

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

**MINUTES OF A MEETING OF THE CLINICAL EXCELLENCE COMMITTEE
HELD IN THE BOARD ROOM, 1 COLLEGE LAWN, CHELTENHAM
ON 1 DECEMBER 2006**

**THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE
THE TRUST WITH THE AUTHORITY OF THE CHAIR OR NOMINATED PERSON**

PRESENT:	Kathleen Lindesay	KL	Non-Executive Director (Chair)
	Natalie Beswetherick	NB	Surgical Division
	Viv Challenor	VC	Medical Division
	Liz Dawes	LD	Clinical Audit Manager
	Sean Elyan	SE	Medical Director
	Grahame Hodgson	GH	Director of Clinical Governance & Safety
	Maggi Lewis	ML	Director of Nursing
	Ann McArley	AM	Diagnostics & Specialties Division
	Sue Manser	SM	Associate Director of Learning & Development
	Steve Peak	SPk	Director of Service Delivery
	Sally Pearson	SP	Director of Clinical Strategy
	Birgit Whitman	BW	Research & Development Manager
In attendance:	Gail Madeley	GM	Committee Secretary
	Julie Hapeshi	JH	RDSU Co-ordinator

ACTION

28/06 Apologies for Absence

Apologies for absence were received from Vivian Mortimore, Women's & Children's Division.

29/06 Minutes of the Meeting held 1 September 2006

The Chair drew attention to minute 16/06 – Actions Arising and in particular 08/06 – CEC Presentation to Governors. The Trust Chair had indicated that she was not happy with this minute and would like it amended to better illustrate what happened at the presentation. It was agreed that the Director of Nursing and the Medical Director would draft something more acceptable and send to the Trust Chair's secretary by email.

ML/SE

The Director of Clinical Strategy drew attention to 10/06 under minute, 16/06 – Position Statement re Screening for Down's Syndrome which should be raised under the Women's and Children's Divisional Report. She also drew attention to minute 19/06 – Standards for Better Health, final paragraph - 'development standards' to be changed to 'areas of clinical practice development'.

Apart from the above, the minutes were agreed as an accurate record.

30/06 Actions Arising from Last Meeting

16/06 – Actions Arising from Last Meeting – 008/06 – CEC Presentation to Governors

The Medical Director confirmed that at the presentation to Governors in January 2007 it had been intended to present areas of resolved issues that had come through the CEC. As the CEC had only been in existence for a relatively short time there was nothing yet available to report. It was agreed therefore that the Governors should be taken through an incident and that the cloudy lens issue should be used. It was also felt that the Safety Site should be used to illustrate the implementation of NICE National guidelines.

19/06 – Standards for Better Health

The Director of Clinical Strategy confirmed that it had been agreed that the collation of evidence to support standards would be through a dedicated sharepoint site on the Trust intranet. All leads should be aware of this process.

20/06 – Research and Development – Strategy and Funding

The Research and Development Manager confirmed that this paper which had been discussed at the last meeting had been updated prior to presentation to the Board. There had also been an exercise by the consortium to establish those posts at risk. There were only two areas that had been identified, one in relation to the cancer trials nurses. It was felt that this was only a small risk, but confirmation had not yet been received that the money for them would be available. The other area related to individuals in R&D management and their continued employment would be reliant on the cancer money becoming available. An options paper setting out the potential consequences of changes in national funding is being prepared by the RDSU for consideration by the Director of Finance.

31/06 Revised Terms of Reference

The Terms of Reference had been amended to include further nominated deputies. Members of the CEC endorsed the nomination of the Director of Clinical Strategy as the deputy for the Chair.

32/06 Putting Terms of Reference into Practice

The Medical Director confirmed that the clinical staff were anxious that the process should highlight the outputs from the existing, well-established processes. Reports back from Divisions were useful and productive and should continue against a revised template to reflect the scope of the CEC.

GH

The Committee discussed the potential for an annual report from the CEC. This could include reports from Divisions, professional groups and functional areas and would negate the need for separate annual reports in these areas.

It was felt that a learning development event once a year could provide the focus for the annual report. This could use one of the identified Divisional development sessions but broadened to involve other relevant members of staff.

33/06 2005/06 Annual Report from the Performance Panel

The Director of Clinical Strategy confirmed that there were two main areas of activity for the Performance Panel - the development of policy and consideration of individual practitioner's performance where there was a cause for concern (as set out in the relevant Trust policies).

The Medical Director questioned where the responsibility lay when the member of staff was employed through an agency. This was not clear, but the Performance Panel would be keeping this under review.

SP

The continuation of the Performance Panel was endorsed and the contents of the paper and revised terms of reference were noted.

34/06 Research and Development

The Research and Development Manager explained the Trust had a good working relationship with Cranfield University. She had been informed of changes at Cranfield University and the proposal to create a new school called Cranfield Health subject to Council approval.

The CEC supported the concept of Cranfield Health and endorsed the expansion of the objectives and suggested membership outlined in the paper.

35/06 Innovation in Gloucestershire Hospitals NHS Foundation Trust

The R&D Manager and newly appointed Trust Innovation Lead (TIL) spoke enthusiastically about an exciting collaborative initiative led by NHS Innovations South West (Hub), to develop Innovation Leads embedded in Trusts in the South West. This is a pilot scheme funded by the Department of Trade and Industry and the Department of Health.

