

**APPROVED**

Minutes of a meeting of the **Clinical Governance Committee** held on Friday 31 May 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

In Attendance

Miss D Laing, Clinical Governance & Quality Project Officer (minute)  
 Mr S Whiting, Infection Control Manager  
 Mrs E Reid, Associate Director of Nursing & AHPs/ Chief Nurse Health & Social Care Partnership  
 Mrs S MacDougall, Risk & Safety Manager  
 Mrs E Cockburn, Head of Clinical Governance & Quality  
 Dr T Patterson,  
 Ms C Wylie, Quality Improvement Facilitator, Patient Safety (item 5.2)  
 Ms S Kean, Physical Safety Lead (item 5.3)  
 Ms S Pratt, Associate Director, Strategic Change (item 8.1)

## 1. Announcements & Apologies

The Chair noted that apologies had been received from:

Mr Ralph Roberts, Chief Executive  
 Dr C Sharp, Medical Director  
 Dr J Bennison, Associate Medical Director (Acute Services)  
 Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
 Ms S Horan, Interim Associate Director of Nursing/Head of Midwifery  
 Dr A Howell, Associate Medical Director (Acute Services/Clinical Governance)  
 Mrs N Berry, Interim Director of Nursing, Midwifery & Acute Services

The Chair noted again his disappointment that key attendees were not present at the meeting. The meeting was declared quorate.

## 2. Declarations of Interest

There were no declarations of interest made.

### 3. Minutes of the Previous Meeting

The minute of the previous meeting held on the 27 March 2019 was approved.

### 4. Matters Arising

There were no matters arising from the minute of the meeting on 27 March 2019. Sam updated the Committee on staffing difficulties in infection control. He confirmed that staffing remains an issue, however a new member of staff starts on Monday and it is hope that this will improve the situation. There are also ongoing discussions with a previous member of staff in the hope that they will have some capacity to support the team. External support is being given at present but not sure how long this can be sustained.

The Action tracker was discussed and updated accordingly.

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

### 5. Patient Safety

#### 5.1 Infection Control Report

Sam Whiting attended to present two infection control updates. He reports that there was and announced inspection of community hospitals which took place last week. Feedback was very positive in all facilities. One recommendation for improvement was highlighted regarding the fabric of the buildings, NHS Borders are aware of this and assurance was sought that this will be addressed as and when we replace and update buildings. Alison noted that incidence of staphylococcus aureus bacteraemia infection was down and asked if this was by chance or intervention, Sam commented that this was difficult to ascertain.

Improvement work around key risks has taken place but pace is limited by capacity of team, Sam advised the committee that this will improve once vacancy issues are addressed. He commented that one of their staff members with Quality Improvement training was due to return from maternity leave and this will make a big difference to the team. Improvement is small but numbers of issues are minimal. Tim asked if we have a policy Borderline oxacillin-resistant Staphylococcus aureus (BORSA) infection and do we need to make our GP colleagues aware of this. Screening is not done for this at present but the infection is dealt with in the same way as meticillin-resistant Staphylococcus aureus (MRSA) so no separate policy has been developed. There is ongoing support for patients with infection on discharge to the community. Tim and Sam agreed to meet outwith the meeting to discuss. Fiona asked about the number of incidences that had been reported and are we routinely testing for BORSA but Sam assured the committee that this was an incidental finding and using the appropriate infection control preventative measures will avoid spread.

Erica noted that the incidence of Clostridium Difficile infection was investigated and lessons learned from the cases. Accommodation overlap may be an issue and this is being monitored to see if samples sent are consistent with the same strain in each case.

Stephen asked if information regarding BORSA and infection control precautions was being fed back to the whole of NHS Borders, Sam reports that communication was looked at by the inspection team and they found that compliance and awareness was good, particularly in the community hospitals. Sam is unaware of any gaps in reporting to all governance groups and managers and information is cascaded appropriately.

Sam also brought a hand hygiene report to the committee. GoJo ® carried out an independent audit against the WHO 5 moments of hand hygiene and the average compliance across the four wards audited was poor. Intense work has taken place on the wards to improve this and they have improved from 27% to 57%, work will continue. Committee agreed that we continue to focus on the four wards at present then spread once compliance achieved.

The audit included all staff, Tim asked for a breakdown of staffing compliance; Sam agreed to send this to him.

Fiona reiterated caution on self audit, Tim reminded Sam that regional support is available, Sam commented that this had already been explored and is a national issue. Tim offered to have discussions regarding support with Nicky and take back to the Board.

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

**ACTION:** Sam Whiting will provide breakdown of staffing compliance to Tim Patterson  
Tim Patterson to discuss infection control support with Nicky Berry and report back to the Board

## **5.2 Physical Safety Team Training Report (Prevention & Management of Aggression and Violence (PMAV) and Moving & Handling)**

Sue Kean attended to talk to her report. She reminded the Committee that the report was purely a training report. Physical Safety Team training came about last year when moving and handling came under umbrella of PMAV team. The moving and handling service was assessed as was resilience and staffing; as a result training was changed to fit the needs of the organisation better. Attendance was looked at and different ways of working. Latest figures show an improvement, in uptake of training and this improvement is on going. Changes in cross training for both PMAV and moving and handling and rotation of staff have helped with staff resilience.

