

**APPROVED**



Minute of a meeting of the **Clinical Governance Committee** held on 17 July 2019 at 2pm in the Committee Room, BGH

Present

Dr S Mather, Non Executive Director (Chair)

Mrs A Wilson, Non Executive Director

In Attendance

Miss D Laing, Clinical Governance & Quality Project Officer (minute)

Mr Ralph Roberts, Chief Executive

Dr C Sharp, Medical Director

Mrs E Cockburn, Head of Clinical Governance & Quality

Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services

Dr T Patterson, Director of Public Health

Mr S Whiting, Infection Control Manager

Mrs L Milven, Infection Control Development Facilitator

Dr A Howell, Associate Medical Director (Acute Services)

Mrs E Reid, Associate Director of Nursing and AHPs/Chief Nurse Health and Social Care Partnership

Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities

Mrs L Pringle, Risk & Safety Coordinator

Mrs S Cowe, Quality Improvement Facilitator – Person Centred Care

Mrs D Moss, Nurse Consultant Vulnerable Children

## **1. Apologies and Announcements**

The Chair noted that apologies had been received from:

Mrs F Sandford, Non Executive Director

Dr J Bennison, Associate Medical Director (Acute Services)

Mrs S MacDougall, Risk & Safety Manager

## **2. Declarations of Interest**

There were no declarations of interest made.

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

Minute of the previous meeting was checked for accuracy. Spelling and grammar was amended. The minute of the previous meeting held on the 31 May 2019 was approved.

#### 4. Matters Arising & Action Tracker

Action Tracker was discussed and updated accordingly.

#### 5. PATIENT SAFETY

##### 5.1 Infection Control Report

Sam attended to talk to this report, he confirms that there has been dialogue with the Clinical Director and a meeting is arranged for them to discuss and investigate the incidence of surgical site infections.

The antimicrobial update is new to this report and will be included going forward. Sam informed the Committee that governance and reporting will be improved, he is keen to hear feedback on how useful this information is to the Committee. Stephen commented that he was unable to fully understand report and asked if it could be simplified. There was discussion about Dr Ed James being included in the meetings to go through the report but there was no conclusion to this discussion.

Stephen informed the Committee that the Scottish Government are looking in to updating and revising the HEAT targets. The possibility of separation of Community and Acute reporting has been suggested.

Conversation took place regarding the Hand Hygiene policy and the meaning of Zero Tolerance. The policy is being reviewed by the Infection Control Committee. Sam informed the Committee that the Policy is applied but not consistently. An acknowledgement that better promotion and education around hand hygiene and NHS Borders Policy is a must and this will be explored further. Nicky is supporting taking forward a campaign to promote and raise awareness of the importance of consistent hand hygiene and adherence to policy. The Committee concluded that at present we do not have assurance around our hand hygiene compliance.

Alison asked that the report could be a little clearer and comment that it would be useful to know if there had been changes in the prescribing data and if changes were acceptable. If not what is being done regarding these changes.

Tim pointed out that there has been a lot of hard work within the Antimicrobial Team and there has been some improvement. He asked that Sam pass on the Committee's appreciation to Ed James for the Team's hard work and perseverance. Following discussion on this point there was a suggestion that a profile piece on Ed and his Team's hard work in connection with antibiotic prescribing should be conveyed to the public.

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

*Lynsey and Sam left the meeting  
Susan joined the meeting*

## 5.2 Quarterly HMSR Report

NHS Borders are still waiting for Information Services Division (ISD) to remove the Margaret Kerr Unit from figures which at present skews our figures and can make us appear to be outliers.

HMSR reporting is going to be changed this may have a bearing on local and national reporting.

The Committee would like to be assured that the Board understands that the inclusion of the figures of deaths within the Margaret Kerr Unit has an impact on our figures from HMSR.

