

**APPROVED**

Minutes of a meeting of the **Clinical Governance Committee**  
 Held on Wednesday 4 September 2019 at 2pm in the Committee Room, BGH

**Present**

Dr S Mather, Non Executive Director (Chair)  
 Mrs F Sandford, Non Executive Director  
 Mrs A Wilson, Non Executive Director

**In Attendance**

Ms Y Mitchell, Patient Safety Administrator (Minute)  
 Dr C Sharp, Medical Director  
 Dr T Patterson, Director of Public Health  
 Mr S Whiting, Deputy Hospital and Infection Control Manager  
 Mrs L Jones, Head of Clinical Governance & Quality  
 Mrs S Horan, Acting Associate Director of Nursing/Head of Midwifery  
 Mr P Lerpiniere, Associate Director of Nursing (Mental Health & Learning Disabilities)  
 Mrs L Pringle, Risk & Safety Coordinator  
 Mrs D Keddie, Lead Nurse in Excellence & Care  
 Mr G Dall, Orthopaedic Consultant (item 7.1)  
 Ms K Steward, Clinical Nurse Manager (deputising for Mrs E Reid items 7.4 and 9.1)  
 Ms V Hubner, Head of Work & Wellbeing (item 8.1)  
 Dr V Dobie, Medical Appraisal Lead (item 8.2)  
 Dr H Dormand, Consultant Cardiologist (item AOB)

**1. Announcements & Apologies**

The Chair noted that apologies had been received from:

Mr R Roberts, Chief Executive  
 Dr J Bennison, Associate Medical Director Acute Services  
 Dr A Howell, Associate Medical Director Acute Services/Clinical Governance  
 Mrs N Berry, Acting Director of Nursing, Midwifery & Acute Services  
 Mrs E Reid, Chief Nurse Health & Social Care/Associate Director of Nursing & AHPs

Announcements:

Stephen Mather informed the Committee that today's meeting would be recorded to assist with the formulation of minute of meeting and for accuracy purposes. There was no objection to the use of recorder.

Stephen commented on the late submission of the Acute Services Divisional update report. Reports being submitted after deadline mean that the Non Executives do not have time to read reports before the meeting and suggested that any reports submitted past the deadline will not be considered for the meeting. This would allow the minute to highlight late reports to the Board. Those present agreed with this proposal.

## 2. Declarations of Interest

There were no declarations of interest.

## 3. Minutes of the Previous Meeting

Fiona Sandford requested clarity on point 7.1 page 4 in the previous minute, regarding Ophthalmology issue and the shift in perception of support required from NHS Lothian, Cliff Sharp was not yet present. The Chair agreed to ask him for clarity when he arrived.

## 4. Matters Arising

There were no matters arising.

Action tracker was discussed and updated accordingly.

The **CLINICAL GOVERNANCE COMMITTEE** noted the Action Tracker.

*Cliff Sharp joined the meeting.*

Cliff was asked to clarify the point in the minute of 17 July 2019 referred to by Fiona. He informed the committee that the shift in perception from Lothian was positive and they now recognise that we need more robust support from them. The minute was updated accordingly and approved by the committee as a true record of meeting.

## 5. Patient Safety

### 5.1 Infection Control Update & annual Report

Sam Whiting attended to discuss the following Reports

1. Update on Compliance with the recommendations from Queen Elizabeth University Hospital and Vale of Leven reports.
  2. Infection Control Annual Report
  3. Infection Control regular update to the Committee
1. Queen Elizabeth University Hospital report highlighted 13 requirements of which NHS Borders are compliant with 2 key exceptions one of which was ventilation. An audit was performed which identified minor issues compliant with all except ventilation – audit done identified minor issues which have been rectified but to be fully compliant we require external engineer for validation which is not in place at present. The other compliance issue was a significant backlog of maintenance issues for example requiring new theatre ventilation and duct work. Discussion took place regarding these points, Board has previously discussed the theatre ventilation when it was agreed that this is recognised as a managed risk. An external reviewer will confirm our compliance once complete.

The second exception in the Queen Elizabeth University Hospital report related to fabric of building, the issue is on the risk register as a recognised managed risk with a view to improvement taking place. Due to the closure of some of the beds within the hospital as part of turnaround process this will allow the opportunity to do any major refurbishment required to comply fully.

The Vale of Leven report recommendations highlighted two issues; one was fabric of building as above the other was that the infection control policy has not been reviewed in two years. This is on the Workplan for the coming year. It is anticipated that vacancy issues will be resolved soon and this will enable policy review to take place.