Sue pointed out that training is a line management responsibility; Erica agreed and will take this message back to the teams. Stephen commented that improvement looked significant and committee agreed that the holistic approach has been beneficial.

Erica pointed out that team is responsive when incidents take place. Sheila mentioned that Health & Safety Executive (HSE) have insisted that NHS Highland put any member of staff who are not trained or training has lapsed are placed on restricted duty, going in right direction but we should be aware of the HSE non compliance caveat.

Stephen acknowledged the work done so far. Committee agreed there had been a significant improvement. Tim asked if there was a process to ensure training compliance, discussion took place regarding this and he was assured that yearly staff appraisals identify any training needs and new members of staff cannot start without both PMAV and Moving & Handling training.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and support any further actions required

### 5.3 Annual Patient Safety Report (deferred from January 2019)

Caroline Wylie attended with the above report. Reports have been submitted to Healthcare Improvement Scotland and work is continuing with all workstreams. The resuscitation records remain an issue, the quality and content of forms submitted following cardiac arrest are varied and learning from these is difficult and often does not take place at all. Although we have very small numbers of cardiac arrest the learning from these can be improved. Rod McIntosh reports that the difficulties in using the cardiac arrest forms is a Scotland wide issue. The need for a protocol has been identified, Rod is working on this.

Although it appears that falls are increasing, falls with harm are decreasing which is reassuring, quality and frequency of reporting of this may be a factor in the increase in reported falls. Falls with harm are followed up appropriately.

Again a higher rate of pressure sores may be attributed to better reporting, work ongoing to address this. Focus on Bank staff training needs is intended. Clinical Governance & Quality team are scoping improvement work and will share this information when available.

Fiona enquired as to why there appeared to be a gap in data collected on the graph on page 10. Caroline commented that she was new into post and would have to investigate this issue and discuss with Peter Lerpiniere. She will report back to the committee once she has investigated.

Stephen asked if there was a protocol and training for SEPSIS identification. Tim reports that there is training and guidance given to the medics. The committee asked if a report could be brought to the committee on SEPSIS management within NHS Borders. Work is ongoing with Scottish ambulance service regarding patients who require antibiotics on route to hospital or on prolonged transfers. Caroline will liaise with Colm McCarthy in Emergency Department regarding a SEPSIS report. Diane will table on the agenda for September's meeting.

Committee requested that the data on falls/slips/trip be reported on a bar graph rather than a line graph as this would make it easier to read. Caroline agreed to change this for next report.

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

**ACTION:** Caroline Wylie will discuss with Peter Lerpiniere why there appeared to be a gap in data collected (graph on page 10) and report back to Committee

Caroline Wylie will liaise with Colm McCarthy regarding a report on SEPSIS for the Committee

Diane Laing will table SEPSIS report for September's meeting

Caroline Wylie will change the graph on falls/slips and trips from a line graph to a bar graph for next report

*Caroline left meeting*

#### 5.4 Very High Risk Management Report

Sheila asked the Committee to note that two risks had been added since last report – falls risks and aggression and violence within unscheduled care. The organisation has corporate objective to deliver safe, effective and high quality services. There was some discussion regarding risk and clinical risk and where the responsibility sits for each of them. Risk is overall the Board's responsibility. The line of reporting is not clear. Stephen agreed to discuss with Malcolm Dickson.

The Committee asked of the report could be adjusted to focus on clinical risk but it was agreed that an overview of all is worthwhile with main focus points being clinical risk.

Fiona asked if the lines of accountability have been understood. She also asked that the report be checked for accuracy of risks and this be fed back to the committee.

Some concerns were raised regarding Ophthalmology service, the service will be asked to bring a report to the Clinical Governance Committee.

The risk management policy is being reviewed.

Sue agreed to discuss PMAV issues with Gareth Clinkscale. Fiona asked if we could have an update on any cyber risks in the next report. Stephen noted that there appeared to be slippage on page 20, he asked that Sheila feed back to the owners of that particular risk be notified and the committee has shown some concern regarding this.

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

**ACTION:** Diane Laing will ask Ophthalmology lead to bring a report on their service to Committee

#### 5.5 Claims Update

Sheila spoke to the above report. It was acknowledged that the majority of the claims are within the acute services. Fiona commented that the figures on page 5 have increased and asked if this is significant. Sheila assured her that it was not. Fiona also asked if all claims have been subjected to a Significant Adverse Event Review (SAER). Sheila reports that not all claims require this and the figures are included in the report. There followed a discussion on learning from claims and investigations and how we report and reflect on them. Sheila asked that the committee note that financial claims have reduced. Last report had included a large maternity claim which had skewed the figures.

