Direct Health Services

Specialist Services Unit Governance Committee

Minutes of the formal meeting held on Wednesday 10 August 2005 at 3.30pm, Rooms 1 & 2, 4th Floor, Raigmore Hospital

PRESENT: Miss J Fraser  Mrs C Stewart  Dr L A Smith  Ms S Eddie  Dr C Lush  Ms K Hogan  Mr R Ward  Mrs L Kirkland  Ms K Hogan  Dr D A R Lees  Mr A Ward  Mr Q Cox  Mr N Hobson  Ms M Brown  Mr S Loch  Mr G Andrews  Prof. J Cromarty  Dr J Cormack  Ms F Matthewson  Mr D MacRae

IN ATTENDANCE Mrs Lynn Lawrence

APOLOGIES: Mrs I McGauran  Mrs L McClurg  Mrs M Smith  Mr D Seago  Mr J Huband  Ms D Buchan

1. WELCOME  
Miss Fraser welcomed members to the Governance Committee meeting. She advised that the purpose of the Committee was to concentrate on the governance issues within SSU in relation to the Corporate Objectives and separate this from the day to day operational issues of SSU.

Referring to recent events within SSU, Miss Fraser commented that the last week had been extremely eventful in terms of media coverage in relation to MRSA, Disclosure Scotland and the sudden death of Mr Robin Cook. Miss Fraser wished to express her congratulations to Dr Smith and the staff involved in the press coverage resulting from Mr Cook’s death, and commented that the situation had been handled in an extremely controlled and dignified manner.

2. MINUTES OF MEETING HELD ON 13 APRIL/8 JUNE 2005  
The minutes of the meeting held on 13 April 2005 were approved as an accurate record.

The outcomes of the Workshop held on the 8 June 2005 were accepted and would form the basis for the development plan for SSU in relation to the Corporate Objectives.

3. MATTERS/ACTIONS ARISING  
There were no matters arising.

4. KEY PERFORMANCE INDICATORS/CORPORATE OBJECTIVES  
Activity  
Referring to the circulated paper on waiting times performance, it was noted that all targets had been met for end June 2005. It was acknowledged that the July targets would be more difficult to achieve due to annual leave commitments, although this had partly been taken into account in the overall
plan. The July target was therefore not met, however it was noted that this was an internal target only. Weekly monitoring meetings are taking place, where specific outstanding concerns can be raised.

In relation to cancellation rates, it was noted that these are being monitored as part of the weekly monitoring meetings. As a result the outpatient department have reported a decrease in short notice cancellations.

In terms of planned admissions, the number of cancellations had increased slightly from 4% to 4.3% for Q1 of 05/06. Mr Cox queried the robustness of the data, to which Ms Brown replied that the data is sourced from the individual teams/Consultant secretaries.

The Code of Practice in relation to the booking of Consultant annual leave, was raised by Dr Cormack, who advised that there was no clause in the contract stating that notice should be given. It was noted however that there was a policy within SSU that cancellation of a pre-arranged event less than 6 weeks would not occur. It was suggested that the DGM’s investigate any instances within their Directorates, to identify whether there was an issue with individual Consultants or whether this was across the Directorate.

Ms Matthewson suggested the reinstatement of the monthly reporting, which provided direct feedback to the DGM’s. This information would then form the basis for wider discussion at Directorate meetings.

It was also noted that cancellations were logged on occasion due to lists “over-running” rather than being “over-booked”.

It was noted that NWTU were looking for a plan from SSU for the allocation of additional funding on a recurring basis, to assist in achieving the 18 week target for admissions by December 2006. Discussions on the proposed plan to take place at the next Waiting List Monitoring Group. Copies of the paperwork to be circulated to the DGM’s for dissemination as appropriate.

Clinical Governance
Referring to the circulated report, Dr Smith gave a comprehensive overview of the review visits undertaken by NHS Quality Improvement Scotland (NHS QIS) during period 2004/05.

Dr Smith advised that she had presented an Action Plan on the way forward for NHS Highland at this mornings Corporate Team. Copies were circulated to members for information.

Referring to clinical incidents for SSU, Dr Smith advised that she intended to provide the information on a quarterly basis. Dr Smith advised that she would be happy to attend Directorate meetings on request to provide a quarterly update at Directorate level.

