APPROVED

Minute of a meeting of the **Clinical Governance Committee** held on Friday 29 November 2019 at 10am 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
Mr J McLaren, Non Executive Director

In Attendance

Miss D Laing, Clinical Guidelines administrator (Minute)
Mr R Roberts, Chief Executive
Dr C Sharp, Medical Director
Dr A Howell, Associate Medical Director
Mrs L Jones, Head of Clinical Governance & Quality
Mr S Whiting, Deputy Hospital and Infection Control Manager
Mrs N Berry, Director of Nursing, Midwifery & Acute Services
Mrs S Horan, Associate Director of Nursing/Head of Midwifery
Mrs E Reid, Chief Nurse Health & Social Care/Associate Director of Nursing & AHPs
Mr P Lerpiniere, Associate Director of Nursing (Mental Health & Learning Disabilities)
Mrs L Pringle, Risk & Safety Coordinator
Mrs D Moss, Nurse Consultant Vulnerable Children & Young People (item 8.1)

1. Announcements & Apologies

The Chair noted that apologies had been received from:
Dr J Bennison, Dr Keith Allan and Dr N Lowdon and acknowledged that Mrs D Moss would be attending for item 8.1

There was a request from Erica to present her items on the agenda out earlier than scheduled as she was expected at another meeting in Edinburgh. The group agreed that this would be appropriate.

2. Declarations of Interest

There were no declarations of interest.

3. Minute of the Previous Meeting

The minute of previous meeting was discussed and checked for accuracy. Amendment was made Dr Helen Dormand's name on page 8. The minute of the previous meeting held on the 4 September 2019 was approved.

4. Matters Arising/Action Tracker

There were no matters arising. Stephen discussed the action tracker and requested that any long term outstanding actions be completed. The action tracker was discussed and updated accordingly.

John McLaren joined the meeting

5. Patient Safety

5.1 Infection Control Update

Sam Whiting attended to talk to the infection control update. He informed the committee that outbreaks of Norovirus were not included in the report. However as of today there has now been Norovirus reported which is expected with the start of winter pressures at this time of year.

Stephen questioned the reported incidence of CDI outbreak on page nine and cross contamination in the same ward. Sam commented that they reviewed the cross contamination and training issues were highlighted, this has now improved. Discussion followed regarding infection control training and the use of PPE, this has been benchmarked against Vale of Leven and delivery of training in infection control has changed as a result.

Cliff commented that we cannot underestimate importance of infection control, he has asked for the committee to be sighted on pseudomonas incidence; Sam agreed to include this detail in next report. Sam confirmed that invasive pseudomonas is discussed at their daily huddle. Cliff also asked for assurance that infections during care of cancer patients are recorded appropriately and steps are taken to resolve these. Nicky commented that the SCNs raise concerns in morning huddle the CNMs then respond to any areas of concern.

Stephen questioned the outlying SSIs indicated during hip arthroplasty and sought assurance that following previous investigation which indicated we were not outlying we should always aim for zero SSIs. He enquired if this message is conveyed to the teams and Sam indicated that it was.

Stephen commented on the compliance for antibiotic treatment (page 15 figure 18) being noted as 'good compliance' and questioned as to why this was not full compliance. He asked if the documentation had improved and commented that the responsibility sat with all to follow prescribing instructions. Alison reported that the introduction of the new automated cabinets is providing real time data feedback to the clinical teams which should improve compliance.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

ACTION: Sam Whiting agreed to include pseudomonas incidence in subsequent reporting

Sam Whiting left the meeting.

5.2 Quarterly HMSR Report

Laura commented that HMSR methodology has changed twice. The ratio for NHS Borders remains at normal limits.

HMSR methodology relies heavily on coding, it has been identified that the coding team is an ageing workforce, there has however been some discussion with George Ironside in Medical Records regarding the importance of coding and concerns over workforce, he has indicated that they are in the process of succession planning.

Ralph enquired about the predicted deaths and if there was a particularly coding for the palliative care unit. Laura will summarise the palliative care impact for the next meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

ACTION: Laura Jones will summarise the palliative care impact for the next meeting

5.3 Very High Risk Management Report

Lettie attended to discuss the bi annual update High Risk updated, she reports that since last update the strategic risks register is now on risk management system, training of new process and use of risk management system is ongoing. The Risk Management policy update is awaiting approval and it is anticipated that this will be in December.

