

**APPROVED**



Minutes of a meeting of the **Clinical Governance Committee** held on Wednesday 22 January 2020 at 2.30pm 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 Governance & Quality (Minute)  
Mr R Roberts, Chief Executive  
Dr C Sharp, Medical Director  
Mrs N Berry, Director of Nursing, Midwifery & Acute Services  
Mrs L Jones, Head of Clinical Governance & Quality  
Dr A Howell, Associate Medical Director, Acute Services  
Mr T Patterson, Joint Director of Public Health  
Mrs S Horan, Associate Director of Nursing/Head of Midwifery  
Mrs E Reid, Chief Nurse Health & Social Care/Associate Director of Nursing & AHPs  
Mr S Whiting, Deputy Hospital Manager and Infection Control Manager  
Mrs D Keddle, Clinical Service Manager Labs & Infection Control  
Dr O Herlihy, Director of Medical Education (item 8.1)  
Dr J O'Donnell, Chair Transfusion Committee (item 8.2)

**1. Announcements & Apologies**

The Chair noted that apologies had been received from:

Dr J Bennison, Associate Medical Director, Acute Services  
Mr P Lerpiniere, Associate Director of Nursing (Mental Health & Learning Disabilities)  
Ms L Pringle, Risk & Safety Co-ordinator

The Chair declared meeting quorate and welcomed Dr O Herlihy, Director of Medical Education (item 8.1). He also noted that Dr J O'Donnell will attend to talk to item 8.2 on the agenda

The Chair shared his concern about how we record what we do at Committee meeting. Following discussion with Laura and Cliff as Heads of Clinical Governance he put forward a suggestion on how we note whether we are assured by the reports and papers that come to the meetings. This takes the form of three options, are we as a Committee:

1. assured that what we has been discussed is of good quality and happy all is well.
2. partly assured but require further information
3. not assured

This will make it clear decisions made are recorded appropriately in the meeting. The Committee had a discussion regarding the suggestion and agreed to trial this approach.

## 2. **Declarations of Interest**

There were no declarations of interest.

## 3. **Minutes of the Previous Meeting**

Amendment was made to page one. Date stated previous minutes approved were from May 2019 and in fact they were from September 2019. Following this amendment the minute of the previous meeting on 29 November 2019 was approved.

## 4. **Matters Arising & Action Tracker**

There were no matters arising from previous minute.

Action tracker was discussed and updated accordingly. Stephen commented that he was pleased to see that outstanding actions had been addressed and the tracker was down to a manageable size.

### Action 29.11.19 5.1

Sam update the Committee, the action required that Pseudomonas infection incidence reporting be included in the paper but this has not been done because there has not been any incidence of pseudomonas infection since the last report. Committee are assured that this item is complete.

### Action 29.11.19 5.2

Palliative care HMSR update. Laura commented that the next HMSR paper is due at March meeting. She will bring paper with short presentation on methodology and how data is generated to March meeting, timescale updated on action tracker.

### Action 12.09.18 5.1

Chest Drain management Policy, confirmed that this will be updated by end of Feb 2020. Remove from action tracker. Sam to include a verbal update with the infection control report to next meeting.

Updates were made to the action tracker

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

*Diane Keddie joined the meeting*

## 5. Patient Safety

### 5.1 Infection Control Update

Request for more information relating to standard infection control audits were made at last meeting. Report provides this detail. These are full detailed audits, for each prioritised area are done every 18 months. Assurance between audits is provided by monthly spot checks these give a much more succinct view. Data is now being added to graphs and is being analysed. What is encouraging is there has been improvement. Across the 20 areas spot check performed there was a peak in September but this has reduced since then and continues to improve. 125 issues were identified and these have now reduced to in December to 70. Improvement has been seen in both unscheduled and planned Statistical process charts are now being developed. Now starting statistical process control charts although as yet not many data points but it is a work in progress.