2. Sam commented that the Annual Report was included on the Agenda for noting as previously agreed. There were no questions regarding the annual report. The Annual report will be taken to the Board.
3. The Infection control update was discussed. Sam reported that the cleanliness scores are reported continuously and constantly sit at a high percentage, the team reviewed these figures and identified a couple of issues which were then reported to the domestic services manager to ensure that what is being reported is a true reflection on practice. Sam also commented on the standard infection control audits. The infection control team do spot checks regularly but as previously reported there was no indication that change was being achieved. Over last month there has been a programme of work concentrating on a shift in culture. Infection Control nurses have taken photos of environment in the wards and reported back to senior nursing staff to help improve ownership of any identified issues. Supportive education continues to help shift ownership to where it should be. Stephen asked how staff have reacted to the photos being taken, Sam reports that this approach has had a positive effect and has helped start the conversations required for improvement.

Sam highlighted the reduction in SAB numbers. Stephen commented that since he took over as chair of Clinical Governance Committee that this had been the first time there has been a reduction in SAB infections and congratulated Sam and his team on achieving this.

Stephen asked for clarity why blood cultures are not being taken on admission. Discussion took place regarding the timing of these cultures, Stephen would like the Committee to be assured that the reasons for cultures not being taken on admission are investigated; Sam commented that Dr Ed James will have looked into this before putting together the report. The Committee asked that these be brought to the Clinical Governance Committee meeting, Sam agreed to ask Dr James to share this with him for inclusion in the next report to the Committee.

Stephen commented on the SSI Hip Arthroplasty figures and asked if incidence was investigated further to see if there are recurring themes. Sam reported that this is done and no recurring themes were identified.

**ACTION:** Sam agreed to ask Dr James to share his investigation findings on late blood cultures with him for inclusion in the next report to the Committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the reports.

*Sam Whiting and Diane Keddie left the meeting.*

*Graham Dall joined the meeting.*

## 5.2 Adverse Event Overview & Thematic Report

There has been an overall downward trend of adverse events; this is attributed to reporting by the laundry on infection control events in relation to soiled or contaminated linen rather than a genuine reduction in incidents.

Laura Jones commented that the top ten events don't tend to change very much, although frequency reporting of Aggression and Violence incidence has overtaken falls, this is not noted in report but Laura would like to highlight this to the committee. There has been a reduction in falls with harm, excellence in care work has focussed on falls has had a positive impact on falls with harm.

Laura will ask Sue Kean to provide a highlight report on recurrence and degree of violence in the aggression and violence incidents and if the Police have been involved. Peter Lerpiniere commented that with the reduction of dementia beds we will most likely see a reduction in aggression and violence in the dementia units. Laura also commented that we may also see a reduction in falls in these areas too.

Alison Wilson commented that it was difficult to add non clinical events on DATIX, Laura will pick this up with Lettie Pringle after meeting.

Stephen asked why there was an asterix beside the unexpected death on table 2 in the report but there did not appear to be an explanation. Laura commented that this should be linked to request for more explicit reporting on unexpected deaths which has now been added as field on DATIX.

Stephen enquired if the adverse event related to medicines was escalated and reported to Clinical Nurse Manager and relevant Associate Medical Director. Cliff assured the Committee that the Clinical Directors and AMD get sight of these events.

**ACTION** Laura will ask Sue Kean to do a highlight report on recurrence and degree of violence incidents. Diane Laing will add to future agenda.  
Laura will look at non clinical categories on DATIX with Lettie

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

## 6. Person Centred

### 6.1 Scottish Public Service Ombudsman (SPSO) update

The SPSO update was discussed. There have been two recent cases, one of which was not upheld. The second is still being investigated following receipt of response from SPSO and their recommendations. The results will be captured in future report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

## 7. Clinical Effectiveness

### 7.1 Scottish Arthroscopy Project (SAP) Response

Graham Dall attended to talk to report, he gave Committee a little background on the reason behind the report and our response. The SAP report highlighted the NHS Borders were outlying in incidence of SSIs. NHS Borders conducted a deep dive which revealed only two out of the five identified cases were genuine SSI cases. A response sent to SAP and Graham is awaiting their response to this. The team welcome any reporting of this nature as it highlights any issues and

helps to inform practice. Changes have been made in practice and protocols in line with the recommendations.