It was noted that a large contributing factor to the number of clinical incidents recorded, was drug errors. It was noted however that these had decreased slightly following the introduction of the new drug chart.

It was agreed that the clinical incidents should be more evidence based and specific, with more detail available. It was noted that at present the incidents were not risk rated. Dr Smith advised that this would be developed once the incidents became more evidence based.

In relation to complaints, Dr Smith referred to the paper which gave an
analysis of all complaints received between April 2004 and March 2005. It was noted that the number of complaints had increased from 165 in 2003/04 to 205 in 2004/05, including an increase in MSP complaints.

Members were given a comprehensive overview of the complaints procedure, which advised that all complaints should be responded to within 20 working days. Dr Smith requested that if there was a possibility of failure to meet the 20 working day deadline, she be informed, to ensure a holding letter be issued to the individual.

**Financial Governance**

Members noted the circulated finance paper on CRS plans and achievements as at June 2005. Ms Hogan advised however that the paper was now 3½ weeks out of date.

It was noted that at £1.9M overspend was forecast, however Ms Hogan advised that CRS reports would be issued at the end of each month, with the most up to date report expected to be completed by the end of this week.

Ms Eddie advised that the CRS savings relating to postponement of the KSF training and paid parental leave, had been knocked back by the Corporate Team due to these being national initiatives, previously signed up to by NHS Highland. KSF involved a vast amount of clinical time, away from the frontline and this would require to be identified as a cost pressure of at least £14K.

A meeting with Elaine Mead and the 4 operational units has been arranged for 24 August and will be used to discuss CRS in detail.

**Staff Governance**

Item to be discussed at the October meeting.

**Joint Future**

It was noted that Jan Baird would be attending Friday’s Informal SSU meeting to give an overview of her role in relation to Joint Future Services for Older People and how she links in with the operational units.

**E-Health**

E-Health Steering Group Minutes issued for information.

**Patient Focus**

Ms Eddie gave an overview of discussions at the recent Patient Council meeting, and advised that the group continues to meet during the summer months. The following issues were debated:

- Visiting times – to be reconsidered, as the “liberal” visiting times can have an adverse effect on patient care. The patients council were happy to support any decision made.
- Website development continuing.
- 6 bedded wards – issues around confidentiality
- Babyfriendly – Review visit recently taken place advised that hospital had failed to receive baby friendly status. An appeal against this decision is currently taking place. Dr Lees voiced his frustration for the staff involved and advised that this was recognised as part of the public health corporate objective.
- Smoke Free Hospital. Key objective of SSU. Advice to be sought from Douglas Seago, Head of Facilities.
MODERNISATION/REDESIGN PROJECTS
Theatre Services Review
It was noted that Stuart Denholm was leading this, with discussion to take place around the use of Theatre 2, when the new obstetric theatre opens.

Radiology Services
Mr Ward to give a presentation at the next meeting.  

Laboratory Services
Mr Ward advised that the Hospital at Night Project would have an impact on the above.

OP Programme
It was noted that the project was ongoing with a 50% drop in patients waiting 26 weeks. The main issue with Outpatients is Orthodontics with 176 currently off target. Progress on the action plan are taking place.

Clinical Planning Group
It was noted that the 1 August meeting had been cancelled.

Hospital at Night
It was noted that the first steering group meeting had taken place yesterday, with excellent multi-disciplinary attendance. It was noted that Hospital at Night is a 6 month project, which covers evening and night working. DGM’s to cascade minutes of steering group meetings, through the management structure.

Ambulatory Care Centre
Dr Cormack gave an overview of the revised bid for the ACC which brings the total down by half. A meeting of the ACC Group is scheduled to take place on Monday 15 August. Suggestions from members to be forwarded to Dr Cormack before the meeting.

DEVELOPMENT PLAN – SSU
Draft key development themes for SSU to be available for discussion at October meeting.

AOCB
Argyll and Clyde Consultation
It was noted that the Argyll and Clyde consultation had commenced yesterday. It was agreed that there may be implications to the clinical services. The consultation would give SSU the chance to feedback on a formal basis. Copy of document to be issued to Governance Committee.

DATE OF NEXT MEETING
Wednesday 12 October at 3.30pm – Rm 1 & 2, 4th Floor