Discussion took place regarding the learning from Morbidity and Mortality (MM) reviews. Annabel reports that there is marginal improvement. Unfortunately reviews are not consistent within the acute sector. Annabel will include a report regarding the MM reviews in the next HMSR report.

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

**ACTION:** Annabel will include a report regarding learning and frequency of MM reviews with the next HMSR report.

## 6. PERSON CENTRED

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

Case ref 201801926: SPSO are happy with what has been put in place and have asked that we confirm when actions are complete.

The Committee can be assured that although there has been an increase in SPSO cases there has been no particular theme identified. Feedback & Complaints Team will continue to monitor this.

Stephen asked if all cases had been through internal complaints process. Susan assured the Committee that they have.

Managing expectations remains an issue, complainants are informed of what they can expect from the process at the start but there is an acknowledgement that sometimes expectations cannot be managed.

Susan was asked if she could include the referral and processed dates for SPSO cases to the report.

Ralph asked if the cases reflect on our complaints handling process, Susan agreed to look into this for him.

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

**ACTION** Susan was asked if she could include the referral and processed dates for SPSO cases to the report.

*Susan left the meeting*

## **7. CLINICAL EFFECTIVENESS**

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

Food Fluid and Nutrition activity has increased and there appears to be improvement. Patslide® weighing scales have been ordered, it is hoped that these scales will provide further support to aid assessment on admission.

Although sickness absence had improved it does seem to have slid back, Nicky is monitoring this. Following a successful vacancy drive there has been thirty new nurses appointed. Twenty have been appointed to acute services, seven in mental health and three in the community.

There has been a review of menu cards to highlight dietary issues, staff will be educated to ensure patients are catered for safely

The pressure ulcer data on page 2 has been validated; there is a plan to do this 6 monthly. Our Specialist Tissue Viability Nurse is on maternity leave but cover has been put in place as this is a vital role.

The shift in falls data is not obvious request was made for better annotation on the graphs. Nicky will feed this back to the data teams.

There was a discussion regarding the Person Centred Coaching tool (PCCT) and whether or not this makes any difference to practice. There has been an action plan developed to allow follow up by senior charge nurses. Testing of this is ongoing and has been well received by SCNs who are now looking for assurance on quality of returns. Improvement is being shown but not all can be attributed to completion of PCCT. Peter commented that the value should be in coaching and the tool needs to be used with this in mind. Compliance issues to be included in September's report.

*Dawn joined the meeting*

Ophthalmology issues will be reported on next available agenda. Retiring ophthalmologist will be available as locum. Lothian are offering cover in July. Project support is available and will, meetings have been taking place monthly and proposals on way forward are being sought jointly with Lothian. They will be revisit recruiting and look at cross board posts. Equipment will need to be addressed. Incidentally there has recently been an increase in complaints regarding Ophthalmology. Cliff reports that there has been a shift in Lothian's perception of our requirements and they have recognised the need for better more robust support. Tim reiterated that patient safety should be our priority.

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

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

Erica informed the Committee that the Healthcare Environment Inspection report will be published at the end of month. Initial feedback from the inspection was very positive with only a couple of points raised relating to no compliant sinks and the fabric of the building. These have been logged on the risk register and will be addressed appropriately.

Learning sessions are to be organised in August relating to Significant Adverse Event Reviews (SAER) with a patient story being expected to be presented. The Committee are keen to see patient stories should a future agenda allow. Work is ongoing on improvement in all areas of the Back to Basics programme.

Kelso Hospital are to be nominated for Excellence in Care awards for their continued success with the 'Zero Hero' campaign with no patients having developed pressure damage since January 2018.

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

## 7.3 Clinical Board Update (Mental Health Services)

The Mental Welfare for Scotland visited both East Brig and Cauldshiels with positive feedback being received. Recommendations for East Brig regarding person centred care planning have been noted and there is a plan for delivery to meet these recommendations and in fact one in particular recommendation has been acted on and is complete. Cauldshiels report is not yet available but verbal feedback from the Lead Inspector was that 'she was delighted with the visit' and 'the care patients receive is outstanding'. The Committee congratulated the service on these very positive reports.