Following question from Tim Patterson a discussion took place regarding potential of risk of infection due to mix of orthopaedic and general surgery cases in bays. Laura and Cliff assured Tim that the mix was of clean surgical cases and all patients are screened. The staff in the surgical unit adheres well to infection prevention protocols to avoid cross contamination and surveillance and scrutiny takes place regularly. Discussion also took place regarding the remit of the Arthroplasty Project. Alison asked about re-admission rates, Laura reported that nurse practitioner is looking in to this issue and it was agreed a report will come to the Committee once the deep dive has been completed.

Stephen thanked Graham for his very interesting report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

*Graham Dall left the meeting*

## **7.2 Clinical Board update (Primary & Community Services)**

Kathy Steward attended to talk to the report. She highlighted that there is still work ongoing on reducing falls. There are no apparent themes or contributing factors. All adverse events are being investigated.

Recent inspection of Community Hospitals was positive and recommendations noted. Medical Cover for Knoll is still an issue, however, interviews for a GP are taking place tomorrow.

Tim enquired as to the complaints process regarding patient care in community hospitals and where the responsibility sits. Discussion took place and it was noted that if the complaint relates GP care then this should go to GP Practice, and other complaints relating care will be dealt with through NHS Borders complaints process. Tim asked how we can be assured that the complaints to GPs are being appropriately followed up. Laura commented that GPs have their own process not dissimilar to ours. They are reported to the Board where assurance that they are being followed up is given. Cliff also assured Tim that if the GP is contracted to us to provide care the complaint would be investigated by our complaints dept.

Stephen asked for more clarity on the time period for the falls figures. Kathy was asked to clarify the figures on page 2 & 3 and will report back.

Discussion took place regarding what can be done to reduce falls given that there are no identified themes. Kathy assured the committee that this does not mean there is complacency. Any actions taken will be included in the next report to the committee.

**ACTION:** Kathy to clarify the time period of the falls figures in the report and share with the Committee and to include any actions taken in the next divisional report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

## **7.3 Clinical Board Update (Mental Health Services)**

Peter corrected a couple of typos in the report. Dates altered on the report accordingly.

There was a discussion regarding Duty of Candour, Laura recognised that this is still complex issue and commented that there is still education to be done on Duty of Candour and commended Peter on the work in Mental Health relating to Duty of Candour and the inclusion in his divisional report. Duty of Candour information report is scheduled to be brought to the Committee at a future date.

Peter informed the Committee that there has not been a Learning Disabilities Governance meeting since last committee meeting therefore there were no issues to report to the committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

#### **7.4 Clinical Board Update (Acute Services)**

Sarah Horan highlighted the work of the Food Fluid and Nutrition group who are progressing issues around nutritional care. The Policy and SOPs are being revised, in particular the protected mealtimes policy which is out of date. There is continued scrutiny around management of nutritional adverse events

Vacancies have been significantly reduced. Sarah highlighted the work around recruitment in particular newly qualified practitioners and the support they are getting on commencement and assured the committee that this has so far proved to be quite popular and is working well. Sarah would also like to highlight that the Cardiology Quality Assurance update appears to have dropped off the agenda and she assures the committee that she will bring this paper to a future meeting. Fiona asked if we know where the nurses who are leaving are going. Discussion took place regarding attrition rates and reasons for them.

Tim asked for assurance around hospital at home service, who the scrutiny sits with and if reporting on the service will come to the committee. Tim has asked if feedback on the service can be included in the appropriate Services update. Cliff agreed it would be good to hear about any quality issues. Stephen enquired about reporting on Garden View and Waverly but as these are not managed by NHS Borders it is unlikely that reports will come to the Committee these should be reported through the Integrated Joint Board. Kathy will ask Erica to highlight Hospital to Home service in her next divisional report.

**ACTION:** Kathy will ask Erica to include feedback on the Hospital to Home Service in the next divisional report to the board.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

### **8. Assurance**

#### **8.1 Occupational Health Annual Update – deferred from July 2019**

Vikki Hubner attended to talk to the report and answer any queries arising. Stephen asked how the issue of non attendance at Occupational Health appointments is being addressed. The service is looking at different ways of engaging staff to attend. Discussion took place regarding the different reasons for referral and reasons for non attendance and the various initiatives being introduced to reduce the 11% DNA rate. Committee asked if Vikki would note that they have a concern regarding the 11% rate and would like to see how this can be improved. Stephen suggested that this figure be highlighted to raise awareness to staff of the cost to the organisation when they do not attend appointments.

Fiona asked if the pie chart on report could be made clearer with some annotation.