Discussion took place regarding the management of risks through board structure. Lettie explained that strategic risks are to be owned by Board and delegated to relevant Clinical Governance Groups. It was agreed that it would be more productive if only clinical risks were highlighted to the clinical governance groups as appropriate. Laura agreed to take this suggestion forward with a view to building in to the Workplan for the committee.

Stephen asked if there is an aggression and violence policy on attacks on members of staff by patients. Peter reported that Mental Health Staff are encouraged to report violent incidents to the police. ED has a process. There is possibly some training issues that need addressed. NHS Borders focus on a Zero Tolerance to violence. Sue Keenan is working with the wards to assist with dealing with and avoid aggression and violence.

John commented that staff in ED should not be viewed differently from the rest of the staff in the organisation. Statistics in relation to pursued court cases from an ED perspective can lead to staff seeing ED as being better protected than others.

The default should be that all staff should report any violent incidents to the police and staff should be educated and given the correct tools to deal with issues.

It was agreed that Nicky, John and Cliff would discuss procedure for reporting violence and aggression out with meeting and work on improving education on how to deal with violence and aggression. They will give a verbal update in March on the situation. They will agree the most appropriate forum for discussion on the subject.

Recent adverse event highlighted a challenge in getting police to take assaults seriously. Lettie would encourage wards to do individual risk assessments and have them recorded on the system.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

ACTION: Nicky Berry, John McLaren and Cliff Sharp to discuss violence and aggression education and give a verbal update in March

5.4 Duty of Candour Report

Laura gave an update on what duty of candour is. Position statement on status has been in place for 18 months. Duty of Candour has not been explicit on Datix recording system. Lettie and Laura have refined requirements. All major events are tracked and discussed. Significant Adverse Events are reviewed and there is training planned for January. Stephen commented that the refresh of knowledge and re-iterating information to staff was important. The form on Datix has changed and Duty of Candour is flagged to staff. He also commented that Clinical Boards should be discussing this and sharing training. Discussion followed regarding individual contractors, for example GPs, he was reassured by Laura that each GP has a duty to acknowledge Duty of Candour and provide a report and that this report should be included at the GP Sub meeting for noting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

Dawn Moss joined the meeting

6. Person Centred

6.1 Patient Feedback Report including Scottish Public Service Ombudsman (SPSO) update

Laura presented the report and invited any comments or questions. The Committee were happy to see that the two minutes of your time survey has been re-instated.

Stephen commented on the double negative on page three of the report in commendations section. Laura agreed to change this.

Following discussion about the varying sources of commendations and the possible reasons for the reduction in these the Committee agreed that we should look at more targeted data and possible hotspots. It has been noted that we should be celebrating the positives.

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

7. Clinical Effectiveness

7.1 Clinical Board update (Acute Services) including Opthalmology Update

Sarah attended to answer any questions on the Acute Services update. She reports that they are now seeing improvement in recorded pressure ulcers in ward 12 and the Tissue Viability team continue their hard work.

The falls lead has moved into a different role. The focus on falls and any improvement work will be taken forward by falls improvement facilitator.

Sarah reports that although there is still a significant vacancy rate this has improved.

There was some concern raised regarding staffing for the coming weekend as agency assistance was unlikely. This could cause a safety issue if shifts are not covered, this will be raised with the board.

Stephen commented on PCCT compliance graph on page five and asked that this graph be clearer as he was not sure what the compliance was with.

Opthalmology Service update

An update on Opthalmology service issues had been requested at a previous Committee Meeting. Fiona asked if the figure of 1,000 patients being seen per annum is realistic. Nicky assured her that this was a realistic figure.

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

Sarah left the meeting, Annabel Howell joined the meeting

7.2 Clinical Board update (Primary & Community Services)

Focussed work on falls management in the Knoll taking place. Physio staff capacity still an issue but this is being monitored and work is ongoing to balance this. Audiology capacity is also still and issue, vacancies are now being advertised externally. The team still needs support.

Some of the minor injury units are experiencing inappropriate attendees, in particular Hawick was having issues and a decision has been made to close Hawick minor injuries access in the out of hours due to safety concerns. However, it has been acknowledged that a better understanding of the impact on ED needs to take place before closure. Ralph asked why the unit is not safe out with normal hours. Erica reports that this is due to cover at night and the layout of the Hospital.

Fiona enquired as to whether the physio shortage is national or local. It appears that this is a national issue and there is a long term plan being considered to grow capacity.