Drug related deaths in Scotland report will go firstly to the Mental Health Governance meeting which in turn will be fed back to this Committee. Peter commented that numbers in NHS Borders are small but all details and any emerging themes will be investigated.

Peter asked the Committee to note that there has been a general downward trend on falls and in Cauldshiels in particular.

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

## 7.4 Clinical Board update (Learning Disabilities Services)

The above report was discussed.

There was a further discussion regarding out of area patients. Tim asked Peter if there was a quality control review schedule in place. Peter assured the Committee that how resources are spent is being investigated.

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

## 8. ASSURANCE

### 8.1 Occupational Health Annual Update

No report was submitted and no one attended to talk to this item. The report is to be deferred to a future meeting.

**ACTION:** Diane to add report to a subsequent agenda.

### 8.2 Child Protection Annual Update

Dawn Moss attended to talk to the above report which gives the Committee and update on the changes within the child protection/looked after children structure. The team are co-located in the Child Protection/Public Protection Unit. There are no major gaps, but Dawn wanted to know if the Committee are assured and clear around role in services.

Stephen suggested that signposts to the services need to be updated and sent highlighted to ensure all staff are aware of changes and how to contact the service. Stephen commented that there appears to be a lot happening but the report did not say much about how children are being safeguarded. He asked if the next report to the Committee could highlight any reported cases incidents and if these have been dealt with, thus giving assurance that the systems in place are working. He also commented that a glossary would be useful on the action plan.

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

*Dawn left the meeting*

### 8.3 End of Life Care Update

Annabel gave a verbal update on end of life care work. Progress is ongoing on shared care planning and decision making. The intention is to put this onto a digital platform for wider community use. GPs are awaiting feedback from pilot before adopting the ReSPECT form. Work also continues with community based specialist services.

Annabel reports that there currently is on SAER ongoing.

There followed a discussion regarding realistic medicine. It was agreed that we are on the right track but more work needs to be done towards achieving realistic medicine goals.

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

### 9.1 Back to Basics Update

Progress is being shown. In the last period there have only been two developed pressure ulcers which is major improvement. Targeted education has attributed to this, the education plan for coming year is being explored. Erica assured the Committee that pressure ulcers are being graded appropriately.

Falls figures are improving. Staff Nurse Zoe Spence is championing the falls improvement work and has just recently done a great piece of work in MAU. Falls with harm have now been reported below the mean in the last 7 months.

There seems to have been a spike in complaints in staff attitude and communication issues, although Erica reports that this has improved again.

There has been positive feedback received following a year long programme which has contributed towards an increase in the morale amongst general good feelings amongst the Senior Charge Nurses. The next stage is to work more closely with the Band 6 nurses.

In general signs of progress are continuing.

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

## **10 ITEMS FOR NOTING**

The following minutes were presented for noting:

Learning Disabilities Clinical Governance Minute  
Adult Protection Minute  
Child Protection Minute

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

## **11. Any Other Business**

The Research Governance Facilitator post which has been vacant since March has been advertised and candidates have been shortlisted for interview. Alison is leading interviews as chair of the Research Governance Group.

Duty of candour annual report is available now. Ralph asked if the report should come through the Clinical Governance Committee for scrutiny and assurance. Report to be given a 20 minute slot on the next available agenda.

Discussion took place regarding Lanquip system availability. Lanquip is used for reporting patient safety data but the system appears to be broken and we no longer have a licence for use of the software. In the past we were supported by NHS Lanarkshire for the maintenance of this system and they will continue to do so to enable us to fix the problem.

**ACTION:** Diane will add Duty of Candour report to subsequent agenda

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

The Chair confirmed that the next meeting of the Clinical Governance Committee will be on Wednesday 4 September 2019 in the BGH Committee Room

*The meeting concluded at 16:08*