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

## **5.6 Information Services Division, Hospital Standardised Mortality Ratios (HMSR)**

Annabel was unable to attend the meeting so Elaine gave the Committee an update on the Healthcare Improvement Scotland (HIS) response regarding recent HMSR figures showing NHS Borders as being outliers. NHS Borders reminded HIS again that they are unique being the only Health Board in Scotland that has a palliative care attached to the Hospital and the figures for this unit are included in the report. The reason for increase in deaths was investigated and the spikes corresponded with a rise in deaths in the Margaret Kerr Unit (MKU) during the reporting period, this has been discussed locally and nationally. NHS Borders do appear to be back in line with the rest of Scotland and Elaine and Annabel report that HIS are no longer going to be highlighting any outliers in their reports. Previously the Board have asked that the figures for MKU be removed from the reports but thus far this has not happened and Ralph will ask again that these figures be removed.

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

## **6. Person Centred**

### **6.1 Feedback & Complaints Annual Report**

Following positive internal audit report from Pricewaterhouse Cooper, the committee acknowledged that there was still some work to be done on supporting both staff and complainants through the complaints process. There appears to have been a small increase in complaints over the years but there does not seem to be a particular reason for this.

Stephen suggested that the Doctors could possibly do some of the complaint handing during their allocated SPA time which might help them to understand the process better and engage more in a timelier manner. Stephen and Elaine will discuss this out with the meeting.

There was some discussion regarding the report being sent to the Senior Medical Staff Committee. Elaine and Stephen will discuss with Cliff where the report should be sent for discussion or noting.

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

**ACTION** Elaine Cockburn and Stephen Mather will discuss with Cliff Sharp where report should be sent for discussion or noting.

## **7. Clinical Effectiveness**

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

Committee acknowledge the acute services report, the only discussion arising was that risks discussed at clinical governance groups do not seem to appear on divisional reporting. In particular there was a discussion about Ophthalmology risk action plan, lack of medical

involvement this has been highlighted before and is something that needs addressed as do action plans arising from highlighted risks.

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

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

Report was discussed, Erica highlighted that the Healthcare Environment Inspection (HEI) alluded to in the report has now in fact taken place and she would like to highlight that credit should go to the Community Hospitals Nurse Manager, Beverly Meins, and the staff in the four community hospitals, HE Inspectorate indicated that there was a consistent approach across all four sites. Beverly has now retired and the Committee wish her well in her retirement. The full report will be available in due course.

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

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

Erica spoke to the report on behalf of Peter and was available for any questions arising from the report. The decrease in numbers of persons reported as missing was highlighted as was the work in updating the missing person standard operating procedure and newly introduce pass plans.

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

## **7.4 Clinical Board update (Learning Disabilities Services)**

There was no one present to talk to the report. The committee acknowledged that the Learning Disabilities divisional report was well written and a good example of how reporting should be structured.

The **CLINICAL GOVERNANCE COMMITTEE** commended the report and noted Assurance

## **8.1 Whistle Blowing Issue: Audiology Service**

Sandra Pratt attended to speak to the paper. The Audiology Service has faced several challenges over the last few months. There have been several complicated issues with whistle blowing being only one. Sandra would like the Committee to be assured that due process was followed in the whistle blowing investigation and the service is safe to continue.

Fiona asked if there had been a conflict of interest during investigation but Sandra reported that external staff took part in the process so no conflict of interest was identified.

Sandra further reports that management is in place and any competency issues are being addressed. No direct patient harm was identified during investigation and there is further training to support staff.

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

## 9 Quality Improvement

### 9.1 Back to Basics Update

Erica updated Committee on Back to Basics programme. Senior Charge Nurse Leadership development is ongoing; Queen Margaret University & NHS Education for Scotland (NES) are assisting in supporting succession planning for the band 6 nurses. Training needs have been identified and training will be developed.

Pressure Ulcer training is continuing and so far there has been a good success rate. Training is now targeting link nurses who then go on to do cascade training. Tissue Viability nurse is about to go on maternity leave, staff have been identified cover this role with support from Lothian. Recent Food Fluid & Nutrition significant adverse event review has had impact on all services. Learning is being taken forward linking Food Fluid & Nutrition, Falls and Pressure Ulcer issues with a programme being put together. Queen Margaret University training on Person centred cultures is starting in September.

Sheila asked if Speech & Language Therapy (SLT) is involved in the Food Fluid & Nutrition work and was assured that they are members of the Food Fluid & Nutrition steering group.

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

### 10. Items for Noting

The following minutes were presented for noting:

Public Health Governance Minute  
 BGH Clinical Governance Minute  
 Mental Health Clinical Governance Minute  
 PCS Clinical Governance Minute

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

### 11. Any Other Business

Elaine updated the Committee on the status of the recent Research & Development team staffing issues, the Research Governance Coordinator role has been re-banded in line with the rest of NHS Scotland and is now out for advert.

Duty of candour 1<sup>st</sup> year report will be submitted to next Clinical Executive Operational Group meeting. Work is ongoing on training and the report will be made public once through normal process.

Stephen announced this is the last Clinical Governance Committee meeting that Sheila McDougall will attend. On behalf of the Committee he thanked Sheila for her hard work and contribution to the Committee and the wider organisation over the years and wished her well for the future.



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

The Chair confirmed that the next meeting of the Clinical Governance Committee is on Wednesday 17 July 2019 at 2pm in the BGH Committee Room

*The meeting concluded at 12.04*