Stephen enquired as to why safer needle stick devices were not always available and why non safe devices are still being used within the organisation. Vikki reported that there are issues regarding insulin administration in patient's homes where non safe devices are possibly not available. Vikki was asked to bring a report back regarding incidence of this.

**ACTION:** Vikki to bring a detailed report on incidence of non safe needle stick device incidents.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

## 8.2 Medical Appraisal Annual Update

Vee Dobie reports similar issues to last year. Administrative staff support remains a challenge as do finding enough appraisers. Cliff acknowledges that this work can be challenging and Vee's constant vigilance is what keeps the process running. Discussion took place at how the appraisal process is done and the support is sporadic and not equitably shared amongst disciplines. The process is still dependant on use of allocated SPA time and goodwill.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

*Vee left the meeting*

## 9 Quality Improvement

### 9.1 Back to Basics Update – verbal

Erica was not available to give a verbal report on the Back to Basics work the bulk of which was already covered in the divisional reports. One area of concern remains around complaints and in particular communication related complaints, it was noted that delivery of information and casual comments are still highlighted in a large number of complaints.

Fiona asked if there was any way of comparing our communication style with other boards. Laura commented that there are yearly figures made available and the trends and themes are similar in NHS Borders to other boards. Educating staff initially on communication is vitally important and this is an issue nationally. Local induction was highlighted as the place to remind staff of the importance of appropriate communication which in turn will challenge the organisation to do better. Work is ongoing and positive steps are being taken to improve the communication culture. Digital Stories are collected; one of these stories in particular is very powerful and is being taken to a development session tomorrow. It was suggested that these types of stories should be shared more widely. Alison asked Kathy who has recently joined NHS Borders to share her experience in previous employment and how they dealt with communication issues to which she agreed. Laura commented that previously there had been some work done on cultural issues regarding communication and the committee recognised that this is a whole organisational issue, it may be worth reintroducing this discussion since there had been so many changes in the Management Structure of late and she asked if it would be appropriate for Cliff and Tim to bring this up at BET and restart the conversation. The committee did recognise that cultural change is difficult.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

*Dr Dormand joined the meeting*

## 10. Any other Business/Items for Noting

Dr Dormand, Consultant Cardiologist attended at the request of Stephen to discuss her proposed work on Cardiac Imaging Toolkit. She introduced herself to the Committee and shared a little bit

about her background. Royal College formed a Quality Governance Collaborative to look at Governance and from this they founded a fellowship with a role to provide structured training in governance and mentorship. Dr Dormand is part of the inaugural cohort of fellows; her speciality interest is in cardiac imaging. She discussed the importance of cardiac imaging in a patient's journey pointing out the importance of the five critical points in the patient's journey. There are 5 critical questions we should be asking 1. What assurance can the service provide that the appropriate patients are receiving this test? 2. What assurance can the service provide that the tests are being undertaken in a timely manner? 3. What assurance can the service provide that the imaging test is being performed appropriately? 4. What assurance can the service provide that the tests are being reported appropriately? 5. What provision is in place for future proofing? Cliff commented that her work could be transferrable and can be adapted and used as a template in other services within the organisation. The Committee are keen to encourage this to be tested to see how it could be applied. The Committee suggested that Dr Dormand take her paper for discussion at Acute Services Clinical Governance Group to agree on how to take testing forward and asked that she report back to the Committee with an update on progress. Fiona commented that she would be interested to see a case study.

**ACTION:** Sarah Horan to request slot on agenda at Acute Services Clinical Governance Group.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report.

*Dr Dormand left the meeting*

**The following reports were presented for noting:**

Pharmacy Annual report – Alison reported that the Endowment Committee approved the purchase of automated cabinets. This will prove to be time saving. The Committee requested a report on the governance, safety and quality of service following installation of the cabinets. Alison agreed to provide an update at a future meeting.

**ACTION:** Alison will provide an update on use of automated cabinets.

Baby Friendly Initiative update. Sarah commented that the re-accreditation visit produced some actions which are being taken forward by Dawn Moss.

NHS Borders Influenza Outbreak Report 2018-2019

NHS Borders Norovirus Outbreak Report 2018-2019

The following minutes were presented for noting:

Child Protection Committee Minute  
Adult Protection Committee Minute  
Public Health Governance Minute

The **CLINICAL GOVERNANCE COMMITTEE** noted the above reports and Minutes

## **11. Date and Time of next Meeting**

The Chair confirmed that the next meeting of the Clinical Governance Committee is Friday 29 November 2019 at 10:00am in the BGH Committee Room



*The meeting concluded at 16.15*