Stephen commented that ward 4 audits were disappointing and asked what actions are being taken to address issues in the ward. Sam responded that areas falling behind standards are given an action plan and then re-audited every 3 months to look at compliance. Training in the clinical area has been introduced this is practical rather than e-learning. Staff have recognised importance of ownership at ward level to maintain standards and challenge colleagues. Leadership training has been implemented. There followed a discussion regarding the importance of visual reminders but it was noted that although this has improved issues it has not been sustained. Pictures are taken during spot checks and shared with the team and are included in the training it is hoped that this will address this.

Assurance is difficult to give as spot checks are snapshot in time, we can be assured that the team are cited and are addressing the issues. Leadership Walkrounds which were done previously helped raise awareness and a new approach to these walkrounds is to be tested and as previously nursing staff will be included. Issues identified at initial audit can be improved by the follow up but it is not always the case.

John enquired if SAB concerns identified are being flagged to Lothian? It was confirmed that dialogue takes place with Lothian.

It was suggested that the pseudomonas action plan come to the Committee but Sam confirmed that this is already fed in to the appropriate groups through current reporting.

The committee agree that cleanliness is important particularly to the General Public. Staff are unhappy with the findings and continual improvement is what we should strive for. The committee should be assured that education will help improve the issues.

Authentic auditing, although concerning – we should be more assured by this report than reporting on self auditing when everything was showing at 90% plus. The timeline from audit to escalation of issues is short; issues identified are dealt with at the time and action plan agreed. The audit is redone at three months to check improvement is being sustained. The feedback actions from audit will be included in reporting and comparison over time will be more useful and will provide better assurance.

Further discussion took place regarding respiratory outbreaks and it was reported that there was a flu outbreak in December and it was handled well, this will be captured in the next report.

*Erica Reid left the meeting.*

Further discussion took place regarding SABs and CDiff infections being on target, Chair commended team for this. EColi figures show we are slight outliers. Health Protection Scotland therefore required us to review data and analyse if there are any issues causing this shift and there were no indications as to why the figures were outlying but the Committee should be assured that there were no adverse outcomes noted.

The Committee should be assured that there are processes are in place to monitor infections but without further information we cannot be assured that these processes are effective.

We need to differentiate if additional information is required out with the norm or if information is required at the next meeting and Committee will be assured that regular reporting will be enough to provide that.

Audit updates can be provided as part of Infection Control's regular reporting to the committee.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report but require further information from audits to be fully assured.

*Sam Whiting & Diane Keddie left the meeting*

## **5.2 Adverse Event Overview**

Laura reported that the paper is showing a downward trend in adverse events, she commented however that this may be due to a change in reporting from laundry. There are 20 Significant Adverse Event Reviews in place. There has been a reduction in falls with harm and there is focussed improvement work ongoing which is making good progress. There will be a thematic report on aggression and violence at the next meeting as this aspect remains the highest reported adverse event.

Discussion took place regarding the significance of obstetric events as figures are difficult to interpret and can we be assured that the obstetric unit is safe. We are not outliers when measured against benchmark and Committee can be assured of this but further work could be done on reporting to make this clearer. There are no trends in maternity they have an excellent reporting system with weekly MDT and a strong process for learning.

The Chair commented that congratulations should be noted for the 20% reduction in events and although falls rates have not changed the falls with harm have come down significantly.

The **CLINICAL GOVERNANCE COMMITTEE** and noted the report and is assured by its findings.

## 6. Person Centred

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

The Committee can be assured that actions have been dealt with within required timescales

Discussion took place regarding the eleven cases awaiting decision as this seems a larger number than usual. It may be a reflection on the higher volume of complaints but this may be due to the new complaints handling system and higher volume of patients through the door. The new process does encourage complainants to go to the Ombudsman, this number is being scrutinised. Chair enquired as to whether this is a risk to the Board reputation, it was explained that using a matrix which is also used by other Boards which looks at categories of complaints and they are graded accordingly. The risk to NHS Borders is not significant.