The Trust had already identified four projects that could benefit from support from the Hub and the challenge now was to find more projects across the organisation that could benefit. Divisional representatives agreed to suggest areas and share with staff at a local level. TILs will promote and facilitate a culture of innovation in the Trust. The main aim of this initiative is to:

VM/VC/
AM/NB

- Improve patient care
- Achieve improvements in efficiency and service delivery
- Reduce NHS costs
- Increase revenue to the NHS.

36/06 Learning and Development Update Report

The Associate Director of Learning and Development gave an update on the current position of learning and development within the Trust and the proposal to establish a Learning and Development Forum. It was felt that the Forum needed increased representation and discussion focused on how best this could be managed. It was also felt that the Forum should be a sub-committee of both the CEC and Employment Committee. The Medical Director suggested that Janet Ropner join the group to represent the requirements of medical staff (not in training grades) across divisions. Given Dame Janet Trotter's expertise and experience it was suggested that the Associate Director of Learning and Development should write to Dame Janet to invite her to chair the Forum for a period of six months.

SM/

The Associate Director of Learning and Development confirmed that the next meeting of the Forum was to be held week commencing 4 December 2006. Discussion would be held about other representation, such as a member of staff from the scientific and corporate side. Much work needed to be done outside the meeting, but the concept proposed was agreed.

SM

37/06 Mandatory Training for Medical Staff

The Associate Director of Education and Training drew attention to the current position on mandatory training for medical staff. It was the first time this year that 15% of medical staff had completed mandatory training and this was favourable when compared with other Trusts. It was noted that Medicines Management had not been included in the list of corporate mandatory training requirements and should be added.

The proposals for future delivery of corporate mandatory training for medical staff was discussed and two options were put forward. The first option of individual mandatory training topics during existing medical meetings was felt not to be workable. The option of mandatory training 'on line' via the internet was preferred as it could be accessed from any computer at any time and spread over the year would not compromise clinical practices.

The frequency of updates was also considered and changing this to every two years for some subjects was currently being debated with subject experts. E-learning approaches would be considered.

A specific package related to Medicines Management Training for clinical staff was available. This could run on the Trust's intranet system and would also link to RTrain. The Director of Pharmacy was supportive of this product. It was agreed that a pilot should be introduced following the completion of any necessary investment proposal to support additional licences.

SM

38/06 Clinical Audit Programme Update

The Clinical Audit Manager highlighted several areas of the quarterly progress report. It was felt that the paper was much improved compared with previous reports. The paper highlighted progress against departmental objectives and the clinical audit programme and emphasised the current position. Where changes were necessary, the process was more obvious and identified where re-audits were required.

Further work with divisions reviewing feedback would be formalised. Good progress against the plan had been made, but there was still a way to go. Links with R&D and education and training could now be made more easily.

39/06 Update for Divisions on DNAR

The Director of Clinical Governance and Safety confirmed that following the previous CEC meeting the audit findings and current policy were circulated. Feedback had been discussed at CGRG in November and this was now an issue for discussion at the next Resuscitation Committee.

GH

The Chair confirmed that she had been charged by the Board to ensure that the Trust was compliant with the policy. The Board felt that the expectations of the policy were reasonable.

No viable alternatives had been raised. The Surgical Division was happy with the current policy, but the Medical Division was not. From the discussion a potential difference in interpretation of the policy emerged. The Committee asked that the Resuscitation Committee consider whether regular entries in the clinical notes which were timed and dated were sufficient to indicate continuing relevance of the DNAR. GH

It was agreed that the Medical Director should attend the Resuscitation Committee. SE

40/06 Feedback Reports from Divisions

Surgical Division

The Surgical Division Representative confirmed that there was nothing new to add to the report.

Medical Division

The report from the Medical Division was noted.

Women's and Children's Division

Due to the absence of the Women's and Children's Representative there was no way of resolving the elements of the Children's Services Improvement Review that related to training and development of staff and no report on the implementation of Downs Syndrome screening within the Trust.

It was agreed that these two issues would be separate agenda items at the next CEC meeting. VM

Diagnostics and Specialties

The report from the Diagnostics and Specialities Division was noted.

41/06 NICE Guidance Status Report

The Director of Clinical Governance and Safety confirmed that he had recently met with the regional consultant from NICE, who had reviewed the process being used in the Trust and in particular the relevant arewa of the Safety Site. It was felt that this system should be shared nationally, but it was important to ensure that those who had contributed to the site got the recognition they deserved. GH

In future exceptions would be presented as a separate item on the agenda.

42/06 Red Allergy Band Audit

The Director of Clinical Governance and Safety confirmed that this audit had been discussed at CGRG and was presented for information only. A re-audit was planned for April 2007.

43/11 Healthcare Professional Regulation: Consultation on Proposals for Change

The Director of Clinical Strategy presented the Trust's reponse to two documents. 'The Review of Non-Medical Regulation' and 'Good Doctors, Safer Patients'. The closing date for consultation had now passed. The key issue for the Trust as a provider is the proposal for local GMC affiliates and their involvement in local complaints and performance procedures.

The Director of Clinical Strategy agreed to report back on the outcome of this national consultation to the next meeting. SP

44/11 Minutes of Related Committees

Patient and Public Involvement Committee (PPIC)

The Committee noted the minutes of the PPICs held on 17 July and 18 September 2006.

45/06 Any Other Business

There was no other business.

46/06 Date of Next Meeting

The date of the next meeting was agreed as 2 March 2007 commencing at 10.30am in The Board Room, 1 College Lawn, Cheltenham.