO CARES

PD presented the team with the Gap Analysis on Trauma – Who Cares. The document had been revised following the last CEC.

The Committee looked at and discussed the following issues from the Gap Analysis:

- **All hospitals receiving trauma cases should have at least 4 resuscitation bays** – this has been listed as non-compliant. The

ITEM	DETAILS	ACTION
	<p>Committee agreed that the Trust is compliant.</p> <ul style="list-style-type: none"> • Each Trust involved in trauma care should develop a core group of clinicians with a special interest in trauma management. This trauma care delivery group should include a member of the Trust Executive staff. The Committee agreed that the Trust is now compliant with this issue with the development of UTOPIA which will pick up much of the outstanding work • CT scanning will have an increasing role in the investigation and management of trauma patients. In major centres, CT facilities should be co-located with the emergency department to provide a combined investigation resuscitation area. The Committee felt that the Trust should be marked as compliant as the CT scanners are adjacent to the ED. It was noted that earlier in the document we were marked as compliant with having 'a CT scanner within or adjacent to the resuscitation room'. • Local networks should develop protocols for the transfer of severely injured patients suitable for regional requirements. The Committee agreed that this non-compliance was out of the Trust's power and came under restrictions by the SHA and dependence on tertiary centres • The number of transfers may be decreased if appropriate arrangements are made for cross cover in specialities. The compliance on this was dependent on action by the SHA. The UTOPIA project will impact on speciality cover and this will be reviewed. • Given the importance of the evaluation of processes and outcomes in the trauma patients, all units providing treatment for severely injured patients should contribute to the Trauma Audit Research Network (TARN). The Committee agreed that membership of TARN should be sought. PD and GP to pursue membership 	PD/GP
	<p>The Committee AGREED that the report should be amended. PD agreed to reflect these points.</p>	PD
026/08	<p>NICE GUIDELINES</p> <p>Unfortunately BW had to leave the meeting before this item was tabled. However the Committee looked at the report and discussions took place around:</p> <ul style="list-style-type: none"> • TAs are still outstanding which were expected to be implemented and the Trust is unable to provide evidence it is compliant. Divisional leads to pick this up and report back to BW • IPG Report. The Committee agreed that this makes clear whether the Trust carried out those specific procedures. 	<p>Divisional Leads</p> <p>PD/BW</p>
027/08	<p>PUBLISHED PAPERS</p> <p>This item was mainly picked up under item 022/08. Key notes were:</p> <ul style="list-style-type: none"> • The Trust is missing some opportunities for recognition when articles are published, including where students have published as part of their studies • There is a small risk that the Trust could be exposed to negative publicity and damage to its reputation • Currently no system in place for managing or recording activity of published articles • Research register is in place listing approved researches and record of audit activity is maintained • Neither of these records the dissemination of work 	

It was agreed that the recommendations should be progressed as part of Developing the Framework for Clinical Excellence.

028/08	CLINICAL AUDIT DEPARTMENT STRATEGY END OF YEAR REPORT 2007/08	
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LD presented the End of Year Report for Clinical Audit

Highlighted notes from the report were:

- Review of continuing and new objectives
- Review against the clinical audit programme
- Increased workload for the Audit team due to High Impact Intervention Work and CNST Maternity
- Audit log had been reviewed, amended and maintained
- Difficulty in reporting to Divisions on a quarterly basis due to staffing levels
- Liaison with medical statistician and RDSU over potential ethical implications for specific clinical audits
- Review of website and an electronic version of the audit log form was produced
- National Audit database was developed

Divisions were reminded of the need to inform the Clinical Audit department if they are taking part in any National Audits.

It was agreed that in future the Annual Report should include all national audits.

LD

The Committee **ENDORSED** the report

029/08	CLINICAL AUDIT STRATEGY 2008-09	
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The 2007/08 Clinical Audit Strategy was also presented.

This document set out to explain the role of the Clinical Audit Team, managing and reporting structures and Departmental Objectives for 2008-09 which included:

- To liaise closely with the necessary staff to ensure appropriate sample sizes and ethical consideration is given
- Work with individual clinicians, requesting feedback on actions taken so closing the audit loop
- Maintain the audit log in an accurate and timely manner enabling the quarterly divisional reports to be prepared. Over the period 2007 – 2008 audit staff will offer to attend appropriate divisional meetings to explain the reports, receive additional feedback and discuss audit needs arising within the division

The report also covered Audit Programme Requirements, the process for audit, information dissemination – Divisional and Corporate. Divisional reporting takes place in the form of a quarterly audit activity and is forwarded to members of the Triumverate, with the Triumverate providing guidance on audit priority and assurance that actions plans are developed where necessary. Corporate reporting is done via reports to the Clinical Excellence Committee.

The Committee **ENDORSED** the strategy

030/08	HIGH IMPACT INTERVENTIONS – SAVING LIVES CAMPAIGN UPDATE	
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LD presented the latest report on the Saving Lives Campaign.

Noted issues were:

- SharePoint site is up and running
- Summary of audits undertaken being reported back to Divisions and Nursing

Discussions took place around:

- Divisions should not be undertaking their own hand hygiene audits
- Clarification of which staff came under specific categories, e.g. AHP includes staff possibly employed by the PCT, Others Trust includes Porters and Others Non-Trust includes visitors

The Committee **NOTED** the report

031/08	LEARNING AND DEVELOPMENT QUARTERLY REPORT	
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Unfortunately the Quarterly Report had been issued whereas it should have been the Annual Report. The Annual Report will be sent out to CEC members and placed on the SharePoint site

SM

032/08	NEW STANDARDS FOR LIBRARY SERVICES AND KNOWLEDGE MANAGEMENT IN THE NHS TRUST	
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SM shared a paper on the new National Standards for Library Service and Knowledge management in the NHS. The main note of the paper was to set out:

- The gap analysis of the current situation and the potential new role of knowledge officers within the Trust

The Committee discussed:

- What type/level of team would benefit from the role of Knowledge Officer (directorate, division, speciality)
- Who in the team could/should undertake the role
- What training/support would they need
- Whether the Committee thought a library outreach service to be of use
- What potential resources would be required to develop this service

Discussions took place around the role of the Chief Knowledge officer. It was agreed that:

- The Chief Knowledge Officer role overlapped Strategic Planning and Performance Management and therefore sat within Clinical Strategy
- The Trust is seeking to appoint a Director of HR, Director of Safety and Director of Patient Experience and the role of Chief Knowledge Officer may sit within one of these roles

This subject will be discussed in more detail at Directors Group.

The Committee **NOTED** the paper and recommended:

ITEM	DETAILS	ACTION
	<ul style="list-style-type: none"> • The Director of Clinical Strategy should be identified as Chief Knowledge Officer • This role should be reviewed when Director of HR, Director of Safety and Director of Patient Experience are in post 	

033/08 MELD COMMITTEE MINUTES – MARCH 08

Item for information only.

The Committee **NOTED** the report

034/08 AOB

CB informed the Committee that the South West Innovations runs a Innovator of the Quarter competition. Gloucestershire is one of the areas targeted for the current quarter. Managers were asked to encourage staff to bring forward ideas and more information will be circulated shortly.

DATE AND TIME OF NEXT MEETING

The next Clinical Excellence Committee Meeting is **Friday 5 September at 10:30am in the Boardroom, No 1 College Lawn.**

The deadline for papers is **Friday 29th August 2008.**