GP and primary care complaints are being monitored; dental complaints will be included in reports going forward.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by its findings.

*John O'Donnell joined the meeting*

### 6.2 Claims Update

At present there are 49 active claims both clinical and non clinical with the larger proportion being clinical. There is an increase in the cases coming through that are being linked to the more serious complaints or adverse events that have already been investigated through our own processes. This detail will be added to subsequent reports.

The Committee discussed litigious claims and if there were any increases in these. The Committee can be assured that there are no obvious trends evident. The Chair asked for some comparison charts to show claims over time for some clarity and reassurance.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report but would need more information and comparative data to be fully assured.

The following two items were taken out of sequence to allow clinicians involved get back to clinical work.

### 8.1 Medical Education Annual Update (including GMC survey results) (Deferred from November 2019)

Olive Herlihy attended to present paper, she reports that simulation up and running, in process of rolling teaching for both trainees and nursing staff.

Issues in undergraduate training relate to accommodation and lack of communal areas teaching and training, currently some space has been allocated in the education centre but it has been ear marked for capital planning so this space could be lost. The other issue in the accommodation is that the Wi-Fi is very poor. There will be an increase in the number of

medical students and GP trainees next year. How these students are being supported is being looked at.

Rota problems which has put pressure on junior staff and has caused a fair amount of unhappiness within this staff group. Compliance assessment tool to evaluate rotas looks at 3 main areas, quality, safety and wellbeing. Trainees feel under pressure, no continuity, this is an issue in medicines, and orthopaedics but less so. This causes an unsafe environment for patients. Work is ongoing with medicine, focus feedback groups have taken place. ST and GPST problems persist and there is a worry that this will trigger a Deanery visit if these problems continue which could have a knock on effect on trainees being able to come to the Borders. Changes are taking place in student groups which complicates the issues further. There was a request for support in prioritising supporting trainees and the issues they face.

Discussion took place about whether there were specialty groups to form action plans and it was suggested that discussion of action plan would be valuable at acute services board for action plan. The report is disturbing and needs further discussion with the Deanery for support. There are some good parts of the report and some very challenging. Further discussion on accommodation and organisational issues will take place out with meeting. Ralph and Cliff will arrange to discuss this with AMDs and Olive and action plan brought back to Committee.

Where is the Medical Education Governance Forum if there is one linked in to the organisation? John McLaren suggested that assurances through this forum should be sought before coming to the Clinical Governance Committee. He assured Olive that we were picking up on concerns. The Committee agreed that she should be encouraged to link through the Acute Services Clinical Governance Board as a high priority, meeting will be set up as suggested above and action plan from this brought back to the committee as soon as possible.

Nicky assured Olive that the issues with accommodation and communal areas are being taken seriously and although not a clinical matter for this committee it will be addressed.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report but is not assured and urgent work is needed for this assurance.

**ACTION:** Further discussion on accommodation and organisational issues will take place out with meeting. Ralph and Cliff will arrange to discuss this with AMDs and Olive. And action plan brought back to committee

Olive to take paper to acute services board

## 8.2 Blood Transfusion Annual Update

Susan Cottrell was unable to attend the meeting, following review by the Scottish National Blood Transfusion Service (SNBTS). John O'Donnell, newly appointed chair of the Blood Transfusion Committee attended to discuss the report, following SNBTS review Susan's allocated time for NHS Borders has decreased which has created resource implications; the

service is looking in to how this can be managed. The deficit will mostly be absorbed by the Laboratory, where there is the expertise but this will have a knock on effect of capacity in labs.

There is also a shortage of Haematology Consultants, it is crucial to address gaps in staffing and recruitment process is underway, it is hoped that this will be resolved sooner rather than later.

He also indicated that he feels there should be a Borders Blood Transfusion report as well as the Committee having sight of the national report. Safety initiative was introduced 3 years ago called Blood 360 (Bloodhound) but has not yet been implemented, this has been through no fault of our own but the fault of the provider, unfortunately this has lead to financial penalties, this has been escalated to provide a solution. John O'Donnell is happy to provide and update on this at a future date.