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

Back to Basics Report (Item 9.1)

Erica reported that there has been a positive shift in the number of incidence of pressure damage. Ward Nine have achieved five months without developed ulcers due to the support from the Tissue Viability Service and hard work and dedication from Grace Brydon and the team in ward nine. The Committee acknowledged the amount of work take to achieve this and would like to that all involved.

Patient Voice events have been taking place for staff to come and listen to a few patients' journeys and the impact this can have on patients and their families. The sessions were prompted by a significant adverse event review where the daughter of a patient was keen to share her father's journey to help improve care for others. The stories have been taken to the Board and the Grand Round and have had a big impact on the staff. The key theme through all of the shared stories was communication.

Seventeen SCNs/Team Leaders across all clinical boards have completed practice development programme in relation to person centred facilitation. The initial feedback was that the programme was challenging and methodology confusion but shift in culture has been positive.
Stephen noted the comment on page three regarding the falls with harm reduction not being sustained, Erica assured the committee that there was an ongoing focus on falls and she will keep the committee updated with the progress of this piece of work.

Fiona asked Erica about weighing patients on admission and how this has been improved. An improvement in equipment for weighing patients on admission has meant that actual weight is being recorded rather than estimated weight meaning that an accurate Malnutrition Universal Screening Tool (MUST) is recorded the shift has been very positive from only 50% being weighed to 80%. The shift is positive and the aim is for 95%.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report

Erica Reid left the meeting

7.3 Clinical Board Update (Mental Health Services)

Peter invited any questions on the Mental Health Services update. He commented that there had been an investigation by the Excellence in Care Falls Co-ordinator into what appears to be a large number of falls in Melburn Lodge. It was discovered that the apparent increase was mainly due to one particular patient who is a known falls risk. The patient has perception issues which have been a contributory factor, the committee are assured that although the patient is at risk of falls none have been falls with harm and precautions are in place to prevent harm.

Excellence in care is monitored effectively in Mental Health Services and the report is an excellent example of exception reporting.

Stephen however did comment that it would be helpful to have closer look at any themes of complaints and commendations.

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

7.4 Clinical Board Update (Learning Disabilities Services)

Peter Lerpiniere reports that all services delivering as they should.

The **CLINICAL GOVERNANCE COMMITTEE** noted this update.

7.5 Research Governance Annual Report

Laura presented the report and invited any questions. She reports that now we have a Research Governance Manager in post and she is working her way through the back log of approvals and new study applications. Despite delays over the last year this does not appear to have greatly affected the report to CSO or CSO activity targets.

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

8. Assurance

8.1 Children's Services (including GIRFEC) annual update

Dawn Moss attended to give a briefing on report, particularly regarding legislation. She reported on children's rights expectation from the Scottish Government, named person services being scrapped was wrongly reported in the press.

Dawn highlighted that both she and Alison are retiring and gave a brief outline on what will happen with these roles. The risk is that there are no formal reporting structures for children's services and there is a need for a clear governance structure.

Integrated planning is on going and strategies are written but it remains unclear which route and structure these strategies will fit into. At present the position has not changed in role of Clinical Governance Committee, but there needed to be some discussion as to where the report could sit. Laura was invited to attend a meeting to discuss the new structure and where children's services reporting would be best placed.

Today's meeting was Dawn's last Clinical Governance Committee meeting and the group wished her well in the future and thanked her for her dedication to Children's Services.

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

8.2 Suicide Annual Report

Peter presented the annual suicide report. He confirms from the report that suicide figures in this year in NHS Borders show an increase. He assured the committee that there was no commonality in the reported suicides and all go through scrutiny in the form of significant adverse event reviews. Fiona asked if there was a feel for what is to come in the next year and if it was anticipated that there would be a comparable rise. Peter commented that although there was an increase this year NHS Borders remains within the national average and the increase was not significant.

Cliff thanked Peter for his comprehensive report and asked that he ensure the report is shared appropriately.

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

9 Quality Improvement

9.1 Back to Basics Update – report was discussed under item 7.2

10. Any other Business/Items for Noting

There were no further items of business.

The following minutes were presented for noting:

Meeting Dates for 2020/21
Child Protection Committee Minute
Adult Protection Committee Minute

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

11. Date and Time of next Meeting

The Chair confirmed that the next meeting of the Clinical Governance Committee is on 22 January 2020 at **2.30pm** in the BGH Committee Room ***(please note later start is due to the daily patient flow meeting in the Committee Room)***

The meeting concluded at 12:15