Following discussion it was agreed that an action plan to address issues come back to Committee in May.

John enquired about the updates on Learnpro. John O'Donnell will include his response with his report to future meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report, but is not assured. An action plan to be formulated and brought to the Committee meeting in May 2020.

**ACTION:** John O'Donnell to produce and action plan for the Committee by May 2020.  
Diane will table on the agenda.

*John O'Donnell left the meeting*  
*Olive Herlihy left the meeting*

## **7. Clinical Effectiveness**

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

Sarah attended to talk to the Acute Services paper, she reports an increase in inherited pressure ulcers in ward 4, and investigation into this date is taking place. Ward 4 is a medical downstream ward and all patients have come from elsewhere so she is keen to see where the issues are being down streamed from. Action plan being developed to address the incidence of falls in four areas, plan should be expected at end of February.

Person Centred Coaching Tool issues will be focused on thematic issues, there is an increase in patients with complex mental health issues which make care challenging in the acute environment. She would like the Committee to be aware that this is happening.

Tim suggested that this report could be shared with Senior Medical Staff Committee. Annabel & Sarah are working on acute services reporting to so they include AHP, Medicine and nursing & midwifery.

Ralph asked where this report gets discussed before coming to the Committee. It is discussed at the Acute Services/Clinical Board meeting, the report comes up from divisional reports through Acute Services Clinical Governance Board then to Clinical Governance Committee and finally to the Board. Laura is working on distilling the Workplan down through the individual governance groups to ensure that priorities are met and services are all included. It is hoped that this will help with dissemination and transparency of individual issues.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report. Committee are assured that although not everything is going well, reporting processes are in place and we are receiving regular updates on ongoing progress.

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

Unfortunately Erica had to leave and Nicky offered to answer any questions. Action plan in place at the Knoll following a fall resulting in a significant adverse event review. Action plan has been to local clinical governance group, actions are now complete report on actions will come back to the Committee at next meeting. Community Hospitals are seeing and increase in patients with Mental Health issues which have an impact on falls.

John asked about the overdue SAER, he asked for assurance that this is being dealt with appropriately. Nicky will ask for update. Action plans are in place to address backlog and this continues to be a work in progress but so far it appears the backlog is being cleared.

Alison commented on the inherited pressure damage incidence. Discussion took place regarding pressure damage, initially following appointment of Tissue Viability Specialist Nurse there were improvements seen, unfortunately this has not been sustained and there has been no further improvement but the Committee can be assured that there has not been a decline and that the incidence of pressure damage has stabilised.

There followed a discussion about the Medical cover in the Community Hospitals. Cliff reports that there is a different model for cover for being explored possibly being provided by advanced Nurse Practitioners. The Knoll is experiencing an issue since the GP retired in the interim temporary cover is being provided but there is a plan in place.

Nicky added that there has been a 37% improvement in falls with harm across organisation.

The Chair asked if the increase in training is being monitored and how can the committee be assured that the training is having a positive impact. This can be shown through the reporting of falls with harm, pressure damage incidence and all the streams of the Back to Basics programme.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report. Committee are assured that although not everything is going well, reporting processes are in place and we are receiving regular updates on ongoing progress.



### 7.3 Clinical Board Update (Mental Health Services & Learning Disabilities)

Peter was unavailable for comment.

Laura commented that the position on drug related deaths is being monitored and although we have some level of control over the issue it was suggested that this be added to the Workplan for the Committee and the team will be asked to come to the Committee to discuss the position.

Sarah and Nicky offered to feedback to Peter should there be any questions requiring response.

*Annabel Howell left the meeting*

Conversation took place regarding Duty of Candour reporting, it does not appear that the Acute Services have reported Duty of Candour cases and the fact that Mental Health do, there is a question as to whether Mental Health Services are more alter. There has been a change made to the adverse event recording form to highlight the importance of Duty of Candour.

It appears that there are no adverse events reported on the Learning Disabilities Services report. Nicky will check if this is because there were none or if they are not being reported on. The Committee requested that

Discussion took place regarding M&M reviews of all deaths in LD Service, Cliff is not aware of any reports on these deaths. Cliff will take this up with the Service.

The Chair noted that Fiona Mason has been awarded the Queens Nurse award, he would like to send letter of Congratulations from the Committee.

Ralph pointed out that they had reinstated performance management with each clinical board monthly which will highlight quality issues. He also enquired about how LD report falls, are they reported to us if not happening on our premises. There was scoping work done on the set up of the Integrated Board regarding reporting and decision was that if a healthcare professional was a witness to or aware of any falls within patients own home that this should be reported appropriately, but capturing these events without a healthcare professional being present was more challenging. There was a meeting prior to the appointment of Ralph and an agreement was made that the LD staff would be reporting through Scottish Borders Council Systems, it is unclear as to how advanced their systems are and if in fact this is happening. Laura will pick this up with Rob McCulloch-Graham.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report. Committee are assured that although not everything is going well, reporting processes are in place and we are receiving regular updates on ongoing progress.

**ACTION** Laura will discuss reporting systems with Rob McCulloch-Graham

## 8. Assurance

### 8.3 Care of Older Adults in Hospital (OPAH)

Peter is OPAH Lead for Organisation and unfortunately was not available to talk to the report. It was recommended that action plan be revisited and a report produced on how we are doing following the recommendations from the action plan. Report should include actions regarding delirium screening, and aggression and violence.

Ralph reported that there was a follow up review done on older people's services and draft report received. Accuracy checking is taking place and updated action plan will follow. It is hoped that this will come to the May meeting and will link in with Inspectorate Report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report. Committee are not fully assured and required update and summary of actions to be brought to a future meeting.

**ACTION:** Nicky will discuss Summary of actions linked to Inspectorate report with Peter and bring to May meeting.

### 8.4 Maternity Services Mortality Annual Update

No paper was presented and the item was deferred to March 2020 meeting.

**ACTION:** Paper to be tabled on March Agenda

## 9 Quality Improvement

### 9.1 Back to Basics Verbal Update

Erica was not available to give verbal update. Nicky commented that the information on Back to Basics was predominantly contained in the divisional reports. Pressure Ulcer occurrence remains stable, Food Fluid and Nutrition issues have improved and number of falls with harm have reduced. Going forward it has been suggested that as Back to Basics is reported in the divisional reports then a verbal update at every meeting is no longer required. A paper will be requested bi annually with exception reporting as appropriate.

The **CLINICAL GOVERNANCE COMMITTEE** noted the update and was assured the suggested reporting schedule would cover any issues should they occur.

## 10. Any Other Business

- No paper was received regarding update on introduction of automated pharmacy cabinets, Alison will send paper to Diane to circulate paper to the Committee.

**ACTION** Alison Wilson will send paper to Diane Laing to circulate to Committee.

- John enquired as to how we give and get assurances from the Integrated Joint Board (IJB) on Clinical Governance matters. The Primary & Community Services update is shared with the IJB and Tim reports that they are aware of Clinical Governance issues but there is a lack of clarity on reporting.

**11. The following items were presented for noting:**

- CGQ Draft Workplan 2020/21 – committee asked to consider Workplan any comments should be emailed to Laura or via the Clinical Governance & Quality inbox by Wednesday 4 March 2020.
- Local Cancer Strategy
- Deceased Organ Donation Report /Summary Report

Latest versions of:

- Child Protection Committee Minute
- Adult Protection Committee Minute
- P&CS Clinical Governance Group Minute

The **CLINICAL GOVERNANCE COMMITTEE** noted the above items.

**12. Date and Time of next Meeting**

The Chair confirmed that the next meeting of the Clinical Governance Committee is on **25 March 2020 at 2.30pm in the BGH Committee Room**

*The meeting concluded at 16:41*